

Report on an unannounced inspection of

HMP Whitemoor

by HM Chief Inspector of Prisons

13–24 January 2014

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Printed and published by:
Her Majesty's Inspectorate of Prisons
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Introduction

HMP Whitemoor is a maximum security prison in Cambridgeshire which at the time of this inspection held 454 adult men, all of whom were serving long or indeterminate sentences for very serious offences. The prison held a disproportionately large Muslim population, who accounted for approximately 40% of the total prison population, and a small number of them had been convicted of offences relating to terrorism. The complexities of balancing the requirements of such a diverse population safely, securely and equitably added to the already considerable challenges of running the prison.

Sixty-nine prisoners were held on the Fens unit (formerly the 'Dangerous and Severe Personality Disorder unit), which provided intensive and uncompromising therapy to men with personality disorders. A further six men were held on the Close Supervision Centre (CSC), part of a network of facilities centrally managed by Prison Service Headquarters. As we inspect CSCs separately, the CSC at HMP Whitemoor did not form part of this inspection.

Most prisoners felt safe and the prison was generally impressively calm and ordered with relatively few violent incidents, although vigilance was needed as there was potential for serious problems to occur.

Prisoners at risk of self-harm were generally well supported. There had been two self-inflicted deaths in the last five years, one about three months before the inspection. Action had been taken to identify and learn lessons, but concerns relating to the most recent incident had not yet been shared with the governor. Those held in the Fens unit were more likely to be involved in incidents, and were particularly at risk of self-harm, which may have related to the challenging offending behaviour work they undertook.

Security arrangements were appropriately stringent and illicit use of substances was well controlled. Support for those with substance misuse problems was very good. The newly introduced incentives and earned privileges arrangements were being allowed to gradually bed in which was a sensible approach.

We had significant concerns about aspects of discipline. While use of force was low, oversight arrangements were poor and in a small number of cases we saw little use of de-escalation and evidence of excessive force being used. The governor instituted an investigation into some of these incidents during our inspection. It was not always clear why prisoners had been held in the special accommodation, and relationships in the segregation unit were disappointing. We addressed our concerns about the segregation unit as a main recommendation following our last inspection in 2011; little progress had been made since then. The segregation regime for a number of long stay residents remained particularly poor and we saw little focus on preventing the inevitable psychological deterioration that results from this. There were too many men held in segregation on assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm, where the exceptional circumstances needed for this had not been explained.

Living conditions were generally good and the availability of cooking facilities for prisoners on wings helped to normalise what otherwise was a somewhat institutional environment.

In general relationships between staff and prisoners had continued to improve and most of what we observed was respectful and decent, although there was a small number of staff who remained more distant from prisoners. Personal officers provided some good support.

However, black and minority ethnic, Muslim and foreign national prisoners were much less positive about a range of issues relating to safety and respect. Muslim prisoners in our survey, and those we spoke to were particularly vocal about these issues, and many felt victimised because of their faith. Some good work had been done to better understand and address these issues and we agreed with much of the prison's analysis of what was involved. In our view, the issues were complex and defied simplistic solutions. Across all groups of the prison's population there were some very dangerous men, some of whom tried to influence and pressurise other prisoners. In some cases this was gang-related. This group included some Muslim prisoners convicted of terrorist offences who were an adverse influence on others. It was important not to confuse this with a development of religious faith which, for Muslims as for other prisoners, could be an important factor in positive changes in behaviour. Where the response to Muslim prisoners had been unsophisticated this had led to some unfair restrictions and staff stereotyping which caused justified resentment. However, some of the restrictions that Muslim prisoners complained to us about were justified, or matters of perception, and the reasons for these needed to be better explained. Some of the frictions between different groups of prisoners – such as what could be cooked in the small self-catering kitchens on the wings – were hard to reconcile. On top of all this, there were of course, instances of poor behaviour among all sections of the population that needed to be managed effectively and fairly.

More was still needed to assure prisoners of all faiths that their concerns were being dealt with seriously. The almost exclusively white staff group was a challenge in this regard as it lacked credibility with some prisoners who felt that the staff could not understand their concerns. The recently established multi-faith forum was a positive initiative and greater use still could have been made of the impressive chaplaincy team. Support for other groups of prisoners with protected characteristics was mixed.

Health services were reasonable overall although there were delays in some key services, and pharmacy arrangements needed to improve. Prisoners were negative about many aspects of their treatment but we observed some good care being provided, although staffing shortages were impacting on this. Mental health support was very good, although there were some long delays in moving prisoners to secure hospitals.

Time out of cell was reasonable but opportunities for outside exercise were limited. There were sufficient purposeful activity opportunities for the population and the range was mostly good. Some of the work offered was of poor quality; there was too much pointless broom pushing. Vocational training opportunities were good but education and achievement levels needed to be improved. In view of the wider issues in the prison, more use should have been made of the opportunities to promote and understand diversity and equality issues in education. Access to the library was limited but the gym provided some very good opportunities. Managers expressed some concerns to us about whether the Offender Learning and Skills Service (OLASS) which was commissioned at a national level was sufficiently attuned to the needs of men in dispersal prisons who were serving long sentences, where the emphasis needed to be on their progress through their sentence rather than employability in the external jobs market, and we agreed this needed review.

'Settlement' not 'resettlement' was the prison's own appropriate response to the needs of the men it held. Very few, if any prisoners were released from Whitemoor and the focus of 'settlement' was mainly around helping prisoners to make the most of their long sentences. The prison had developed a 'faith and spirituality' pathway to address the linkage between faith and reducing the risk of reoffending. The chaplaincy also ran a number of faith-based victim awareness courses that drew on both Christian and Islamic teaching. There were weaknesses: many assessments were delayed and contact with offender managers was somewhat limited, but all prisoners had good support from offender supervisors at the prison, and a yearly sentence planning review provided some momentum and shape to focus on the targets set. Public protection issues were very good.

Important support to maintain contact with family and friends was well developed. However, it was unfortunate that only the children of men on the enhanced level of the incentives and earned privileges scheme had access to special children's visits and it was not right that the children of other prisoners' should be denied this opportunity.

A good range of offending behaviour courses appropriate to the population was offered, and the Fens unit was a valuable national resource for prisoners serving long sentences with severe personality disorders.

Overall Whitemoor was a safe, respectful and purposeful prison which provided some constructive opportunities for prisoners serving long sentences to address their offending behaviour. However, we had real concerns about the management and application of use of force and segregation which impacted negatively on some of the most vulnerable prisoners in the population, and which were a significant exception to this generally positive picture. The prison was doing some good work to manage its very diverse population and to understand and address the concerns of the significant number of black and minority ethnic and Muslim prisoners held. However, this remained a major challenge that needed a consistent high level of attention.

Nick Hardwick
HM Chief Inspector of Prisons

May 2014

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 establishments in the prison estate.

Prison status

Public

Department

Directorate of high security prisons

Number held

452 on 14 January 2014

Certified normal accommodation

458

Operational capacity

473

Date of last full inspection

11–21 January 2011

Brief history

HMP Whitemoor opened in 1991 as part of the high security estate. The main establishment now supports two regimes: a mainstream prisoner population and a population with personality disorders. Most prisoners are younger than those in other maximum security prisons and prisoners who are vulnerable because of their offence are not generally held. One wing is specifically designated to manage prisoners with personality disorders. A close supervision centre (CSC), which opened in October 2004, is part of a centrally managed national strategy administered by the directorate of high security at Prison Service Headquarters. It aims to provide the most dangerous, disturbed and disruptive prisoners with a more controlled environment to help them develop a more settled and acceptable pattern of behaviour. HMP Whitemoor's CSC will form part of a specific inspection of these units across the high security estate and was therefore not covered by this inspection.

Short description of residential units

There were four main residential wings containing individual cells:

A wing – general population

B wing – general population

C wing – general population plus induction and over-50s landing

Fens unit (formerly the DSPD unit) – for prisoners with personality disorders

Name of governor

Damian Evans

Escort contractor

Serco

Prison Service (category A escorts)

Health service commissioner and providers

Commissioner: NHS East Anglia

Providers: HM Prison Service staff

Medacs (GP service)

Cambridge and Peterborough Foundation Trust (Mental health in-reach service)

Learning and skills providers

A4E

Independent Monitoring Board chair

John Wills

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

Safety	prisoners, particularly the most vulnerable, are held safely
Respect	prisoners are treated with respect for their human dignity
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them
Resettlement	prisoners are prepared for their release into the community and effectively helped to reduce the likelihood of reoffending.

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: 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 and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection.

This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ 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.

Summary

Safety

- S1** *Some prisoners had long journeys to the prison and were negative about the experience. Reception, first night and induction procedures were reasonably good. Most prisoners felt safe, although around a quarter did not. Violence reduction work was effective and the number of incidents was relatively low. Prisoners at risk of self-harm and suicide were well supported. Safeguarding arrangements were developing. Security was stringent and priorities and targets were appropriate. Incentives and earned privileges (IEP) arrangements were good. Adjudications were well managed. Use of force was not high but we were very concerned about a few cases. The segregation regime was very poor and relationships with some very challenging prisoners had deteriorated. Support for prisoners with substance misuse problems was very good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S2** *At the last inspection in 2011 we found that outcomes for prisoners in Whitemoor were reasonably good against this healthy prison test. We made 19 recommendations in the area of safety. At this follow-up inspection we found that six of the recommendations had been achieved, three had been partially achieved, nine had not been achieved and one referred to the close supervision centre, which we did not inspect.*
- S3** Many prisoners had long journeys and were negative about their experience of escorts. Reception was small, cramped and unwelcoming. Procedures were generally swift, but property searches took too long. Prisoners were given essential first night information before being locked up, and three Insiders (prisoners who introduce new arrivals to prison life) and two Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) provided good support. Induction arrangements were good.
- S4** Fewer prisoners than in comparator prisons, but more than at the last inspection, said they had been victimised by other prisoners. More than the comparator, and than at the last inspection, said they had been victimised by staff. 39% of Muslim prisoners told us they were victimised because of their faith. Many anecdotal accounts of tensions between prisoners were not evident in recorded incidents. There were few unexplained injuries and levels of violence had decreased over the previous three years. There were very few serious assaults and links between the safer custody team and security departments were good. A small number of problematic prisoners were managed well using the managing challenging behaviour strategy. Less serious behaviour concerns were addressed through the prison's unacceptable behaviour strategy. Most concerns were in the Fens unit where the challenging nature of therapy might have accounted for the perceived higher level of victimisation there.
- S5** There had been two self-inflicted deaths over the previous five years and action had been taken to address recommendations. Some initial findings following the most recent death had not been acted on but the investigation was continuing. Levels of self-harm were low and had decreased over the previous three years. Most incidences took place in the Fens unit and might have been associated with the population's involvement in challenging offending behaviour work. The few serious self-harm incidents were investigated, but the prison failed to identify lessons that could have been learned. Between nine and 10 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm were opened each month. Most were completed to a reasonable standard, and many prisoners had multidisciplinary reviews. ACCT reviews and documents for prisoners in the Fens unit were generally very good. In 2013, 15% of ACCT case management documents

- were opened for segregated prisoners. Segregation for these prisoners was only acceptable in the most exceptional circumstances, but we did not find evidence that the decision to continue segregation had been considered carefully enough. Listeners felt supported by the safer custody department but not by all wing staff.
- S6 The prison had a draft safeguarding adults protocol but no formal arrangements, and staff had not received any relevant training.
- S7 Some prisoners told us that they felt security was excessive, but we found no evidence to suggest that it was disproportionate for the risks presented by the population. The volume of security information was very high. Analysis and management arrangements were generally good. There was an appropriate focus on counter-terrorism and dealing with prisoners at risk of becoming 'radicalised'. Some staff felt that they did not have enough information about security issues, but we could not identify any areas where we felt information was inappropriately withheld. Random mandatory drug testing rates were very low, but not all suspicion tests were carried out.
- S8 The new IEP policy had been introduced to prisoners through regular consultation and changes were being phased in. Most prisoners were on the enhanced level; less than 2% were on the basic regime, usually for short periods. Reviews were organised, well documented and included prisoners' contributions. Their quality was monitored as were warnings, promotions and demotions.
- S9 Records indicated that adjudications were well managed and punishments fair and consistent. The number of incidents involving the use of force was not excessive but governance was inadequate, and planned interventions were not always properly coordinated or executed. The health care department did not play an active role in the monitoring of use of force incidents. Management supervision of incidents was poor and we were concerned that the safety of prisoners who were at risk, particularly in the segregation unit, was not appropriately prioritised. In some cases, no attempt was made to use de-escalation techniques and there was some evidence of officers using excessive force. The use of special accommodation was not always justified.
- S10 The segregation unit was reasonably clean, but some cells were dirty and walls on the wide landings were grubby. Staff-prisoner relationships were disappointing. We saw officers interact positively with well behaved prisoners, but many relationships we observed were distant. Many prisoners stayed in segregation for long periods without care plans and written records were generally poor. Although prisoners had better access to basic facilities, such as exercise, showers and phone calls, the regime for longer-stay prisoners was very poor. During the inspection the governor announced that the prison's use of force and the way the segregation unit was run would be investigated.
- S11 The number of prisoners receiving drug or alcohol treatment was relatively low, but services were of a high quality and much better than at the previous inspection. In our survey, all prisoners who had received help or support for a drug or alcohol problem found it helpful.

Respect

S12 *Living conditions were good. Interactions between staff and prisoners were generally respectful. Equality and diversity support was reasonable for most, but monitoring did not cover faith. Many Muslim prisoners complained about some staff and managers treating them inequitably. The prison was attempting to address these concerns but not enough was being done. Faith provision was good and complaints were well managed. There were delays in legal visits. Health services were reasonable, and mental health support was impressive. Prisoners valued the opportunity to cater for themselves. Consultation about food and canteen was good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S13 *At the last inspection in 2011 we found that outcomes for prisoners in Whitemoor were not sufficiently good against this healthy prison test. We made 33 recommendations in the area of respect.² At this follow-up inspection we found that six of the recommendations had been achieved, 13 had been partially achieved and 14 had not been achieved.*

S14 Living conditions were good. Residential areas were clean, cells were free of graffiti and offensive material, but in-cell toilets lacked privacy screens. All cells were single occupancy. Too many showers remained unscreened, and most had poor ventilation and drainage. Some telephones were not working. Consultation arrangements had improved. Most prisoners found it easy to submit an application.

S15 Staff-prisoner relationships continued to improve. In our survey, more prisoners than at the previous inspection or than in similar prisons said that relationships were respectful. Most prisoners also said they had a member of staff they could turn to for help. Nearly all interactions we observed reflected this. However, Muslim and black and minority ethnic prisoners were less positive than others when it came to questions about being victimised by staff. Almost all prisoners had a personal officer; they were more likely than previously to say that they were helpful.

S16 Prisoner representatives attended the regular equality action team meetings, although chaplains had not been at the past three meetings. Minutes did not record discussions about all protected characteristics. Systematic monitoring and analysing of race equality treatment data were investigated and no consistent adverse outcomes had been identified. There was no similar monitoring across all protected characteristics, although this was due to change. Discrimination incident reporting forms received appropriate responses and a proportion were subject to annual external scrutiny.

S17 In our survey, black and minority ethnic and particularly Muslim prisoners were less positive in some areas of safety and respect. Muslim prisoners believed they were victimised because of their faith, which in some cases they appeared to have legitimate grievances. More work was required to reassure prisoners that these issues were being taken seriously. The foreign national coordinator saw all new arrivals, and met regularly with foreign national prisoner representatives. Prisoners had access to immigration advice. Many foreign national prisoners found it difficult to maintain contact with family abroad. Only those who did not have visits could make free phone calls.

² This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

- S18 Those declaring a disability were seen by the disability liaison officer and individual adaptations were provided when needed. Not all staff were aware of prisoners subject to personal emergency evacuation plans. Most men on the 50 Plus wing were generally satisfied with the facilities provided; this group was very positive in our survey. Consultation with them was limited.
- S19 Transgender prisoners were supported to maintain their gender appearance, but there continued to be little systematic support for gay and bisexual prisoners.
- S20 The senior management team was aware of the impact and influence of faith in the prison population. There were activities and further plans to address the confidence issues among the different prisoner groups. The regime clashed with Roman Catholic mass timings. Prisoners of different faiths had good access to chaplains.
- S21 Most responses to complaints were legible, polite, fair and prompt. Quality assurance had improved since the last inspection and monitoring arrangements were good.
- S22 Legal texts were available in the library, but access to the library was limited. A private legal visits interview room was available, but high demand meant prisoners waited up to four weeks to use it.
- S23 Governance of health care was weak and there were substantial staffing problems. Primary care was reasonable and a good range of services was available. The GP service was clinically sound but many prisoners did not feel cared for. We observed nurses provide some thoughtful and respectful care. The inpatient unit provided a therapeutic environment and men received good support. Prisoners were very complimentary about staff.
- S24 Medicines management required attention; different prescribers were recording information in different places, which meant there were several sources of information for an individual prisoner. This was a particular issue for men in the Fens unit. Administration of medicines was appropriate. Waiting times to see the dentist and optician were too long.
- S25 The range and quality of mental health services was impressive. The in-reach team supported primary mental health services owing to staff shortages. Transfers to secure mental health hospitals had been delayed considerably in the previous year.
- S26 We found the range and standard of food to be good but unpopular with prisoners. On the whole, cultural needs were catered for. Wing kitchens where prisoners could prepare their own food were very popular and helped to create a less formal environment.
- S27 New arrivals could wait for more than a week and in some cases nearly two weeks before they received items from the prison shop. The prison consulted prisoners reasonably well about the canteen list, which reflected the diverse needs of the population.

Purposeful activity

S28 *Prisoners had a reasonable amount of time out of cell but limited access to outside exercise. Management knew where provision needed to be developed, although progress was slow. There were sufficient activity places and the range of provision was good, but managers told us they were concerned about the priorities identified by OLASS funding. The quality of vocational training and workshops was good, but education needed improvement. Achievement levels needed improvement. Access to the library was limited but the gym provision was good and valued by prisoners.*
Outcomes for prisoners were reasonably good against this healthy prison test.

S29 *At the last inspection in 2011 we found that outcomes for prisoners in Whitemoor were reasonably good against this healthy prison test. We made 10 recommendations in the area of purposeful activity. At this follow-up inspection we found that one of the recommendations had been achieved, three had been partially achieved, three had not been achieved and two were no longer relevant. One referred to the close supervision centre, which we did not inspect.*

S30 Time out of cell was reasonable and association was rarely cancelled. Prisoners had only 30 minutes' outside exercise on some days, which was inadequate.

S31 Strategic planning of learning and skills and work was based on the population's identified needs. Managers told us that they were frustrated that national OLASS contacts did not sufficiently take into account the needs of long term prisoners in a dispersal prison such as Whitemoor. Productive partnerships existed between the various key players, although coordination between the library and Offender Learning and Skills Service provider was weak. The prison was committed to improving learning and skills and had introduced employability training into workshops. However, it was taking too long to resolve some problems. Data on prisoners' achievements were readily available and routinely used to inform the planning and evaluation of provision. However, analysis to identify any gaps in performance between different groups of prisoners had only started in the previous few months and was superficial. Arrangements to improve the quality of provision were well established, but monitoring and performance management were not sufficiently effective.

S32 The number of activity places was sufficient for the population and the allocation process effective. Unemployment rates were low. The range of education courses was good and included a popular and growing selection of GCSE subjects. The variety of vocational training was adequate and courses were offered at a good range of levels. The promotion and take up of more advanced distance learning courses were good. A reasonable number of work roles were available, but not enough were of good quality, and too many prisoners had mundane wing jobs.

S33 Teachers were generally skilled at establishing respectful working relationships with prisoners and prisoners enjoyed their learning. The quality of teaching, learning and assessment was variable. Too much teaching in education required improvement, but vocational training and coaching was mainly good. The teaching of English, English as a second language (ESOL) and mathematics was not good enough. The promotion of equality and diversity through the curriculum was weak. Wall displays effectively showcased aspects of diversity, but this was rarely reflected in sessions.

- S34 Education achievements had declined since the last inspection and, despite improvements, were not good enough. Vocational achievements were variable. Prisoners' development of practical and employability skills in vocational learning and workshops was good. Punctuality at education, training and workshops was not good enough, and sessions often finished too early. While attendance was good, too often learners left early because of conflicting priorities, such as physical education (PE) or health care appointments.
- S35 The library provided prisoners who borrowed books with an adequate service but was otherwise very limited. Access was regular but very brief. The library did too little to support learning across the prison. Access to PE was good and attendance high. Gym staff were enthusiastic and effective. The range of recreational PE, including team activities, was extensive. Provision for those referred for health care or similar reasons was good. The gym offered a very good range of qualifications.

Resettlement

- S36** *The focus on settlement (helping prisoners make positive use of long sentences) was appropriate. Offender management work was mixed. Many assessments were out of date and contact with offender managers at best sporadic, but regular sentence planning reviews were conducted. Offender supervisors provided good support. Public protection arrangements were thorough. Re-categorisation arrangements were appropriate. Very few prisoners were released but when they were planning for this was good. Support to maintain contact with families and friends was good. A good range of offending behaviour courses and non-accredited interventions were available. The Fens unit provided prisoners with personality disorders with constructive opportunities. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S37 *At the last inspection in 2011 we found that outcomes for prisoners in Whitemoor were reasonably good against this healthy prison test. We made 16 recommendations in the area of resettlement. At this follow-up inspection we found that eight of the recommendations had been achieved, five had been partially achieved, two had not been achieved and one referred to the close supervision centre, which we did not inspect.*

- S38 Strategic management of resettlement had developed since the last inspection and was appropriately focused on settlement for prisoners who had long sentences. Staffing issues had delayed some strategic work, but there was now a good basis on which to develop further. Offender management unit (OMU) staff felt marginalised, and, other than in the Fens unit, few wing staff understood offender management work well.
- S39 More prisoners than at our last inspection had an out-of-date offender assessment system (OASys) document, and some had not had an initial assessment, but all had received a sentence plan review within the previous year. No routine management oversight of assessment and sentence planning in high risk of harm cases took place but staff said that their peers supported them well. In our survey, more prisoners than in comparator prisons said that they had a named offender supervisor (OS), that they were involved in developing their sentence plan, and that their OS was working with them to achieve their targets. OSs shared information with other staff, and an OMU drop-in clinic allowed prisoners to meet OSs easily. We saw evidence demonstrating that OSs focused appropriately on work and learning and had a better emphasis on family contact.

- S40 Public protection arrangements were robust: a comprehensive screening took place when prisoners arrived. The number of prisoners subject to telephone monitoring was not excessive and multi-agency public protection arrangements procedures were sound.
- S41 Many prisoners said they felt they could not progress out of the high security estate. We found that some category B prisoners waited several months for a transfer date, but it was encouraging that 20% of category B prisoners could make a progressive move in 2013. Few prisoners were re-categorised from A to B.
- S42 Releases were uncommon and were individually managed. We saw evidence of well attended and constructive planning meetings six months before release, which covered all the resettlement areas. Most category B prisoners were transferred to training prisons for the last few months of their sentence.
- S43 The provision of social visits was good and the visits hall was bright and welcoming. Visits staff were particularly helpful, friendly and welcoming. Family and children's visits were good, but prisoners on certain IEP levels could face unnecessary restrictions. A range of positive initiatives supported contact with family and friends, including the Fathers Inside parenting course.
- S44 The prison offered a good range of offending behaviour programmes. The Fens unit operated as part of the national strategic pathway for offenders with personality disorders. It held prisoners with serious offences and problems and worked well with them in a challenging but supportive environment. The programme was impressive overall and prisoners were involved in intensive and uncompromising therapeutic work. Progression on completion of the programme had improved and the Fens unit had a dedicated mental health team and good links within the prison.

Main concerns and recommendations

- S45 Concern: Governance of the use of force and special accommodation was inadequate, and planned interventions were not always properly coordinated or executed. Some use of force did not demonstrate adequate de-escalation and there was evidence of excessive force being used against the most at risk prisoners, particularly in the segregation unit. Paperwork did not always justify the use of the special accommodation.

Recommendation: Managerial oversight of the use of force and special accommodation should be improved to ensure neither is used unless necessary and proportionate.

- S46 Concern: Staff relationships with some of the more challenging prisoners held in the segregation unit were distant. Men were often held there for long periods and the regime was poor. Little attention was paid to individual care planning for longer-stay residents.

Recommendation: Senior managers should monitor effectively the use of the segregation unit to ensure that prisoners held there have an appropriate regime to minimise psychological deterioration, that relationships with staff are constructive and that prisoners are moved as soon as practicable.

S47 Concern: Black and minority ethnic and Muslim prisoners were particularly negative about some key outcomes related to their relationships with staff. They felt less respected by staff than many others and Muslim prisoners felt victimised because of their faith. Some work had started to better understand and address these issues, and this needed to continue to ensure legitimate concerns were taken seriously. Staff told us that they would benefit from better support to help them understand and deal with these issues.

Recommendation: The senior management team should redouble efforts to understand black and minority ethnic and Muslim prisoners' concerns about their treatment and the resulting inter-faith tensions, and address the issues raised to reassure prisoners that they are being taken seriously. Staff should be provided with further support to deal with the challenges presented. Equality monitoring should be endorsed to religion and belief, and the results, together with any action taken to address results which are out of range, should be publicised to prisoners.

S48 Concern: Too many prisoners had out-of-date OASys documents and a small number did not have an initial assessment. The supervision of prison-employed OMU staff needed to be improved, as did the professional support they were given.

Recommendation: OMU managers should ensure that all prisoners at Whitemoor receive the offender management service they need. This should include completing all assessments and reports within agreed timescales.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

Prisoners transferring to and from the prison are treated safely, decently and efficiently.

- I.1** *Prison vehicles were clean and comfortable. Contracted vehicles were grubby and cells had graffiti. The video link was used well for court hearings.*
- I.2** Many prisoners had long journeys and fewer than the comparator said they felt safe during the journey. The Prison Service conducted category A escorts, while category B prisoners were escorted by Serco. Prison vans were clean, but contracted vehicles were grubby, with graffiti in the cells. All escort vehicles carried appropriate emergency supplies, but prisoners were not offered a comfort break during the journey. In our survey, 55% of prisoners said they were treated well by escort staff. Fewer prisoners than the comparator said they were told they were going to Whitemoor; 10% said they had received information about the prison before they arrived, more than the comparator (5%).
- I.3** In the previous six months, 39 out of 41 court hearings had been conducted via video link. An average of three prisoners arrived at the prison, or were transferred from the prison, each week. Category B prisoners were given a minimum of 48 hours' notice of their transfer.

Recommendation

- I.4** **Prisoners being transferred should be offered a toilet break every 2.5 hours.**
(Repeated recommendation I.5)

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

- I.5** *Reception was small cramped and unwelcoming. Procedures were generally swift, but property searches took too long. Prisoners were given essential first night information before being locked up, and three Insiders (prisoners who introduce new arrivals to prison life) offered new arrivals good support. Induction arrangements were good.*
- I.6** Reception was small, cramped, and unwelcoming. Storage space for incoming and outgoing property was inadequate. Two small holding cells, mostly used for strip-searching prisoners, had some graffiti. The main holding room was a reasonable size, with bench seating, reading

materials, well displayed notices and a TV. There was no shower in reception, but prisoners could shower once on their wing. Hot drinks were offered, as was food if appropriate.

- I.7** Reception procedures were generally swift, but there could be delays at lunchtimes. All prisoners were strip-searched and had their clothing scanned. In our survey, fewer prisoners than in comparator prisons said they were searched in a respectful way. A nurse saw all prisoners in private to complete an initial health care screening.
- I.8** Reception officers interviewed each prisoner in private, completed a cell-sharing risk assessment and provided essential information about prisoners' first 24 hours. Only 7% of respondents to our survey compared with 23% in similar prisons said they were offered a free phone call when they arrived. Staff offered to make a phone call on prisoners' behalf to advise family or friends of their whereabouts. Prisoners could purchase phone credit.
- I.9** Prisoners were given clean bedding and offered a reception pack. Personal property was retained in reception so it could be searched but it took up to 10 days to reunite category B prisoners with their belongings, and longer for category A prisoners. More than half of prisoners (57%) said they were treated well in reception, similar to the comparator.
- I.10** Most new arrivals were taken to the induction unit on C wing, or to the Fens unit for prisoners with personality disorders. Induction procedures were broadly the same. First night cells were clean and well prepared, and toiletries were issued. Prisoners who arrived on their wing before lock-up could shower on their first night; otherwise they had to wait until the following morning.
- I.11** Prisoners received essential first night information before they were locked up no matter what time they arrived. The majority of prisoners (67%) said they felt safe on their first night.
- I.12** Three Insiders and two Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were based on C wing to offer prisoners support. The Insiders met all new arrivals, and showed them around the wing, and generally put them at ease on their first night and throughout their stay on the wing. The induction spur also accommodated older prisoners, who were a stabilising influence.
- I.13** The two-week induction started the day after arrival. The induction classroom was bright and well furnished and contained relevant information. Staff from various departments, including the safer custody team, addressed prisoners, as did representatives from Tribal employment services. The induction programme was thorough, and prisoners could associate on their wings between sessions.

Recommendations

- I.14** **Prisoners should be allowed to make one free telephone call in private in reception or their first night location unless there are overriding security concerns.**
- I.15** **The time it takes to search incoming property should be substantially reduced.**

Housekeeping point

- I.16** Graffiti should be removed from holding room walls.

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

I.17 *Violence reduction work was effective. The number of incidents was relatively low and had decreased over the previous three years, but many prisoners felt they were victimised by both prisoners and staff because of their religion. There had been no up-to-date survey of prisoners' perceptions of safety, but the prison was aware of potential risks, and monitoring procedures were effective.*

I.18 Fewer prisoners than in comparator prisons, but more than at the last inspection, said they had been victimised by other prisoners. However, 13% of prisoners compared with 7% in comparator prisons said that they had been victimised by other prisoners because of their religion. More than the comparator and than at the last inspection also said they had been victimised by staff; 23% (compared with 9% in comparator prisons) said this had been because of their religion.

I.19 There was many anecdotal accounts of tensions between prisoners, particularly around faith. Despite these tensions the number of recorded incidents was not high. The number of violent incidents was low. In 2013, a third of these incidents (15) occurred in the segregation unit and a quarter (11) in the Fens unit. Throughout 2013, less than one prisoner-on-prisoner assault had taken place each month with a similar number of assaults on staff. There were few unexplained injuries – seven were recorded in 2013 and overall levels of violence had decreased in the previous three years. There had been very few serious assaults. Most proven adjudications for violence were for prisoners using threatening language and behaviour. Those sentenced for sex offences were held in the general population without difficulty and high profile prisoners were monitored by the security committee. The installation of CCTV in residential areas since 2011 had contributed to safety, and all prisoners had their own cell. Population management meetings considered safety factors when prisoners moved between wings. There were good links between the safer custody team and the security department. A custodial manager who managed both safer custody strategies and the segregation unit also attended the security committee. Security representation at monthly violence reduction meetings needed improvement.

I.20 Minutes from violence reduction meetings reported monthly statistics but did not demonstrate that underlying tensions were discussed or analysed although it was clear that managers were very aware of concerns. There had been no up-to-date survey of prisoners' perceptions of safety.

I.21 A small number of problematic prisoners were managed well using the national managing challenging behaviour strategy. Less serious behaviour problems were addressed through the unacceptable behaviour strategy. On average five prisoners a month were monitored for, or suspected of, poor behaviour and two were supported as victims. Responses to violence were mainly punitive and restrictive, for example, limiting prisoners' movements around the wings. Daily monitoring entries were regular and behaviour was reviewed weekly. The psychology department had identified specific interventions for bullies but its links with safer custody were weak and there was no record of persistent bullies carrying out activities set for them during interventions. Most concerns were in the Fens unit where 43% of the monitoring documents were opened in 2013. The challenging nature of therapy (where

prisoners' ideas were addressed directly, perhaps causing them to believe they were being targeted) might have accounted for the perceived higher level of victimisation there.

Recommendations

- I.22 A survey of prisoners' perceptions of safety, including victimisation by staff, should be conducted and the findings acted on.**
- I.23 Links between psychology and safer custody should be improved to strengthen work with persistent bullies.**

Housekeeping point

- I.24 A representative from the security department should attend violence reduction meetings to contribute to the analysis of safety in the prison.**

Self-harm and suicide prevention

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

I.25 *Self-harm levels were low. Prisoners at risk of self-harm and suicide were well supported. Assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm was reasonable and better in the Fens unit, but the exceptional circumstances under which prisoners at risk were held in segregation were not always documented.*

- I.26** Lessons had been learned from the two self-inflicted deaths in the previous five years. The investigation into the last death in September 2013 was continuing but not all initial concerns had been shared with the governor.
- I.27** Levels of self-harm were low and had decreased over the previous three years. Most occurred in the Fens unit and might have been associated with the challenging nature of the therapy. On average, six or seven men self-harmed each month. The few serious self-harm incidents were investigated, but the prison needed to identify what lessons could have been learned more clearly.
- I.28** Between nine and 10 ACCT case management documents were opened each month. Most were completed to a reasonable standard, many had multidisciplinary reviews and adequate care plans and prisoners were well supported. Few prisoners, however, had a consistent case manager chairing their review. ACCT reviews and documents in the Fens unit were generally very good, and a clinician was involved.
- I.29** In 2013, 15% of ACCT documents were opened for men in the segregation unit. Initial reviews did not always consider the impact of segregation on the person at risk or explain what exceptional circumstances required them to be there.

- I.30** Gated cells were used on two to three occasions each month, often for the same prisoners and sometimes for several weeks. The safer prisons meetings did not routinely monitor the use of these cells.
- I.31** Seven of the eight Listeners were on B wing, which meant prisoners had to be moved around the prison, a complex process. We were told that some prisoners had been refused access to Listeners; we also saw documentation supporting this. It was not clear whether this was for legitimate safety reasons or owing to difficulties moving prisoners from one wing to another. Listeners felt supported by safer custody staff but not by all wing-based staff. The portable phone used to contact the Samaritans did not work on A, B or C wings. The prison was less reluctant than previously to use the Listener suite in segregation; it was not, however, in an appropriate location.

Recommendations

- I.32 All findings and lessons learned from investigations into deaths and near-fatal self-harm incidents should be acted on.**
- I.33 The exceptional circumstances required to justify holding prisoners at risk in the segregation unit should be detailed in ACCT documents.**

Housekeeping points

- I.34** The use of gated cells should be monitored by the safer custody team.
- I.35** Listeners should be based on all wings and the prison should justify and document the reasons for refusing a prisoner access to a Listener.

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.³

- I.36** *The prison had started to develop effective safeguarding procedures through a joint working protocol with relevant agencies, but this now needed to be taken forward to embed it in practice.*

- I.37** Adult safeguarding was being taken forward through a comprehensive, but as yet draft, joint working protocol between Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), Cambridgeshire County Council and the prison. The protocol outlined ways in which safeguarding and prison-based safer custody processes could be implemented in a coordinated way.

³ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

- I.38** The draft protocol provided some sound guidance on reporting and responding to allegations of abuse or poor treatment of adults at risk and had developed a detailed prison pathway for investigations. There had been no specific safeguarding training for prison staff. A programme of mental health awareness training was in place but attendance was poor (see section on health care). Safeguarding was led largely by the CPFT and the Fens unit, where most adults at risk were held.

Recommendation

- I.39** **The governor should take forward the draft joint working protocol to develop effective procedures to protect adults at risk.**

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

- I.40** *Overall, security arrangements were proportionate to the substantial risks presented by the population. Physical security was stringent and the flow of information about both staff and prisoner behaviour was good and well managed. Searching arrangements were appropriate, and visits restrictions were used correctly. Random mandatory drug testing (MDT) rates were very low but too many suspicion tests failed to take place.*

- I.41** Category A prisoners (those whose escape would be extremely dangerous to the public or for national security) made up one third of the population and there were a number of prisoners convicted of terrorist offences. This justified the stringent physical security and rigorous counter-terrorism measures (see also section on faith and religious activity). Robust corruption prevention and professional standards processes were in operation to support staff and protect them from manipulative or conditioning behaviour.
- I.42** The volume of intelligence reports received was comparatively high and slightly higher than at the last inspection. Analysis and management arrangements were generally good. This information flow, combined with generally good relationships between staff and prisoners, improving consultation arrangements and sound complaints management suggested that dynamic security was also good.
- I.43** Some prisoners told us that security was excessive and some Muslim and black and minority ethnic prisoners perceived this as victimisation. A number of category A prisoners told us of delays when applying for visitor clearance, and there was some evidence of this, mostly due to delays in police checks. Others complained about long waits for telephone numbers to be added to their credit account, but the records we examined did not justify these complaints.
- I.44** On the whole, category B prisoners (those who do not need to be held in the highest security conditions but for whom escape should be made very difficult) were subject to the same security processes as category A prisoners, for example, they were strip-searched at the end of visits and during cell searches, and all mail was monitored. This had the potential to be disproportionate, but we were satisfied that the risks presented by the category A population and the potential for category B prisoners to be pressurised into smuggling or

holding illicit items justified these restrictions. Each prisoner received an individual risk assessment before being allocated to an activity.

- I.45** In other areas, restrictions seemed proportionate. Prisoners were rarely subject to squat searches, and when necessary, they were properly authorised. There had been two visitor strip-searches in the previous six months, both of which had resulted in finds. The relatively small number of visits restrictions were all related to incidents during visits, and were reviewed monthly. Babies were not routinely searched. Few prisoners were subject to live telephone monitoring.
- I.46** The MDT random positive rate for the six months to December 2013 was very low at 1.4%. There was little intelligence to suggest that any drugs outside the MDT remit were available. In our survey, fewer prisoners than in comparator prisons said it was easy to get drugs in the prison. However, on the Fens unit, 23% of prisoners (against 9% in the rest of the prison) said that it was easy to get drugs and 11% (against 3% in the rest of the prison) said they had developed a drug problem in the prison, although we found no evidence to back this up.
- I.47** Fifty-five suspicion tests were requested in the six months to December 2013, but only 33 were completed mainly due to insufficient staffing levels. The positive rate was low at 16%. The MDT suite and holding room were clean, tidy and appropriately equipped.

Recommendations

- I.48** **The prison should seek to understand prisoners' views about the widespread availability of illegal drugs in the Fens unit and take appropriate action to ensure this is not the case.**
- I.49** **All suspicion tests should be completed within the required timescale.**

Housekeeping point

- I.50** Applications for the approved visitors scheme should be monitored for timeliness and ethnicity.

Incentives and earned privileges⁴

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

- I.51** *National changes to the IEP scheme were being phased in appropriately. The scheme was well organised and monitored for fairness.*

⁴ In the previous report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

- I.52** Changes to the IEP policy were being implemented gradually. Regular consultation and amnesty periods allowed prisoners to dispose of excessive property or clothing, in line with the new policy.
- I.53** Most prisoners (67%) were on the enhanced level and less than 2% were on the basic regime, but this was usually for short periods, although those in segregation were sometimes on the regime for longer. Reviews were held annually or on an ad hoc basis. They were well organised and documented, and included prisoners' contributions. The quality of reviews was monitored as were the number of warnings and level changes.
- I.54** Prisoners on the enhanced regime had access to more private cash, phone credit and spending allowances (which only benefited those with sufficient personal funds), as well as additional visits. However, more prisoners than in comparator prisons felt the scheme encouraged them to change their behaviour. In our survey fewer black and minority ethnic and Muslim prisoners felt they had been treated fairly by the scheme, but race monitoring did not suggest any adverse outcomes for these groups.

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.

I.55 *Records indicated that adjudications were well conducted and punishments were fair and consistent. A range of data relating to disciplinary hearings was collated routinely and analysed by senior managers to identify patterns and trends. The number of incidents requiring the use of force was not excessive but governance was inadequate and planned interventions were not always properly coordinated or executed. Management supervision of incidents was poor and we were concerned that the safety of the most at risk prisoners was not sufficiently prioritised. In some cases de-escalation was not attempted at all and we saw examples of officers using excessive force. The use of special accommodation was not always justified and there was evidence that prisoners remained there too long. Many prisoners stayed in segregation for long periods without care plans and the regime was poor. Staff-prisoner relationships in the segregation unit were disappointing.*

Disciplinary procedures

- I.56** The number of formal adjudications was comparatively high at about 52.5 adjudications per 100 prisoners in the previous six months. The most common charges were disobeying lawful orders and threatening behaviour. We saw proceedings being conducted fairly and prisoners given the opportunity to explain fully their version of events.
- I.57** Monthly statistics on the number and nature of adjudications were presented to the senior management team and there was evidence that these were noted, categorised or used to identify and address trends.
- I.58** On the whole, punishments were fair and there were examples of adjudicating governors dismissing cases due to a lack of evidence or anomalies in processes. The appeals process was carefully explained to all prisoners after the formal hearing. There was no evidence that unofficial or collective punishments were being used.

The use of force

- I.59** In comparison with similar prisons, relatively few incidents involved the use of force. Of the 60 use of force incidents in the six months before our inspection, 20% did not involve full control and restraint techniques, and most, about 70%, were spontaneous. Most (71.5%) occurred in the segregation unit, where prisoners with the most challenging behaviour were held.
- I.60** Management and monitoring arrangements of the use of force were inadequate. The use of force committee was designed to provide governance, but did not always scrutinise videos of planned interventions or check that nurses had reported on any injuries.
- I.61** Examples we saw demonstrated that managerial supervision of incidents, particularly those involving at risk prisoners, was poor. We were concerned that the safety of prisoners in general was not given a high enough priority, and that nurses did not sufficiently understand their role in monitoring the prisoners' health. The worst examples were in the segregation unit. In some cases, there was no attempt to de-escalate the situation, and we saw video evidence of planned removals showing officers using excessive force. Officers' written accounts of specific incidents were at odds with the video evidence we looked at.
- I.62** The use of special accommodation was reasonably low and the time prisoners spent there was not excessive. The average time prisoners spent in special accommodation was about two hours. However, not all decisions to locate prisoners there were justified, particularly following the planned use of force, and prisoners remained there too long after they had calmed down.

Segregation

- I.63** The large segregation unit was reasonably clean but some cells were dirty and a number of landing walls were grubby. The prisoner interview room was grimy and there was graffiti on the windows.
- I.64** One hundred and six prisoners had been segregated in the six months prior to our inspection, usually under prison rule 45 (for their own safety or for the 'good order' of the prison) and many for long periods. The average length of stay was about 55 days but a substantial minority were there much longer – in the three months from October to December 2013, 18 prisoners had been in segregation for between 29 and 89 days and 11 for more than 90 days. Some very challenging prisoners were held there.
- I.65** Monthly segregation management meetings were usually well attended and information about how often segregation was used and prisoners' length of stay was analysed. However there was little evidence that these meetings were raising operating standards or improving living conditions for segregated prisoners.
- I.66** Relationships between officers and prisoners were disappointing. We saw staff interact positively with well behaved prisoners, but many relationships were distant. Officers were sometimes dismissive of prisoners and appeared disinterested in their wellbeing.
- I.67** A complicated risk assessment process determined how many officers were present when individual prisoners were unlocked. The risk assessment formed part of prisoners' IEP level and determined their access to privileges. As at the previous inspection, this approach 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 they had to be unlocked in the presence of more than two officers in line with their risk assessment. Decisions

appeared to be taken by unit officers, often without consulting the unit manager, and we were not assured that they were always justified.

- I.68** It was disproportionate that newly segregated prisoners were routinely unlocked in the presence of three officers until a risk assessment was completed at their first weekly review. Unlocking procedures needed to be tailored to the individual.
- I.69** Segregation reviews were completed on time, but there was little evidence that changes in prisoners' behaviour or circumstances were being monitored or acted on. There were no individual care plans, behaviour targets were not set and staff were not involved in formal planning processes.
- I.70** The daily regime included showers, exercise and access to telephones. A small selection of books was available, but most prisoners had nothing meaningful to do. Although one prisoner had some menial in-cell work to do and another attended his offending behaviour programme in the main prison, most prisoners remained unoccupied, locked in their cells for nearly the whole day.
- I.71** During the inspection the governor announced that an investigation would take place into concerns raised relating to the use of force and how the segregation unit was run.

Recommendation

- I.72** **The role of nurses attending incidents involving the use of force should be widely understood by all staff.**

Substance misuse

Expected outcomes:

Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

I.73 *The number of prisoners receiving drug or alcohol treatment was relatively low. Services were good and better than at our previous inspection. In our survey, all prisoners who had received help or support for a drug or alcohol problem found it helpful. Subutex was not available. Psychosocial interventions were of a high quality. The drug and alcohol strategy needed to be updated.*

- I.74** Clinical and psychosocial treatment was delivered by Inclusion, a substance misuse provider. Overall we saw substantial improvements in the service. Prisoners echoed this in our survey where an unprecedented 100% of prisoners who had received help or support for a drug or alcohol problem said they found it helpful, nearly twice the number of those who responded positively in 2011. Four prisoners were receiving opiate substitution treatment. Each received regular, effective multidisciplinary clinical reviews involving a GP with a special interest in substance misuse. One prisoner was on a reducing dose, two were on maintenance doses and one had been stabilised. Subutex (buprenorphine) was not available because there were not enough discipline staff to supervise administration of the drug.
- I.75** Groups run by the psychosocial arm of the integrated drug and alcohol recovery team (DART) included separate cannabis and alcohol interventions. The team also delivered the Inclusion Recovery Programme (IRP), for both drug and alcohol users; it explored recovery through role play, presentations and assignments.

- I.76** Five prisoner peer supporters received appropriate training and support under through the Peer Advice and Drugs Support scheme and were subject to regular drug testing.
- I.77** The drug and alcohol strategy document was out of date and included only a short paragraph on supply reduction. No action plan or performance measures were in place. We were told a needs analysis was in progress and its findings were to be reported by the end of January 2014.

Recommendations

- I.78** Arrangements should be made to ensure discipline staff are available to supervise the administration of all controlled drugs.
- I.79** The drug strategy should be based on an up-to-date needs assessment, and should include supply reduction processes, alcohol services, action plans and performance measures.

Section 2. Respect

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. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1** *Living conditions were generally good. Residential areas were clean, cells were free of graffiti and offensive material, but in-cell toilets lacked privacy screening. All cells were single occupancy. Too many showers remained unscreened and most had poor ventilation and drainage. Some telephones were not working, and there were unacceptable delays in mail that was being translated. Most prisoners found it easy to submit an application.*
- 2.2** There were four residential wings, each with three spurs of single cells. A, B, and C wings each held 126 prisoners, and the Fens unit up to 70. Wings were clean and had good recreational facilities including cardiovascular equipment, although the environment was stark and functional. An astroturf area, shared by all wings, was pleasant.
- 2.3** Cells were mostly clean and tidy, adequately furnished and had kettles and lockable cabinets. In-cell toilets were unscreened. Cells were free of graffiti and offensive material. Toiletries were issued on demand, and cleaning materials were readily available. Procedures were in place to exchange mattresses.
- 2.4** Records showed that cell bells were answered promptly, and weekly management checks were carried out to monitor this. Most prisoners said it was quiet enough for them to be able to relax or sleep at night.
- 2.5** Access to showers and baths was good, but most were not screened. Ventilation and drainage was poor; paint was flaking and ceilings were mouldy.
- 2.6** Laundries on each wing were run by prison orderlies, who provided prisoners with a weekly service wash. Prison clothing was in good condition and there was an appropriate range of sizes. Prisoners said that sheets were not always in good condition, but those we inspected were reasonable.
- 2.7** Property was sent to the Prison Service central store after 28 days, and there was no access to it for a year. Prisoners could keep reasonable amounts of clothing and items could be sent in and purchased.
- 2.8** There were enough telephones that could be used in private, but some were not working. In our survey, 34% of prisoners compared with 26% in similar prisons said they had problems accessing telephones.
- 2.9** Incoming and outgoing letters were generally processed promptly, but there were unacceptable delays in mail sent out for translation and delays of up to a week before prisoners received parcels. The prisoner email service was well used.

- 2.10** Monthly well attended staff-prisoner consultation meetings were chaired by the head of residence. Action points were reviewed monthly but matters were not always progressed promptly. Each wing held their own monthly consultation meetings covering wing-related matters. Prisoner representatives attended these meetings. The prison had its own TV channel, which gave prisoners up-to-date information.
- 2.11** Except for foreign nationals, most prisoners said it was easy to submit an application, and 57% said they were dealt with fairly, while 51% said they were dealt with within seven days. Applications were logged on wings but not recorded when prisoners received a reply. There was no quality assurance of completed applications.

Recommendations

- 2.12** **In-cell toilets should be adequately screened and shower rooms should be refurbished and individual shower heads screened.** (Repeated recommendations 2.5 and 2.9)
- 2.13** **Mail sent for translation should be returned to prisoners promptly.**

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.

2.14 *Interactions between staff and prisoners were generally respectful and had continued to develop. However, some groups reported high levels of victimisation by staff. Prisoners had a personal officer and the majority of prisoners found them helpful.*

- 2.15** Staff-prisoner relationships continued to improve. In our survey, more prisoners than at the previous inspection or in comparator prisons said that relationships were respectful. Most also said they had a member of staff they could turn to for help. Nearly all interactions we observed reflected this, although a minority of staff were distant and disengaged. We observed far greater use of first and preferred names than at previous inspections. Black and minority ethnic and Muslim prisoners were less positive about the way they were treated by staff (see section on equality and diversity). All prisoners had a personal officer and were more likely than previously to say that they were helpful.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability

⁵ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

(including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

2.16 *Prison managers' attendance at equality action team meetings fluctuated, and support from community providers was very limited. Data monitoring was to be introduced across all protected characteristics. Black and minority ethnic and Muslim prisoners reported substantially less positively in the areas of safety and respect, and a number of prisoners expressed a lack of confidence in some staff. Faith and religion issues were not being adequately addressed, but the new prisoner and staff consultation meetings provided the prison with an opportunity to do so. Foreign nationals were well supported, but many found it difficult to maintain contact with their family. Services for older men and those with a disability were generally adequate. More needed to be done to meet the needs of gay and bisexual prisoners.*

Strategic management

- 2.17** The equalities policy, which covered most protected characteristics, was not based on a needs analysis. The governor chaired bimonthly equality action team (EAT) meetings, which involved prisoner representatives and occasionally staff from Peterborough Race Equality Council; however, there continued to be little other community involvement. Prison managers' attendance fluctuated. Faith issues were a high priority, but the chaplaincy had not been represented at the last three meetings.
- 2.18** The EAT did not routinely discuss all protected characteristics. The team scrutinised race monitoring data and investigated out-of-range figures. No negative trends in prisoner outcomes were identified and some local monitoring had taken place to address prisoners' concerns. There was no similar monitoring across other protected characteristics, such as faith, but this was soon to change.
- 2.19** Fifty-three discrimination incident reporting forms had been submitted during 2013. Complaints were investigated well and a proportion 10% was subject to annual external scrutiny. Some of those upheld had led to changes in practice, and one staff member had received a final written warning. Some complainants continued to wait too long for a written response.
- 2.20** Not all prisoners knew who their prisoner diversity representatives were. The experienced equalities officer was trusted and known to prisoners, but some continued to lack confidence in the wider staff group. Diversity representatives did not carry out their role effectively, which meant the opportunity to involve staff in equality issues and increase prisoner and staff confidence was no longer available.
- 2.21** There were only 22 black and minority ethnic staff in prisoner contact roles (4%), far below the proportion in the prisoner group. This made it difficult for staff and managers to persuade many prisoners that their concerns were understood. Challenge It Change It equality training had ceased, but the equalities officer provided new staff with diversity information. Occasional faith awareness training was available, but some staff continued to lack confidence and the knowledge to interact effectively with all prisoners. A number of staff told us that they would have welcomed better training in managing issues related to the diverse mix of prisoners (see main recommendation, paragraph S47).

Recommendations

- 2.22 All core functions should be represented at EAT meetings and all protected characteristics discussed.**
- 2.23 Data monitoring should cover all protected characteristics whose needs should be adequately identified.**
- 2.24 Engagement with community organisations to promote equality should be expanded.** (Repeated recommendation 4.18)

Protected characteristics

- 2.25** Approximately 62.5% of the population were from black and minority ethnic groups. In our survey, black and minority ethnic and Muslim prisoners reported much less favourably in some areas of safety and respect, although in reality there was a big cross-over in the make-up of these groups. As in 2011, many black and minority ethnic Muslim prisoners said that some staff lacked cultural and faith awareness and many told us they were victimised because of their faith. In some cases this appeared justified; in others it was a matter of perception or because prisoners' inappropriate behaviour was being challenged. More work was required to ensure prisoners' concerns were being taken seriously. Faith issues were not discussed in detail at EAT meetings but multidisciplinary faith consultation with prisoners had taken place and concerns were being addressed (see also section on staff-prisoner relationships and main recommendation, paragraph S47).
- 2.26** The prison's 104 foreign national prisoners were well supported. In our survey, more foreign national prisoners than British nationals reported being victimised by staff. The foreign national coordinator (FNC) gave all newly arrived foreign nationals information and met monthly with foreign national prisoner representatives. Regular foreign national services included immigration surgeries, and opportunities to meet representatives from embassies and immigration advice charities. However, independent immigration advice services were not advertised among prisoners, although they were available through the FNC.
- 2.27** Foreign national prisoners could receive DVDs or CDs from their families, but many found it difficult to maintain good family contact; mail was delayed and a monthly free five-minute telephone call was only allowed in lieu of visits.
- 2.28** We met a few men who could not speak English well, but wing staff did not use the telephone translation service when speaking to them. Some translated information was provided and more could be sourced by the FNC. Simple information about services was displayed in 22 languages on some wings.
- 2.29** Prisoner disability questionnaires, completed on arrival were sent to the disability liaison officer (DLO) who saw all those declaring a physical disability. In our survey, 20% of all respondents and 54% on the Fens unit said they had a disability, of whom 63% said they had emotional, well being and/or mental health issues. This group reported feeling considerably less safe than others.
- 2.30** The DLO maintained a running log of prisoners with declared disabilities who had received individual aids. Twenty prisoners had comprehensive personal emergency evacuation plans (PEEPs). The mental health team knew of many more prisoners with mental health needs, but there was no formal information-sharing between the team and the DLO. Prisoners with PEEPs had a volunteer prisoner 'fire buddy' to help in the event of an evacuation; they also helped them with day-to-day activities. Not all wing staff knew who was subject to PEEPs.

- 2.31** There were no fully adapted cells or purpose- built facilities for prisoners with disabilities on the main wings. However, most prisoners we spoke to, including wheelchair users, said their needs were met. As at the last inspection, there were no multidisciplinary care plans for prisoners with disabilities or for older prisoners.
- 2.32** Sixty-two prisoners were aged 50 and over (13%); the eldest was 71. They responded much more positively than others in our survey. Many older prisoners lived on C wing, known as the 50 Plus unit, alongside induction prisoners. This mix led to a stable and quieter environment. Older men who were retired or unable to work due to a disability were unlocked during the core day. Retired men received £5 a week, which was not enough.
- 2.33** The 50 Plus unit had an activity room where prisoners could watch DVDs and make pre-ordered handmade cards. An officer joined prisoners in weekly cooking classes, board games were provided and gym sessions and health screenings were tailored to this age group. The 50 Plus prisoner group had only met twice in the previous 12 months.
- 2.34** There was a transgender policy and transgender prisoners were supported to maintain their gender appearance. In our survey, 4% of all prisoners and 24% in the Fens unit described themselves as gay or bisexual. The equalities officer provided one-to-one support, but there continued to be no sexual orientation policy and no proactive promotion of services for this group. The EAT did not discuss the needs of gay or bisexual prisoners.

Recommendations

- 2.35** **Foreign national prisoners with family abroad should receive a free monthly telephone call irrespective of whether they have had a visit.** (Repeated recommendation 4.34)
- 2.36** **A policy should be developed that systematically outlines the needs of gay and bisexual prisoners and how they will be met.**

Housekeeping points

- 2.37** There should be a protocol for sharing information between the DLO and mental health team.
- 2.38** All staff should be aware of prisoners subject to PEEPs.

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.

- 2.39** *There was a large Muslim population and there was tension between this group and other prisoners and staff, but these were increasingly recognised and effectively managed. The chaplaincy was generally well integrated into the prison.*

- 2.40** There was tension between the large Muslim population and other prisoners and staff. Some Muslim prisoners alleged that their beliefs were not respected and they were discriminated against. Non Muslim prisoners alleged that Muslim prisoners and staff exerted too much influence in the prison. The senior management team was aware of the impact and influence of faith in the prison population. A multi-faith forum had been launched to encourage open discussion about a range of faith issues, including the regime's impact on Roman Catholic prisoners wanting to attend mass (see also section on equality and diversity and main recommendation, paragraph S47).
- 2.41** Faith and spirituality had been designated a local reducing reoffending pathway. This comprised a series of interventions, mostly delivered by the chaplaincy staff, to help promote an understanding among prisoners (both Christian and Muslim) of their religious beliefs. Some prisoners were encouraged to attend these courses to counteract any potential risks of radicalisation (see section on strategic management of resettlement).
- 2.42** The Muslim managing chaplain was supported by other chaplains from different faiths and religions. The team worked together closely to meet the needs of the population. Worship facilities were good, and chaplains also ran a number of faith-based classes and courses, including a Living with Loss course.
- 2.43** Procedures were in place to ensure that chaplains were contacted immediately if a prisoner died or was suffering from a life-limiting illness or if a prisoner's relative died; they also acted as the contact point between family, prisoner and prison.
- 2.44** Despite prisoners in our survey being somewhat negative, chaplains saw all new arrivals individually during induction to explain the work of the chaplaincy and identify any immediate concerns. Prisoners could not visit the chapel without prior arrangement, but the chaplaincy visited residential areas every day and were available to prisoners. Chaplains were well integrated into the life of the prison and described good working relationships with other prison staff. They regularly attended and contributed to a range of meetings, although notably not the EAT (see paragraph 2.17).

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which 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.

- 2.45** *Most responses to complaints were respectful and dealt with the issue at hand. Despite this, only about a quarter of prisoners we surveyed said that they felt complaints were dealt with fairly. Quality assurance had improved since the last inspection and monitoring arrangements were good.*
- 2.46** The number of complaints was comparatively high at about 300 each month. Prisoners we spoke to knew how to access the system.
- 2.47** In our survey, only 24% of respondents said that they felt that their complaints were treated fairly. In our sample most responses were legible, polite, fair and respectful and addressed the issues raised. A small minority were cursory and dismissive.
- 2.48** Governance arrangements for recording, managing and investigating complaints had improved and were very good. The complaints clerk ensured that all complaints were logged

and that they were dispatched expeditiously to managers in appropriate areas to be dealt with. The prison analysed the types of complaint made and there was evidence that action was being taken to address emerging problems.

- 2.49** Interim replies for more complicated cases were issued to prisoners, along with a predicted conclusion date. Most received a response within three working days of receipt

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

- 2.50** *Prisoners responded negatively when asked about legal rights in our survey. Waits for legal visits were too long, and prisoners did not have sufficient access to legal text books in the library.*

- 2.51** In our survey, prisoners were more negative about their experiences of legal services than in comparator prisons. They complained particularly about waits of up to four weeks to book a legal visit. We found that these complaints were justified and waiting times were unacceptable. On occasion only one of the two private consultation rooms was available owing to a lack of staff. Legal text books and additional reference material were available in the library, but prisoners' access to the library was limited (see section on the library). Prisoners complained that some legal letters were opened by staff. However, examples we saw were not clearly identified as legal letters and had therefore been treated as normal post.

Recommendation

- 2.52** The waiting time for a legal visit should be substantially reduced.

Health services

Expected outcomes:

Prisoners are 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 elsewhere in the community.

- 2.53** *Governance of health care was reasonable, but there were some substantial staffing challenges. Primary care was satisfactory with a good range of visiting services. The GP service was clinically sound, but many prisoners did not feel they were listened to or cared for. Medicines management required attention as different prescribers were making records in different places. Waits to see the dentist and optician were too long. The inpatient unit provided a therapeutic and supportive environment. Mental health services were impressive; primary mental health services were supported by the in-reach team. There had been some substantial delays in transfers to secure mental health hospitals.*

Governance arrangements

- 2.54 Partnership board arrangements were reasonable and integration with other prison departments was appropriate, but the health needs assessment was out of date.
- 2.55 Health services were due to be tendered out in spring 2014. There were substantial staffing gaps, with approximately 50% of the nursing workforce covered by agency staff and recruitment delays were extremely lengthy. Plans to introduce student nurse placements were commendable, but it was difficult to see how this could be sustained safely on current staffing levels.
- 2.56 The main health care department had a range of consulting and treatment rooms. Wing treatment rooms were clean with appropriate hand washing and clinical waste disposal arrangements. There was no record of an up-to-date infection control audit.
- 2.57 Regular governance meetings were limited by the small number of stakeholders present. Suitable policies and protocols were up to date and covered areas such as communicable diseases and blood borne viruses. Condoms were not freely available and the procedure in place for regulating them was likely to discourage their use. We did not see an information-sharing protocol used.
- 2.58 Responses to complaints were appropriate, but complaints were channelled through the main prison system; there were plans to introduce the NHS Patient Advice and Liaison Service (PALS) system. Reporting of clinical incidents was limited and the reporting system was being changed.
- 2.59 Nursing staff had received annual resuscitation training and some had undertaken clinical training. There was no clinical supervision.
- 2.60 Recording on SystmOne electronic clinical records met professional standards with timely follow-through on diagnostic test results. Care plans were rarely used. There was no current lead staff member for older prisoners and the older prisoner forum had only been held intermittently.
- 2.61 A community out-of-hours GP service was available and we were told that access to emergency ambulances was timely.
- 2.62 Resuscitation equipment was kept in the main health care department; there was no record of daily checks, however. Automated external defibrillators were kept in wing offices but very few prison staff had completed resuscitation training.

Recommendations

- 2.63 **An up-to-date comprehensive health needs assessment should inform clinical services.**
- 2.64 **Staffing shortages and skills-mix gaps should be addressed to ensure clinical services are safe.**
- 2.65 **Condoms should be freely available.**
- 2.66 **Prison staff should all be trained in basic life support and use of the automated defibrillator.**

Housekeeping points

- 2.67** An information-sharing protocol should ensure that informed consent is sought before medical information is shared.
- 2.68** Prisoners should have access to a confidential complaints system.
- 2.69** Care plans should ensure continuity of care for prisoners with complex physical and/or mental health needs and key issues should be shared with prison staff.
- 2.70** Daily checks on resuscitation equipment should be conducted and recorded.

Delivery of care (physical health)

- 2.71** In our survey, fewer prisoners (21%) than in the comparator (39%) said the overall quality of services was good.
- 2.72** Prisoners were seen by a nurse on arrival in a designated reception room. The unscreened window between the room and the reception desk compromised patient privacy and the emergency bell was inappropriately located. There was no access to SystemOne.
- 2.73** Initial health risk assessments were appropriate and sensitive, but the approach to self-harm and suicide meant men could have been too inhibited to disclose anxieties. Continuity of care for existing health conditions was good. There were delays in secondary health assessments.
- 2.74** Prisoners had daily access to nurses on the wings. Most prisoners we spoke to were positive about the care they received from nurses and our observations supported this.
- 2.75** In our survey, fewer prisoners than in comparator prisons said it was easy to see a GP. We found waits for GP appointments were variable – one man on the Fens unit waited up to 20 days; other wings revealed waits of up to 15 days. However, prisoners with urgent needs were seen on the same day.
- 2.76** In our survey, only 23% of prisoners said that the GP service was good or very good compared with 45% in comparator prisons. A large number of prisoners told us that they didn't feel the GP listened to or cared about them. However, we also received some positive comments. We observed thorough clinical care with clinical decisions explained to prisoners.
- 2.77** The supervision of prisoners in the health care waiting area was good, but they waited too long for appointments and to return to the wings.
- 2.78** Chronic disease clinics were limited, but the introduction of a blood pressure monitoring clinic was helpful. The range of services was good and included physiotherapy and diagnostic x-rays, but prisoners sometimes waited over a year to see the optician and up to 10 months to see the podiatrist. Prisoners had access to a smoking cessation service.
- 2.79** The inpatient unit had clear admission criteria and could accommodate a maximum of six men. Four men with physical and mental health needs were in the unit during our inspection.
- 2.80** Inpatient care provided prisoners with positive therapeutic support and staff relationships with prisoners were constructive. No structured education or formal group activities took place. Prisoners we spoke to were enthusiastic and complimentary about the care they received.

- 2.81** Prison staff booked hospital appointments, compromising confidentiality and affecting the clinical prioritisation of prisoners. Arrangements for a small number of high risk prisoners to receive specialist services within the prison were commendable.

Recommendations

- 2.82** **Waiting times for primary care services including the optician and podiatrist should not exceed clinically acceptable waiting times in the community.**
- 2.83** **All health care staff, including GPs, should have effective communications skills training to enable them to respond to a range of needs.**
- 2.84** **The prison partnership should ensure that medical confidentiality is not compromised by the external appointment system and that clinical need is the overriding priority when hospital appointments are scheduled.**
- 2.85** **SystemOne should be accessible on all the wings and in the reception room.**

Housekeeping points

- 2.86** The reception health care room should provide prisoners with privacy during their health care screening and the emergency bell should be appropriately located.
- 2.87** Prisoners should not wait for long periods before and after their appointments in the health care department.

Pharmacy

- 2.88** Pharmacy services were provided by a local pharmacy and prescriptions were supplied daily from faxed copies. The pharmacist visited the prison monthly to audit faxed prescriptions and provide the technician with support. There were no pharmacy-led clinics.
- 2.89** Most medicines were for named patients and were supplied in possession. Supervised medicines were administered by nurses. We observed one nurse sign a prisoners' prescription chart before taking the medicine to the prisoner, which contravened Nursing and Midwifery Council rules.
- 2.90** Medicines such as ibuprofen and paracetamol were administered and recorded on prescription charts, but the prison did not have policies on patient group directions (PGDs) (which enable nurses to supply and administer prescription-only medicine) or special sick (immediate health treatment without an appointment) to cover their supply. There were no clear criteria to determine when nursing staff should refer to the GP. No routine audit of these supplies was carried out.
- 2.91** Medicine management in the Fens unit was poor. No medicines were given in possession and some were crushed before they were administered, despite there being no pharmaceutical indication to do so. Patients in the Fens unit received medications from two different prescribers at the same time; this was recorded on separate charts.
- 2.92** Night time medication doses were decanted from labelled containers into named paper containers before administration. Too many prisoners did not receive their night time medications until very late at night or early morning.

- 2.93** The controlled drug (CD) cabinet in the pharmacy room was also used for emergency medicines such as antibiotics. This meant nurses had inappropriate access to pharmacy CD stocks for which there was no accurate audit trail.
- 2.94** Fridge temperatures were recorded daily but were consistently out of range in the Fens unit, C wing and the main pharmacy, compromising the efficacy and safety of medicines.
- 2.95** Some drug reference books in the treatment rooms were out of date.

Recommendations

- 2.96** **Robust medicines management across the prison should ensure that medicines are covered either by a legal prescription or a PGD or over-the-counter medicines policy; PGDs should be used to allow nurses to give more potent medicines.**
- 2.97** **Medicines, which should be administered at appropriate times, should always be recorded after administration; they should be administered from legally supplied and labelled containers and in the form supplied, unless pharmacy advice has been sought and indicates something different.**
- 2.98** **Prisoners should have regular access to pharmacy clinics and medication, and prescribing reviews should be conducted regularly including all prescribing in the prison.**

Housekeeping points

- 2.99** The security of the CD cabinet key should be reviewed and the cabinet used for CD storage only.
- 2.100** Maximum and minimum fridge temperatures should be recorded daily for all drug refrigerators to ensure the safety and efficacy of temperature-sensitive items. Immediate corrective action should be taken where necessary and monitored by pharmacy staff.
- 2.101** Up-to-date drug reference books should be available to all prescribers and in the treatment rooms where medicines are supplied or administered.
- 2.102** Pharmacy staff should monitor the administration and stocks of over-the-counter medicines, such as paracetamol and ibuprofen.

Dentistry

- 2.103** Two dentists maintained separate waiting lists for treatment to ensure some continuity of care. Seventy-five prisoners were waiting to be seen during our inspection and the longest wait was approximately six months. We were told that prisoners with urgent needs could be seen promptly, but it was not clear how long a new patient would wait for a routine appointment.
- 2.104** In our survey, fewer prisoners than at comparator prisons said that it was easy to see the dentist or that the quality of the dental service was good. Prisoners we spoke to also said they had waited a long time for a dental appointment.

- 2.105** The dental suite was clean and suitably equipped, but we could not see the maintenance and service records. There was no access to SystemOne and paper records were stored in a filing cabinet in the dental suite.

Recommendation

- 2.106** **Waiting lists should be reviewed, prioritised clinically and additional dental sessions considered to ensure prisoners did not wait longer than they would in the community.**

Delivery of care (mental health)

- 2.107** Cambridge and Peterborough NHS Foundation Trust provided the in-reach team, which had supported primary mental health services for some time due to staffing shortages.
- 2.108** There was excellent integrated working between the mental health team, primary health care and the wider prison. Community psychiatric nurses regularly attended assessment care in custody and teamwork case management reviews for prisoners at risk of suicide or self-harm and provided prisoners in the segregation unit with constructive support. We noted appropriate advocacy and escalation of a potential security issue for a man with learning disabilities and mental health needs.
- 2.109** There were approximately 40 prisoners on the mental health caseload and men were usually seen within one week, although they could be seen on the same day if necessary. There was a single point of access and referrals were accepted from prisoners themselves and prison and health care staff. All referrals were reviewed at a weekly multidisciplinary meeting and prisoners' needs were matched with the most appropriate therapeutic approach.
- 2.110** We observed some supportive consultations and prisoners we spoke to were positive about the support they had received.
- 2.111** SystemOne was used to record consultations; documentation for the care programme approach (CPA) (mental health services for individuals diagnosed with a mental illness), including detailed risk assessments, was recorded on paper. CPA audits met the required threshold and formal service user feedback in the previous year was consistently positive. The prison ensured prisoners on psychiatric medicines were monitored.
- 2.112** Transfers to secure hospitals were sometimes delayed unacceptably; two men waited more than 20 weeks.
- 2.113** Mental health awareness training for prison staff was inadequate and fewer than 3% of staff working with prisoners had received training.

Recommendations

- 2.114** **The prison should offer group work and consider providing prisoners who have mental health and/or learning disability needs with occupational therapy to support a therapeutic approach.**
- 2.115** **Prisoners requiring a bed in a secure hospital should be moved expeditiously.**

2.116 Prison staff should have mental health awareness training to equip them to deal with men with challenging mental health and behavioural needs safely.

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.

2.117 *The range and standard of food was good but unpopular with prisoners. Most cultural needs were met, and fresh vegetables, fruit and salads were available every day. The main kitchen was reasonably clean with some exceptions. Wing kitchens where prisoners could prepare their own food were very popular and helped to create a more relaxed environment.*

2.118 The prison kitchen was generally clean, but a few areas were grubby and floors were cracked and broken in places. Wing serveries were clean and well maintained. All staff and prisoners employed in the preparation and serving of food had received basic hygiene and food handling training. Prisoners working in the kitchen could gain national vocational qualifications.

2.119 Lunch and dinner were selected from a four-week rolling menu that offered a reasonable variety of healthy options, including portions of fruit and vegetables every day. However, meals were served too early; lunch was sometimes served as early as 11.30am and dinner between 4.30pm and 5pm. Breakfast packs were issued at lunchtime on the day before they were eaten.

2.120 The quality of the food we tasted was good. Menus generally met the needs of those on specific religious or cultural diets. Halal food was stored and served separately from other food, but separate utensils were not used on wing serveries.

2.121 A food survey took place twice a year and prisoner representatives met with the catering manager at formal consultation meetings. Food comments books were in place on all residential wings and prisoners could access them easily. Despite this, prison food was unpopular with most prisoners. In our survey, only 10% said that the food was good or very good, which was lower than the comparator.

2.122 Prisoners could cook for themselves in small kitchens on the wings, which was very popular and helped to create a less formal environment. Some attention to cleanliness and the equipment in these facilities was required.

Recommendations

2.123 Breakfast packs should be issued when they are to be eaten. Lunch should not be served before noon and the evening meal not before 5pm.

2.124 All kitchens, including prisoner wing kitchens, should be clean and well maintained.

Housekeeping point

2.125 Separate utensils should be used to serve halal food on wing serveries.

Purchases

Expected outcomes:

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

2.126 *Prisoners could make weekly purchases from an appropriate list of items and various catalogues could be used for occasional purchases. Consultation arrangements were effective.*

2.127 The prison shop was provided through a national contract. The stock met the overall needs of the prison population, which was broadly reflected in our survey. New prisoners were provided with an induction pack of supplies when they arrived at the prison. Consultation arrangements were effective and had led, for example, to better provision for black and minority ethnic prisoners. New prisoners could experience a delay of almost two weeks before they received their first shop order. Access to catalogue goods was reasonable but prisoners continued to be charged an administration fee.

Housekeeping point

2.128 Prisoners should not be charged an administration fee for catalogue orders.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁶

- 3.1** *Time out of cell was generally good, but prisoners did not have sufficient time in the open air on weekdays. Most prisoners had an assigned activity, but a small number remained locked in their cells with nothing to do.*
- 3.2** On the main wings, most prisoners could spend over eight and a half hours a day out of their cells. There were some limited curtailments in the regime. Prisoners could only spend 30 minutes in the open air every day on weekdays, which was inadequate. Some prisoners said it was sometimes cancelled in relatively mild adverse weather. Exercise yards were a reasonable size with two benches in each, but were otherwise stark. Daily evening association was rarely cancelled, and association facilities were reasonable.
- 3.3** Residential staff managed attendance at activities reasonably well. Most prisoners were assigned an activity place. We conducted a number of roll checks during the middle of the core hours of the day and found less than 10% of prisoners locked in their cells. Most were unemployed prisoners to whom work had not been allocated, or men in-between various jobs, rather than men refusing to work. We felt it was unreasonable for men to be locked up in these circumstances.

Recommendations

- 3.4 Prisoners should be offered at least an hour of time in the open air every day.**
(Repeated recommendation 6.31)
- 3.5 Prisoners who are on the wings during the working day because no activity place had been provided should be unlocked.**

⁶ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Learning and skills and work activities

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

3.6 *Strategic planning of learning and skills was effective, but elements of leadership and management required improvement. The governor and prison managers were committed to improving learning and skills and work, but progress was often slow. There were sufficient activity places and the range of provision was good. The quality of teaching and learning required improvement, but vocational and workshop training was mainly good. Achievement in education had declined but remained good in vocational subjects. Punctuality at activities was not good enough. The library was adequate but access was limited.*

3.7 *Ofsted⁷ made the following assessments about the learning and skills and work provision:*

Achievements of prisoners engaged in learning and skills and work: Requires improvement

Quality of learning and skills and work provision: Requires improvement

Leadership and management of learning and skills and work: Requires improvement

3.8 Strategic planning of learning and skills and work was effective. It was based on an analysis of the needs of prisoners serving long sentences and appropriately prioritised 'settlement' (helping them make positive use of their sentence) within the prison system (see section on strategic management of resettlement, paragraph 4.2). Plans clearly focused on prisoners developing skills that were useful for working or studying within the prison system, but managers told us they were frustrated that national OLASS contacts did not sufficiently take into account the needs of the population in a dispersal prison such as Whitemoor. This needed further review.

3.9 The provision was managed and developed through a productive partnership between prison managers and the Offender Learning and Skills Service (OLASS) provider A4E. Effective links between these partners, the National Careers Service (NCS) and the offender management unit ensured prisoners were allocated to activities that reflected priorities in their sentence plans. However, coordination between the library and the OLASS provider was weak.

3.10 The governor and senior managers were committed to improving learning and skills and work and had set up employability training in workshops. Despite this, progress in resolving some major problems was slow, including reducing the disruption caused by prisoners arriving late and leaving sessions early to go to other regime activities (see paragraph 3.23).

⁷ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

- 3.11** Data on prisoners' achievements were readily available and routinely used to inform the planning and evaluation of provision. However, analysis to identify gaps in performance between different groups of prisoners had only started within the previous few months and focused narrowly on ethnicity (see paragraph 3.35). Registers of attendance at education and training did not identify when prisoners were absent from a substantial part of a learning session, which happened frequently.
- 3.12** Arrangements to improve the quality of provision were well established. The prison's quality improvement group met regularly and was becoming more effective because of a greater focus on strategic rather than operational matters. The prison and the OLASS provider's self-assessment processes were thorough and their reports largely accurate.
- 3.13** The monitoring of teaching, learning and assessment was not sufficiently robust. Managers did not observe or report on the training or instruction provided directly by the prison. The observations of teaching and learning carried out by the OLASS provider were often graded too generously. Staff performance management was not effective enough in raising teaching standards. Management of the OLASS provision required improvement.

Recommendations

- 3.14** **Arrangements for commissioning OLASS provision should be reviewed to ensure they adequately meet the needs of prisoners serving long sentences in the dispersal estate.**
- 3.15** **The sequencing of regime activities should be improved to ensure less disruption to classes and work.** (Repeated recommendation 6.9).
- 3.16** **The prison should extend its analysis of the achievement of different groups of prisoners and act where necessary to narrow any gaps in performance.**
- 3.17** **The prison and OLASS provider should increase the rigour and accuracy of graded observations of teaching and learning and assessment and extend them to all teaching and training activity across the prison.**

Provision of activities

- 3.18** The number of activity places was broadly sufficient for the population. A high proportion of prisoners responding to our survey – and more than in comparable prisons – said they had been involved in learning and skills and work at the prison. Unemployment rates were low. The process of allocating prisoners to activities was thorough and effective.
- 3.19** The range of education courses was good and included a popular and growing selection of GCSE subjects. The range of vocational training was adequate, and courses were offered at a good range of levels. The promotion and take up of advanced distance learning and Open University courses were good. The provision of English for speakers of other languages (ESOL) courses was poor, and arrangements for prisoners requiring additional learning support were not good enough. Provision for prisoners in the Fens unit was under review.
- 3.20** The prison offered prisoners a reasonable number of work roles, but too much of it consisted of mundane jobs on residential wings, which were not challenging enough, such as cleaning. Although it was possible to combine work and study, few prisoners took up this option. Pay rates were generally appropriate, and prisoners were not discouraged from participating in education or vocational training.

Recommendation

- 3.21 The prison should review provision to ensure ESOL programmes meet prisoners' needs and the proportion of mundane wing-based work is reduced.**

Quality of provision

- 3.22** The quality of provision required improvement. Teachers and trainers were skilled at establishing respectful healthy relationships with prisoners. Prisoners enjoyed their learning. Behaviour in learning sessions and workshops was mainly good. However, prisoners arriving late and leaving sessions early often disrupted learning.
- 3.23** Vocational training and coaching were mainly good. Staff were experienced and skilled in their subject areas. Most sessions were challenging and prisoners responded well, producing work of a high standard.
- 3.24** Vocational training resources and facilities were generally good. However some workshops lacked appropriate areas for theory teaching. Interactive white boards, which had been purchased 18 months previously, had yet to be installed.
- 3.25** Standards of classroom teaching were too variable and required improvement. In the majority of sessions, planning and the range of activities were satisfactory and most learners made reasonable progress. However, teaching often failed to stretch or occupy fully the more able prisoners. The teaching of English and mathematics was not good enough. Learners' progress in ESOL sessions was very slow.
- 3.26** Furniture and resources in education classrooms were adequate, but teachers' use of information and communication technology such as interactive white boards was unimaginative. Classes were too often taught by non-specialists providing cover for staff absence or vacancies.
- 3.27** Target setting in education and vocational training had improved, but continued to be an area for development. The virtual campus (internet access for prisoners to community education, training and employment opportunities) had only come into operation in November 2013 and had been little used.
- 3.28** The promotion of equality and diversity within the curriculum was weak. Wall displays effectively showcased aspects of diversity, but diversity was rarely reflected in education classes or vocational training sessions.

Recommendations

- 3.29 The prison and OLASS provider should improve teaching, learning and assessment.**
- 3.30 The prison should ensure relevant aspects of equality and diversity are routinely integrated into the content of courses.**

Education and vocational achievements

- 3.31** Prisoners' achievements in education had declined since the last inspection, and despite improvements in the previous year were not good enough. Vocational achievements were mainly good, although too variable in areas such as Prisons Information and Communications Technology Academy courses. Prisoners' achievement of qualifications in ESOL and functional skills English and mathematics was low.
- 3.32** The development of practical skills in vocational learning was good overall, and excellent in computer aided design and plastering. In workshops, where records were kept, prisoners' development of generic skills, such as team-working, was generally good. However these skills were less well recorded or developed in education classes.
- 3.33** Punctuality at education, training and workshops was poor, and sessions often finished too early, reducing learning time. While recorded attendance was good, prisoners too often left sessions part-way through because of conflicting priorities, such as scheduled physical education (PE) activities or health care appointments.
- 3.34** The prison's analysis of achievement data showed few gaps between the performance of different groups of learners. While data suggested the achievements of those from certain ethnic backgrounds was lower than for prisoners overall, the number of prisoners concerned was very small. Analysis to establish whether gaps in achievement were narrowing had only started in the previous few months.

Recommendation

- 3.35** **The prison should raise prisoners' achievements in education and vocational training so they are consistently good.**

Library

- 3.36** The library, organised by Cambridgeshire County Council, was managed by a full-time, suitably qualified librarian, assisted by two trained prison officers and three prison orderlies. However, professional cover for the librarian's annual leave or other absences was not provided.
- 3.37** All prisoners had a scheduled weekly visit to the library. In our survey, just over half of those responding said they went to the library at least once a week. Visits for prisoners from the main residential wings took place on weekday evenings, but the amount of time a prisoner could spend in the library varied and was often very brief. The library closed at weekends.
- 3.38** The library responded effectively and rapidly to prisoners' requests for specific books and materials, including Prison Service Orders and Instructions, and reference books were available on loan. It was well stocked with a good range of fiction and non-fiction titles, books in foreign languages and easy readers. The range of periodicals, DVDs and CDs was also good. However the library was cramped and stock was poorly displayed, with many volumes stored on trolleys that had to be moved to provide access to the fixed book stacks. This, combined with the brevity of many visits, made it difficult for prisoners to make informed borrowing choices from stock the library held. Prisoners could rarely use the library study facilities, which included two computers and a printer, because their visits were too brief.

- 3.39** The library did too little to promote learning across the prison. Few prisoners participated in the Storybook Dads programme (in which prisoners record stories for their children) and despite a suitable cohort of prisoners trained as mentors, take up of the Toe by Toe mentoring scheme to help prisoners learn to read was very low. Coordination with the OLASS provider was limited, which meant the library could not cater for the needs of prisoners in education or training courses or publicise library-based activities.

Recommendations

- 3.40** The prison and library provider should implement measures to provide all prisoners with longer and better access to library resources and facilities.
- 3.41** The library and the OLASS provider should cooperate to ensure library resources support education and vocational training effectively and services such as Toe by Toe are well promoted.

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

3.42 *PE provision was good. Staff were enthusiastic and effective. The range of recreational activity was good and achievement rates on vocational programmes were very high. Access to PE was very good and many prisoners took part.*

- 3.43** PE was good. It was provided by enthusiastic and well qualified staff. Indoor and outdoor facilities included a good sized sports hall, a large weights and cardiovascular suite, an all-weather five-a-side pitch as well as a good range of cardiovascular equipment on residential wings.
- 3.44** Prisoners had particularly good access. In our survey, more than half said they went to the gym at least three times a week, more than those in similar prisons. According to the prison, over 80% of prisoners in the three main residential wings attended PE regularly.
- 3.45** The range of recreational PE was good. It included separate sessions for the over-40s and over-50s, as well as activities such as badminton, indoor cricket, tennis and table tennis. Participation in competitive sporting leagues was popular. Links with health care and other departments were effective. A good programme of remedial PE was run in response to referrals.
- 3.46** The PE department offered an extensive range of well-planned vocational PE courses leading to qualifications from levels 1 to 3. Pass rates were very high and all those who started courses completed them successfully. PE staff had integrated a steroid awareness course into their popular level 1 health promotion provision so more prisoners could benefit. Well qualified gym orderlies ran courses and provided instruction.

- 3.47** Staff recorded attendance at PE but did not analyse data sufficiently to identify individuals or groups of prisoners not participating. The use of equipment on wings was not sufficiently well recorded.
- 3.48** Gym facilities were clean and well maintained, although temperature and humidity levels in the cardiovascular and weights area were too high. Arrangements for gym kit and showers were appropriate. Accidents were recorded appropriately.

Housekeeping points

- 3.49** The use of cardiovascular equipment on the wings should be better recorded to ensure that appropriate health and safety records are maintained.
- 3.50** Air change rates should be increased in the cardiovascular suite and main weights room to better control the temperature and reduce humidity.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

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

Good planning ensures a seamless transition into the community.

4.1 *The prison's strategic management of resettlement had improved and there was a clearer, appropriate focus on settlement (helping prisoners make positive use of long sentences), but staffing issues had hampered some areas of progress. More work was needed to ensure that Whitemoor's role in reducing reoffending was understood across the prison.*

4.2 The reducing reoffending strategy had improved considerably, but it was not yet based on the January 2014 needs analysis. 'Settlement' had appropriately been identified as the main strategic aim, but it was not yet well understood by most staff. There was a useful attempt to tailor the resettlement pathways to the population depending on the amount of time they had left to serve. An extra faith and spirituality pathway (see section on faith and religious activity) had been developed in response to prisoners' needs to explore faith issues, including the risks of radicalisation.

4.3 The bimonthly reducing reoffending meetings had appropriate terms of reference and membership, and there was evidence of some thoughtful discussions about the suitability of interventions and the evolving needs of the population. An action plan was maintained, but there was not yet any evidence of prisoners being involved in evaluating the provision. Management absences during the year had meant some work had stalled, but there was now a good basis on which to develop work further.

4.4 Offender management unit (OMU) staff felt marginalised; they said few staff understood or respected their work. This was partly because staff struggled to see the relevance of resettlement for such a long-term population, and had not yet grasped the concept of settlement. Staff in the Fens unit had a better understanding, but in general, more work was required to ensure that there was a 'whole prison' approach to reducing reoffending. A new system of OMU drop-in clinics on the wings had the potential to improve relationships between residential officers and OMU staff.

4.5 This was exacerbated by the continuing redeployment of officers out of the OMU for about 20 hours a week, which we were told accounted for a substantial backlog of work.

Recommendation

4.6 All staff and prisoners should know and understand the key aims of the prison's reducing reoffending strategy.

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on 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 in drawing up and reviewing plans.

- 4.7** *Many prisoners received good support from their offender supervisors (OSs), but there were some unacceptable delays in offender assessment system (OASys) work. Some processes required closer managerial scrutiny. Public protection work was robust, but generally proportionate. Categorisation was efficient and indeterminate sentence prisoners were managed well.*
- 4.8** HMI Probation inspectors analysed 20 determinate sentence cases files and were disappointed with the level of interaction community offender managers had with prisoners and the quality of some work. They found that OASys assessments were not reviewed regularly and that offender managers did not routinely attend sentence planning boards. This was partly because the population came from across the UK, rather than the local area only; however, we also felt that given the length of the sentences men were serving, external probation services might not have considered these cases to be high enough priority for regular input.
- 4.9** The majority of the population was serving life sentences. Community offender managers had less contact with this group of men, but they should still have completed the initial OASys document. This had not happened in 10 cases, including one that was overdue since summer 2011. A further 60 life sentenced prisoners did not have an up-to-date OASys assessment.
- 4.10** The prison struggled to produce accurate information on who had OASys documents that were out of date, and there was no effective system for OSs to escalate concerns they had about late or poor quality work from offender managers. This was a greater potential concern for the small number serving relatively short sentences.
- 4.11** The prison was confident that its own OASys work was good. Most OMU staff felt supported by both their managers and their peers, but for prison OSs, there was no routine oversight of assessment and sentence planning in high risk of harm cases. The senior probation officer was underused and could have been deployed in a training and support role (see main recommendation, paragraph S48).
- 4.12** In our survey, 93% of prisoners (against 81% in comparator prisons) said that they had a named OS. More also said that they were involved in developing their sentence plan, and that their OS was working with them to achieve their targets. OMU drop-in clinics on the wings allowed prisoners to see OSs easily.
- 4.13** We saw that most OSs used the prison's electronic case note system effectively to pass on information to personal officers, and in our sample, many saw their OS at least once a quarter. However, no management checks took place to monitor the frequency or quality of contacts.

- 4.14** Sentence planning boards took place at least once a year, regardless of whether an OASys had been reviewed. This process helped to mitigate delays in completing OASys documents because it ensured men were engaged in appropriate work to address their offending behaviour. Multidisciplinary and personal officers, who could have provided useful first hand information, did not routinely attend them. Prisoners could also invite their families, but they received only one week's notice of the board, so they very rarely came. Minutes showed that prisoners were generally involved in activities and that OSs routinely sought information about the amount of contact they had with family and friends.

Housekeeping points

- 4.15** Prisoners should be given sufficient notice of sentence planning boards to allow them sufficient time to make arrangements for family members to attend.
- 4.16** Personal officers should routinely attend sentence planning boards.

Public protection

- 4.17** On arrival, all prisoners were subject to a rigorous screening process to identify their potential risk of harm to the public, and referrals were made to the inter-departmental public protection and risk management (IPPRM) meeting, chaired by the head of offender management. We felt that this process should be managed by a professional with detailed knowledge and experience of risk management and multi-agency public protection arrangements (MAPPA) to ensure that risks were managed proportionately.
- 4.18** The prison had a particularly assertive approach to managing risks to children, which meant that 104 men had to apply for contact with named children. This process could take some months (one case was outstanding with social services for 11 months), but was generally well managed. It ensured that children were safe and gave friends and relatives an opportunity to opt out of contact without being pressurised by the prisoner. The potential disadvantage was that men who had previously been in contact with children might have had that contact suspended on arrival at Whitemoor. We examined several cases like this and were satisfied that the approach adopted in each case was proportionate to the risks involved, and that each prisoner had the situation explained to him by their OS. We also saw an example of restrictions being lifted when risks were perceived to have reduced.
- 4.19** OSs attended MAPPA meetings (mostly by teleconference) or submitted reports as required. We saw some good examples of pre-release MAPPA meetings.
- 4.20** All prisoners were subject to 100% mail monitoring in view of the risks presented by category A prisoners (see section on security, paragraph 1.44). Other than high risk category A prisoners, only five men were subject to live telephone monitoring for either intelligence- or offence-related reasons, and all were correctly approved and reviewed.
- 4.21** The violent and sexual offenders register (ViSOR) was not used sufficiently well, due to a shortage of terminals and trained staff with access to the system. Senior managers lacked an awareness of ViSOR.

Recommendations

- 4.22** The IPPRM meeting should be chaired by a professional with detailed knowledge of and expertise in risk management and MAPPA processes.
- 4.23** ViSOR should be used routinely to share information.

Categorisation

- 4.24** Prisoners and staff told us that some category B prisoners felt they were 'stuck' in the high security prison. We saw that categorisation reviews for these prisoners were conducted on time, and that the responses prisoners received were reasoned. However, we also found that during the previous six months, there had been delays of several months before prisoners were transferred because of population pressures in the category B training estate. Nevertheless, 20% of category B prisoners had moved on during the year.
- 4.25** Category A prisoners also expressed frustration at the two-tier categorisation review process that applied to them. We noted that only 4% of the category A prisoners who were considered for re-categorisation in 2013 were recommended to the Prison Service category A review team and that less than 1% of these were approved. It was beyond the scope of the inspection to conduct a detailed analysis of these complex decisions, but we thought the low success rate was worthy of further analysis.

Recommendation

- 4.26** The reasons for the low re-categorisation rate for category A prisoners should be examined and used to inform the local reducing reoffending strategy.

Indeterminate sentence prisoners

- 4.27** 80% of the population were serving indeterminate sentences and the prison was set up to meet their needs, and staff were generally well informed. The regular offender management drop-in clinics were occasionally themed specifically to encourage indeterminate sentenced men to ask questions about their sentence and their progression opportunities.

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

4.28 *Releases from the prison were rare, but when they occurred, prisoners were usually housed in approved premises. Careers advice was appropriate, and communicated to receiving establishments. Arrangements to continue care on release or transfer for prisoners with health and substance misuse needs were sound. The education department ran personal finance courses. The provision of social visits was good and the visits hall was bright and welcoming. Good family visits were available to prisoners on the enhanced regime, and a range of courses helped prisoners to maintain good family relationships. The Fens unit provided an excellent service to prisoners with personality disorders. A good range of offending behaviour programmes was on offer, as were both Christian and Islamic victim awareness programmes.*

4.29 The main aim of the prison was to reduce risks so that prisoners could move on to less secure prison conditions. The regular sentence planning and categorisation review boards supported this objective. Almost all category B prisoners were moved on to training or resettlement prisons before their release, generally for at least the last 12 months of their sentence. As a result, only men who remained category A prisoners until their release date were released from Whitemoor, and this was rare (two in the previous year). When this happened, a series of meetings were held, beginning six months before release, to ensure that MAPPA processes were correctly followed and that the prisoner's needs in each of the resettlement pathways were identified and met. We saw notes of such meetings and found them to be comprehensive and reassuring, with appropriate offender manager involvement.

4.30 There was a published strategy for each of the pathways, which considered the different needs of prisoners at various stages of their sentence. Some services were aimed at those in their last four years of custody, while others were more appropriate for men with longer or undefined periods left to serve.

Accommodation

4.31 In all the cases we explored, prisoners being released from Whitemoor were housed in approved premises and in reality it was very rare for anyone to be released directly from the prison. Prisoners' needs for clothing, bags and discharge grants were met.

Education, training and employment

4.32 The National Careers Service (NCS) provision, provided by Tribal employment services, was good. Liaison between the NCS and other areas of the prison contributed effectively to prisoners' settlement.

4.33 A highly skilled NCS adviser carried out effective interviews with newly arrived prisoners and offered a flexible service to meet their needs. Learning and skills and work targets in prisoners' action plans were suitable and reflected the priorities outlined in sentence plans.

- 4.34** Arrangements for prisoners transferring to other prisons were appropriate. Prisoners routinely took with them a copy of their individual learning and action plans, which were also sent to receiving establishments electronically.

Health care

- 4.35** Prisoners were seen by a nurse before transfer and the GP and medical hold option (preventing a prisoner from being moved on for medical reasons) was used appropriately. Links with receiving prisons for men with significant mental health needs were effective. One cell in the inpatient unit had been adapted for men with palliative and complex care needs.

Drugs and alcohol

- 4.36** No prisoners on the drug and alcohol recovery team caseload had been released since April 2013, but appropriate protocols were in place should the need have arisen. When prisoners were transferred to other establishments, staff made suitable arrangements for the continuity of clinical and psychosocial care and support.

Finance, benefit and debt

- 4.37** The reducing reoffending needs analysis identified that over half the population felt there was a link between their financial situation and their offending. In response the education department periodically ran courses in personal finance.

Children, families and contact with the outside world

- 4.38** Overall, support had improved since the last inspection. There was a good range of courses that included child development, family relationships, sex and relationships as well as the popular Fathers Inside parenting course. Storybook Dads (in which prisoners record stories for their children) was offered but uptake was low, and the course was not well promoted (see section on the library).
- 4.39** Family days were held every month and three children's visits sessions were held annually. Although popular with prisoners, those on the basic level of the incentives and earned privileges (IEP) scheme could not attend family days, and children's visits were restricted to prisoners on the enhanced regime. Prisoners on the basic level could have two visits a month; those on the standard level had three and those on the enhanced regime could have four. Visits could be booked by telephone or email. Visitors could not book their next visit while at the prison.
- 4.40** The main visits room was large, clean and brightly decorated. Murals on the walls helped to create a relaxed environment and notice boards displayed relevant up-to-date information. Fixed seating was comfortable and arranged to provide a degree of privacy. A snack bar offered a selection of hot and cold snacks and the children's play area was well equipped. A separate room was used for visits to high risk category A prisoners. It was clean and well decorated.
- 4.41** Relationships between staff and prisoners on visits were particularly good. Officers were friendly and respectful towards prisoners and their visitors. Searching procedures were carried out sensitively. Officers in the visits room knew which prisoners were subject to child and/or public protection protocols.

Recommendation

4.42 All prisoners should be allowed to apply for family and children's visits.

Attitudes, thinking and behaviour

- 4.43** Prisoners could attend a good range of programmes delivered by a suitably trained team, but information about programmes in the prisoner information booklet was out of date. Programmes included the Thinking Skills Programme and the Self Change Programme (SCP) for serious violent offenders.
- 4.44** The Healthy Identity Intervention aimed to challenge prisoners convicted under terrorist legislation or who had offended for extremist or ideological reasons. The A-Z motivational programme, designed to encourage prisoners to engage in offence-related work, was available either in a group or one-to-one setting.
- 4.45** Prisoners with literacy needs were referred to the education department. Psychologists also carried out one-to-one work with prisoners who needed motivation to attend courses or were not suitable for group work.
- 4.46** Waiting lists were at acceptable levels and programme completion targets were largely on track. However, we were told that staff shortages in the psychology department were beginning to affect the delivery of some work: the number of SCP group sessions had been cut by one session a week; psychologists attended reducing reoffending meetings less often; and the provision of psychological advice to other departments had also been curtailed.
- 4.47** Victim awareness programmes were run by the chaplaincy. The Sycamore Tree programme was based on Christian teachings, while others drew on the Islamic faith and included Citizenship and Social Relations in Islam, Islamic Guidance and Restorative Justice (see also section on faith and religious activity).

Offenders with personality disorders

- 4.48** The Fens unit operated as part of the national strategic pathway for offenders with personality disorders. The programme offered intensive and uncompromising therapy. Opportunities for progression had improved. Sixty-nine prisoners were on the programme on the Fens unit when we visited.
- 4.49** Marketing of the service had improved and joint marketing was planned with HMP Frankland where a similar prison-based unit was located. Prisoners applied to join the programme. One group of eight prisoners began every eight months with 21 groups having taken part to date. Work to retain individuals who were struggling was commendable. Up to 25% of recent participants failed to complete the programme.
- 4.50** Following a two-week induction, prisoners underwent a 16-week assessment phase, followed by a five-year programme of intense psychodynamic and cognitive therapy. Therapeutic relationships were uncompromising, and very damaged prisoners were challenged and supported to change their behaviour. The use of medicines to manage tension associated with psychological trauma was integral to the programme.

- 4.51** Prisoners had an individual formulation of their psychological problems and a care plan. In addition to groups all prisoners were assigned individual therapists.
- 4.52** Most assessment care in custody and teamwork case management documents for prisoners at risk of suicide or self-harm were established in the Fens unit, with four or five being open at any one time (see section on suicide and self-harm prevention).
- 4.53** Prisoners had access to the chapel, gymnasium, library and other prison services. They also received occupational therapy.
- 4.54** Staff members, including uniformed officers, were well trained. Staff in the Fens unit and the health centre felt that communication could have been improved between the health care providers. The NHS trust that employed both staff in the Fens unit and the mental health in-reach team had produced a draft information-sharing protocol, which was being considered.
- 4.55** Progression planning had improved and a dedicated coordinator was in post. Prisoners were generally returned to the establishments they had come from if they failed the assessment process, or had a progressive move to continue work to address their risk on completion. About 70% of patients from the first three groups were downgraded from category A to category B during or after the programme. Links were being created with new 'psychologically informed prisoner environments' (step down facilities where work to address offending behaviour is consolidated through a structured and psychologically informed environment), which offered further opportunities for progression. There were minor delays in therapy reports, which were being monitored.

Recommendation

- 4.56** **The partnership board should ensure that communications between respective health care providers at Whitemoor are efficient and optimal.**

Additional resettlement services

- 4.57** Other than the good mental health provision, we did not see any counselling or other provision that might have met the needs of prisoners who had experienced abuse or other trauma.

Section 5. Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points 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, and in the previous report where recommendations have been repeated.

Main recommendations

To the governor

- 5.1 Managerial oversight of the use of force and special accommodation should be improved to ensure neither is used unless necessary and proportionate. (S45)
- 5.2 Senior managers should monitor effectively the use of the segregation unit to ensure that prisoners held there have an appropriate regime to minimise psychological deterioration, that relationships with staff are constructive and that prisoners are moved as soon as practicable. (S46)
- 5.3 The senior management team should redouble efforts to understand black and minority ethnic and Muslim prisoners' concerns about their treatment and the resulting inter-faith tensions, and address the issues raised to reassure prisoners that they are being taken seriously. Staff should be provided with further support to deal with the challenges presented. Equality monitoring should be endorsed to religion and belief, and the results, together with any action taken to address results which are out of range, should be publicised to prisoners. (S47)
- 5.4 OMU managers should ensure that all prisoners at Whitemoor receive the offender management service they need. This should include completing all assessments and reports within agreed timescales. (S48)

Recommendation

To NOMS

- 5.5 The reasons for the low re-categorisation rate for category A prisoners should be examined and used to inform the local reducing reoffending strategy. (4.26)

Recommendation

To Director of High Security Estate

- 5.6 Arrangements for commissioning OLASS provision should be reviewed to ensure they adequately meet the needs of prisoners serving long sentences in the dispersal estate. (3.14)

Recommendations

To the governor

Courts, escort and transfers

- 5.7 Prisoners being transferred should be offered a toilet break every 2.5 hours. (1.4, repeated recommendation 1.5)

Early days in custody

- 5.8** Prisoners should be allowed to make one free telephone call in private in reception or their first night location unless there are overriding security concerns. (1.14)
- 5.9** The time it takes to search incoming property should be substantially reduced. (1.15)

Bullying and violence reduction

- 5.10** A survey of prisoners' perceptions of safety, including victimisation by staff, should be conducted and the findings acted on. (1.22)
- 5.11** Links between psychology and safer custody should be improved to strengthen work with persistent bullies. (1.23)

Self-harm and suicide prevention

- 5.12** All findings and lessons learned from investigations into deaths and near-fatal self-harm incidents should be acted on. (1.32)
- 5.13** The exceptional circumstances required to justify holding prisoners at risk in the segregation unit should be detailed in ACCT documents. (1.33)

Safeguarding

- 5.14** The governor should take forward the draft joint working protocol to develop effective procedures to protect adults at risk. (1.39)

Security

- 5.15** The prison should seek to understand prisoners' views about the widespread availability of illegal drugs in the Fens unit and take appropriate action to ensure this is not the case. (1.48)
- 5.16** All suspicion tests should be completed within the required timescale. (1.49)

Discipline

- 5.17** The role of nurses attending incidents involving the use of force should be widely understood by all staff. (1.72)

Substance misuse

- 5.18** Arrangements should be made to ensure discipline staff are available to supervise the administration of all controlled drugs. (1.78)
- 5.19** The drug strategy should be based on an up-to-date needs assessment, and should include supply reduction processes, alcohol services, action plans and performance measures. (1.79)

Residential units

- 5.20** In-cell toilets should be adequately screened and shower rooms should be refurbished and individual shower heads screened. (2.12, repeated recommendations 2.5 and 2.9)
- 5.21** Mail sent for translation should be returned to prisoners promptly. (2.13)

Equality and diversity

- 5.22** All core functions should be represented at EAT meetings and all protected characteristics discussed. (2.22)
- 5.23** Data monitoring should cover all protected characteristics whose needs should be adequately identified. (2.23)
- 5.24** Engagement with community organisations to promote equality should be expanded. (2.24, repeated recommendation 4.18)
- 5.25** Foreign national prisoners with family abroad should receive a free monthly telephone call irrespective of whether they have had a visit. (2.35, repeated recommendation 4.34)
- 5.26** A policy should be developed that systematically outlines the needs of gay and bisexual prisoners and how they will be met. (2.36)

Legal rights

- 5.27** The waiting time for a legal visit should be substantially reduced. (2.52)

Health services

- 5.28** An up-to-date comprehensive health needs assessment should inform clinical services. (2.63)
- 5.29** Staffing shortages and skills-mix gaps should be addressed to ensure clinical services are safe. (2.64)
- 5.30** Condoms should be freely available. (2.65)
- 5.31** Prison staff should all be trained in basic life support and use of the automated defibrillator. (2.66)
- 5.32** Waiting times for primary care services including the optician and podiatrist should not exceed clinically acceptable waiting times in the community. (2.82)
- 5.33** All health care staff, including GPS, should have effective communications skills training to enable them to respond to a range of needs. (2.83)
- 5.34** The prison partnership should ensure that medical confidentiality is not compromised by the external appointment system and that clinical need is the overriding priority when hospital appointments are scheduled. (2.84)
- 5.35** SystemOne should be accessible on all the wings and in the reception room. (2.85)

- 5.36** Robust medicines management across the prison should ensure that medicines are covered either by a legal prescription or a PGD or over-the-counter medicines policy; PGDs should be used to allow nurses to give more potent medicines. (2.96)
- 5.37** Medicines, which should be administered at appropriate times, should always be recorded after administration; they should be administered from legally supplied and labelled containers and in the form supplied, unless pharmacy advice has been sought and indicates something different. (2.97)
- 5.38** Prisoners should have regular access to pharmacy clinics and medication, and prescribing reviews should be conducted regularly including all prescribing in the prison. (2.98)
- 5.39** Waiting lists should be reviewed, prioritised clinically and additional dental sessions considered to ensure prisoners did not wait longer than they would in the community. (2.106)
- 5.40** The prison should offer group work and consider providing prisoners who have mental health and/or learning disability needs with occupational therapy to support a therapeutic approach. (2.114)
- 5.41** Prisoners requiring a bed in a secure hospital should be moved expeditiously. (2.115)
- 5.42** Prison staff should have mental health awareness training to equip them to deal with men with challenging mental health and behavioural needs safely. (2.116)

Catering

- 5.43** Breakfast packs should be issued when they are to be eaten. Lunch should not be served before noon and the evening meal not before 5pm. (2.123)
- 5.44** All kitchens, including prisoner wing kitchens, should be clean and well maintained. (2.124)

Time out of cell

- 5.45** Prisoners should be offered at least an hour of time in the open air every day. (3.4, repeated recommendation 6.31)
- 5.46** Prisoners who are on the wings during the working day because no activity place had been provided should be unlocked. (3.5)

Learning and skills and work activities

- 5.47** The sequencing of regime activities should be improved to ensure less disruption to classes and work. (3.15, repeated recommendation 6.9).
- 5.48** The prison should extend its analysis of the achievement of different groups of prisoners and act where necessary to narrow any gaps in performance. (3.16)
- 5.49** The prison and OLASS provider should increase the rigour and accuracy of graded observations of teaching and learning and assessment and extend them to all teaching and training activity across the prison. (3.17)

- 5.50** The prison should review provision to ensure ESOL programmes meet prisoners' needs and the proportion of mundane wing-based work is reduced. (3.21)
- 5.51** The prison and OLASS provider should improve teaching, learning and assessment. (3.29)
- 5.52** The prison should ensure relevant aspects of equality and diversity are routinely integrated into the content of courses. (3.30)
- 5.53** The prison should raise prisoners' achievements in education and vocational training so they are consistently good. (3.35)
- 5.54** The prison and library provider should implement measures to provide all prisoners with longer and better access to library resources and facilities. (3.40)
- 5.55** The library and the OLASS provider should cooperate to ensure library resources support education and vocational training effectively and services such as Toe by Toe are well promoted. (3.41)

Strategic management of resettlement

- 5.56** All staff and prisoners should know and understand the key aims of the prison's reducing reoffending strategy. (4.6)

Offender management and planning

- 5.57** The IPPRM meeting should be chaired by a professional with detailed knowledge of and expertise in risk management and MAPPA processes. (4.22)
- 5.58** ViSOR should be used routinely to share information. (4.23)

Reintegration planning

- 5.59** All prisoners should be allowed to apply for family and children's visits. (4.42)
- 5.60** The partnership board should ensure that communications between respective health care providers at Whitemoor are efficient and optimal. (4.56)

Housekeeping points

Early days in custody

- 5.61** Graffiti should be removed from holding room walls. (1.16)

Bullying and violence reduction

- 5.62** A representative from the security department should attend violence reduction meetings to contribute to the analysis of safety in the prison. (1.24)

Self-harm and suicide

- 5.63** The use of gated cells should be monitored by the safer custody team. (1.34)
- 5.64** Listeners should be based on all wings and the prison should justify and document the reasons for refusing a prisoner access to a Listener. (1.35)

Security

- 5.65** Applications for the approved visitors scheme should be monitored for timeliness and ethnicity. (1.50)

Equality and diversity

- 5.66** There should be a protocol for sharing information between the DLO and mental health team. (2.37)
- 5.67** All staff should be aware of prisoners subject to PEEPs. (2.38)

Health services

- 5.68** An information-sharing protocol should ensure that informed consent is sought before medical information is shared. (2.67)
- 5.69** Prisoners should have access to a confidential complaints system. (2.68)
- 5.70** Care plans should ensure continuity of care for prisoners with complex physical and/or mental health needs and key issues should be shared with prison staff. (2.69)
- 5.71** Daily checks on resuscitation equipment should be conducted and recorded. (2.70)
- 5.72** The reception health care room should provide prisoners with privacy during their health care screening and the emergency bell should be appropriately located. (2.86)
- 5.73** Prisoners should not wait for long periods before and after their appointments in the health care department. (2.87)
- 5.74** The security of the CD cabinet key should be reviewed and the cabinet used for CD storage only. (2.99)
- 5.75** Maximum and minimum fridge temperatures should be recorded daily for all drug refrigerators to ensure the safety and efficacy of temperature-sensitive items. Immediate corrective action should be taken where necessary and monitored by pharmacy staff. (2.100)
- 5.76** Up-to-date drug reference books should be available to all prescribers and in the treatment rooms where medicines are supplied or administered. (2.101)
- 5.77** Pharmacy staff should monitor the administration and stocks of over-the-counter medicines, such as paracetamol and ibuprofen. (2.102)

Catering

5.78 Separate utensils should be used to serve halal food on wing serveries. (2.125)

Purchases

5.79 Prisoners should not be charged an administration fee for catalogue orders. (2.128)

Physical education and healthy living

5.80 The use of cardiovascular equipment on the wings should be better recorded to ensure that appropriate health and safety records are maintained. (3.49)

5.81 Air change rates should be increased in the cardiovascular suite and main weights room to better control the temperature and reduce humidity. (3.50)

Offender management and planning

5.82 Prisoners should be given sufficient notice of sentence planning boards to allow them sufficient time to make arrangements for family members to attend. (4.15)

5.83 Personal officers should routinely attend sentence planning boards. (4.16)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Sean Sullivan	Team leader
Maneer Afsar	Inspector
Rose Bugdale	Inspector
Joss Crosbie	Inspector
Paul Fenning	Inspector
Jeanette Hall	Inspector
Gordon Riach	Inspector
Sam Booth	Senior research officer
Alissa Redmond	Research officer
Joe Simmonds	Research officer

Specialist inspectors

Paul Roberts	Substance misuse inspector
Nicola Rabjohns	Health services inspector
Paul Tarbuck	Health services inspector
Peter Gibbs	Pharmacist
Jan Fooks-Bale	Care Quality Commission inspector
Alastair Pearson	Ofsted team leader
Neil Edwards	Ofsted inspector
Gerard McGrath	Ofsted inspector
Krystyna Findley	Offender management inspector
Keith Humphreys	Offender management inspector
Gary Smallman	Offender management inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2011, 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.

Main recommendations

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)

Not achieved

Recommendations

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

Not achieved (recommendation repeated, 1.4)

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)

Not achieved

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

Achieved

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

Not achieved

Managers should ensure the standard of support plans and care maps are of sufficient quality to identify and address any concerns. (3.18)

Partially achieved

Mental health professionals should consistently attend case reviews of prisoners on open assessment, care in custody and teamwork documents. (3.19)

Partially achieved

Prisoners should be able to contact the Samaritans by telephone at night. (3.20)

Not achieved

Authorisation for suspicion drug tests should be given only when intelligence is sufficiently sound. (7.7)

Achieved

Allocation to activities should be based on a system of individual risk assessments. (7.8)

Achieved

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

Partially achieved

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)

Not achieved

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)

Not achieved

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)

Achieved

The segregation unit showers should be refurbished. (7.30)

Achieved

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)

Not achieved

A multidisciplinary staff group should routinely monitor adherence to Prison Service Order 1700 and trends in the use of segregation. (7.32)

Achieved

A research-based programme should be introduced to assist close supervision centre prisoners to progress. (7.41)

Centre not inspected

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

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2011, 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.

Main recommendations

Managers should develop a clear strategy to deal with the underlying negative staff culture and improve relationships between staff and prisoners. (HP41)

Achieved

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)

Partially achieved

Comprehensive, cohesive and effective mental health services should be provided for all prisoners who need them. (HP43)

Partially achieved

Recommendations

In-cell toilets should be adequately screened. (2.5)

Not achieved (recommendation repeated, 2.12)

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

Partially achieved (recommendation repeated, 2.12)

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

Achieved

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

Not achieved

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

Achieved

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)

Partially achieved

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)

Partially achieved

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)

Achieved

Engagement with community organisations to promote race equality should be expanded. (4.18)

Not achieved (recommendation repeated as housekeeping point, 2.24)

Ethnic monitoring should be broadened to cover allocation to activities and specific jobs. (4.19)

Not achieved

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

Not achieved

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

Partially achieved

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)

Partially achieved

Foreign national prisoners with family abroad should receive a free monthly telephone call irrespective of whether they have had a visit. (4.34)

Not achieved (recommendation repeated, 2.35)

Prisoners should be helped to obtain independent immigration advice where necessary. (4.35)

Partially achieved

The governor should ensure that staff understand their duties in relation to pushing wheelchairs for which no training is required. (4.41)

Partially achieved

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)

Partially achieved

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

Not achieved

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

Partially achieved

The applications system should be simplified and the timeliness of replies should be tracked. (3.26)

Not achieved

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)

Achieved

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

Partially achieved

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

Partially achieved

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)

Not achieved

Condoms should be freely available to prisoners. (5.22)

Not achieved

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)

Not achieved

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

Not achieved

Day care services should be provided for prisoners who need additional therapeutic support for emotional, behavioural and mental health problems. (5.43)

Not achieved

Discipline staff should supervise all administration of medicines and support health staff to ensure that there is no diversion of medication. (5.44)

Achieved

Mental health awareness training should be encouraged and accessible to all staff, particularly discipline staff, who have contact with prisoners. (5.45)

Not achieved

Purposeful activity

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

At the last inspection, in 2011, 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.

Recommendations

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

Not achieved (recommendation repeated, 3.4)

A wider range of education courses should be introduced to meet the needs and abilities of prisoners. (6.6)

Achieved

The prison should continue to develop and improve the quality improvement arrangements across all learning and skills provision. (6.7)

Partially achieved

Prisoners should arrive on time for work, education and training sessions. (6.8)

Not achieved

The sequencing of regime activities should be improved to ensure less disruption to classes and work. (6.9)

Not achieved (recommendation repeated, 3.14)

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)

Partially achieved

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)

No longer relevant

Education courses should be better promoted to prisoners in the dangerous and severe personality disorder unit to improve take-up. (6.20)

No longer relevant

Target setting in learning plans should be improved. (6.21)

Partially achieved

Education provision on the close supervision centre should be enhanced to meet the needs of the prisoners. (7.39)

Centre not inspected

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2011, 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.

Main recommendations

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)

Partially achieved

Recommendations

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)

Partially achieved

A strategy should be published for the delivery of offender management, including a minimum standard of contact between offender supervisors and prisoners. (9.18)

Achieved

Where relevant, sentence plans should include targets to help maintain contact with family. (9.19)

Not achieved

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

Achieved

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

Achieved

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)

Not achieved

The CARAT service should be sufficiently resourced to offer prisoners psychosocial support under the integrated drug treatment system. (9.45)

Achieved

Sufficient services for prisoners with primary alcohol problems should be provided. (9.46)

Achieved

All prisoners should be able to have at least one visit a week, which lasts for the advertised time. (9.61)

Partially achieved

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)

Partially achieved

A supervised and suitably equipped play area should be provided. (9.63)

Partially achieved

A greater level of privacy should be offered during visits on the close supervision centre. (7.40)

Centre not inspected

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)

Achieved

The assessment phase of the dangerous and severe personality disorder unit programme should be completed within the advertised timescale. (9.84)

Achieved

Managers should closely monitor prisoner behaviour and vulnerabilities before and during the first weeks of new groups of prisoners arriving. (9.86)

Achieved

Appendix III: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	0	458	99.6
Recall	0	2	0.4
Convicted unsentenced	0	0	0
Remand	0	0	0
Civil prisoners	0	0	0
Detainees	0	0	0
Total	0	460	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	0	0	0
Less than 6 months	0	0	0
6 months to less than 12 months	0	0	0
12 months to less than 2 years	0	1	0.2
2 years to less than 4 years	0	0	0
4 years to less than 10 years	0	7	1.5
10 years and over (not life)	0	81	17.6
ISPP (indeterminate sentence for public protection)	0	47	10.2
Life	0	324	70.5
Total	0	460	100

Age	Number of prisoners	%
Please state minimum age here: 21		
Under 21 years	0	0
21 years to 29 years	146	31.7
30 years to 39 years	145	31.5
40 years to 49 years	107	23.3
50 years to 59 years	44	9.6
60 years to 69 years	17	3.7
70 plus years	1	0.2
Please state maximum age here: 71		
Total	460	100

Nationality	18–20 yr olds	21 and over	%
British	0	357	77.6
Foreign nationals	0	103	22.4
Total	0	460	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	0	0	0
Uncategorised sentenced	0	0	0
Category A	0	146	31.7
Category B	0	290	63
Category C	0	3	0.7
Category D	0	0	0

Other (HRA & Prov Cat A)	0	21	4.6
Total	0	460	100

Ethnicity	18–20 yr olds	21 and over	%
White	0		
British	0	170	37
Irish	0	12	2.6
Gypsy/Irish Traveller	0	2	0.4
Other white	0	46	10
	0		
Mixed	0		
White and black Caribbean	0	10	2.2
White and black African	0	5	1.1
White and Asian	0	2	0.4
Other mixed	0	3	0.7
	0		
Asian or Asian British	0		
Indian	0	8	1.7
Pakistani	0	17	3.7
Bangladeshi	0	5	1.1
Chinese	0	2	0.4
Other Asian	0	14	3
	0		
Black or black British	0		
Caribbean	0	91	19.8
African	0	38	8.3
Other black	0	31	6.7
	0		
Other ethnic group	0		
Arab	0	0	0
Other ethnic group	0	3	0.7
	0		
Not stated	0	1	0.2
Total	0	460	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	0	0
Church of England	0	82	17.8
Roman Catholic	0	65	14.1
Other Christian denominations	0	16	3.5
Muslim	0	194	42.2
Sikh	0	5	1.1
Hindu	0	3	0.7
Buddhist	0	15	3.3
Jewish	0	14	3
Other	0	15	3.2
No religion	0	51	11.1
Total	0	460	100

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)	0	0	0
	0	0	0
Total	0	0	0

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	13	2.9
1 month to 3 months	0	0	28	6.1
3 months to 6 months	0	0	25	5.4
6 months to 1 year	0	0	58	12.6
1 year to 2 years	0	0	116	25.2
2 years to 4 years	0	0	125	27.2
4 years or more	0	0	93	20.2
Other	0	0	2	0.4
Total	0	0	460	100

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	0	409	88.9
Total	0	409	88.9

Unsentenced prisoners only

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

Main offence	18–20 yr olds	21 and over	%
Violence against the person	0		
Sexual offences	0		
Burglary	0		
Robbery	0		
Theft and handling	0		
Fraud and forgery	0		
Drugs offences	0		
Other offences	0		
Civil offences	0		
Offence not recorded /holding warrant	0		
Total	0		

Appendix IV: 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.

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment⁸. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 13 January 2014 the prisoner population at HMP Whitemoor was 446. Using the method described above, questionnaires were distributed to a sample of 178 prisoners.

We received a total of 151 completed questionnaires, a response rate of 85%. This included one questionnaire completed via interview. Fourteen respondents refused to complete a questionnaire, 10 questionnaires were not returned and three were returned blank.

⁸ 95% confidence interval with a sampling error of 3%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/Unit	Number of completed survey returns
A	39
B	45
C	43
D	21
Health care	1
Segregation Unit	2

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Whitemoor.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Whitemoor in 2014 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in four high security prisons since April 2006.
- The current survey responses from HMP Whitemoor in 2014 compared with the responses of prisoners surveyed at HMP Whitemoor in 2011
- A comparison within the 2014 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2014 survey between those who are British and those who are foreign nationals.
- A comparison within the 2014 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2014 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 2014 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2014 survey between D wing prisoners and the rest of the establishment.

Survey summary

Section I: About You

Q1.2	How old are you?		
	Under 21	0	(0%)
	21 - 29.....	49	(33%)
	30 - 39.....	48	(32%)
	40 - 49.....	34	(23%)
	50 - 59.....	16	(11%)
	60 - 69.....	3	(2%)
	70 and over	0	(0%)
Q1.3	Are you sentenced?		
	Yes	149	(100%)
	Yes - on recall.....	0	(0%)
	No - awaiting trial.....	0	(0%)
	No - awaiting sentence	0	(0%)
	No - awaiting deportation.....	0	(0%)
Q1.4	How long is your sentence?		
	Not sentenced.....	0	(0%)
	Less than 6 months	0	(0%)
	6 months to less than 1 year	0	(0%)
	1 year to less than 2 years	0	(0%)
	2 years to less than 4 years	1	(1%)
	4 years to less than 10 years.....	7	(5%)
	10 years or more.....	32	(22%)
	IPP (indeterminate sentence for public protection)	11	(7%)
	Life.....	96	(65%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship.)		
	Yes	26	(18%)
	No.....	122	(82%)
Q1.6	Do you understand spoken English?		
	Yes	150	100%
	No.....	0	(0%)
Q1.7	Do you understand written English?		
	Yes	150	100%
	No.....	0	(0%)
Q1.8	What is your ethnic origin?		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	49 (34%)	Asian or Asian British - Chinese
	White - Irish	5 (3%)	Asian or Asian British - other.....
	White - other.....	11 (8%)	Mixed race - white and black Caribbean
	Black or black British - Caribbean.....	33 (23%)	Mixed race - white and black African ...
	Black or black British - African.....	10 (7%)	Mixed race - white and Asian
	Black or black British - other	1 (1%)	Mixed race - other
	Asian or Asian British - Indian	1 (1%)	Arab.....
	Asian or Asian British - Pakistani.....	8 (5%)	Other ethnic group
	Asian or Asian British - Bangladeshi.....	2 (1%)	

Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes		5 (4%)
	No.....		136 (96%)
Q1.10	What is your religion?		
	None.....	20 (14%)	Hindu
	Church of England	21 (15%)	Jewish
	Catholic	17 (12%)	Muslim
	Protestant.....	1 (1%)	Sikh
	Other Christian denomination	7 (5%)	Other.....
	Buddhist.....	3 (2%)	
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight		142 (96%)
	Homosexual/Gay.....		3 (2%)
	Bisexual.....		3 (2%)
Q1.12	Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs.)		
	Yes		29 (20%)
	No.....		119 (80%)
Q1.13	Are you a veteran (ex- armed services)?		
	Yes		3 (2%)
	No.....		146 (98%)
Q1.14	Is this your first time in prison?		
	Yes		54 (36%)
	No.....		95 (64%)
Q1.15	Do you have children under the age of 18?		
	Yes		74 (50%)
	No.....		74 (50%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?		
	Less than 2 hours		19 (13%)
	2 hours or longer		113 (76%)
	Don't remember		17 (11%)
Q2.2	On your most recent journey here, were you offered anything to eat or drink?		
	My journey was less than two hours		19 (13%)
	Yes		57 (38%)
	No.....		64 (43%)
	Don't remember		10 (7%)
Q2.3	On your most recent journey here, were you offered a toilet break?		
	My journey was less than two hours		19 (13%)
	Yes		10 (7%)
	No.....		114 (76%)
	Don't remember		7 (5%)

Q2.4	On your most recent journey here, was the van clean?	
	Yes	78 (52%)
	No.....	49 (33%)
	Don't remember	22 (15%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	104 (70%)
	No.....	42 (28%)
	Don't remember	3 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well.....	22 (15%)
	Well.....	59 (40%)
	Neither.....	45 (30%)
	Badly.....	9 (6%)
	Very badly	5 (3%)
	Don't remember	8 (5%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	Yes, someone told me	60 (40%)
	Yes, I received written information	15 (10%)
	No, I was not told anything	70 (47%)
	Don't remember	4 (3%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	100 (67%)
	No.....	47 (32%)
	Don't remember	2 (1%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	61 (41%)
	2 hours or longer	65 (44%)
	Don't remember	22 (15%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	95 (66%)
	No	40 (28%)
	Don't remember	10 (7%)
Q3.3	Overall, how were you treated in reception?	
	Very well.....	21 (14%)
	Well.....	63 (43%)
	Neither.....	42 (28%)
	Badly.....	16 (11%)
	Very badly.....	3 (2%)
	Don't remember	3 (2%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Loss of property	37 (25%)
	Housing problems.....	5 (3%)
	Contacting employers	1 (1%)
	Contacting family	30 (21%)
	Childcare	4 (3%)
	Physical health	15 (10%)
	Mental health.....	16 (11%)
	Needing protection from other prisoners	9 (6%)
	Getting phone numbers	27 (18%)
	Other.....	9 (6%)

Money worries.....	11 (8%)	Did not have any problems	54 (37%)
Feeling depressed or suicidal	15 (10%)		

Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	Yes	25 (18%)	
	No.....	63 (44%)	
	Did not have any problems	54 (38%)	
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	Tobacco.....	68 (47%)	
	A shower	28 (19%)	
	A free telephone call.....	11 (8%)	
	Something to eat.....	69 (47%)	
	PIN phone credit.....	14 (10%)	
	Toiletries/ basic items	55 (38%)	
	Did not receive anything	35 (24%)	
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	Chaplain	52 (36%)	
	Someone from health services.....	96 (67%)	
	A Listener/Samaritans	34 (24%)	
	Prison shop/ canteen	25 (17%)	
	Did not have access to any of these.....	33 (23%)	
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	What was going to happen to you	77 (55%)	
	What support was available for people feeling depressed or suicidal.....	52 (37%)	
	How to make routine requests (applications)	47 (34%)	
	Your entitlement to visits.....	39 (28%)	
	Health services	61 (44%)	
	Chaplaincy	52 (37%)	
	Not offered any information	35 (25%)	
Q3.9	Did you feel safe on your first night here?		
	Yes	99 (67%)	
	No.....	43 (29%)	
	Don't remember	6 (4%)	
Q3.10	How soon after you arrived here did you go on an induction course?		
	Have not been on an induction course	19 (13%)	
	Within the first week.....	87 (58%)	
	More than a week.....	34 (23%)	
	Don't remember	9 (6%)	
Q3.11	Did the induction course cover everything you needed to know about the prison?		
	Have not been on an induction course	19 (14%)	
	Yes	62 (44%)	
	No.....	43 (31%)	
	Don't remember	16 (11%)	

Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	23 (16%)
	<i>Within the first week</i>	31 (21%)
	<i>More than a week</i>	61 (42%)
	<i>Don't remember</i>	31 (21%)

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>Communicate with your solicitor or legal representative?</i>	21 (14%)	51 (35%)	21 (14%)	31 (21%)	14 (10%)
	<i>Attend legal visits?</i>	9 (7%)	30 (23%)	18 (14%)	29 (23%)	27 (21%)
	<i>Get bail information?</i>	1 (1%)	2 (2%)	14 (13%)	7 (7%)	6 (6%)
						74 (71%)
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>					8 (6%)
	<i>Yes</i>					100 (69%)
	<i>No</i>					37 (26%)
Q4.3	Can you get legal books in the library?					
	<i>Yes</i>					83 (57%)
	<i>No</i>					7 (5%)
	<i>Don't know</i>					55 (38%)
Q4.4	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>Do you normally have enough clean, suitable clothes for the week?</i>	112 (78%)	29 (20%)	2 (1%)		
	<i>Are you normally able to have a shower every day?</i>	140 (97%)	3 (2%)	1 (1%)		
	<i>Do you normally receive clean sheets every week?</i>	100 (69%)	38 (26%)	6 (4%)		
	<i>Do you normally get cell cleaning materials every week?</i>	124 (84%)	23 (16%)	0 (0%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	83 (56%)	49 (33%)	15 (10%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	104 (71%)	41 (28%)	2 (1%)		
	<i>If you need to, can you normally get your stored property?</i>	33 (23%)	69 (48%)	43 (30%)		
Q4.5	What is the food like here?					
	<i>Very good</i>					1 (1%)
	<i>Good</i>					13 (9%)
	<i>Neither</i>					37 (25%)
	<i>Bad</i>					55 (37%)
	<i>Very bad</i>					41 (28%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?					
	<i>Have not bought anything yet/ don't know</i>					1 (1%)
	<i>Yes</i>					62 (43%)
	<i>No</i>					82 (57%)
Q4.7	Can you speak to a Listener at any time, if you want to?					
	<i>Yes</i>					75 (51%)
	<i>No</i>					13 (9%)
	<i>Don't know</i>					60 (41%)

Q4.8	Are your religious beliefs respected?	
	Yes	70 (49%)
	No.....	48 (33%)
	Don't know/ N/A.....	26 (18%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes	95 (65%)
	No.....	15 (10%)
	Don't know/ N/A.....	37 (25%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	I don't want to attend	17 (12%)
	Very easy.....	50 (34%)
	Easy.....	48 (33%)
	Neither.....	18 (12%)
	Difficult.....	7 (5%)
	Very difficult.....	3 (2%)
	Don't know.....	3 (2%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	133 (92%)
	No	11 (8%)
	Don't know	1 (1%)
Q5.2	Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option.)	
		Not made one Yes No
	Are applications dealt with fairly?	3 (2%) 75 (56%) 56 (42%)
	Are applications dealt with quickly (within seven days)?	3 (2%) 65 (50%) 62 (48%)
Q5.3	Is it easy to make a complaint?	
	Yes	105 (74%)
	No	24 (17%)
	Don't know	13 (9%)
Q5.4	Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option.)	
		Not made one Yes No
	Are complaints dealt with fairly?	19 (14%) 28 (21%) 89 (65%)
	Are complaints dealt with quickly (within seven days)?	19 (15%) 45 (34%) 67 (51%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	37 (26%)
	No.....	103 (74%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	Don't know who they are.....	27 (20%)
	Very easy.....	12 (9%)
	Easy.....	24 (18%)
	Neither.....	48 (36%)
	Difficult.....	16 (12%)
	Very difficult.....	7 (5%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	2 (1%)
	Yes	72 (50%)
	No	61 (42%)
	<i>Don't know</i>	10 (7%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	2 (1%)
	Yes	68 (48%)
	No	62 (43%)
	<i>Don't know</i>	11 (8%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	11 (8%)
	No	132 (92%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	97 (69%)
	Very well	2 (1%)
	Well	5 (4%)
	Neither	7 (5%)
	Badly	8 (6%)
	Very badly	21 (15%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	116 (79%)
	No	30 (21%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	103 (71%)
	No	42 (29%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	56 (38%)
	No	90 (62%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	2 (1%)
	Never	18 (13%)
	Rarely	36 (25%)
	Some of the time	56 (39%)
	Most of the time	24 (17%)
	All of the time	8 (6%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	10 (7%)
	<i>In the first week</i>	64 (44%)
	<i>More than a week</i>	45 (31%)
	<i>Don't remember</i>	25 (17%)

Q7.6 How helpful is your personal (named) officer?

<i>Do not have a personal officer/ I have not met him/ her</i>	10 (7%)
<i>Very helpful</i>	38 (27%)
<i>Helpful</i>	42 (30%)
<i>Neither</i>	24 (17%)
<i>Not very helpful</i>	19 (13%)
<i>Not at all helpful</i>	9 (6%)

Section 8: Safety**Q8.1 Have you ever felt unsafe here?**

<i>Yes</i>	79 (55%)
<i>No</i>	65 (45%)

Q8.2 Do you feel unsafe now?

<i>Yes</i>	36 (26%)
<i>No</i>	103 (74%)

Q8.3 In which areas have you felt unsafe? (Please tick all that apply to you.)

Never felt unsafe	65 (46%)	<i>At meal times</i>	10 (7%)
<i>Everywhere</i>	24 (17%)	<i>At health services</i>	8 (6%)
<i>Segregation unit</i>	29 (21%)	<i>Visits area</i>	9 (6%)
<i>Association areas</i>	17 (12%)	<i>In wing showers</i>	23 (16%)
<i>Reception area</i>	6 (4%)	<i>In gym showers</i>	11 (8%)
<i>At the gym</i>	17 (12%)	<i>In corridors/stairwells</i>	11 (8%)
<i>In an exercise yard</i>	12 (9%)	<i>On your landing/wing</i>	17 (12%)
<i>At work</i>	7 (5%)	<i>In your cell</i>	16 (11%)
<i>During movement</i>	20 (14%)	<i>At religious services</i>	11 (8%)
<i>At education</i>	5 (4%)		

Q8.4 Have you been victimised by other prisoners here?

<i>Yes</i>	43 (30%)
<i>No</i>	100 (70%)

Q8.5 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	14 (10%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	15 (10%)
<i>Sexual abuse</i>	2 (1%)
<i>Feeling threatened or intimidated</i>	29 (20%)
<i>Having your canteen/property taken</i>	7 (5%)
<i>Medication</i>	6 (4%)
<i>Debt</i>	1 (1%)
<i>Drugs</i>	2 (1%)
<i>Your race or ethnic origin</i>	9 (6%)
<i>Your religion/religious beliefs</i>	18 (13%)
<i>Your nationality</i>	7 (5%)
<i>You are from a different part of the country than others</i>	1 (1%)
<i>You are from a traveller community</i>	3 (2%)
<i>Your sexual orientation</i>	4 (3%)
<i>Your age</i>	3 (2%)
<i>You have a disability</i>	4 (3%)
<i>You were new here</i>	5 (3%)
<i>Your offence/ crime</i>	11 (8%)
<i>Gang related issues</i>	6 (4%)

Q8.6	Have you been victimised by staff here?	
	Yes	78 (55%)
	No.....	65 (45%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	27 (19%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	14 (10%)
	<i>Sexual abuse</i>	6 (4%)
	<i>Feeling threatened or intimidated</i>	37 (26%)
	<i>Medication</i>	8 (6%)
	<i>Debt</i>	0 (0%)
	<i>Drugs</i>	1 (1%)
	<i>Your race or ethnic origin</i>	16 (11%)
	<i>Your religion/religious beliefs</i>	33 (23%)
	<i>Your nationality</i>	14 (10%)
	<i>You are from a different part of the country than others</i>	3 (2%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	3 (2%)
	<i>You have a disability</i>	3 (2%)
	<i>You were new here</i>	2 (1%)
	<i>Your offence/ crime</i>	8 (6%)
	<i>Gang related issues</i>	7 (5%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	<i>Not been victimised</i>	59 (44%)
	<i>Yes</i>	40 (30%)
	<i>No</i>	34 (26%)

Section 9: Health services

Q9.1	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	8 (6%)	5 (4%)	39 (28%)	33 (24%)	36 (26%)	18 (13%)
	The nurse	8 (6%)	18 (14%)	66 (50%)	24 (18%)	10 (8%)	5 (4%)
	The dentist	9 (7%)	1 (1%)	8 (6%)	3 (2%)	36 (27%)	77 (57%)
Q9.2	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	7 (5%)	8 (6%)	22 (16%)	25 (18%)	27 (19%)	50 (36%)
	The nurse	9 (7%)	21 (16%)	53 (39%)	28 (21%)	15 (11%)	9 (7%)
	The dentist	21 (15%)	7 (5%)	26 (19%)	22 (16%)	21 (15%)	39 (29%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>	4 (3%)					
	<i>Very good</i>	6 (4%)					
	<i>Good</i>	23 (16%)					
	<i>Neither</i>	44 (31%)					
	<i>Bad</i>	36 (26%)					
	<i>Very bad</i>	28 (20%)					
Q9.4	Are you currently taking medication?						
	Yes	44 (31%)					
	No.....	99 (69%)					

Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?	
	<i>Not taking medication</i>	99 (70%)
	<i>Yes, all my meds</i>	20 (14%)
	<i>Yes, some of my meds</i>	5 (4%)
	<i>No</i>	17 (12%)
Q9.6	Do you have any emotional or mental health problems?	
	<i>Yes</i>	36 (25%)
	<i>No</i>	107 (75%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)	
	<i>Do not have any emotional or mental health problems</i>	107 (76%)
	<i>Yes</i>	24 (17%)
	<i>No</i>	9 (6%)
Section 10: Drugs and alcohol		
Q10.1	Did you have a problem with drugs when you came into this prison?	
	<i>Yes</i>	14 (10%)
	<i>No</i>	127 (90%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	<i>Yes</i>	14 (10%)
	<i>No</i>	125 (90%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	9 (7%)
	<i>Easy</i>	7 (5%)
	<i>Neither</i>	11 (8%)
	<i>Difficult</i>	6 (4%)
	<i>Very difficult</i>	12 (9%)
	<i>Don't know</i>	93 (67%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	8 (6%)
	<i>Easy</i>	2 (1%)
	<i>Neither</i>	12 (9%)
	<i>Difficult</i>	9 (6%)
	<i>Very difficult</i>	14 (10%)
	<i>Don't know</i>	94 (68%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	5 (4%)
	<i>No</i>	135 (96%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	7 (5%)
	<i>No</i>	133 (95%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	121 (88%)
	<i>Yes</i>	10 (7%)
	<i>No</i>	6 (4%)

Q10.8 Have you received any support or help (for example substance misuse teams for your alcohol problem, whilst in this prison?)

<i>Did not / do not have an alcohol problem</i>	125 (90%)
Yes.....	10 (7%)
No.....	4 (3%)

Q10.9 Was the support or help you received, whilst in this prison, helpful?

<i>Did not have a problem/ did not receive help</i>	121 (89%)
Yes.....	15 (11%)
No.....	0 (0%)

Section 11: Activities

Q11.1 How easy or difficult is it to get into the following activities, in this prison?

	<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
Prison job	7 (5%)	13 (9%)	44 (31%)	30 (21%)	37 (26%)	10 (7%)
Vocational or skills training	16 (12%)	11 (8%)	41 (31%)	30 (23%)	24 (18%)	10 (8%)
Education (including basic skills)	12 (9%)	15 (11%)	59 (45%)	30 (23%)	10 (8%)	6 (5%)
Offending behaviour programmes	17 (12%)	10 (7%)	25 (18%)	28 (20%)	27 (20%)	30 (22%)

Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)

<i>Not involved in any of these</i>	17 (12%)
Prison job.....	92 (67%)
Vocational or skills training.....	26 (19%)
Education (including basic skills).....	35 (26%)
Offending behaviour programmes.....	33 (24%)

Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?

	<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
Prison job	4 (3%)	53 (44%)	52 (43%)	12 (10%)
Vocational or skills training	11 (11%)	45 (46%)	30 (31%)	11 (11%)
Education (including basic skills)	7 (7%)	57 (57%)	27 (27%)	9 (9%)
Offending behaviour programmes	8 (8%)	50 (48%)	34 (33%)	12 (12%)

Q11.4 How often do you usually go to the library?

<i>Don't want to go</i>	18 (13%)
<i>Never</i>	17 (12%)
<i>Less than once a week</i>	33 (23%)
<i>About once a week</i>	72 (51%)
<i>More than once a week</i>	1 (1%)

Q11.5 Does the library have a wide enough range of materials to meet your needs?

<i>Don't use it</i>	29 (21%)
Yes.....	67 (48%)
No.....	45 (32%)

Q11.6 How many times do you usually go to the gym each week?

<i>Don't want to go</i>	11 (8%)
0.....	11 (8%)
1 to 2.....	41 (29%)
3 to 5.....	71 (51%)
<i>More than 5</i>	5 (4%)

Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	28 (21%)
	<i>0</i>	38 (28%)
	<i>1 to 2</i>	46 (34%)
	<i>3 to 5</i>	13 (10%)
	<i>More than 5</i>	10 (7%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	1 (1%)
	<i>0</i>	2 (1%)
	<i>1 to 2</i>	3 (2%)
	<i>3 to 5</i>	18 (13%)
	<i>More than 5</i>	115 (83%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)	
	<i>Less than 2 hours</i>	3 (2%)
	<i>2 to less than 4 hours</i>	14 (10%)
	<i>4 to less than 6 hours</i>	31 (22%)
	<i>6 to less than 8 hours</i>	36 (26%)
	<i>8 to less than 10 hours</i>	21 (15%)
	<i>10 hours or more</i>	21 (15%)
	<i>Don't know</i>	12 (9%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	47 (34%)
	<i>No</i>	91 (66%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	83 (58%)
	<i>No</i>	60 (42%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	48 (34%)
	<i>No</i>	92 (66%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	11 (8%)
	<i>Very easy</i>	5 (4%)
	<i>Easy</i>	18 (13%)
	<i>Neither</i>	16 (11%)
	<i>Difficult</i>	36 (26%)
	<i>Very difficult</i>	48 (34%)
	<i>Don't know</i>	7 (5%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	119 (85%)
	<i>No</i>	21 (15%)

Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	21 (15%)
	<i>No contact</i>	35 (25%)
	<i>Letter</i>	27 (20%)
	<i>Phone</i>	30 (22%)
	<i>Visit</i>	41 (30%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	130 (93%)
	<i>No</i>	10 (7%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	124 (88%)
	<i>No</i>	17 (12%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	17 (12%)
	<i>Very involved</i>	23 (17%)
	<i>Involved</i>	46 (33%)
	<i>Neither</i>	12 (9%)
	<i>Not very involved</i>	21 (15%)
	<i>Not at all involved</i>	19 (14%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	17 (13%)
	<i>Nobody</i>	45 (33%)
	<i>Offender supervisor</i>	53 (39%)
	<i>Offender manager</i>	25 (19%)
	<i>Named/ personal officer</i>	23 (17%)
	<i>Staff from other departments</i>	18 (13%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	17 (12%)
	<i>Yes</i>	67 (48%)
	<i>No</i>	42 (30%)
	<i>Don't know</i>	14 (10%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	17 (12%)
	<i>Yes</i>	48 (35%)
	<i>No</i>	44 (32%)
	<i>Don't know</i>	28 (20%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	17 (13%)
	<i>Yes</i>	14 (10%)
	<i>No</i>	61 (45%)
	<i>Don't know</i>	44 (32%)
Q13.10	Do you have a needs based custody plan?	
	<i>Yes</i>	13 (9%)
	<i>No</i>	64 (46%)
	<i>Don't know</i>	61 (44%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?

Yes 17 (13%)
 No..... 117 (87%)

**Q13.12 Do you know of anyone in this prison who can help you with the following on release?:
 (please tick all that apply to you.)**

	<i>Do not need help</i>	Yes	No
Employment	24 (19%)	13 (10%)	90 (71%)
Accommodation	24 (19%)	11 (9%)	92 (72%)
Benefits	24 (19%)	8 (6%)	93 (74%)
Finances	24 (19%)	9 (7%)	91 (73%)
Education	22 (17%)	19 (15%)	85 (67%)
Drugs and alcohol	27 (22%)	21 (17%)	74 (61%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

Not sentenced..... 0 (0%)
 Yes 79 (62%)
 No..... 48 (38%)

Main comparator and comparator to last time



Prisoner survey responses HMP Whitemoor 2014

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

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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		151	724	151	148
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	0%	0%	1%
1.3	Are you sentenced?	100%	99%	100%	100%
1.3	Are you on recall?	0%	0%	0%	1%
1.4	Is your sentence less than 12 months?	0%	0%	0%	0%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	7%	16%	7%	11%
1.5	Are you a foreign national?	18%	11%	18%	21%
1.6	Do you understand spoken English?	100%	99%	100%	
1.7	Do you understand written English?	100%	98%	100%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	56%	25%	56%	47%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	4%	4%	5%
1.1	Are you Muslim?	44%	16%	44%	32%
1.11	Are you homosexual/gay or bisexual?	4%	8%	4%	6%
1.12	Do you consider yourself to have a disability?	20%	29%	20%	23%
1.13	Are you a veteran (ex-armed services)?	2%	12%	2%	
1.14	Is this your first time in prison?	36%	41%	36%	36%
1.15	Do you have any children under the age of 18?	50%	40%	50%	48%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	76%	64%	76%	75%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	44%	47%	44%	
2.3	Were you offered a toilet break?	8%	12%	8%	
2.4	Was the van clean?	52%	64%	52%	
2.5	Did you feel safe?	70%	75%	70%	
2.6	Were you treated well/very well by the escort staff?	55%	59%	55%	51%
2.7	Before you arrived here were you told that you were coming here?	40%	49%	40%	
2.7	Before you arrived here did you receive any written information about coming here?	10%	5%	10%	
2.8	When you first arrived here did your property arrive at the same time as you?	67%	76%	67%	63%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	41%	56%	41%	
3.2	When you were searched in reception, was this carried out in a respectful way?	65%	71%	65%	70%
3.3	Were you treated well/very well in reception?	57%	60%	57%	54%
	When you first arrived:				
3.4	Did you have any problems?	63%	68%	63%	70%
3.4	Did you have any problems with loss of property?	25%	24%	25%	34%
3.4	Did you have any housing problems?	4%	3%	4%	5%
3.4	Did you have any problems contacting employers?	1%	1%	1%	4%
3.4	Did you have any problems contacting family?	21%	27%	21%	39%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	2%	3%	5%
3.4	Did you have any money worries?	7%	12%	7%	14%
3.4	Did you have any problems with feeling depressed or suicidal?	10%	15%	10%	16%
3.4	Did you have any physical health problems?	10%	18%	10%	
3.4	Did you have any mental health problems?	11%	16%	11%	
3.4	Did you have any problems with needing protection from other prisoners?	6%	9%	6%	6%
3.4	Did you have problems accessing phone numbers?	19%	23%	19%	32%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	29%	39%	29%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	47%	53%	47%	41%
3.6	A shower?	19%	22%	19%	32%
3.6	A free telephone call?	7%	23%	7%	12%
3.6	Something to eat?	47%	48%	47%	71%
3.6	PIN phone credit?	10%	17%	10%	
3.6	Toiletries/ basic items?	38%	41%	38%	
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	36%	43%	36%	
3.7	Someone from health services?	67%	58%	67%	
3.7	A Listener/Samaritans?	24%	24%	24%	
3.7	Prison shop/ canteen?	17%	17%	17%	13%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	55%	40%	55%	44%
3.8	Support was available for people feeling depressed or suicidal?	37%	31%	37%	37%
3.8	How to make routine requests?	34%	32%	34%	36%
3.8	Your entitlement to visits?	28%	28%	28%	33%
3.8	Health services?	44%	39%	44%	45%

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3.8	The chaplaincy?	37%	35%	37%	37%
3.9	Did you feel safe on your first night here?	67%	69%	67%	66%
3.10	Have you been on an induction course?	87%	91%	87%	85%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	51%	53%	51%	61%
3.12	Did you receive an education (skills for life) assessment?	84%	77%	84%	
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	50%	59%	50%	57%
4.1	Attend legal visits?	30%	57%	30%	56%
4.1	Get bail information?	3%	9%	3%	13%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	69%	57%	69%	61%
4.3	Can you get legal books in the library?	57%	66%	57%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	78%	82%	78%	55%
4.4	Are you normally able to have a shower every day?	97%	96%	97%	89%
4.4	Do you normally receive clean sheets every week?	69%	78%	69%	70%
4.4	Do you normally get cell cleaning materials every week?	84%	73%	84%	76%
4.4	Is your cell call bell normally answered within five minutes?	57%	48%	57%	55%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	71%	65%	71%	66%
4.4	Can you normally get your stored property, if you need to?	23%	27%	23%	22%
4.5	Is the food in this prison good/very good?	10%	21%	10%	18%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	43%	47%	43%	38%
4.7	Are you able to speak to a Listener at any time, if you want to?	51%	58%	51%	39%
4.8	Are your religious beliefs are respected?	49%	47%	49%	36%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	65%	57%	65%	61%
4.10	Is it easy/very easy to attend religious services?	67%	47%	67%	
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	92%	88%	92%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	57%	54%	57%	52%
5.2	Do you feel applications are dealt with quickly (within seven days)?	51%	43%	51%	54%
5.3	Is it easy to make a complaint?	74%	71%	74%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	24%	28%	24%	24%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	40%	38%	40%	41%
5.5	Have you ever been prevented from making a complaint when you wanted to?	26%	29%	26%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	27%	27%	27%	39%

Main comparator and comparator to last time

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SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	50%	49%	50%	54%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	37%	48%	42%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	5%	8%	7%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	17%	31%	17%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	79%	73%	79%	64%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	71%	74%	71%	73%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	38%	34%	38%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	22%	25%	22%	24%
7.5	Do you have a personal officer?	93%	91%	93%	94%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	61%	60%	61%	52%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	55%	54%	55%	60%
8.2	Do you feel unsafe now?	26%	25%	26%	32%
8.4	Have you been victimised by other prisoners here?	30%	37%	30%	21%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	10%	18%	10%	8%
8.5	Hit, kicked or assaulted you?	10%	10%	10%	4%
8.5	Sexually abused you?	1%	2%	1%	2%
8.5	Threatened or intimidated you?	20%	23%	20%	
8.5	Taken your canteen/property?	5%	6%	5%	4%
8.5	Victimised you because of medication?	4%	7%	4%	
8.5	Victimised you because of debt?	1%	3%	1%	
8.5	Victimised you because of drugs?	1%	3%	1%	1%
8.5	Victimised you because of your race or ethnic origin?	6%	6%	6%	7%
8.5	Victimised you because of your religion/religious beliefs?	13%	7%	13%	10%
8.5	Victimised you because of your nationality?	5%	5%	5%	
8.5	Victimised you because you were from a different part of the country?	1%	6%	1%	3%
8.5	Victimised you because you are from a Traveller community?	2%	1%	2%	
8.5	Victimised you because of your sexual orientation?	3%	5%	3%	2%
8.5	Victimised you because of your age?	2%	4%	2%	4%
8.5	Victimised you because you have a disability?	3%	5%	3%	4%
8.5	Victimised you because you were new here?	4%	4%	4%	5%
8.5	Victimised you because of your offence/crime?	8%	10%	8%	3%
8.5	Victimised you because of gang related issues?	4%	5%	4%	3%

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SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	55%	46%	55%	45%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	19%	17%	19%	18%
8.7	Hit, kicked or assaulted you?	10%	6%	10%	4%
8.7	Sexually abused you?	4%	2%	4%	1%
8.7	Threatened or intimidated you?	26%	26%	26%	
8.7	Victimised you because of medication?	6%	7%	6%	
8.7	Victimised you because of debt?	0%	1%	0%	
8.7	Victimised you because of drugs?	1%	2%	1%	2%
8.7	Victimised you because of your race or ethnic origin?	11%	10%	11%	15%
8.7	Victimised you because of your religion/religious beliefs?	23%	9%	23%	16%
8.7	Victimised you because of your nationality?	10%	4%	10%	
8.7	Victimised you because you were from a different part of the country?	2%	6%	2%	8%
8.7	Victimised you because you are from a Traveller community?	1%	2%	1%	
8.7	Victimised you because of your sexual orientation?	2%	2%	2%	1%
8.7	Victimised you because of your age?	2%	3%	2%	4%
8.7	Victimised you because you have a disability?	2%	5%	2%	6%
8.7	Victimised you because you were new here?	1%	5%	1%	5%
8.7	Victimised you because of your offence/crime?	6%	13%	6%	6%
8.7	Victimised you because of gang related issues?	5%	2%	5%	3%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	54%	49%	54%	51%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	32%	42%	32%	40%
9.1	Is it easy/very easy to see the nurse?	64%	60%	64%	72%
9.1	Is it easy/very easy to see the dentist?	7%	18%	7%	6%
	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:				
9.2	The doctor?	23%	45%	23%	48%
9.2	The nurse?	59%	56%	59%	56%
9.2	The dentist?	29%	56%	29%	31%
9.3	The overall quality of health services?	21%	39%	21%	33%
9.4	Are you currently taking medication?	31%	60%	31%	39%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	60%	82%	60%	
9.6	Do you have any emotional well being or mental health problems?	25%	31%	25%	30%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	72%	55%	72%	

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SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	10%	15%	10%	10%
10.2	Did you have a problem with alcohol when you came into this prison?	10%	15%	10%	11%
10.3	Is it easy/very easy to get illegal drugs in this prison?	12%	22%	12%	16%
10.4	Is it easy/very easy to get alcohol in this prison?	7%	17%	7%	
10.5	Have you developed a problem with drugs since you have been in this prison?	4%	6%	4%	6%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	5%	6%	5%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	63%	58%	63%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	71%	68%	71%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	100%	77%	100%	52%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	40%	40%	40%	
11.1	Vocational or skills training?	39%	28%	39%	
11.1	Education (including basic skills)?	56%	45%	56%	
11.1	Offending behaviour programmes?	26%	23%	26%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	67%	69%	67%	64%
11.2	Vocational or skills training?	19%	13%	19%	14%
11.2	Education (including basic skills)?	26%	37%	26%	33%
11.2	Offending behaviour programmes?	24%	15%	24%	28%
11.3	Have you had a job while in this prison?	97%	86%	97%	92%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	45%	39%	45%	45%
11.3	Have you been involved in vocational or skills training while in this prison?	89%	72%	89%	80%
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	52%	51%	52%	59%
11.3	Have you been involved in education while in this prison?	93%	82%	93%	87%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	61%	63%	61%	70%
11.3	Have you been involved in offending behaviour programmes while in this prison?	92%	75%	92%	87%
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	52%	52%	52%	62%
11.4	Do you go to the library at least once a week?	52%	53%	52%	55%
11.5	Does the library have a wide enough range of materials to meet your needs?	48%	50%	48%	
11.6	Do you go to the gym three or more times a week?	55%	37%	55%	55%
11.7	Do you go outside for exercise three or more times a week?	17%	35%	17%	29%
11.8	Do you go on association more than five times each week?	83%	85%	83%	81%
11.9	Do you spend ten or more hours out of your cell on a weekday?	15%	15%	15%	8%

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Percentages which are not highlighted show there is no significant difference					
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	34%	30%	34%	38%
12.2	Have you had any problems with sending or receiving mail?	58%	49%	58%	54%
12.3	Have you had any problems getting access to the telephones?	34%	26%	34%	32%
12.4	Is it easy/ very easy for your friends and family to get here?	16%	18%	16%	
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	85%	89%	85%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	30%	28%	30%	
13.2	Contact by letter?	23%	47%	23%	
13.2	Contact by phone?	26%	25%	26%	
13.2	Contact by visit?	35%	40%	35%	
13.3	Do you have a named offender supervisor in this prison?	93%	81%	93%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	88%	89%	88%	92%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	57%	44%	57%	52%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	38%	43%	38%	
13.6	Offender supervisor?	43%	36%	43%	
13.6	Offender manager?	20%	27%	20%	
13.6	Named/ personal officer?	20%	20%	20%	
13.6	Staff from other departments?	15%	23%	15%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	55%	56%	55%	63%
13.8	Are there plans for you to achieve any of your targets in another prison?	40%	30%	40%	
13.9	Are there plans for you to achieve any of your targets in the community?	12%	11%	12%	
13.10	Do you have a needs based custody plan?	9%	7%	9%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	13%	10%	13%	11%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	13%	17%	13%	
13.12	Accommodation?	11%	18%	11%	
13.12	Benefits?	8%	17%	8%	
13.12	Finances?	9%	15%	9%	
13.12	Education?	18%	22%	18%	
13.12	Drugs and alcohol?	22%	24%	22%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	62%	59%	62%	62%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Whitemoor 2014

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

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British 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		81	65	26	122	63	80
1.3	Are you sentenced?	100%	100%	100%	100%	100%	100%
1.5	Are you a foreign national?	19%	16%			19%	15%
1.6	Do you understand spoken English?	100%	100%	100%	100%	100%	100%
1.7	Do you understand written English?	100%	100%	100%	100%	100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			60%	54%	90%	30%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	1%	5%	5%	4%	2%	5%
1.1	Are you Muslim?	70%	10%	50%	42%		
1.12	Do you consider yourself to have a disability?	14%	25%	20%	20%	13%	24%
1.13	Are you a veteran (ex-armed services)?	0%	5%	4%	2%	0%	4%
1.14	Is this your first time in prison?	36%	37%	61%	31%	38%	34%
2.6	Were you treated well/very well by the escort staff?	48%	60%	65%	52%	50%	59%
2.7	Before you arrived here were you told that you were coming here?	35%	46%	42%	40%	35%	44%
3.2	When you were searched in reception, was this carried out in a respectful way?	53%	83%	64%	67%	56%	73%
3.3	Were you treated well/very well in reception?	46%	71%	65%	55%	44%	65%
3.4	Did you have any problems when you first arrived?	65%	59%	72%	61%	65%	64%
3.7	Did you have access to someone from health care when you first arrived here?	61%	76%	65%	67%	61%	70%
3.9	Did you feel safe on your first night here?	67%	69%	65%	68%	66%	66%
3.10	Have you been on an induction course?	89%	87%	81%	89%	89%	87%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	50%	52%	49%	49%	50%

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British 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							
4.4	Are you normally offered enough clean, suitable clothes for the week?	73%	84%	76%	79%	78%	80%
4.4	Are you normally able to have a shower every day?	99%	97%	100%	97%	98%	96%
4.4	Is your cell call bell normally answered within five minutes?	47%	69%	48%	58%	45%	65%
4.5	Is the food in this prison good/very good?	8%	11%	12%	9%	8%	11%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	33%	57%	41%	42%	32%	53%
4.7	Are you able to speak to a Listener at any time, if you want to?	45%	59%	48%	51%	41%	59%
4.8	Do you feel your religious beliefs are respected?	35%	65%	46%	50%	34%	60%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	65%	67%	58%	67%	64%	65%
5.1	Is it easy to make an application?	92%	92%	82%	93%	93%	91%
5.3	Is it easy to make a complaint?	73%	76%	87%	72%	77%	71%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	45%	59%	46%	51%	36%	62%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	55%	42%	50%	41%	50%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	5%	9%	8%	10%	7%
7.1	Do most staff, in this prison, treat you with respect?	72%	92%	79%	80%	65%	90%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	62%	84%	60%	73%	56%	82%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	14%	33%	21%	23%	13%	29%
7.4	Do you have a personal officer?	89%	97%	96%	92%	88%	96%
8.1	Have you ever felt unsafe here?	53%	55%	62%	53%	58%	55%
8.2	Do you feel unsafe now?	19%	32%	31%	24%	25%	29%
8.3	Have you been victimised by other prisoners?	23%	37%	28%	31%	19%	38%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	14%	27%	5%	24%	13%	26%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	5%	0%	8%	7%	7%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	8%	18%	9%	13%	10%	15%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	7%	5%	5%	5%	5%

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British 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							
8.5	Have you been victimised because you have a disability? (By prisoners)	1%	5%	0%	3%	2%	4%
8.6	Have you been victimised by a member of staff?	63%	41%	69%	52%	72%	40%
8.7	Have you ever felt threatened or intimidated by staff here?	25%	24%	27%	26%	31%	22%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	16%	5%	9%	11%	18%	7%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	32%	13%	31%	21%	39%	12%
8.7	Have you been victimised because of your nationality? (By staff)	11%	8%	18%	8%	12%	8%
8.7	Have you been victimised because you have a disability? (By staff)	1%	3%	0%	3%	2%	3%
9.1	Is it easy/very easy to see the doctor?	25%	39%	40%	31%	28%	34%
9.1	Is it easy/ very easy to see the nurse?	62%	69%	72%	63%	61%	67%
9.4	Are you currently taking medication?	16%	49%	21%	33%	12%	44%
9.6	Do you feel you have any emotional well being/mental health issues?	14%	37%	17%	27%	17%	31%
10.3	Is it easy/very easy to get illegal drugs in this prison?	11%	13%	9%	12%	10%	12%
11.2	Are you currently working in the prison?	62%	75%	61%	69%	63%	69%
11.2	Are you currently undertaking vocational or skills training?	17%	22%	34%	17%	18%	19%
11.2	Are you currently in education (including basic skills)?	26%	27%	44%	23%	25%	27%
11.2	Are you currently taking part in an offending behaviour programme?	23%	27%	34%	23%	22%	26%
11.4	Do you go to the library at least once a week?	55%	49%	66%	50%	55%	49%
11.6	Do you go to the gym three or more times a week?	59%	49%	58%	54%	63%	49%
11.7	Do you go outside for exercise three or more times a week?	17%	16%	14%	18%	22%	13%
11.8	On average, do you go on association more than five times each week?	86%	80%	70%	85%	86%	81%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	14%	18%	18%	14%	12%	16%
12.2	Have you had any problems sending or receiving mail?	63%	51%	70%	55%	59%	59%
12.3	Have you had any problems getting access to the telephones?	41%	26%	34%	34%	38%	32%



Diversity Analysis

Key question responses (disability and aged over 50) HMP Whitemoor 2014

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

		Consider themselves to have a disability	Do not consider themselves to have a disability		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 prisoners' background details					
	Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		29	119		19	131
1.3	Are you sentenced?	100%	100%		100%	100%
1.5	Are you a foreign national?	17%	18%		21%	17%
1.6	Do you understand spoken English?	100%	100%		100%	100%
1.7	Do you understand written English?	100%	100%		100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	41%	59%		28%	59%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	4%		0%	4%
1.1	Are you Muslim?	30%	48%		18%	48%
1.12	Do you consider yourself to have a disability?				53%	15%
1.13	Are you a veteran (ex-armed services)?	0%	3%		0%	2%
1.14	Is this your first time in prison?	24%	40%		32%	37%
2.6	Were you treated well/very well by the escort staff?	59%	54%		73%	52%
2.7	Before you arrived here were you told that you were coming here?	48%	38%		47%	39%
3.2	When you were searched in reception, was this carried out in a respectful way?	65%	67%		77%	64%
3.3	Were you treated well/very well in reception?	76%	53%		84%	53%
3.4	Did you have any problems when you first arrived?	72%	60%		63%	63%
3.7	Did you have access to someone from health care when you first arrived here?	62%	67%		89%	63%
3.9	Did you feel safe on your first night here?	65%	68%		89%	64%
3.10	Have you been on an induction course?	89%	87%		94%	87%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	54%	48%		73%	46%
4.4	Are you normally offered enough clean, suitable clothes for the week?	76%	79%		100%	76%

Diversity Analysis

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	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 prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally able to have a shower every day?	100%	97%	100%	97%
4.4	Is your cell call bell normally answered within five minutes?	66%	55%	89%	52%
4.5	Is the food in this prison good/very good?	11%	9%	28%	7%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	50%	42%	60%	40%
4.7	Are you able to speak to a Listener at any time, if you want to?	60%	49%	84%	46%
4.8	Do you feel your religious beliefs are respected?	66%	45%	100%	41%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	78%	62%	100%	60%
5.1	Is it easy to make an application?	89%	92%	95%	91%
5.3	Is it easy to make a complaint?	68%	76%	72%	74%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	54%	49%	79%	45%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	50%	60%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	12%	7%	0%	9%
7.1	Do most staff, in this prison, treat you with respect?	81%	79%	95%	77%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	85%	68%	100%	67%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	34%	19%	44%	19%
7.4	Do you have a personal officer?	96%	92%	100%	92%
8.1	Have you ever felt unsafe here?	66%	52%	47%	56%
8.2	Do you feel unsafe now?	35%	23%	11%	28%
8.3	Have you been victimised by other prisoners?	44%	27%	38%	29%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	38%	17%	21%	20%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	11%	5%	11%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	19%	11%	5%	14%
8.5	Have you been victimised because of your nationality? (By prisoners)	8%	4%	5%	5%

Key to tables

Diversity Analysis

		Consider themselves to have a disability	Do not consider themselves to have a disability	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 prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because of your age? (By prisoners)	8%	1%	0%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	15%	0%	0%	3%
8.6	Have you been victimised by a member of staff?	60%	54%	38%	57%
8.7	Have you ever felt threatened or intimidated by staff here?	26%	26%	11%	28%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	13%	5%	12%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	15%	25%	5%	26%
8.7	Have you been victimised because of your nationality? (By staff)	4%	11%	5%	10%
8.7	Have you been victimised because of your age? (By staff)	8%	1%	0%	3%
8.7	Have you been victimised because you have a disability? (By staff)	11%	0%	0%	3%
9.1	Is it easy/very easy to see the doctor?	38%	30%	59%	28%
9.1	Is it easy/ very easy to see the nurse?	68%	63%	93%	61%
9.4	Are you currently taking medication?	63%	23%	57%	27%
9.6	Do you feel you have any emotional well being/mental health issues?	63%	16%	21%	26%
10.3	Is it easy/very easy to get illegal drugs in this prison?	20%	10%	6%	12%
11.2	Are you currently working in the prison?	64%	69%	70%	67%
11.2	Are you currently undertaking vocational or skills training?	12%	21%	24%	18%
11.2	Are you currently in education (including basic skills)?	20%	27%	30%	25%
11.2	Are you currently taking part in an offending behaviour programme?	28%	24%	24%	24%
11.4	Do you go to the library at least once a week?	69%	48%	57%	51%
11.6	Do you go to the gym three or more times a week?	37%	59%	34%	58%
11.7	Do you go outside for exercise three or more times a week?	16%	17%	36%	14%
11.8	On average, do you go on association more than five times each week?	80%	83%	83%	83%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	27%	13%	27%	13%
12.2	Have you had any problems sending or receiving mail?	56%	59%	43%	60%
12.3	Have you had any problems getting access to the telephones?	41%	33%	23%	36%



Prisoner survey responses HMP Whitemoor 2014

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

		DSPD Unit	All other wings (excluding Segregation unit)
	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		21	128
SECTION 1: General information			
1.2	Are you under 21 years of age?	0%	0%
1.3	Are you sentenced?	100%	100%
1.3	Are you on recall?	0%	0%
1.4	Is your sentence less than 12 months?	0%	0%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	19%	5%
1.5	Are you a foreign national?	5%	20%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	15%	62%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	3%
1.1	Are you Muslim?	0%	50%
1.11	Are you homosexual/gay or bisexual?	24%	1%
1.12	Do you consider yourself to have a disability?	54%	14%
1.13	Are you a veteran (ex-armed services)?	5%	2%
1.14	Is this your first time in prison?	15%	40%
1.15	Do you have any children under the age of 18?	44%	51%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	71%	77%
2.5	Did you feel safe?	57%	71%
2.6	Were you treated well/very well by the escort staff?	52%	55%
2.7	Before you arrived here were you told that you were coming here?	71%	36%
2.8	When you first arrived here did your property arrive at the same time as you?	71%	67%
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	44%	41%
3.2	When you were searched in reception, was this carried out in a respectful way?	71%	66%
3.3	Were you treated well/very well in reception?	71%	55%
When you first arrived:			
3.4	Did you have any problems?	66%	62%
3.4	Did you have any problems with loss of property?	10%	28%

Key to tables

	Any percentage highlighted in green is significantly better	DSPD Unit	All other wings (excluding Segregation unit)
	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		
3.4	Did you have any housing problems?	10%	2%
3.4	Did you have any problems contacting employers?	0%	1%
3.4	Did you have any problems contacting family?	19%	20%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	3%
3.4	Did you have any money worries?	19%	5%
3.4	Did you have any problems with feeling depressed or suicidal?	29%	7%
3.4	Did you have any physical health problems?	24%	8%
3.4	Did you have any mental health problems?	24%	9%
3.4	Did you have any problems with needing protection from other prisoners?	10%	6%
3.4	Did you have problems accessing phone numbers?	15%	19%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	54%	45%
3.6	A shower?	25%	18%
3.6	A free telephone call?	10%	7%
3.6	Something to eat?	50%	46%
3.6	PIN phone credit?	10%	10%
3.6	Toiletries/ basic items?	25%	40%
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	39%	36%
3.7	Someone from health services?	71%	65%
3.7	A Listener/Samaritans?	19%	25%
3.7	Prison shop/ canteen?	29%	16%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	47%	58%
3.8	Support was available for people feeling depressed or suicidal?	43%	37%
3.8	How to make routine requests?	27%	35%
3.8	Your entitlement to visits?	27%	29%
3.8	Health services?	57%	42%
3.8	The chaplaincy?	38%	37%
3.9	Did you feel safe on your first night here?	61%	69%
3.10	Have you been on an induction course?	66%	91%
3.12	Did you receive an education (skills for life) assessment?	50%	90%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	57%	48%
4.1	Attend legal visits?	41%	29%
4.1	Get bail information?	0%	3%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	59%	71%

Key to tables

	Any percentage highlighted in green is significantly better	DSPD Unit	All other wings (excluding Segregation unit)
	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		
4.3	Can you get legal books in the library?	70%	55%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	84%	78%
4.4	Are you normally able to have a shower every day?	95%	98%
4.4	Do you normally receive clean sheets every week?	79%	68%
4.4	Do you normally get cell cleaning materials every week?	70%	86%
4.4	Is your cell call bell normally answered within five minutes?	75%	54%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	64%	72%
4.4	Can you normally get your stored property, if you need to?	31%	21%
4.5	Is the food in this prison good/very good?	20%	8%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	70%	38%
4.7	Are you able to speak to a Listener at any time, if you want to?	50%	52%
4.8	Are your religious beliefs are respected?	64%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	70%	64%
4.10	Is it easy/very easy to attend religious services?	50%	70%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	90%	92%
5.3	Is it easy to make a complaint?	83%	72%
5.5	Have you ever been prevented from making a complaint when you wanted to?	16%	29%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	38%	25%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	68%	48%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	56%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	7%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	90%	78%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	90%	69%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	85%	30%
7.4	Do staff normally speak to you most of the time/all of the time during association?	54%	17%
7.5	Do you have a personal officer?	95%	93%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	59%	53%
8.2	Do you feel unsafe now?	41%	23%
8.4	Have you been victimised by other prisoners here?	57%	25%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	27%	8%
8.5	Hit, kicked or assaulted you?	16%	10%
8.5	Sexually abused you?	5%	1%

Key to tables

	Any percentage highlighted in green is significantly better	DSPD Unit	All other wings (excluding Segregation unit)
	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		
8.5	Threatened or intimidated you?	47%	16%
8.5	Taken your canteen/property?	11%	4%
8.5	Victimised you because of medication?	11%	3%
8.5	Victimised you because of debt?	0%	1%
8.5	Victimised you because of drugs?	0%	2%
8.5	Victimised you because of your race or ethnic origin?	5%	6%
8.5	Victimised you because of your religion/religious beliefs?	16%	11%
8.5	Victimised you because of your nationality?	5%	5%
8.5	Victimised you because you were from a different part of the country?	5%	0%
8.5	Victimised you because you are from a traveller community?	5%	2%
8.5	Victimised you because of your sexual orientation?	16%	1%
8.5	Victimised you because of your age?	11%	1%
8.5	Victimised you because you have a disability?	16%	1%
8.5	Victimised you because you were new here?	5%	3%
8.5	Victimised you because of your offence/crime?	27%	5%
8.5	Victimised you because of gang related issues?	0%	5%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	50%	55%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	15%	20%
8.7	Hit, kicked or assaulted you?	5%	11%
8.7	Sexually abused you?	0%	5%
8.7	Threatened or intimidated you?	20%	26%
8.7	Victimised you because of medication?	5%	6%
8.7	Victimised you because of debt?	0%	0%
8.7	Victimised you because of drugs?	5%	0%
8.7	Victimised you because of your race or ethnic origin?	0%	12%
8.7	Victimised you because of your religion/religious beliefs?	5%	26%
8.7	Victimised you because of your nationality?	0%	12%
8.7	Victimised you because you were from a different part of the country?	10%	1%
8.7	Victimised you because you are from a traveller community?	0%	1%
8.7	Victimised you because of your sexual orientation?	10%	1%
8.7	Victimised you because of your age?	10%	1%
8.7	Victimised you because you have a disability?	10%	1%
8.7	Victimised you because you were new here?	0%	2%
8.7	Victimised you because of your offence/crime?	5%	6%
8.7	Victimised you because of gang related issues?	5%	5%

Key to tables

	Any percentage highlighted in green is significantly better	DSPD Unit	All other wings (excluding Segregation unit)
	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 9: Health services			
9.1	Is it easy/very easy to see the doctor?	53%	27%
9.1	Is it easy/very easy to see the nurse?	68%	64%
9.1	Is it easy/very easy to see the dentist?	17%	5%
9.4	Are you currently taking medication?	73%	25%
9.6	Do you have any emotional well being or mental health problems?	68%	19%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	27%	8%
10.2	Did you have a problem with alcohol when you came into this prison?	27%	8%
10.3	Is it easy/very easy to get illegal drugs in this prison?	23%	9%
10.4	Is it easy/very easy to get alcohol in this prison?	11%	7%
10.5	Have you developed a problem with drugs since you have been in this prison?	11%	3%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	11%	4%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	47%	39%
11.1	Vocational or skills training?	23%	41%
11.1	Education (including basic skills)?	34%	59%
11.1	Offending Behaviour Programmes?	43%	23%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	66%	68%
11.2	Vocational or skills training?	11%	21%
11.2	Education (including basic skills)?	11%	28%
11.2	Offending Behaviour Programmes?	60%	18%
11.4	Do you go to the library at least once a week?	57%	52%
11.5	Does the library have a wide enough range of materials to meet your needs?	68%	44%
11.6	Do you go to the gym three or more times a week?	32%	59%
11.7	Do you go outside for exercise three or more times a week?	6%	17%
11.8	Do you go on association more than five times each week?	79%	84%
11.9	Do you spend ten or more hours out of your cell on a weekday?	23%	14%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	43%	33%
12.2	Have you had any problems with sending or receiving mail?	46%	60%
12.3	Have you had any problems getting access to the telephones?	23%	37%
12.4	Is it easy/ very easy for your friends and family to get here?	15%	16%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	89%	93%
13.10	Do you have a needs based custody plan?	17%	9%
13.11	Do you feel that any member of staff has helped you to prepare for release?	36%	9%

Main comparator and comparator to last time



Prisoner survey responses HMPWhitemoor 2013

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

Any percentage highlighted in green is significantly better		HMP Whitemoor	High Security prisons comparator
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		151	724
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	55%	54%
8.2	Do you feel unsafe now?	26%	25%
In which areas of this prison do you/have you ever felt unsafe (please tick all that apply)			
8.3	Never felt unsafe	46%	50%
8.3	Everywhere	17%	13%
8.3	The segregation unit?	21%	12%
8.3	Association areas	12%	14%
8.3	Reception area	4%	4%
8.3	At the gym	12%	10%
8.3	In an exercise yard	8%	10%
8.3	At work	5%	11%
8.3	During movement	14%	15%
8.3	At education	4%	6%
8.3	At meal times	7%	9%
8.3	At health services	6%	10%
8.3	Visits area	7%	9%
8.3	In wing showers	16%	14%
8.3	In gym showers	8%	6%
8.3	In corridors/stairwells	8%	12%
8.3	On your landing/wing	12%	15%
8.3	In your cell	11%	12%
8.3	At religious services	8%	2%