

Report on an unannounced inspection of

HMP Whitemoor

by HM Chief Inspector of Prisons

13–23 March 2017

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Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	19
Section 2. Respect	29
Section 3. Purposeful activity	43
Section 4. Resettlement	51
Section 5. Summary of recommendations and good practice	57
Section 6. Appendices	61
Appendix I: Inspection team	61
Appendix II: Progress on recommendations from the last report	63
Appendix III: Care Quality Commission Requirement Notice	71
Appendix IV: Prison population profile	73
Appendix V: Summary of prisoner questionnaires and interviews	77

Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Introduction

HMP Whitemoor is a high security dispersal prison in Cambridgeshire, which at the time of the inspection held 431 adult men. All were serving long sentences for serious offences; 77% of prisoners had an indeterminate sentence and over 30% were category A prisoners. Just over half the population were black and minority ethnic men and the prison continued to hold a disproportionate number of Muslim men, who accounted for over 40% of the population. The Fens unit held men who had diagnosed personality disorders, and there was further specialist provision in the close supervision centre (CSC), which will be subject to a separate inspection of the CSC system. Provision for prisoners with personality disorders was about to be further enhanced by the opening of a psychologically informed planned environment (PIPE). As with previous inspections, we were struck by the complexities of managing this population safely, securely and with an appropriate focus on progression.

At our last inspection, we had serious concerns about the use of force, and the culture and regime in the segregation unit, which led us at that time to conclude that safety outcomes were not good enough. At this inspection, we were still seriously concerned about some aspects of segregation. Some men with persistently challenging behaviour were held for long periods in the unit and others who were not segregated under prison rules were refusing to relocate back to the normal location. Some men in the latter group had been segregated for many months. The unit was full and the regime offered was poor, consisting at best of a telephone call or shower every other day. Care planning did not address the underlying issues, ensure everything possible was being done to offset the detrimental effects of long-term segregation, or progress men to a more normal situation. The prison was not particularly well supported by other high security prisons, or by the long-term category B estate, in providing respite or a fresh start for these men. In contrast to this bleak picture, we did observe improvements in the staff culture in the unit, with a more compassionate approach being adopted, and use of force in the unit had dropped considerably. Use of force more generally was now well managed, and what we saw was proportionate.

More generally, men across the prison were more likely than at similar prisons to say they felt unsafe or felt victimised by staff. Despite this, levels of violence were remarkably low given the population mix, and security was reassuringly well managed. Care for those susceptible to self-harm was appropriate, and was excellent in the Fens unit, where many of them lived. Overall, while we had significant concerns about the men in long-term segregation, we considered safety outcomes for the vast majority to be reasonably good.

Overall, living conditions were reasonable. Every prisoner had a single cell, and access to wing kitchens was valued by them. Nevertheless, there were a number of frustrations about getting hold of prison clothing, bedding and other everyday items. Managers and staff needed to redouble their efforts to ensure the basics were being provided to the men in their care. Despite some negativity in our survey, we thought that relationships between staff and prisoners were reasonably good, and in some aspects had moved forward since our last inspection. Muslim men were negative about many aspects of life at the prison. While these perceptions needed to be better understood, staff appeared to have developed a more nuanced and insightful understanding of the issues, and we were encouraged by the focus on dialogue and listening. Diversity work in general was reasonable, although more needed to be done to address the needs of the many foreign nationals held at Whitemoor. Health provision was mixed: primary care support was generally appropriate but not all the needs of those with mental health issues were being met, although there were plans to address these issues.

Time out of cell was reasonable, but staffing shortfalls had resulted in some regime curtailments, and access to the open air remained too restricted. All men had access to good-quality activities, and achievements were very strong, but more provision was needed at higher levels. Few prisoners were

released directly from Whitemoor, and in reality 'resettlement' meant recategorisation and/or progression to a training prison or specialist unit. Most of the work was reasonably well managed, although many men felt 'stuck' with little hope of progression. Some good work had started to address these perceptions, but it required further development, particularly through the offender management unit. Some excellent specialist programmes were on offer, and the prison had been recognised as a centre of excellence for its work with men with personality disorders.

Overall, and given the complexity of the issues being dealt with at Whitemoor, we were heartened by what we found. For the vast majority it was generally a safe prison, conditions were reasonable and relationships with staff had improved. The prison's approach to diversity was developing and every prisoner could be involved in activities that would be of benefit to them. Resettlement work was appropriately focused, and despite there being many frustrations about progression, it was reasonably well supported. Our overriding concern was about the small but significant number of men in the segregation unit for long periods, and we considered that this needed urgent attention. Nevertheless, we commend the new governor, his senior team and staff for the work they were doing in the complex and challenging place that is HMP Whitemoor.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

May 2017

Fact page

Task of the establishment

A high security prison for category A and B male prisoners. It was one of only five dispersal prisons in the prison estate.

Prison status (public or private, with name of contractor if private)

Public

Department

High security estate

Number held

434 on 13 March 2017

Certified normal accommodation

458

Operational capacity

458

Date of last full inspection

13–24 January 2014

Brief history

HMP Whitemoor opened in 1991 as part of the high security estate. The main establishment supported two regimes: a mainstream prisoner population and a population with personality disorders. Most prisoners were younger than those in other maximum security prisons and those who needed to be separated from others because of their offence were not held. One wing was specifically designated for prisoners with personality disorders.

A close supervision centre (CSC), which opened in October 2004, was part of a centrally managed national strategy administered by the directorate of high security at Prison Service headquarters. It aimed to provide the most dangerous, disturbed and disruptive prisoners with a 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

Four wings A, B and C – each providing 126 spaces and having three spurs.

C wing – induction unit and over 50s spurs

D wing – Fens unit with 70 cells for men on a personality disorder programme

Segregation unit – 30 cells

Health care unit – nine bed spaces.

A psychologically informed planned environment was being set up on one of the spurs on A wing, although it was not yet operational.

Name of governor

Will Styles

Escort contractor

Serco/GEOAmey

Health service provider

Northamptonshire Healthcare NHS Foundation Trust
Time for Teeth – Dentist

Learning and skills providers

People Plus

Independent Monitoring Board chair

Alex Sutherland

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
 - **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.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 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.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and IV respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix V 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 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

Safety

S1 *Support during prisoners' early days was good. Levels of violence were low but a third of prisoners said they felt unsafe. Levels of self-harm were relatively high and some aspects of case management and support needed to be improved, although men were generally looked after. Too many men on assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm were held in segregation and formal adult safeguarding arrangements needed to be developed. Security challenges were complex but the approach adopted was nuanced and proportionate. There was an appropriate focus on managing extremism. Some adjudications could have been better dealt with using the incentives and earned privileges (IEP) scheme. The management of use of force had improved and was now good. The segregation unit regime was poor, and some men had been held in these conditions for unacceptably long periods. Support for men with substance misuse issues was adequate overall, although not as good as at the last inspection. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S2 *At the last inspection in 2014 we found that outcomes for prisoners in Whitemoor were not sufficiently good against this healthy prison test. We made 15 recommendations in the area of safety. At this follow-up inspection we found that four of the recommendations had been achieved, three had been partially achieved and eight had not been achieved.*

S3 The Prison Service escort vehicle we examined was dirty and covered in graffiti. Reception processes were reasonable and had an appropriate focus on prisoners' vulnerabilities, although not all reception interviews were carried out in private. More prisoners than at the last inspection said they were searched respectfully in reception. It took too long for men to be reunited with their property after arrival. First night processes were mostly good but not all first night cells were clean enough. Induction was delivered promptly and included a good range of information.

S4 The level of violence was low and mostly not serious. However, a number of key safety indicators in our survey were poorer than in similar prisons: 63% of respondents said they had felt unsafe at some time at the prison, 34% said they felt unsafe at the time of the inspection and 53% said they had been victimised by staff. Not enough was being done to understand or address these poor perceptions of safety. Despite poor perceptions, in the context of a high security prison managing some very challenging men, Whitemoor was safe overall. The safer prisons meeting was given a high priority but overall the safer custody team lacked the coordination required to drive forward and further improve safety within the prison.

S5 There had been nine deaths, including three self-inflicted deaths, since our last inspection. Some recurrent recommendations from the Prisons and Probation Ombudsman death in custody reports were not sufficiently reinforced to ensure they were fully embedded. The complexity and vulnerabilities of many of the men at Whitemoor needed to be acknowledged, and there were comparatively high levels of self-harm. Despite some concerns about the management of ACCTs, procedures for dealing with men vulnerable to self-harm were generally well managed. However, too many men on an ACCT were segregated without the exceptional circumstances justifying segregation always being clearly demonstrated. Access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was provided subject to a risk

assessment, but the location of the Listener suite in the segregation unit was not conducive to delivering good care for men in crisis. Formal adult safeguarding arrangements were inadequate.

- S6 Security measures were generally well managed and systems in place to identify and manage prisoners' risks were effective. Procedural security was generally proportionate and dynamic security arrangements were good. Intelligence was very well managed. Security-led meetings were well attended, and links to relevant outside agencies were excellent. The prison had an appropriate focus on managing radicalisation and counterterrorism activities. Although more men in our survey than the comparator said it was easy to obtain drugs and alcohol, random mandatory drug testing positive rates were relatively low at 4.5%. The positive rate for new psychoactive substances (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects) was 9%, which indicated an emerging problem. Too many suspicion tests were not being completed. The prison was aware of these issues and appropriately managed the challenges it faced.
- S7 Most men were on the enhanced IEP level, although it failed sufficiently to encourage positive behaviour. A small number of men were on the basic level of the scheme, but it was not being used effectively to challenge persistent minor antisocial behaviour.
- S8 The number of adjudications was high. Many charges were minor and could have been better dealt with through the IEP scheme. Use of force was not excessive and governance arrangements had significantly improved since the last inspection. Accounts from officers we examined usually demonstrated that de-escalation was used as a preferred option and we saw planned interventions that were properly supervised by managers. Special accommodation was used for comparatively short periods and only in extreme circumstances, but strip-clothing was routinely used without sufficient justification.
- S9 Although relationships between staff and prisoners in the segregation unit had improved since the last inspection, the regime remained impoverished, the unit was consistently full and governance arrangements, particularly for prisoners isolating themselves, were unacceptably poor. Planning to address prisoners' most basic needs was on the whole inadequate. We had serious concerns about the length of time a few men had spent in these conditions with nothing to help counter the damaging effects of long-term segregation.
- S10 Support for men with substance misuse issues was adequate but not as good as it had been at our previous inspection. A small number of prisoners received psychosocial treatment, but waiting times for group work were far too long and prisoners had no access to self-help support. The demand for clinical drug treatment was very low, but an integrated clinical and psychosocial team provided good care for those who received it.

Respect

- S11** *All men were in single cells. The general environment was reasonable, but there were shortages of some everyday essential items and aspects of general maintenance were poor. Staff-prisoner relationships were generally good, and excellent in the Fens unit. There was a developing focus on equality and diversity although some aspects of work with foreign nationals needed attention. Muslim men remained very negative, but we observed some progress in how staff were managing their perceptions. Faith provision was good. The quality and timeliness of responses to complaints was good but legal visiting arrangements required improvement. Health provision was mixed; primary care was generally appropriate but mental health support did not meet all prisoners' needs. Men were negative about the food but valued the self-catering facilities. Canteen arrangements were reasonable. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S12** *At the last inspection in 2014 we found that outcomes for prisoners in Whitemoor were reasonably good against this healthy prison test. We made 26 recommendations in the area of respect. At this follow-up inspection we found that 12 of the recommendations had been achieved, three had been partially achieved and 11 had not been achieved.*
- S13** Prisoners appreciated having a single cell and most we saw were clean. Some communal areas were untidy and dirty and the exercise yards were stark. Too many washing machines were broken and we saw prisoners hand-washing their own clothes on the wings. The provision of basic items, such as clean prison clothing and bedding, was inadequate and led to frustration among prisoners. Showers were poorly maintained and some had been out of use for too long. We were concerned about systemic delays in important maintenance work. The applications process was not efficient enough and application responses were not monitored or quality assured.
- S14** Although in our survey, prisoners were less positive about relationships with staff than at similar prisons, we observed mainly respectful interactions. Relationships in the Fens unit were excellent and supported the therapeutic ethos. The personal officer scheme was in the process of being revised to ensure it better supported men. Prisoner consultation was reasonably good. Meetings took place regularly and were well attended, but issues raised were not always dealt with promptly.
- S15** Equalities monitoring was generally good, but progression and categorisation data needed to be scrutinised as black and minority ethnic and Muslim men perceived inequities in these areas and commonly complained about them. Consultation was reasonable but equalities representatives did not receive enough support. Discrimination incident reporting forms were investigated thoroughly.
- S16** Support for foreign national prisoners was too limited. Although the scheme where relatives could send in CDs and DVDs was positive, not enough was done to support family contact or access to independent immigration support.
- S17** Work to understand the needs of the large number of Muslim prisoners was developing. However, Muslim prisoners remained very negative about some aspects of life at Whitemoor. The faith forums were a positive step and staff were becoming more aware of cultural issues. The focus on dialogue was encouraging but needed to be further embedded.
- S18** Support for men with disabilities was generally good. There were effective systems for identifying men with disabilities, managing personal emergency evacuation plans and linking with local social services. Older men appreciated the calmer environment on C wing but

provision for this group overall was limited. More support needed to be offered to men who were Gypsies, Roma or Travellers and gay, bisexual and young prisoners.

- S19 Faith and religious activity facilities were good, chaplaincy staff were accessible and men told us it was easy to attend services. The chaplaincy ran a good range of groups and activities, including some that promoted multi-faith understanding.
- S20 Although prisoners were very negative about the complaints process, replies we looked at were good. Most were timely, comprehensive, respectful and detailed. In our survey, 43% of men said it was easy to communicate with their solicitor, lower than the comparator and compared with our last inspection. There were now more opportunities for visits than previously but there were still too few.
- S21 Health clinical governance systems were sound and primary care staffing had improved. Primary care was good, waiting times were shorter than previously and a growing range of visiting services, including MRI scanning, was available. Access to the GP had improved, but fewer patients than the comparator were satisfied with the service. The inpatient unit was reasonable, but the continuous use of most of the beds for non-clinical purposes risked undermining therapeutic work.
- S22 Pharmacy services were good, but prescribing and administration were not always aligned to the regime. The dental suite required urgent improvement to ensure it was safe. Despite good joint working with prison staff, mental health services did not offer a full range of therapeutic options due to limited staffing. There were substantial delays in transfers to secure hospitals, which was unacceptable. Strategic social care arrangements for prisoners were appropriate, but processes required improvement.
- S23 In our survey prisoner's perceptions of the food were much more negative than the comparator. Menus were, however, varied and provided a balanced diet. The cooking facilities on the wings were a good resource that prisoners valued. Prisoners could purchase a reasonable range of goods from the prison shop.

Purposeful activity

S24 *Prisoners continued to have limited time in the open air and the number of regime curtailments had increased. Nevertheless, time out of cell was reasonable overall. Learning and skills provision was good overall and strategic planning had led to clear improvements. There were sufficient activity places for all men, and the quality and range were generally appropriate, although more provision needed to be offered at higher levels. Behaviour was good and achievements were generally impressive. Access to the library and gym were good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S25 *At the last inspection in 2014 we found that outcomes for prisoners in Whitemoor were reasonably good against this healthy prison test. We made 12 recommendations in the area of purposeful activity. At this follow-up inspection we found that eight of the recommendations had been achieved, one had been partially achieved and three had not been achieved.*

S26 Most prisoners had around eight hours a day out of their cell, and all except a minority had a daily domestic period. There was evidence of some regular regime curtailments. More prisoners than at the last inspection were locked in their cell during the core day, although the number was still not high. Prisoners did not spend enough time in the open air.

- S27 Strategic planning to manage and improve the learning and skills and work provision was good, with the recent introduction of an offender learning and skills governance board. Partnership working between education managers and providers was effective and the curriculum largely met many of the population's needs. Well-established monitoring procedures were discussed at the quality improvement group, as were meaningful reports on teaching and learning to improve tutors' practice. Data were used well to manage all aspects of the provision.
- S28 The number of activity places was sufficient for the population. The range of education provision was good, extending from entry level and level 2 to GCSEs and undergraduate learning. However, overall insufficient vocational training above level 1 was offered. Allocations to activities were linked to sentence plans and decisions were fair and equitable. Waiting lists were short and well managed. However, there was no rotation policy to ensure prisoners had equal access to certain jobs. Too many sessions were disrupted because prisoners often did not leave, or return from, Muslim prayers promptly.
- S29 Pay was fair and there were incentives for men who needed to complete lower level functional skills qualifications or who were in workshops where contracts need to be fulfilled.
- S30 Teaching and learning was good in all areas; training was well planned, lessons were effective and interesting and involved learners. Resources to support learning were good and tutors used them well. Initial assessments and inductions were good and separate assessments were undertaken to identify additional needs. Learning and development plans were good at recording progress but focused too much on the qualification and did not include personal development. Education outreach support in the segregation unit was inadequate.
- S31 Attendance and behaviour were consistently good. Learners developed good vocational skills, which improved their confidence and self-esteem. The National Careers Service provider Futures provided prisoners with appropriate and useful careers support and advice, which were appropriately recorded in skills action plans.
- S32 Achievements of qualifications had improved since the last inspection and were high and in some cases, very high. Learners on all programmes were making very good progress and improving their English and maths skills in most sessions. Learners developed particularly useful employment skills in practical vocational training.
- S33 Many prisoners frequently used the library, and access had improved since the last inspection. It contained regularly updated reading material and a good range of books, music and DVDs. The material available was now more diverse.
- S34 Most prisoners had access to at least two recreational training sessions each week and some could use wing equipment. The gym induction was minimal and had little focus on healthy living and improving lifestyles. Maintenance managed by contractor Carillion was poor and there were outstanding equipment repairs. Men did not have access to outdoor sports facilities.

Resettlement

- S35** *There was little turnover in the population and prisoners' rehabilitation needs were well understood. The focus on progression was appropriate, but opportunities to support men were being missed. Many men felt they were stuck in high security conditions, but work was being done or planned to better address these concerns. Public protection was well managed. Progression mainly involved prisoners moving to lower security prisons or specialist units, but for many moves were difficult to facilitate. An appropriate range of offending behaviour opportunities was offered. Work with prisoners who had a personality disorder was very good. Visits arrangements were generally good but broader work to help men maintain contact with children and families was underdeveloped.*
Outcomes for prisoners were reasonably good against this healthy prison test.
- S36** *At the last inspection in 2014 we found that outcomes for prisoners in Whitemoor were reasonably good against this healthy prison test. We made seven recommendations in the area of resettlement. At this follow-up inspection we found that three of the recommendations had been achieved, three had been partially achieved and one had not been achieved.*
- S37** The reducing reoffending strategy was detailed and comprehensive and covered all key issues relating to the management of prisoners. It was supported by a well-attended bi-monthly reducing reoffending strategy meeting. The prison's needs analysis accurately reflected the present population. Nevertheless, given that very few prisoners were released from Whitemoor, there was a need to refocus some aspects of reducing reoffending to better reflect concerns about progression. There was no offender management policy and some aspects of the work lacked consistency and clarity.
- S38** In our survey, more prisoners than at comparable prisons said that they had an offender supervisor, and that their offender supervisor was helping them achieve sentence plan targets. Caseloads were relatively low, which allowed for regular contact with prisoners. However, contact was too variable and sometimes lacked a clear focus. More work was required to reinforce what prisoners had learned from offending behaviour programmes and to assess and manage risks.
- S39** Public protection was well organised and appropriately managed. Attendance at monthly inter-departmental risk management team meetings was also consistent. Access to the violent and sex offender register had been improved and was now sufficient for the work of the offender management unit (OMU).
- S40** Prisoners nearing release were appropriately managed through the offender assessment system and sentence planning process and progressed to more appropriate establishments. Releases from Whitemoor were rare. Most prisoners' primary concern was to be downgraded from category A, or to progress out of the high security estate. Many believed that they were 'stuck' and that progress was extremely difficult. Our own assessment suggested that while there was some evidence to support this view, the prison was taking appropriate steps where possible. Initiatives such as inviting representatives of the category A board (which makes the ultimate decision about downgrades from category A to B) to the prison were positive and managers were hopeful that progress would improve for prisoners once the high secure and long-term category B estates had been merged (due to take place from April 2017). Healthcare and substance misuse support prior to transfer were appropriate.
- S41** The range of accredited offending behaviour programmes was appropriate for the population. Access to programmes was generally good and in our survey 88% of prisoners said they had participated in them while at Whitemoor. The Fens unit remained excellent.

Staff there worked with some of the prison system's most complex men. We welcomed plans to open a psychologically informed planned environment unit at the prison.

- S42 Family work was not as good as at our last inspection. There were no longer any parenting or relationship courses and prison staff told us that 12% of men had not received a visit while at Whitemoor. In our survey, only 7% of men said it was easy for their families to visit. Little was being done to deal with these issues. A more strategic approach was needed to address broader children and family issues for men who had often become detached from community contact. Visits were generally good but did not always start on time. The visits hall was bright and welcoming and visitors spoke highly of staff.

Main concerns and recommendations

- S43 Concern: Some men had been held in segregation for long periods. Care planning was inadequate and the regime impoverished. Men were not given enough opportunity to discuss their needs or get involved in decisions about their future.

Recommendation: Care planning and the segregation regime should be enhanced to minimise the psychological deterioration of men held for longer periods in segregation conditions.

- S44 Concern: Prisoners' access to basic kit, changes of clothing, bedding and decent showers was inadequate. Some wing laundry and kitchen facilities were in a poor state of repair.

Recommendation: Prison managers should ensure prisoners are provided with the basic conditions required to live decently.

- S45 Concern: Support for foreign national prisoners was inadequate. They did not always receive the assistance they needed to progress their immigration cases or maintain contact with their families.

Recommendation: Foreign national prisoners should receive appropriate legal support specific to their immigration status and assistance so they can maintain contact with their families and country of origin.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1** Prisoners were mostly negative about their escort experience. In our survey, 73% said they spent at least two hours in the escort vehicle, against a comparator of 64%. Although vans carried adequate emergency supplies, food and water, not enough prisoners were offered a toilet break during their journey. Fewer prisoners than the comparator and compared with the last inspection said they felt safe during the journey. Category A prisoners travelled on Prison Service vehicles while private contractors escorted category B men. As at the last inspection, the Prison Service escort vehicle we inspected was dirty and the cellular cubicles were covered in graffiti. In our survey, only 50% of prisoners compared with 61% at similar prisons said the escort vehicle they travelled in was clean.

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.2** The reception area was clean and adequate for the small number of new arrivals each week. Reception staff liaised effectively with other prisons to plan for new admissions. Processes were carried out efficiently and staff dealt with prisoners politely and patiently. In our survey, more prisoners than at the last inspection said they were held in reception for less than two hours. Reception interviews commenced shortly after men's arrival and reception staff identified initial risks. Staff used the interview template effectively as a guide to obtaining more detailed information from prisoners. Warning markers (indicators showing that a person has previously had problem or posed a risk) from prisoners' files were routinely referenced to inform risk assessments. Although reception interviews were in-depth and there was a clear focus on welfare, risks and safety, not all were carried out in private. Staff offered to make a phone call to family or friends on behalf of prisoners shortly after arrival.
- I.3** All new arrivals were strip-searched in one of the four holding cells, where they were held individually during their time in reception. In our survey, more prisoners than at the last inspection said they had been searched in reception in a respectful way.
- I.4** In our survey, fewer prisoners than the comparator said their property had arrived with them. Although a new tracking system had been introduced since the last inspection to reduce the time it took to search prisoners' property, the system was still not efficient enough. Delays of up to 10 days were common leaving prisoners without basic items, such as clothing and toiletries, while they waited for their property.
- I.5** First night procedures were mostly good. Most new prisoners spent their first night in the induction unit where they usually stayed for the two-week induction period. First night officers carried out an interview in private with each new arrival and drew up a first night induction pack. Prisoners were also issued with their own comprehensive prisoner induction

information pack. A peer induction worker met each new arrival and introduced them to the first night wing and local prison procedures. Most first night cells were adequately equipped with bed kits and toiletry packs. However, we saw three first night cells with dirty floors and rubbish that had not been removed before they were allocated to new prisoners.

- I.6** The induction process began promptly on the day following arrival and included visits from a range of staff representing different prison departments followed by a gym induction. Most prisoners had been on an induction and it provided an appropriate range of information, but in our survey fewer than at the last inspection said the course covered everything they needed to know about the prison. A group of new arrivals we met during the inspection who had been on an induction was still unsure about how to book a visit.

Recommendations

- I.7 Reception risk assessments interviews should be carried out in private.**
- I.8 The time it takes to search the incoming property should be substantially reduced.** (Repeated recommendation I. 15)
- I.9 First night cells should be cleaned before they are allocated.**

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.10** In the context of a high security prison with some extremely challenging men, Whitemoor was safe overall. Levels of violence were low. In the six months to the end of February 2017 there had been 11 assaults on prisoners, three on staff and four fights. Most were minor incidents. The number of unexplained injuries was very low. In our survey, however, 63% of prisoners against the comparator of 53% said they had felt unsafe at some time, 34%, against 23% said they felt unsafe at the time of the inspection and 53% against 45% said they had been victimised by staff. In contrast to the survey results, many of the prisoners we spoke to said they felt safe and there was little bullying. The reasons behind these survey results were likely to have been complex, but staff and prisoners continued to raise the issue of tensions between prisoners about faith. Prisoners attributed the lack of progression and fear of being victimised by staff to their perceptions of safety. Prison-run safety surveys, which had yielded low return rates, were not analysed well, and findings were not sufficiently acted on.
- I.11** Measures to address violence and antisocial behaviour were adequate. Staff understood the prison's comprehensive strategy and the well-attended safer prisons meeting was given a high priority. Despite this, strategic structures concerning safer custody were not sufficiently well coordinated. While security was rightly a priority for the prison, the safer custody team was not central to driving forward safety improvements. Incidents were recorded and investigated well. The prevalence of CCTV supported safety.
- I.12** A small number of men, five at the time of the inspection, continued to be managed well through the national 'managing challenging behaviour' strategy. Less serious behaviour problems were managed through the 'unacceptable behaviour' strategy. Strategies to deal with the perpetrators of violent and antisocial behaviour were mostly punitive, focusing on

formal disciplinary procedures and reducing prisoners to the basic level of the incentives and earned privileges (IEP) scheme. This approach alone was not sophisticated enough to encourage prisoners to change their behaviour. The few prisoners who were involved in persistent violent and antisocial behaviour were sometimes referred to offender supervisors and the psychology team for them to consider one-to-one work but not consistently.

- I.13** Support for victims of violence or antisocial behaviour and for prisoners vulnerable for issues other than their offence was limited. We found several who had isolated themselves because they feared for their safety. Staff were generally aware of these men, but the information was not always communicated effectively to the safer custody team so they could assess the extent of self-isolation. They were commonly moved to the segregation unit or other wings. There was little other support for these men, who often remained locked up for long periods and had access to only a very restricted regime.

Recommendations

- I.14** The prison should seek to better understand why many men feel unsafe, and develop ways to address these concerns.
- I.15** Support for the victims of violence and antisocial behaviour should be developed and improved.

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.16** There had been nine deaths in the prison since the previous inspection, three of which had been self-inflicted. The prison had a comprehensive local suicide and self-harm prevention strategy. All recommendations from previous Prisons and Probation Ombudsman (PPO) reports into deaths in custody were included in an action plan. There were a few recurring themes and the prison needed to do more to reinforce the need for improvements and to embed changes. Serious incidents of self-harm were not investigated so lessons could be learned.
- I.17** The complexity and vulnerabilities of many of the men at Whitemoor should be acknowledged and the comparatively high levels of self-harm, which were concentrated mostly among men undertaking the personality disorder programme on D wing (the Fens unit), those in the segregation unit and a small number of prolific self-harmers across the rest of the prison. In the six months to February 2017, 85 men had been on assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm. Despite some weaknesses, ACCT documents were reasonable overall. Failings had mostly been identified through quality assurance processes but had not yet been sufficiently addressed. They included limited care maps, inconsistent case management and some late reviews. We were also concerned about designated observation levels, which sometimes appeared to be too frequent and unnecessarily intrusive. Local policy allowed observations to be undertaken but not recorded, which meant there was no consistent accountability. The governor told us during the inspection that this practice would be reviewed.

- I.18** Some men on open ACCTs we spoke with told us they did not feel staff cared for them adequately when they were in crisis. Many said they felt staff observed them instead of interacting with them to help them through their crisis. The opinions of men on D wing (the Fens unit) were, however, much more positive about the care they received.
- I.19** In the six months prior to our inspection a large number of men on ACCTs (22) had been held in segregation. In theory, a governor's authority was required before this could happen, but the process was not providing the clear 'exceptional circumstances' rationale required in order for men to be held in segregation when on an open ACCT.
- I.20** In our survey, fewer prisoners than the comparator, 44% against 54%, said they could always speak to a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). Although Listeners said they felt the Samaritans supported them well, they did not always feel as well supported by prison staff (see paragraph I.18) and did not always get access to prisoners in crisis. On investigation, we established that there were generally good reasons why men were refused access to Listeners, but they needed to be better communicated to the prisoners involved. The Listener suite had been improved but was still in the segregation unit, which was not conducive to providing good care for men in crisis. There was good evidence to show that portable Samaritans telephones were used when needed.
- I.21** Over three quarters of staff had not received any safer custody refresher training in the previous three years.

Recommendations

- I.22 All serious acts of self-harm should be investigated so lessons can be learned, and recommendations from PPO death in custody reports should be reinforced regularly.**
- I.23 The exceptional circumstances required to justify holding prisoners at risk in the segregation unit should be detailed in ACCT documents.** (Repeated recommendation I.33)

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.²

- I.24** Arrangements for safeguarding prisoners at risk were inadequate and had not moved forward since the last inspection. A joint working protocol with health commissioners had still not resulted in a local policy or referral mechanisms. Some staff had received safeguarding awareness training, but many we spoke to had a very limited knowledge of safeguarding. The nominated safeguarding lead officer had not yet made any effective links with the local safeguarding adults board.

² 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).

Recommendation

- I.25 The governor should initiate contact with the local director of adult social services and the local safeguarding adults board to develop local safeguarding processes and the prison should ensure that staff understand how to identify and refer prisoners with safeguarding needs.**

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.26** As one of only five high security dispersal prisons in England and Wales, Whitemoor held a significant number of high risk prisoners. Physical security at the prison was extensive. CCTV coverage was widespread and most areas could only be accessed from secure corridors. The long corridors were clean but featureless with little natural light. However, despite a rather stark environment, the prison felt well controlled and relaxed.
- I.27** Relationships between staff and prisoners were generally good and the interactions we observed indicated that many staff knew about the personal circumstances of the men in their care. Supervision in important areas around the prison had improved since the last inspection and the prison regime was purposeful and predictable.
- I.28** Category A prisoners represented nearly a third of the prison's population and their risks to security were managed well through regular reviews. Any restrictions were reasonable and proportionate and most men had access to a full regime. The security risk assessments and management systems we examined across the prison were generally proportionate and reviewed regularly.
- I.29** Intelligence was very well managed and security information that the large security department received was generally good. Over 550 information reports were submitted each month. Trained analysts processed and disseminated the information across appropriate prison areas promptly.
- I.30** Staff participation in monthly security committee meetings and other security-led forums was good, which reflected the high priority the prison gave to strategic planning based on effective communication and use of intelligence. Meetings were well attended and links between security and other important departments such as the offender management unit and safer custody team were strong.
- I.31** The prison had an appropriate focus on extremism and radicalisation, which was well managed. The prison's extremism unit was well organised and consisted of full-time analysts and a dedicated manager. The high security estate's CTU provided good regular support and an intervention adviser was available to offer advice and guidance. Staff training on identifying and reporting extremist behaviour was well established. Officers were becoming more confident in dealing proportionately with these risks and supporting those who were vulnerable to them.
- I.32** Local corruption prevention measures were well organised and effective. There were excellent links with local and national policing teams and three full-time police intelligence officers were based at the prison.

- I.33** In our survey, significantly more respondents than the comparator said it was easy to get drugs and alcohol. Random mandatory drug testing (MDT) rates were relatively low at 4.5% for traditionally reported drugs. Tests for synthetic cannabinoids (drugs that mimic the effects of cannabis but are much stronger with no discernible odour) were also conducted on all random tests, and in the same six-month period, 9% tested positive, which indicated an emerging area of concern.
- I.34** The prison had a strategic focus on the issues. The security department was very well integrated into the widely attended drug strategy committee (see also paragraph I.55). We were nonetheless concerned that only 48% of requested suspicion tests had been completed in the previous six months. The MDT suite was clean, tidy and appropriately equipped.

Recommendation

- I.35** **All requested suspicion tests should be completed on time and there should be no gaps in the provision.**

Incentives and earned privileges

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.36** The prison's IEP policy described how the system worked and how prisoners could progress through the levels. All prisoners had signed a compact (an agreement between the prisoner and the prison). The scheme offered differing levels of access to private cash, computer games, extra visits and time out of cell depending on the prisoner's level, which seemed reasonable.
- I.37** During the inspection, most prisoners were on the enhanced level (69%) and fewer than we would have expected were on the basic regime (2%). On mainstream wings, the regime for prisoners on the basic level was relatively good and allowed them full access to activities, attendance at offending behaviour programmes and some association. They remained on the regime for relatively short periods of time; returning to the standard level usually within two to three weeks.
- I.38** We observed that the scheme did little to help individuals deal with some of the issues that might have caused poor behaviour. We were not convinced that prisoners needed to demonstrate much of a commitment to their rehabilitation before they could progress to the enhanced level of the scheme. In our survey, only 36% of respondents said it encouraged them to change their behaviour.

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.

Disciplinary procedures

- I.39** There had been over 800 adjudications in the six months prior to the inspection, which was higher than we would normally expect and more than double the number at the previous inspection.
- I.40** We found a backlog of outstanding adjudications and cases that had not been progressed because proper time scales had not been met. Segregation unit officers and managers told us this was because they did not always have enough time to process important paperwork due to staff shortages and the large number of charges. However, plans were in place to deal with the issue.
- I.41** Most records of completed hearings we examined showed that proceedings were conducted fairly and indicated that prisoners were given the opportunity to explain fully their version of events. However, many charges were minor and could have been dealt with informally or through the IEP scheme.

Recommendation

- I.42 All disciplinary hearings should be heard and dealt with on time.**

The use of force

- I.43** There had been 52 incidents involving force in the six months prior to the inspection. This was slightly lower than at the last inspection when we found 60 incidents and overall the numbers were not excessive.
- I.44** Use of force management and monitoring arrangements had improved significantly since the last inspection and were generally good. A well-constructed use of force committee, led by the head of safety, met each month to oversee processes and provide governance. All incidents were discussed, associated paperwork examined and samples of video recordings scrutinised. Spontaneous and planned interventions were well organised and properly carried out. Documentation and video recordings we examined showed that de-escalation was often used to good effect and proper authority was recorded.
- I.45** Batons had been drawn on three occasions, but investigations by senior managers assured us that the actions were reasonable in the circumstances.
- I.46** Special accommodation had been used seven times in the past six months for two prisoners. Although authorisation paperwork demonstrated that use of force was justified, we found that strip-clothing was used routinely and without justification, and in some cases for men on an open ACCT.

Recommendation

- I.47 Strip-clothing should only be used in exceptional circumstances as a last resort and its use should be appropriately justified and authorised.**

Segregation

- I.48** Although, some communal areas in the large unit were reasonably clean, some cells were dirty and poorly furnished. The secure room used to interview prisoners was grubby, and paint was flaking from the ceilings in the showers. The caged exercise yards were grim. The prison reported that about 71 prisoners had been segregated in the six months prior to the inspection, fewer than at the last inspection when we found 107 cases over a similar period.
- I.49** We were told that the average length of stay had been about 28 days over the previous four months. However, a small but significant number of men had been segregated for much longer. The Independent Monitoring Board reported that in December 2016, for example, 11 men had been held in segregation for between 11 and 25 months. During the inspection, we found eight men who had been segregated for more than six months.
- I.50** The segregation unit was nearly full, housing 28 prisoners, which was near to its capacity of 30. Staff and managers told us this was typical and that in the previous four months the unit was usually full or nearly full. Overall, we thought relationships between staff and the men held in segregation had improved since our last inspection.
- I.51** While we recognised again the complexity of the men held in the unit, we did not believe that care planning to address their needs was adequate. We also felt that the regime offered was not sufficient to prevent psychological deterioration among those who had been segregated for prolonged periods of time.
- I.52** Segregation reviews were completed on time, but the documents we examined did little to assure us that staff responded sufficiently to a change in a prisoner's behaviour or circumstances or that even the most basic of their needs were being met. Reviews we attended were cursory, and did not deal with the issues that had caused their segregation in the first place, or address subsequent or emerging problems. Prisoners did not have enough time to present their views or comment on their conditions. The individual care plans raised in a few cases were superficial, and behaviour improvement targets not set. Staff and managers did not make use of the expertise available in other areas of the prison, such as the psychology department and the Fens unit, to help them deal with the challenging prisoners in the segregation unit.
- I.53** Overall, the regime had deteriorated since the last inspection and was poor. Although most prisoners were offered 30 minutes' exercise every day, they could only have a shower and make a phone call every other day. Some were allowed televisions and a few had some in-cell work. We were told that on occasion, prisoners could attend religious services following a risk assessment but this was rare.
- I.54** We also had concerns about a small number of prisoners who were refusing to move from the segregation unit, but who were not subject to the normal safeguards provided by Prison Service rules on the segregation of prisoners (prison rule 45) following a Supreme Court ruling. In these cases, we again saw little evidence of any planning to reintegrate the men into the mainstream prison. Two of them had been in segregation for more than a year. (See main recommendation S43.)

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.55** Psychosocial services were delivered by Phoenix Futures and clinical drug services by health care provider Northamptonshire Healthcare NHS Foundation Trust, which together were known as the integrated substance misuse team (ISMT). A well-attended and well-integrated drug strategy committee oversaw the prison's response to substance misuse. Meetings combined a good mix of reporting and forward planning with meaningful action planning. However, there was no an up-to-date needs analysis of the substance use issues within the population.
- I.56** Two psychosocial workers were in place and one clinical lead nurse oversaw opiate substitution treatment. However, relatively few prisoners, 54 (12% of the population) were actively involved with the ISMT. Prisoners told us it was hard to get access to groups and waiting lists were too long. Ten peer supporters were in place to direct prisoners to appropriate support.
- I.57** There were no Alcoholics or Narcotics Anonymous meetings or any other self-help groups and in our survey fewer prisoners than at the last inspection (78% against 100%) said the support they had received was helpful. Without ongoing recovery support, prisoners' treatment outcomes were diminished.
- I.58** The demand for clinical opiate substitution treatment was very low. Just five prisoners (1.1% of the population) received the treatment – two were on maintenance doses and three were on reducing regimes. Clinical care was good and prisoners had regular reviews and could easily see the specialist nurse to discuss their treatment outside the formal review schedule.
- I.59** While officers supervised the administration of controlled drugs, none were specifically responsible for doing so. This meant that on occasion, morning medication rounds were not scheduled consistently and clashed with prisoners' work or education activities.

Recommendation

- I.60** **An analysis of the psychosocial needs of the population should be conducted to ensure the best possible levels of involvement and to identify any gaps in service provision.**

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 All prisoners were in single cell accommodation which they appreciated. Most cells we saw were in good order and men took responsibility for keeping their own cells clean and tidy. There were shortages of in-cell furniture and most cells did not have a table. Too few prisoners had a padlock to secure personal items or store medication in their cells. In-cell toilets were still inadequately screened.
- 2.2 Some communal areas on residential wings were untidy and dirty. Floors on some of the higher landings were not cleaned often enough and some of the laundry rooms were disorganised and untidy. The wing exercise yards were bleak and did not include any equipment, enough seating or green areas.
- 2.3 The wing laundry facilities where prisoners washed their own clothes were inadequate. There were broken washing machines and driers on every wing. Some washing machines were leaking and damaging the floor and others were inefficient. There were not enough working machines for the amount of laundry dropped off each day. As a consequence, many prisoners were hand-washing their own laundry in their cells or in the baths in the units.
- 2.4 In our survey, only 58% of prisoners compared with 83% at similar prisons said they were normally offered enough clean, suitable clothes for the week. Only 33% of respondents compared with 77% in the comparator said they normally received clean sheets every week. The provision of basic prison issue clothing and bed sheets was inadequate. Prisoners were frustrated by these ongoing yet unresolved issues.
- 2.5 Some showers on the wings were not maintained well enough. There were ongoing problems with drainage and ventilation and some showers were leaking into cells and wing kitchens below. Showers on the lower landings were not adequately screened. Those on the third landing on one of the spurs on C wing had been out of use for more than 12 months during the inspection. We were concerned about significant delays in important maintenance work being carried out.
- 2.6 In our survey, fewer prisoners than the comparator said that applications were dealt with fairly. Application forms were collected every day and logged manually on the wings. Forms were freely available, but prisoners did not get duplicate copies in case they needed to follow up their application. Responses were not monitored for timeliness or quality assured to ensure issues were dealt with respectfully or appropriately.

Recommendation

- 2.7 **In-cell toilets should be adequately screened and shower rooms should be refurbished.**

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.

- 2.8** In our survey, fewer prisoners than in other similar establishments said that most staff treated them with respect, but we observed mainly positive and respectful interactions between staff and prisoners. As at the last inspection, black and minority ethnic and Muslim prisoners in particular were still more negative than others about their treatment by staff.
- 2.9** Relationships between staff and prisoners in the Fens unit were particularly impressive, and prisoners in the unit were also positive about levels of engagement with staff. Staff in the unit were trained to work in a therapeutic environment and prisoners told us they valued the additional support they received. Nevertheless, we considered staff-prisoner relationships overall to be a relative strength of the prison.
- 2.10** Most prisoners said they had a personal officer, but only around half thought they were helpful. The sample of electronic case notes we reviewed did not always balance positive and negative comments about prisoners' behaviour. Some case note entries used prisoners' surnames, which was inappropriate and too many comments were cursory and lacked sufficient detail. Plans were in place to launch a revised personal officer scheme in April 2017.
- 2.11** Consultation with prisoners was reasonably good. Whole prison meetings and additional wing meetings took place every month. Meetings were well attended by prisoners and a range of staff, including the head of residence and a representative from the security department which was better than we would have expected. Whole prison consultation meetings were minuted and an action plan was in place. However, issues raised during the meetings were not always dealt with promptly, and some issues remained on the agenda for several months and in one case over a year.

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 characteristic³ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

Strategic management

- 2.12** The equalities policy was up to date but did not outline the needs of those with protected characteristics in sufficient detail. Equalities monitoring was generally good and had improved since our last inspection and now covered outcomes for men from different religious backgrounds. However, while many men wanted to make progress through their sentence, black and minority ethnic and Muslim prisoners were concerned about potential

³ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

discrimination in the processes that supported progression. The prisoner equalities representatives had been asking for categorisation and sentence progression data for many months to establish if there were poorer outcomes for these groups, but they had not been forthcoming.

- 2.13** The equalities action team (EAT) met regularly with prisoner equalities representatives but other functional heads did not attend the meeting. Consultation took place, but a more direct focus on equality was needed. The equality action plan was regularly updated but some prisoners told us the same issues were raised continually and the minutes demonstrated that it could be difficult to resolve some matters. Equalities representatives had not received any training and had no job description. Their role needed to be clarified so that it could be differentiated from wing representatives.
- 2.14** One hundred and forty-one discrimination incident reporting forms (DIRFs) had been submitted in the six months prior to the inspection. DIRFs were investigated thoroughly and responses were polite and timely. Staff spoke to most prisoners who submitted DIRFs about their concerns. Complaints that were identified as having a discriminatory element to them automatically went through the DIRF process. All DIRFs were quality assured and monitored through the EAT meeting and regular reports were submitted to the senior management team (SMT). Prisoners we spoke to did not have confidence in the system but responses we saw were respectful and good quality.
- 2.15** Although the prison had links with the local authority, no community groups visited Whitemoor, which could have enhanced the provision. Some religious festivals were celebrated across the prison and cultural days had been organised.

Recommendation

- 2.16** **Equalities data relating to progression and categorisation decisions should be routinely available.**

Protected characteristics

- 2.17** Fifty-two percent of the men held were from a black and minority ethnic background. Although their perceptions were more negative than white prisoners in some areas of the survey, for example where relationships with staff and victimisation were concerned, there was little evidence that outcomes were poorer for this group overall. It was relevant that very few members of staff were from a similar background and some prisoners felt staff lacked cultural awareness.
- 2.18** Only one man had identified himself formally as from a Traveller background, but some staff and prisoners were aware of more. The chaplaincy had links with external agencies that had provided some limited support to Irish Travellers and hoped to develop this work further, but the prison needed to do more to identify and support this group.
- 2.19** Over a fifth of the population (21%) were foreign national prisoners. Support for this group had deteriorated since our last inspection. The prison had a foreign national policy dated 2010 and some staff had ring-fenced time to work with these prisoners, but could only focus on meeting their immediate practical needs. Consultation took place regularly through the foreign national meeting and there was an active group of foreign national representatives who brought queries to the attention of prison staff. However, overall support for this group was too limited.

- 2.20** Although the cultural ties policy (a scheme in which immediate relatives could send in cultural CDs and DVDs) was a positive initiative, not enough was being done to support family contact for men who might have had family abroad. Foreign national men could have a free five-minute phone call if they had had no visits in the preceding month. However, they faced additional challenges when it came to sending photos to families, receiving money from abroad and translating letters, because processes were complicated owing to the prison's category A status, making maintaining family contact more difficult.
- 2.21** No independent immigration advice was available. The immigration service attended one day a week but did not engage sufficiently with men who had queries about their immigration status. Some men wished to serve their sentence in their home country and there was significant frustration about the lack of response from HM Prison and Probation Service regarding these applications. More needed to be done to escalate these queries and ensure men received the information they needed. Foreign national prisoners did not receive support to maintain contact with their embassies.
- 2.22** Work to understand the needs of Muslim prisoners was developing. Staff had a better awareness of the issues they faced since our last inspection and leadership was good in this area. The dynamics remained complex and challenging – many prisoners from Muslim and non-Muslim groups felt that the other group received preferential treatment.
- 2.23** In addition, in our survey, Muslim prisoners remained very negative about some aspects of life at Whitemoor, particularly relationships with and victimisation by staff (see paragraph 2.8). Men we spoke to felt they were being stereotyped and judged more negatively than other prisoners. Concerns raised by Muslim prisoners were generally taken seriously but they did not perceive that to be the case. The faith forums were positive and the focus on dialogue was encouraging but the work still needed to be embedded. (See paragraph 2.30.)
- 2.24** Despite disabled men in our survey being negative about some aspects of their treatment, we considered support for this group generally good. There were effective systems for identifying men with disabilities at reception and wing staff were aware of men who had additional needs. Personal emergency evacuation plans were well managed and other prisoners volunteered as 'fire buddies' who could assist in the event of an emergency. Men with possible social care needs were identified, referred to the relevant agency and assessed promptly. (See also section on social care.)
- 2.25** There was one transgender prisoner at the time of the inspection. She had a compact and could access appropriate items to live 'in role'. She mostly received support through existing one-to-one work from staff but had no external specialist support. A small number of men had identified as gay or bisexual, but there was no proactive promotion of services and the EAT did not discuss this group's needs.
- 2.26** There were 77 (18%) men aged 50 or over. Older men could request a move to C wing, where two spurs there were assigned to this group. While men appreciated the calmer environment on C wing, the activities room that had been in place at our last inspection had been closed. Men were unlocked during the day, but there was very little to do on the wing. A Friday gym session was arranged for older men, but overall the provision of activities for men who had retired or who were long-term sick was inadequate. Older men were more positive than others about relationships with staff. Over a quarter of the population were under 30, but there was no specific support for younger men.

Recommendations

- 2.27** The more negative perceptions of black and minority ethnic, Muslim and disabled men should be explored to understand the reasons for them, and action taken when applicable to address concerns.
- 2.28** The prison should do more to identify men from all the protected characteristics, support disclosure and meet their needs.

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.

- 2.29** Worship facilities were good. There was a large mosque that could hold up to 180 men, a bright Christian chapel and suitable multi-faith rooms. Chaplains from most represented groups attended the prison regularly but the chaplaincy had not been able to secure a Rastafarian leader to lead a weekly group. Chaplaincy staff were accessible and men told us it was easy to attend services. However, changes to the regime had meant there was not enough time to hold a Catholic mass in the evening.
- 2.30** Muslims made up 42% and Christians 41% of the population. The dynamics between the groups could be complex (see paragraph 2.22) but the prison was making efforts to understand concerns, reduce conflict and promote dialogue. Multi-faith and Muslim forums ran on alternate months and representatives could raise issues with senior prison staff.
- 2.31** The chaplaincy worked well together and with other prison staff. The team had also provided staff with faith awareness training and helped them to use faith in their work with men to help foster rehabilitation. The chaplaincy ran a good number of groups and interventions, including Islamic restorative justice, discussion courses and long-term faith study.
- 2.32** Chaplains saw all men during induction, provided good pastoral support to prisoners in crisis and ran a regular bereavement course. They attended assessment, care in custody and teamwork (ACCT) case management reviews for prisoners at risk of suicide or self-harm whenever possible but did not always receive sufficient notice. They attended the segregation and health care units and D wing every day and regularly attended other wings. The chaplaincy could also arrange prison visits for those who did not get them, put men in contact with a pen friend scheme and contact a faith minister from a prisoner's own community.

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.

- 2.33** Prisoners were more negative about the complaints process than the comparator and compared with the last inspection and men we spoke to had little confidence in it. The reasons for these perceptions were unclear as we considered arrangements to be good, but

the fact that uniformed staff collected complaint forms from wings, might have contributed to prisoners' perceptions that the system was unfair.

- 2.34** The number of complaints was high – nearly 3,000 in the previous six months and more than we would have expected. The largest areas of concern were related to sentence progression, residential concerns and property.
- 2.35** The sample of responses we looked at were good. The majority were timely, comprehensive, respectful and detailed. Complaints were taken seriously and most were answered by senior managers. We saw that queries were investigated thoroughly and the responses answered the complaint appropriately. Overall complaints were well managed and the senior management team provided good analysis and oversight.
- 2.36** Confidential access complaints (which are about staff or are particularly sensitive or personal) were managed appropriately and received a suitable response. However, replies needed to be monitored and analysed.

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.

- 2.37** In our survey, 43% of men said it was easy to communicate with their solicitor, compared with 52% in similar prisons. It was good that provision for legal visits had recently increased with more opportunities being made available, but they were still insufficient. Solicitors could wait three to four weeks for an appointment, which was too long.
- 2.38** Men in the segregation unit could have legal visits in the unit and two video links were available so prisoners could appear in court without being present. Men could apply for Access to Justice laptops (which provide eligible prisoners with laptop facilities to progress legal proceedings).
- 2.39** In our survey, nearly two thirds of men told us their legal letters had been opened. The evidence pointed to human error in some cases, but more often it happened because the envelopes were not marked correctly as legal correspondence. Any letters opened in error were logged. If monitoring staff were not sure whether the letter was from a legal representative, they would arrange for wing staff to open the letter with the prisoner.
- 2.40** The library had a good selection of legal books and prisoners could borrow some of them. Prisoners could access Prison Service instruction through an application to the library.

Recommendation

- 2.41 The legal visits provision should be increased.**

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.

2.42 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁴ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement with subsequent notices issued by the CQC which have been detailed within Appendix III of this report.

Governance arrangements

2.43 NHS England commissioned services from Northamptonshire Healthcare NHS Trust (NHCT) and Whitemoor was well represented at the regional prisons partnership board and monthly clinical governance meetings, although dentistry, which was provided by Time for Teeth, was not represented at the meetings. A health needs assessment had been carried out but had not yet had an impact on service delivery. Arrangements for monitoring and learning lessons from adverse incidents had been made, and included action plans in response to deaths in custody.

2.44 There was no dedicated health care user group, which meant patients were not consulted about the services. However, a health care consultation group was starting after our inspection. There was now an independent health care complaints system, with an average of 20 complaints being received per month in the three months prior to inspection. Complaints were managed within the provider's policy time limit of 25 days and health care managers' responses were good. Managers met complainants with more serious issues face-to-face, which helped resolve complaints more efficiently.

2.45 Health care professionals (HCPs) held team meetings every day, which promoted good communication about everyday issues, patient updates and peer support. The primary health care team was fully established and had sufficient staff and a good skills mix, enabling it to meet the primary health needs of the population. HCPs had had up-to-date disclosure and barring checks (formally known as Criminal Records Bureau checks), mandatory training and clinical supervision. HCPs were easily recognisable and staff appeared well-motivated.

2.46 SystemOne (the electronic clinical record system) was used and care planning was based on evidence and met professional standards. A range of appropriate corporate and clinical guidance was in place, including information-sharing protocols, which was an improvement since our last visit. A senior nurse had recently taken the lead for the care of older patients and arrangements for safeguarding adults were sound.

2.47 Infection control compliance was now audited regularly. The most recent audit took place in December 2016 and the prison had achieved a high score reflecting the generally high standard in the health care centre. However, the audit failed to examine either the dental suite or a carpeted clinical area used for physiotherapy, neither of which met the required standards. (See paragraph 2.80.)

⁴ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

- 2.48** Nurses provided a 24-hour emergency response and the prison planned to introduce new grab bags throughout the prison to enable efficient deployment in an emergency. The bags contained vital kit, including oxygen and automated external defibrillators (AEDs) and systems were in place to ensure the contents were checked regularly. Additionally, regularly checked AEDs were kept in wing offices for officers to use, of whom a large number (over 60) had received training. Camdoc, a local community out-of-hours' GP service, was available although some staff felt that doctors were reluctant to visit the prison, which led to unnecessary visits to Peterborough casualty departments.
- 2.49** A new protocol for working between the prison and ambulance service had been agreed but officers had to answer ambulance call centre staff's stock questions when clinicians had already determined that an emergency situation was occurring. This added to the response time and the risk of an unsuccessful resuscitation.
- 2.50** There was no 'whole prison' approach to health and well-being. However, we saw some evidence of health promotion material and harm minimisation advice on the wings, as well as health campaigning in the health centre. We were also impressed to see a clinical dietician involved in reviewing a prisoner's menu.
- 2.51** Patients had access to conventional disease prevention and immunisation programmes. As at the previous inspection condoms were available, but not freely. The procedure in place for regulating them was likely to discourage men from using them, undermining efforts to minimise the risk of infection transmission.

Recommendations

- 2.52** **Clinical audits of infection control compliance should cover all clinical areas of the health centre.**
- 2.53** **The partnership board should ensure that clinical requests for emergency assistance from the ambulance service are not delayed by unnecessary screening and that the Camdoc out of hours' GP service is monitored to ensure visits to casualty departments are clinically appropriate.**
- 2.54** **The partnership board should establish an appropriate strategy to minimise the risk of sexually transmitted diseases.**

Delivery of care (physical health)

- 2.55** In our survey, fewer prisoners (30%) than in the comparator (41%) but more than in 2014 (21%) said the overall quality of health services was good.
- 2.56** A nurse saw prisoners promptly on arrival in a designated reception room, which now benefited from access to SystemOne. The initial health screening had been enhanced and now had prompts relating to learning disability and some developmental disorders. Secondary health assessments contained standard assessment templates and continuity of care for existing health conditions was good. Prisoners knew how to access health care. The waiting area in the health centre was spacious and had good quality fittings. Waiting lists were well managed and patients did not wait too long for their appointments.
- 2.57** Our survey indicated that more prisoners than the comparator could see a nurse easily. However, men were less positive about the quality of care they received from them than previously (51% against 59%). We observed good interactions between patients and nurses.

- 2.58** A regular male doctor provided continuity of care and prisoners could choose the gender of their GP. A second female GP provided a second opinion service. The second GP was also a substance misuse specialist and her presence expanded the scope of the practice and helped support prescribing nurses. In our survey, more patients than the comparator and compared with the previous inspection said it easy to see the GP, but only 30% said the quality of the GP service was good or very good against the comparator of 41%.
- 2.59** An appropriate range of primary care clinics was available, as were in-house diagnostics such as X-ray and ultrasound scans, and clinics for podiatry and the optician. Care for patients with long-term conditions was also appropriate.
- 2.60** In February 2017, about 18 patients typically failed to attend appointments each week. The non-attendance rates were 11% for the GP and 9% for the dentist. Managers had begun working closely with D wing, where many of those who did not attend were accommodated, to better align primary care with the wing's therapeutic regime.
- 2.61** The inpatient unit had nine beds, but too few of them had been used for clinical purposes in the previous six months. During the inspection, there was only one patient, while the other residents were there for non-clinical reasons. We were informed that admission and exclusion criteria had been agreed but not yet applied. A prison officer we spoke with described the inpatient unit as 'the extension to the segregation unit', suggesting the mix of patients and prisoners in the inpatient unit might not have been appropriate. A therapeutic regime was in place for patients, but we observed that prisoners in the unit for non-clinical reasons were noisy, which undermined the therapeutic environment.
- 2.62** Patients had good access to visiting health care specialists for genitourinary medicine and the prison planned to introduce a more suitable range of consultant-led services in 2017. Telemedicine via Skype (the use of telecommunication and information technology to provide clinical health care at a distance) was in limited use but we were impressed to see visiting diagnostic services such as MRI scanning.

Recommendation

- 2.63** **The partnership board should review arrangements in the inpatient unit to ensure patients receive an appropriately therapeutic regime and inpatient beds are not used for non-clinical purposes.**

Pharmacy

- 2.64** A local pharmacy provided pharmacy services, and arrangements for ordering and supplying medications were efficient. A pharmacist visited once a week to provide the onsite technician with support, but there were no pharmacy-led clinics.
- 2.65** Initial medicine in-possession risk assessments were completed for patients entering the prison. We were informed that subsequent medicines in-possession risk assessments had been completed for all patients in January 2107, however they were not readily available to aid safe prescribing or administration of medicines. Most medicines were for named patients and supplied in possession. Supervised medicines were administered by nurses, while officers regulated the queues.
- 2.66** An improved range of patient group directions (enabling nurses to supply and administer prescription-only medicine) was used and some nurses were prescribers, which ensured patients obtained treatment promptly.

- 2.67** The medicine administration times we observed were not appropriate for medication that had to be taken every four to six hours like paracetamol. We saw evidence of paracetamol being prescribed three times a day for post-operative pain, when it should have been received four times a day. This was not consistent with accepted good practice.
- 2.68** We were informed that night medication, in-patients medication and medicines for patients in the segregation unit were taken out of their original packaging and put into another container, which was not best practice. However, the containers for 'potting up' were labelled on both the lid and the container to minimise the risks. A more acceptable solution was being sought.
- 2.69** Too many prisoners needed to have their medication administered at night time, about five on most wings and 13 on D wing. The national prison pain formulary (medications used to inform prescribing) was not used to reduce the need for night time doses of analgesia. We were concerned that patients were being woken up so they could be given their sleeping tablets.
- 2.70** The prescriber failed to monitor regularly some medications and potential physical complications. For example, only two of the five patients receiving lithium therapy had up-to-date blood results recorded on SystemOne and one patient had not seen a prescriber for over three years. It was reported that a recent audit had showed that 'all monitoring was up to date', which was not the case.
- 2.71** Medicine management on D wing was poor. Very few medicines were given in possession and some were crushed before they were administered, despite there being no pharmaceutical indication to do so. Patients on D wing received medications from two prescribers employed by different health trusts at the same time, which led to unnecessary risks. Administration times did not last long enough for all the medication to be administered.
- 2.72** Some of the wings had fridges for storing medications with no maximum or minimum thermometers, so the safety of medicines could not be confirmed. Thermometers had been ordered in January 2017 but had not arrived by 21 March 2017.

Recommendations

- 2.73** **A current in-possession risk assessment for each patient should be on SystemOne, so that it can be seen by the prescriber when prescribing medicines and nurses administering medications.**
- 2.74** **Prescribing should take into account the needs of the regime, where the clinical needs of the patient are not affected. Night-time doses should be reviewed, with prescribing adjusted where needed.**
- 2.75** **National prison formularies and guidance should be followed.**
- 2.76** **Medicines where regular blood testing is required should be audited regularly to ensure patients are receiving necessary treatment.**

Dentistry

- 2.77** A new dentist, supported by a dental nurse, started at the prison during the week of our inspection. A substantial waiting list over the previous six months had been significantly reduced and patients now waited on average four weeks for non-urgent care, which was reasonable. We were informed that patients with urgent needs could be seen more promptly or receive pain relief from the GP.
- 2.78** In our survey, only 17% of patients said it was easy or very easy to see the dentist, fewer than the comparator of 24%, and only 32% (against the comparator of 54%) thought the dental service was good.
- 2.79** The dental suite was in urgent need of refurbishment and did not meet minimum safety standards. Equipment was dated and cabinets unsuitable. Dental staff told us they did not feel safe as the X-ray machine was unreliable and only worked periodically. We observed the dental chair tubing being attached with sticky tape and rubber bands were used to secure equipment to the tool table. This was precarious, unreliable and unacceptable.
- 2.80** The unsealed floor in the dental suite presented an immediate risk of infection transmission. The suite had not been audited for infection control compliance (see paragraph 2.47). The provider could not present essential safety, risk or servicing certificates and there was no evidence of a recent legionella risk assessment.

Recommendation

- 2.81** **The partnership board should take urgent action to ensure the dental suite complies with statutory and non-statutory standards to ensure safety. It should also plan for improvements in dental equipment de-contamination.**

Delivery of care (mental health)

- 2.82** NHCT provided mental health services and there was a good skills mix in the mental health team, but there were not enough nurses to provide required therapeutic responses; recruitment was underway, although the process was slow. The lack of capacity was exacerbated at times by mental health nurses assisting with general health care duties. Therapeutic options were limited due to staffing pressures and no group therapies were available, although there were plans to develop groups once staff had been recruited.
- 2.83** The mental health team, primary health care staff and the wider prison were well integrated. The team leader provided consistent support to the safer custody team and ACCT reviews, as well as exemplary support to patients in the segregation unit.
- 2.84** Thirty-nine patients were on the mental health caseload and men were usually seen within five days, which was reasonable. Those in crisis could be seen within a few hours on week days, which was very good. There was an efficient single point of access and referrals were accepted from prisoners themselves and prison and health care staff. The mental health of patients receiving psychiatric medications was carefully monitored, but their physical health was not sufficiently reviewed.
- 2.85** SystmOne was used to record consultations and entries were good. Additional conventional documentation was maintained for those on the care programme approach (mental health services for individuals diagnosed with a mental illness) and care plans were appropriate.

- 2.86** Transfers to secure hospitals were consistently delayed. Five patients had waited an average of seven to eight weeks since April 2016. The longest wait had been for three months, which was unacceptable.
- 2.87** All operational prison staff had received mental health awareness training in the previous three years, a vast improvement since we last visited.

Recommendations

- 2.88** **The prison should have sufficient mental health staff with the right skills available at the right times to deliver a clinically indicated range of therapies to patients.**
- 2.89** **Patients requiring assessment and treatment at mental health hospitals should be transferred expeditiously.**

Social care

- 2.90** Social care arrangements were not robust. Cambridgeshire County Council had to provide assessments and social care at the prison and we saw an unsigned agreement for partnership delivery. It was unclear if the agreement had been implemented. There had been 24 social care assessments in the 12 months prior to the inspection, some of which had identified a need for equipment, which had been promptly supplied. Assessments were speedy, but there was no evidence of reviews taking place. During our visit, one prisoner was receiving social care from health care staff. We were informed it was not feasible for council social carers to enter the prison regularly to provide social care, which meant the local authority was prevented from discharging its obligations. We were concerned that the prisoner did not always receive appropriate care because of a lack of prison officer escorts or because nurses were involved in other duties. Gaps in care were appropriately documented.

Recommendation

- 2.91** **There should be agreed arrangements to enable social carers to provide social care at the prison; prescribed packages of care should be consistently delivered.**

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.

- 2.92** Only 11% of prisoners in our survey said the food was good or very good, lower than the comparator of 27%. In contrast, during the inspection complaints at the point of service were minimal and some prisoners spoke highly of the quality and quantity of food.
- 2.93** Portion sizes we observed were appropriate. The menu was on a four-week cycle and provided prisoners with a varied and balanced diet. In addition to daily vegan, vegetarian and halal options, numerous special diets were also adequately catered for. Breakfast packs were still issued the day before they were to be eaten, which was inappropriate. Lunch and evening meals were served too early, as early as 11.25am and 4.30pm respectively.

- 2.94** Serveries were not always managed well enough: temperatures were not always taken before food was served, food was sometimes cold by the end of service and food trolleys were filthy.
- 2.95** Self-catering facilities were available on each spur of each wing. Although they were rundown and some equipment was in a state of disrepair, prisoners appreciated them and they helped create an informal atmosphere. Funding had been secured to refurbish some of the kitchenettes.
- 2.96** Consultation arrangements were reasonably good. The catering manager met prisoner representatives every month and responded where possible. However, the £2.02 daily food allowance per prisoner limited his ability to meet prisoners' requests. Food comments books were widely used and catering staff, who visited serveries weekly, responded.
- 2.97** The kitchen was functional but shabby and despite a recent deep clean was grubby. Prisoners who worked in the kitchen could gain qualifications (see paragraph 3.12).

Recommendations

- 2.98** **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.** (Repeated recommendation 2.123)
- 2.99** **Serveries should be better managed: food temperatures should always be taken, food should only be served if it is hot enough and trolleys should always be clean and hygienic.**
- 2.100** **All kitchens, including prisoner wing kitchens, should be clean and well maintained.** (Repeated recommendation 2.124)

Purchases

Expected outcomes:

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

- 2.101** Prisoners could buy a reasonable range of goods to meet their diverse needs. There were over 300 products for prisoners to choose from, many of which men had suggested during prisoner consultation meetings. In our survey, 50% of respondents said that the shop sold a wide enough range of goods to meet their needs.
- 2.102** Access to mail order goods was reasonable although some prisoners complained that the application system was confusing. New arrivals could buy a pack of shop products on arrival and again after a few days if needed, but as at the last inspection, their first full shop could be delayed by almost two weeks.
- 2.103** The prison had agreed to a one-off catalogue order in 2016 where prisoners' families could order certain items and have them sent in. There were plans to repeat the initiative.

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.⁵

- 3.1** For most prisoners time out of cell was reasonable at around eight hours during a week day. At weekends, most prisoners had around six hours out of their cell. There was evidence that the regime was being curtailed. During a five-week period between 4 February and 12 March 2017 prisoner information notices indicated that all residential units had at least three periods during which their wing was closed and men were locked in their cells usually due to staff shortages. Most of these curtailments took place at the weekend.
- 3.2** In our roll checks carried out during core day periods, 16% of the population were locked in their cells. Although more than the 10% locked up at the previous inspection, it was not high and most of the prisoners were waiting to attend an activity. Retired prisoners were not locked in their cells during the core day.
- 3.3** Most prisoners had access to daily association and time for domestic tasks after their evening meal and before they were locked up for the night. However, access to the exercise yard was limited to 30 minutes a day during week days, which was insufficient.

Recommendation

- 3.4 Prisoners should be offered at least an hour in the open air every day.** (Repeated recommendation 3.4)

⁵ 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.

3.5 Ofsted⁶ made the following assessments about the learning and skills and work provision:

Overall effectiveness of learning and skills and work: Good

Achievements of prisoners engaged in learning and skills and work: Good

Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment: Good

Personal development and behaviour: Good

Leadership and management of learning and skills and work: Good

Management of learning and skills and work

3.6 Prison managers had worked well with the education provider and external agencies to increase and improve the provision since the last inspection. As a result, the prison had established a curriculum that largely met the needs of the population. Prison managers had also established an effective governance board to provide strategic regional oversight of the prison's performance in this area and prepare for expected changes in funding.

3.7 The education and vocational training provision, delivered by People Plus, was good. Senior prison managers carefully monitored attendance at activities each week and implemented effective measures to improve attendance and reduce unemployment.

3.8 Chaired by the head of learning and skills, the quality improvement group had been very effective in driving improvements across learning, skills and work. Quality assurance had improved considerably. Managers scrutinised success and retention data as well as enrolments of different groups of learners so they could identify trends and address performance gaps. The group had introduced a realistic work place appraisal system for prisoners employed in prison workshops, enabling men to recognise and record the impact of their behaviour and attitude on their work.

3.9 Prison managers' written reports on observations of teaching and learning had improved and encompassed the full range of learning and skills activities. Managers had used the information, alongside observations of education and vocational training, to improve the quality of teaching and learning across the prison. In a few cases, observation reports paid insufficient attention to the progress that learners made during sessions, which meant tutors did not receive clear feedback on how they could help all learners to progress.

⁶ 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>.

- 3.10** Prison managers produced a rigorous and accurate self-assessment report that took into account learners' views. It provided a realistic assessment of key strengths and areas for improvement. Prison managers knew the provision well and ensured that action taken was effective in improving it.

Recommendation

- 3.11** **Managers observing education and training sessions should ensure that they report on the progress that learners make so tutors can help all learners make good progress.**

Provision of activities

- 3.12** The prison provided sufficient activity places to meet the needs of the population. A very high proportion of prisoners responding to our survey said they were involved in education, vocational and skills training and work. Vocational training and work were good and waiting lists for prison activities and work were short and well managed. Prisoners could study for qualifications at level 1 in most work activities, such as food hygiene, cleaning, laundry and catering, although opportunities to study for qualifications at level 2 were limited. The range of prison work contributed to the effective running of the prison and included contract workshops, recycling, cleaning and orderly roles.
- 3.13** A broad range of education was offered, including: functional skills from entry level to level 2; several GCSE courses; distance learning; and an undergraduate programme run in conjunction with Cambridge University.
- 3.14** Prisoners completed a prison induction, which identified their training needs effectively, including specialist assessments if required. A record of how their needs would be met was kept. Prisoners valued the experience because it enabled them to settle into the prison.
- 3.15** The quality of the careers service, subcontracted to Futures, by the National Careers Service was good. Liaison between Futures staff and other areas of the prison contributed effectively to prisoners' 'settlement' (see paragraph 4.1). The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not used to help prisoners explore future career aspirations. It worked intermittently and neither prison staff nor prisoners could rely on it to support learning.
- 3.16** Allocations to work and education were fair and equitable and linked to sentence planning targets. Good use was made of the skills action plans completed during induction to ensure prisoners were allocated to, and remained in, appropriate work or learning. However, the prison did not have a policy to ensure that prisoners regularly moved from one job to another. This meant some prisoners remained in highly valued jobs for very long periods, putting the rest of the population at a disadvantage.
- 3.17** Prison managers' decision to allow practising Muslim prisoners to withdraw from activities to attend prayers caused disruption because men did not always leave for, and return from, prayers promptly.
- 3.18** Tutors and workplace supervisors strictly reinforced adherence to health and safety. For example, in computer-aided design and information communication technology courses, prisoners took regular breaks from computer screens to prevent eye strain.

- 3.19** Pay was fair and there were appropriate incentives for those completing lower level functional skills courses or employed in prison workshops that held commercial contracts.

Recommendations

- 3.20** Prison managers should introduce a wider range of accredited vocational qualifications so more prisoners can achieve qualifications above level 1.
- 3.21** The virtual campus should be fully operational so that it supports learning and development.
- 3.22** A job rotation policy should be introduced to ensure prisoners cannot stay in one job indefinitely.
- 3.23** Prison managers should minimise the disruption to learning and skills and work as a result of prisoners leaving activities to participate in Muslim prayers.

Quality of provision

- 3.24** Teaching, learning and assessment in classroom-based learning and vocational training were good. Tutors promoted the benefits of learning effectively and many learners who had not previously succeeded in formal education went on to gain qualifications in English, maths and vocational subjects. Learners were enthusiastic, participated in sessions and supported each other well.
- 3.25** Tutors knew prisoners well. The initial assessment process carried out during induction was thorough, accurately identifying learners' English and maths development needs, as well as their previous qualifications. It also provided them with useful targets and the motivation to learn. Tutors made good use of the assessment results to plan learning activities that met learners' individual needs.
- 3.26** The quality of coaching and support in practical subjects was good. Tutors had high expectations of learners, especially in plastering and painting and decorating. As a result, prisoners rapidly developed good practical skills, producing high quality work, often significantly exceeding the requirements of the qualification.
- 3.27** Staff were well qualified and had a good specialist knowledge of the subjects they taught. Managers had supported the development and training of several tutors to enable them to achieve specialist qualifications as English and maths tutors. They were then deployed to support their colleagues so they could embed these subjects into everyday learning.
- 3.28** Assessment was rigorous and learners' progress was tracked well. Tutors kept accurate records of their progress and of the standards they attained. Prisoners made good use of their development plans to record progress and achievements, although they focused too much on attaining qualifications and not enough on recognising and recording personal and social skills development.
- 3.29** Tutors provided clear verbal feedback to help learners develop and extend their learning. However, tutors did not always correct spelling, punctuation and grammar errors in their written work or give prisoners advice on how they could improve their writing.
- 3.30** Teaching and learning resources were up to date and tutors made good use of topical news items from newspaper cuttings and magazine articles to stimulate discussion. Most tutors

were confident enough to promote, discuss and celebrate diversity and equality well. Tutors made good use of an appropriately wide range of learning materials and resources to engage and challenge learners. Although computers for learners were available in classrooms, tutors did not always exploit this resource fully to enhance learning. Peer mentors worked purposefully in all training areas helping less confident or less able prisoners to progress with their learning or to work effectively in their prison job.

- 3.31** For the small number of prisoners in the segregation unit, access to good quality teaching and learning was poor. Tutors regularly visited these learners to provide them with learning tasks and assignments and collect work from them to mark. However, tutors' access to them was severely restricted. During their visits, they had to communicate with prisoners through a small flap in their cell door and pass assignment sheets through a narrow gap at the side or bottom of it. These limitations severely restricted prisoners' ability to benefit from learning opportunities (see paragraph 1.53).

Recommendations

- 3.32** Tutors should ensure that learners use learning and development plans to record progress towards their personal development targets as well towards their qualifications.
- 3.33** More detailed feedback should be provided on learners' work so that they know how to improve their writing; spelling, punctuation and grammatical errors in learners' written work should be corrected.

Personal development and behaviour

- 3.34** Prisoners worked efficiently in prison contract workshops to meet deadlines and developed useful employment skills. Most demonstrated an appropriate work ethic and showed respect for each other and for staff. Learners' behaviour was good in learning and in work.
- 3.35** Prisoners enjoyed attending education and vocational training; many developed self-confidence and work skills that helped them occupy their time constructively during their long sentences. They developed productive relationships, taking on and completing tasks professionally and to a high standard. Punctuality and attendance were good and had improved since the last inspection.
- 3.36** Prisoners working in prison industries could achieve relevant qualifications in the workplace. Those on vocational training courses in practical subjects, such as plastering and painting and decorating, developed particularly good skills that improved considerably their prospects of employment, both while in prison and longer-term on release.
- 3.37** Prisoners received realistic advice and guidance on managing their time in Whitemoor to their best advantage. Careers staff worked with each new arrival to prepare an appropriately detailed skills action plan that reflected the prisoner's aptitudes and aspirations, while acknowledging that certain industries and jobs were out of bounds given the prisoner's offending profile. Futures staff responded promptly to referrals and prisoners valued the advice and guidance they received.

Education and vocational achievements

- 3.38** Prisoners' achievements of qualifications had improved considerably since the last inspection and were high and often very high. Almost all learners achieved higher academic qualifications than they had held before starting their sentence at Whitemoor. Most of them made at least the progress expected of them from their starting points, with many making good progress. Men who studied English and maths functional skills at levels 1 and 2 achieved well. Almost all learners completing GCSEs achieved A to C grades.
- 3.39** Learners' work met the requirements of the qualification. In painting, decorating and plastering, learners demonstrated extremely good skills, well above the standards required for the qualification. In workshops, where appraisals took place, prisoners recognised they had developed good team-working, interpersonal and transferable employment skills.

Library

- 3.40** The prison's library was well run and managed. A full-time librarian, supported by three trained prison orderlies, had overall responsibility for the service.
- 3.41** Prisoners' access to the library had improved since the last inspection. Men from all wings could visit the library for two hours each week. Additional opening times meant those who could not attend due to work, healthcare or other appointments could also attend.
- 3.42** The library had a good selection of fiction and non-fiction books, magazines, videos and music, as well as foreign language books and CDs and material for emerging readers. Library staff monitored prisoners' reading habits and ensured that the stock reflected their needs. As a result, they routinely updated the stock of available resources, for example by providing books in Arabic and Romanian newspapers to reflect the changing prison population. Library staff also provided reading material to prisoners in the segregation unit.
- 3.43** Prisoners made good use of the library, ordering books and other materials. Staff promoted men's participation in a range of initiatives such as Turning Pages (a mentoring scheme to help prisoners learn to read) and Storybook Dads (in which prisoners record stories for their children), although participation in the latter was low.
- 3.44** Library staff worked effectively with the prison's education provider to make appropriate reading material available for less able readers. However, they did not provide sufficient reading or learning material for prisoners involved in vocational training courses.

Recommendation

- 3.45** **Prison managers should: provide resources to support the range of vocational training courses available; identify the reason for low participation rates in the Storybook Dads scheme and take appropriate action.**

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.

- 3.46** A well-qualified team of five full-time and two part-time instructors provided recreational physical education (PE). The sports hall, cardiovascular and weight training suite provided a good choice of equipment and resources for a wide range of activities that prisoners could access at least twice a week. However, several lights in the sports hall were not working and cardiovascular and weight training equipment was broken and had been out of action for several months, awaiting inspection by the prison's maintenance contractor. The outdoor all-weather pitch was in a state of disrepair and repair work was significantly overdue. This meant prisoners had no access to it.
- 3.47** All prisoners who used the gym completed an appropriate induction to the equipment and facilities. However, the induction lacked information on healthy living and well-being. Gym staff only made links with the health care department when prisoners identified problems in their pre-activity questionnaires. Staff ran specialist sessions for older prisoners and for those recovering from injury. All other activity was recreational. The prison did not offer any accredited training. However, staff did offer coaching and advice on technique during most sessions.
- 3.48** Residential wings were equipped with cardiovascular training equipment, which qualified PE staff only checked intermittently. Prisoners used it frequently, but non-PE specialist wing staff were responsible for daily maintenance and cleaning, which was an inappropriate use of their time.

Recommendations

- 3.49** Prison managers must ensure that the maintenance contractor repairs the resources in the weight training and cardiovascular suite and maintains the infrastructure that enables sports activities to take place.
- 3.50** Managers should ensure that the highly qualified PE staff are able to provide prisoners with accredited vocational training.
- 3.51** Appropriately qualified and competent staff should ensure wing-based cardiovascular equipment is in good condition and is not used inappropriately.

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 reducing reoffending strategy document was up to date. It was comprehensive and covered key issues relating to the management of prisoners. The reducing reoffending strategy group met bi-monthly and was generally well attended by staff from across the prison and prisoner representatives. Very few prisoners were ever released directly from Whitemoor and while the focus of most meetings was, appropriately, on 'settlement' (the term used at Whitemoor in recognition that very few prisoners were released into the community and that progression was the prison's primary role), there remained too much emphasis on resettlement pathways, such as accommodation, finance, benefits and debt. The group needed a greater focus on improving integration between departments, ensuring the provision was consistent, and tackling many prisoners' perceptions about a lack of progression opportunities.
- 4.2 The needs analysis, undertaken in May 2016, was based on information from prisoners and offender assessment system (OASys) documents. The analysis was comprehensive and detailed and, although almost a year old, still accurately reflected the prison's population and its needs. However, there was little evidence that the reducing reoffending strategy group had taken action to address many of the recommendations outlined in the analysis.
- 4.3 The offender management unit (OMU) included 12.5 (full-time equivalent) offender supervisors staffed by a combination of supervising prison officers and probation officers. Managers knew what the department's function was and what was expected. However, offender supervisors did not understand their role sufficiently well and, although those we spoke to were positive about the management team, the way they undertook their work varied, leading to inconsistencies. The lack of an offender management policy compounded some of these issues.

Recommendation

- 4.4 **The reducing reoffending strategy group should support work more effectively to help men progress, and to ensure consistency.**

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.

- 4.5** The turnover of prisoners at Whitemoor was low and 56% had been at the prison for more than two years. Over three quarters of the population had been convicted of a violent or sexual offence (not including robbery), 98% of the population were serving sentences longer than 10 years and 77% of the population were serving an indeterminate sentence.
- 4.6** Caseloads for offender supervisors were relatively low at between 30 and 35. More complex cases tended to be allocated to probation officers, each of whom also specialised in particular types of offending, including prisoners convicted of terrorism offences and those with significant gang affiliations. Some supervising officers were still deployed elsewhere in the prison, but the impact on their ability to undertake offender management work was not significant.
- 4.7** Inspectors looked in detail at 12 high risk cases: 10 of them were indeterminate sentenced prisoners and all were managed by the National Probation Service. A further 11 cases were examined in less detail. Inspectors also spoke to several of these prisoners and others whose cases were not reviewed.
- 4.8** Our review found that in most cases OASys sentence plans and assessments of risk of harm were appropriate and of a reasonable standard. The prison had a small backlog of OASys (24) documents but because of the length of prisoners' sentences, they were not all formally reviewed annually.
- 4.9** In our survey, more prisoners than the comparator said they had an offender supervisor (based in the prison), but fewer than the comparator reported having a named offender manager (based in the community). Offender managers often did not attend sentence planning boards, and to offset this problem, offender supervisors undertook 'Whitemoor sentence plan reviews' on a yearly basis. This process included reviewing targets and the prisoners' categorisation. This positive initiative ensured that prisoners knew what their targets were, although they were not always challenging enough or clearly linked to OASys sentence plan objectives.
- 4.10** We found several cases where the sentence planning targets set were too generic and not sufficiently tailored to the individual to be effective, for example, they stated: 'engage in the sentence planning process'. Too few targets focused on the actual factors that underpinned the person's offending behaviour. As a result, many prisoners appeared able to meet sentence plan targets without reducing their risks. Some prisoners we spoke to seemed frustrated because they had met the targets set, but were being told they still posed a risk.
- 4.11** Prisoners were usually seen by offender supervisors soon after arrival at Whitemoor but ongoing contact was variable, with only around half of our case sample recording regular contact. Nevertheless, in our survey, more prisoners than at comparator prisons said their offender supervisor was working with them to achieve sentence planning targets. Contact in many of the cases we looked at was informal or in response to a general application. Prisoners had access to some motivational interventions, but we saw few examples of one-to-one work to reinforce offending behaviour programmes.

- 4.12** Probation offender supervisors received regular case work supervision from the senior probation officer who attended the prison two days a week. No similar arrangement was in place for officer offender supervisors.

Recommendations

- 4.13** **Targets set in Whitemoor sentence plans should be challenging and focus on the factors underpinning the individual's offending behaviour.**
- 4.14** **Contact between offender supervisors and prisoners should have a clear focus and be frequent enough to ensure the prisoner is being effectively supported in reducing his risk and progressing through his sentence.**
- 4.15** **All offender supervisors should receive regular case work supervision.**

Public protection

- 4.16** Public protection arrangements were sound. All prisoners were appropriately screened on arrival at Whitemoor. Prisoners convicted of offences likely to restrict their contact with children were prevented from any access until a full screening had been completed. For some men restrictions were imposed even if they had been having contact with children at their previous prison. However, processes were managed efficiently and in most cases restriction periods were relatively short. The system was appropriate given the potential risks.
- 4.17** Thirty men were identified as being subject to restrictions due to harassment or restraining orders, 31 subject to safeguarding children monitoring and 36 were on the sex offender register. Decisions about any restriction were always undertaken through the monthly inter-departmental risk management team (IDRMT) meeting. The meeting was usually well attended and focused on appropriate areas. All prisoners subject to public protection were formally reviewed every six months.
- 4.18** Most men at Whitemoor were subject to multi-agency public protection arrangements. However, none of them were within six months of their release. The violent and sexual offender register (VISOR) was appropriately managed and kept up to date. There were now five VISOR terminals in the OMU and five staff trained in its use.

Progression management and planning

- 4.19** It was rare for anyone to be released directly from Whitemoor. No prisoners had been released from the prison in the previous six months. Only one man during our inspection was due to be released in 2017 and he had only been moved to Whitemoor after he committed a serious assault at another prison. On the rare occasion that a prisoner was released, they invariably went to a probation-approved premises and their release was managed through the IDRMT. In most cases prisoners were managed through the OASys process and moved to a more appropriate establishment when they were considered ready to progress.
- 4.20** Many of the prisoners we spoke to during the inspection were frustrated and thought they were 'stuck' at Whitemoor. Most felt they were not being re-categorised from A to B, or moved out of the high security estate if they were category B prisoners.

- 4.21** Category A prisoners were reviewed annually and their cases considered initially by the Whitemoor advisory group chaired by the deputy governor. A recommendation was then passed to the national category A team. Reviews we looked at appeared appropriate. We were told that in the past year, 10 prisoners had been re-categorised from category A to B and that 90% of recommendations made by the local advisory group had been accepted.
- 4.22** Category B prisoners received an annual review, which included looking at whether a progressive move to another prison was warranted. The prison also undertook ad hoc re-categorisation reviews if it was felt one was merited, for example, on completion of an offending behaviour course. Most of the reviews we looked at were well managed and their outcome appropriate, although the targets set for men who had been refused a progressive move were sometimes too vague, reinforcing their sense of frustration.
- 4.23** Some men received no support to help them make a progressive move out of the high security estate because they still had long sentences to serve, and staff also told us that when a move had been supported, it was often difficult to facilitate because of a reluctance by category B prisons to take men from Whitemoor. Despite this, the prison had moved 34 prisoners out of the high security estate in the previous six months.
- 4.24** The prison was trying to address some of prisoners' concerns. Forums had recently been run with prisoner representatives from each wing so they could meet with members of the category A board (which makes the final decision about whether to re-categorise category A prisoners). Another forum was also being set up to discuss wider progression and transfer issues. The high security estate merger with the long-term category B estate from April 2017 was a positive move that had the potential to remove some of the systemic barriers to prisoners move out of the high security estate.
- 4.25** Prisoners who were transferred benefited from good health care planning; patients were seen by a nurse who arranged for continuity of care with the receiving prison, and the care programme approach (mental health services for individuals diagnosed with a mental illness) was used to ensure consistency in mental health care. One patient received a series of clinically required diagnostic tests prior to their transfer. One cell in the inpatient unit had been adapted for use by patients with palliative and complex care needs; a new member of staff with specialist expertise had begun to provide advice about the palliative care pathway. We were concerned that terminally ill patients and their relatives could be exposed to risks because of the presence of prisoners without a clinical requirement. (See paragraph 2.61.)
- 4.26** The drug and alcohol psychosocial team attended sentence planning reviews and submitted reports for parole board hearings. The team was developing information and support for families of prisoners with substance use problems in the visits centre.

Attitudes, thinking and behaviour

- 4.27** The prison's needs analysis suggested that 90% of prisoners required interventions to address their thinking and behaviour. The range of programmes delivered by the prison appeared appropriate to meet these needs. The thinking skills, Resolve and Self-Change (anger and violence management) programmes were delivered regularly. If prisoners met the criteria for a programme, there were rarely any delays before they could participate in them. In our survey 88% of prisoners, more than in comparator prisons, said they had been involved in offending behaviour courses while at Whitemoor.
- 4.28** The prison's needs analysis indicated that around 57% of the prisoner population were in denial of at least some aspect of their offence, which was a considerable barrier to addressing their offending. Some positive work was being undertaken to address the issue,

including the provision of the A-Z (motivational) programme and one-to-one work. The prison was carrying out research into what could be done to help prisoners in denial address their risks. Other offending behaviour work included the Healthy Identities intervention and victim awareness work through the chaplaincy.

- 4.29** The Fens unit was part of the national strategic pathway for offenders with personality disorders and had been recognised as a centre of excellence. The programme continued to offer intensive, uncompromising therapy lasting up to five years. Fifty-nine prisoners were involved in the programme when we visited and a new group of entrants was about to arrive. Up to 72 could be accommodated. About 25% of prisoners failed to complete the programme, but they were encouraged to return when they felt strong enough.
- 4.30** The service was advertised well with appropriate referral pathways and a clear application system. One group of eight prisoners entered the programme every few months and passed through induction, assessment and a range of therapy phases, including individual and group work. Medicines were used to manage tension associated with psychological trauma as part of the programme. Prisoners had access to the chapel, gym, library and other prison services. They also received occupational therapy.
- 4.31** Staff members, including uniformed officers, were very well trained and supported. Progression planning was very good and about 70% of prisoners were re-categorised as a result of the therapy.
- 4.32** The planned introduction in May 2017 of a psychologically informed planned environment (PIPE) unit at the prison was positive.

Children, families and contact with the outside world

- 4.33** There was no overall strategy to support men so they could maintain contact with their families, although the prison had bid for further resources to undertake work in this area. Family work had no specified lead member of staff, but visits were discussed at the reducing reoffending strategy meeting. The prison no longer ran any family or parenting courses because take-up had been low. The last course had run in summer 2016, but the prison was considering whether it should commission more sessions. Data provided by the prison indicated that 12% of men (51) had not received a visit while at Whitemoor, and in our survey, only 7% said it was easy for their families to attend visits. Men were serving long sentences, which inevitably put an additional strain on their ability to maintain links with the community. This all indicated that a more strategic approach in this area of work was required if their needs were to be met.
- 4.34** Visitors could book visits by email and phone but not while at the prison. There were four visits sessions a week. The prison tried to assist when category A men applied for permission for their family to visit. However, there could be significant delays before the prison could obtain relevant police information (required for those visiting a category A prisoner). The prison could authorise discretionary visits when applications took too long.
- 4.35** The welcoming visitors' centre, supported by charity Children's Links, had a play area and sold refreshments. Although printed information was available, new visitors did not routinely receive any information before their visit and processes were not explained to them at the visitors' centre. Prison staff who enrolled visitors in the visitors' centre were flexible and helpful. Visitors wore wrist bands, which was appropriate.
- 4.36** Searching was also appropriate and could take place in private if necessary. However, the process took too long. Visitors could lose up to 30 minutes of their visiting time, which was

unacceptable. This meant some visitors arrived at 11.30am, before the visits centre opened at 12.15pm, to ensure they could get in to the prison as soon as possible after 2pm so they had as much time as possible for the visit.

- 4.37** The visits hall and the high risk visits room were bright and attractive. Some families and prisoners told us they did not like the seating arrangements, as visitors sat further away from prisoners than they had previously, but the prison had altered the seating to ensure as much privacy as possible. Children could go to the play area and visitors could buy refreshments, which helped create a relaxed atmosphere. Visits staff were approachable but not intrusive. Visitors spoke highly of visits staff and we heard about and saw some very good individual support for visiting families.
- 4.38** Additional visits were good, including children's and family visits, supported by the Ormiston Trust, a national children's charity. Children's visits took place during school holidays and were longer than normal visits with activities provided in an informal setting. They were only available for prisoners on the enhanced level of the incentives and earned privileges (IEP) scheme. Family visits took place every month and standard level prisoners could also apply. The prison also ran child-free visits five times a year. Men we spoke to appreciated these opportunities to spend time with their families.

Recommendations

- 4.39** **There should be a dedicated lead staff member for children and families work to set a strategic direction, coordinate its delivery and focus on interacting with families.**
- 4.40** **Visits should start on time.**
- 4.41** **Prisoners on all IEP levels should be able to apply for children's and family visits.**

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Main recommendations

To the governor

- 5.1 Care planning and the segregation regime should be enhanced to minimise the psychological deterioration of men held for longer periods in segregation conditions. (S43)
- 5.2 Prison managers should ensure prisoners are provided with the basic conditions required to live decently. (S44)
- 5.3 Foreign national prisoners should receive appropriate legal support specific to their immigration status and assistance so they can maintain contact with their families and country of origin. (S45)

Recommendations

Early days in custody

- 5.4 Reception risk assessments interviews should be carried out in private. (1.7)
- 5.5 The time it takes to search the incoming property should be substantially reduced. (1.8, repeated recommendation 1.15)
- 5.6 First night cells should be cleaned before they are allocated. (1.9)

Bullying and violence reduction

- 5.7 The prison should seek to better understand why many men feel unsafe, and develop ways to address these concerns. (1.14)
- 5.8 Support for the victims of violence and antisocial behaviour should be developed and improved. (1.15)

Self-harm and suicide prevention

- 5.9 All serious acts of self-harm should be investigated so lessons can be learned, and recommendations from PPO death in custody reports should be reinforced regularly. (1.22)
- 5.10 The exceptional circumstances required to justify holding prisoners at risk in the segregation unit should be detailed in ACCT documents. (1.23, repeated recommendation 1.33)

Safeguarding

- 5.11** The governor should initiate contact with the local director of adult social services and the local safeguarding adults board to develop local safeguarding processes and the prison should ensure that staff understand how to identify and refer prisoners with safeguarding needs. (1.25)

Security

- 5.12** All requested suspicion tests should be completed on time and there should be no gaps in the provision. (1.35)

Discipline

- 5.13** All disciplinary hearings should be heard and dealt with on time. (1.42)
- 5.14** Strip-clothing should only be used in exceptional circumstances as a last resort and its use should be appropriately justified and authorised. (1.47)

Substance misuse

- 5.15** An analysis of the psychosocial needs of the population should be conducted to ensure the best possible levels of involvement and to identify any gaps in service provision. (1.60)

Residential units

- 5.16** In-cell toilets should be adequately screened and shower rooms should be refurbished. (2.7)

Equality and diversity

- 5.17** Equalities data relating to progression and categorisation decisions should be routinely available. (2.16)
- 5.18** The more negative perceptions of black and minority ethnic, Muslim and disabled men should be explored to understand the reasons for them, and action taken when applicable to address concerns. (2.27)
- 5.19** The prison should do more to identify men from all the protected characteristics, support disclosure and meet their needs. (2.28)

Legal rights

- 5.20** The legal visits provision should be increased. (2.41)

Health services

- 5.21** Clinical audits of infection control compliance should cover all clinical areas of the health centre. (2.52)
- 5.22** The partnership board should ensure that clinical requests for emergency assistance from the ambulance service are not delayed by unnecessary screening and that the Camdoc out of hours' GP service is monitored to ensure visits to casualty departments are clinically appropriate. (2.53)

- 5.23** The partnership board should establish an appropriate strategy to minimise the risk of sexually transmitted diseases. (2.54)
- 5.24** The partnership board should review arrangements in the inpatient unit to ensure patients receive an appropriately therapeutic regime and inpatient beds are not used for non-clinical purposes. (2.63)
- 5.25** A current in-possession risk assessment for each patient should be on SystemOne, so that it can be seen by the prescriber when prescribing medicines and nurses administering medications. (2.73)
- 5.26** Prescribing should take into account the needs of the regime, where the clinical needs of the patient are not affected. Night-time doses should be reviewed, with prescribing adjusted where needed. (2.74)
- 5.27** National prison formularies and guidance should be followed. (2.75)
- 5.28** Medicines where regular blood testing is required should be audited regularly to ensure patients are receiving necessary treatment. (2.76)
- 5.29** The partnership board should take urgent action to ensure the dental suite complies with statutory and non-statutory standards to ensure safety. It should also plan for improvements in dental equipment de-contamination. (2.81)
- 5.30** The prison should have sufficient mental health staff with the right skills available at the right times to deliver a clinically indicated range of therapies to patients. (2.88)
- 5.31** Patients requiring assessment and treatment at mental health hospitals should be transferred expeditiously. (2.89)

Catering

- 5.32** 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. (2.98, repeated recommendation 2.123)
- 5.33** Serveries should be better managed: food temperatures should always be taken, food should only be served if it is hot enough and trolleys should always be clean and hygienic. (2.99)
- 5.34** All kitchens, including prisoner wing kitchens, should be clean and well maintained. (2.100, repeated recommendation 2.124)

Time out of cell

- 5.35** Prisoners should be offered at least an hour in the open air every day. (3.4, repeated recommendation 3.4)

Learning and skills and work activities

- 5.36** Managers observing education and training sessions should ensure that they report on the progress that learners make so tutors can help all learners make good progress. (3.11)
- 5.37** Prison managers should introduce a wider range of accredited vocational qualifications so more prisoners can achieve qualifications above level 1. (3.20)

- 5.38** The virtual campus should be fully operational so that it supports learning and development. (3.21)
- 5.39** A job rotation policy should be introduced to ensure prisoners cannot stay in one job indefinitely. (3.22)
- 5.40** Prison managers should minimise the disruption to learning and skills and work as a result of prisoners leaving activities to participate in Muslim prayers. (3.23)
- 5.41** Tutors should ensure that learners use learning and development plans to record progress towards their personal development targets as well towards their qualifications. (3.32)
- 5.42** More detailed feedback should be provided on learners' work so that they know how to improve their writing; spelling, punctuation and grammatical errors in learners' written work should be corrected. (3.33)
- 5.43** Prison managers should: provide resources to support the range of vocational training courses available; identify the reason for low participation rates in the Storybook Dads scheme and take appropriate action. (3.45)

Physical education and healthy living

- 5.44** Prison managers must ensure that the maintenance contractor repairs the resources in the weight training and cardiovascular suite and maintains the infrastructure that enables sports activities to take place. (3.49)
- 5.45** Managers should ensure that the highly qualified PE staff are able to provide prisoners with accredited vocational training. (3.50)
- 5.46** Appropriately qualified and competent staff should ensure wing-based cardiovascular equipment is in good condition and is not used inappropriately. (3.51)

Strategic management of resettlement

- 5.47** The reducing reoffending strategy group should support work more effectively to help men progress, and to ensure consistency. (4.4)

Offender management and planning

- 5.48** Targets set in Whitemoor sentence plans should be challenging and focus on the factors underpinning the individual's offending behaviour. (4.13)
- 5.49** Contact between offender supervisors and prisoners should have a clear focus and be frequent enough to ensure the prisoner is being effectively supported in reducing his risk and progressing through his sentence. (4.14)
- 5.50** All offender supervisors should receive regular case work supervision. (4.15)
- 5.51** There should be a dedicated lead staff member for children and families work to set a strategic direction, coordinate its delivery and focus on interacting with families. (4.39)
- 5.52** Visits should start on time. (4.40)
- 5.53** Prisoners on all IEP levels should be able to apply for children's and family visits. (4.41)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Sean Sullivan	Team leader
Francesca Cooney	Inspector
Fionnuala Gordon	Inspector
Keith McInnis	Inspector
Kellie Reeve	Inspector
Gordon Riach	Inspector
Anna Fenton	Researcher
Joe Simmonds	Researcher
Patricia Taflan	Researcher
Paul Roberts	Substance misuse inspector
Paul Tarbuck	Health services inspector
Sue Melvin	Pharmacist
Andrea Crosby-Josephs	Care Quality Commission inspector
Martin Hughes	Ofsted inspector
Shane Langthorpe	Ofsted inspector
Jai Sharda	Ofsted inspector
Joe Coleshill	Offender management inspector
Yvette Howson	Offender management inspector
Jessica Willans	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 2014, 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.

Main recommendations

Managerial oversight of the use of force and special accommodation should be improved to ensure neither is used unless necessary and proportionate. (S45)

Achieved

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)

Not achieved

Recommendations

Prisoners being transferred should be offered a toilet break every 2.5 hours. (I.4)

Not achieved

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.14)

Not achieved

The time it takes to search incoming property should be substantially reduced. (I.15)

Not achieved (recommendation repeated, I.8)

A survey of prisoners' perceptions of safety, including victimisation by staff, should be conducted and the findings acted on. (I.22)

Not achieved

Links between psychology and safer custody should be improved to strengthen work with persistent bullies. (I.23)

Achieved

All findings and lessons learned from investigations into deaths and near-fatal self-harm incidents should be acted on. (I.32)

Partially achieved

The exceptional circumstances required to justify holding prisoners at risk in the segregation unit should be detailed in ACCT documents. (I.33)

Not achieved (recommendation repeated, I.23)

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

Not achieved

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.48)

Achieved

All suspicion tests should be completed within the required timescale. (I.49)

Not achieved

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

Achieved

Arrangements should be made to ensure discipline staff are available to supervise the administration of all controlled drugs. (I.78)

Partially achieved

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. (I.79)

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2014, 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.

Main 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. (S47)

Partially achieved

Recommendations

In-cell toilets should be adequately screened and shower rooms should be refurbished and individual shower heads screened. (2.12)

Not achieved

Mail sent for translation should be returned to prisoners promptly. (2.13)

Achieved

All core functions should be represented at EAT meetings and all protected characteristics discussed. (2.22)

Not achieved

Data monitoring should cover all protected characteristics whose needs should be adequately identified. (2.23)

Partially achieved

Engagement with community organisations to promote equality should be expanded. (2.24)

Not achieved

Foreign national prisoners with family abroad should receive a free monthly telephone call irrespective of whether they have had a visit. (2.35)

Not achieved

A policy should be developed that systematically outlines the needs of gay and bisexual prisoners and how they will be met. (2.36)

Not achieved

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

Not achieved

An up-to-date comprehensive health needs assessment should inform clinical services. (2.63)

Achieved

Staffing shortages and skills-mix gaps should be addressed to ensure clinical services are safe. (2.64)

Achieved

Condoms should be freely available. (2.65)

Partially achieved

Prison staff should all be trained in basic life support and use of the automated defibrillator. (2.66)

Achieved

Waiting times for primary care services including the optician and podiatrist should not exceed clinically acceptable waiting times in the community. (2.82)

Achieved

All health care staff, including GPS, should have effective communications skills training to enable them to respond to a range of needs. (2.83)

Achieved

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)

Achieved

SystemOne should be accessible on all the wings and in the reception room. (2.85)

Achieved

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)

Achieved

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)

Achieved

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)

Not achieved

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)

Achieved

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)

Not achieved

Prisoners requiring a bed in a secure hospital should be moved expeditiously. (2.115)

Not achieved

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)

Achieved

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)

Not achieved (recommendation repeated, 2.98)

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

Not achieved (recommendation repeated, 2.100)

Purposeful activity

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

At the last inspection, in 2014, 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.

Main recommendation

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)

Partially achieved

Recommendations

Prisoners should be offered at least an hour of time in the open air every day. (3.4)

Not achieved (recommendation repeated, 3.4)

Prisoners who are on the wings during the working day because no activity place had been provided should be unlocked. (3.5)

Not achieved

The sequencing of regime activities should be improved to ensure less disruption to classes and work. (3.15)

Achieved

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)

Achieved

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)

Achieved

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

Achieved

The prison and OLASS provider should improve teaching, learning and assessment. (3.29)

Achieved

The prison should ensure relevant aspects of equality and diversity are routinely integrated into the content of courses. (3.30)

Achieved

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

Achieved

The prison and library provider should implement measures to provide all prisoners with longer and better access to library resources and facilities. (3.40)

Achieved

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)

Not achieved

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 2014, 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.

Main recommendations

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)

Partially achieved

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)

Partially achieved

Recommendations

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

Partially achieved

The IPPRM meeting should be chaired by a professional with detailed knowledge of and expertise in risk management and MAPPA processes. (4.22)

Achieved

ViSOR should be used routinely to share information. (4.23)

Achieved

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

Not achieved

The partnership board should ensure that communications between respective health care providers at Whitemoor are efficient and optimal. (4.23)

Achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notices

Provider: Northamptonshire Healthcare NHS Foundation Trust

Location: HMP Whitemoor

Location ID: RP1Y4

Regulated activities: Assessment or medical treatment for persons detained under the Mental Health Act 1983, Nursing Care, Treatment of disease, disorder, or injury, Diagnostic and screening and Surgical procedures.

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 15 Premises and equipment	15. —(1) All premises and equipment used by the service provider must be— (a) clean,
---	--

How the regulation was not being met:

The intention of this part of the regulation is to make sure that the premises where care and treatment are delivered are clean, maintained and that the equipment that is used to deliver care and treatment is clean.

Dentist.

Essential safety, risk and service certificates were not available including evidence of a recent legionella risk assessment, waste control management and fire safety. Dental X-Ray equipment was unsafe and staff reported regular breakdowns.

Regulation 12 Safe care and treatment	12. – (1) Care and treatment must be provided in a safe way for service users.
--	---

How the regulation was not being met:

Care and treatment was not always provided to patients in a way that protected their safety and welfare.

Medicines.

Medicines were not managed safely in relation to their administration and monitoring.

A current in possession risk assessment was not always present on SystemOne, so that it could be seen by the prescriber when prescribing medicines.

Night time medicines and all medicines for the segregation unit and the in-patient unit were removed from their original packing into patient named, screw topped, plastic containers before being administered and then transported across the prison. The practice was unsafe and compromised patient safety because there was a risk of medicines being mixed up.

Medicine administration times did not facilitate administration of medicines that required taking every 4-6 hours, like paracetamol. We saw evidence of paracetamol being prescribed three times a day not in-possession for post-operative pain which was not consistent with accepted good practice. Patients were woken up to take night time medicines. Medicines reviews for patients did not occur regularly enough and consideration of prescribing arrangements and corresponding adjustments did not take place.

High risk medicines, such as lithium, methotrexate and others were not regularly monitored by the prescriber to ensure that the on-going doses prescribed were correct and that there was no deterioration in body functions. Only two of the five patients receiving lithium therapy had up to date blood results recorded and one patient had not seen a prescriber for over three years. This compromised patient safety.

Medicine management on D wing was poor. Very few medicines were given in-possession and some were crushed before they were administered, despite there being no pharmaceutical indication to do so.

Social care.

At the time of the inspection one person was in receipt of social care from the health provider. We were concerned that they did not always receive the care they needed due to healthcare nurses not being available because they were performing other duties.

Appendix IV: 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		431	23.7
Recall		4	0.9
Indeterminate Sentenced		333	75.3
Convicted unsentenced		0	0.00
Remand		0	0.00
Civil prisoners		0	0.00
Detainees		0	0.00
Total		431	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced		0	0.00
Less than 6 months		0	0.00
6 months to less than 12 months		0	0.00
12 months to less than 2 years		0	0.00
2 years to less than 4 years		0	0.2
4 years to less than 10 years		10	2.3
10 years and over (not life)		88	20.7
ISPP (indeterminate sentence for public protection)		38	8.1
Life - ISPP		295	76.7
Life and IPP		333	0.00
Total		431	100

Age	Number of prisoners	%
Please state minimum age here: 22		
Under 21 years	0	0.0
21 years to 29 years	117	27.15
30 years to 39 years	159	36.89
40 years to 49 years	78	18.10
50 years to 59 years	56	12.99
60 years to 69 years	18	4.18
70 plus years	3	0.69
Please state maximum age here: 70		
Total	431	100

Nationality	18–20 yr olds	21 and over	%
British		339	78.66
Foreign nationals		91	21.11
Not stated		1	0.23
Total		431	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced		0	0.00
Uncategorised sentenced		0	0.00
Category A		125	29.0
Category A Hi		10	2.32
Category B		291	67.52
Category C		0	0.00
Category D		0	0.00
Provisional Cat A		5	1.16
Other		0	0.00
Total		431	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British		158	35.9
Irish		15	3.7
Gypsy/Irish Traveller		1	0.2
Other white		37	8.5
Mixed			
White and black Caribbean		15	3.7
White and black African		3	0.7
White and Asian		0	0.00
Other mixed		5	1.2
Asian or Asian British			
Indian		8	2.1
Pakistani		19	4.4
Bangladeshi		7	1.6
Chinese		1	0.2
Other Asian		19	4.4
Black or black British			
Caribbean		74	17.1
African		34	8.3
Other black		30	6.9
Other ethnic group			
Arab		0	0.00
Other ethnic group		4	0.9
Not stated		1	0.2
Total		431	100

Religion	18–20 yr olds	21 and over	%
Baptist		0	0.00
Church of England		75	17.4
Roman Catholic		76	17.63
Other Christian denominations		16	3.71
Muslim		179	41.53
Sikh		1	0.23
Hindu		4	0.93
Buddhist		13	3.02
Jewish		16	3.71
Other		11	2.55
No religion		40	9.29
Total		431	100

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)		1	0.23
Total		431	

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			14	3.24
1 month to 3 months			26	6.03
3 months to 6 months			30	6.96
6 months to 1 year			60	13.92
1 year to 2 years			57	13.23
2 years to 4 years			91	21.11
4 years or more			150	34.81
Other			3	0.7
Total			431	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	0.0
Total		0	0.0

Main offence	18–20 yr olds	21 and over	%
Violence against the person		315	73.09
Sexual offences		14	3.25
Burglary		5	1.16
Robbery		20	4.64
Theft and handling			
Fraud and forgery		1	0.23
Drugs offences		31	7.19
Other offences		45	10.44
Civil offences			
Offence not recorded /holding warrant			
Total		431	100

Appendix V: 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 establishment⁷. Respondents were then randomly selected from a P-Nomis prisoner population printout using a systematic sampling method.

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 March 2017 the prisoner population at HMP Whitemoor was 426. Using the method described above, questionnaires were distributed to a sample of 184 prisoners.

We received a total of 160 completed questionnaires, a response rate of 87%. Five respondents refused to complete a questionnaire and 19 questionnaires were not returned.

Wing/unit	Number of completed survey returns
A	35
B	43
C	47
D	23
Segregation unit	11
Health care	1

⁷ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

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 differences⁸ 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 2017 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 secure prisons since April 2014.
- The current survey responses from HMP Whitemoor in 2017 compared with the responses of prisoners surveyed at HMP Whitemoor in 2014.
- A comparison within the 2017 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2017 survey between those who are British and those who are foreign nationals.
- A comparison within the 2017 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2017 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 2017 survey between the responses of those who are aged 50 and over and those under 50.
- A comparison within the 2017 survey between the responses of prisoners on D wing and the responses of prisoners on A, B and C wings.

⁸ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.01 which means that there is only a 1% likelihood that the difference is due to chance.

Survey summary

Section I: About You

Q1.2	How old are you?		
	Under 21	0	(0%)
	21 - 29.....	44	(28%)
	30 - 39.....	50	(31%)
	40 - 49.....	31	(19%)
	50 - 59.....	23	(14%)
	60 - 69.....	10	(6%)
	70 and over	2	(1%)
Q1.3	Are you sentenced?		
	Yes	159	(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	1	(1%)
	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	0	(0%)
	4 years to less than 10 years	5	(3%)
	10 years or more	48	(32%)
	IPP (indeterminate sentence for public protection)	18	(12%)
	Life.....	80	(53%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?		
	Yes	32	(20%)
	No.....	125	(80%)
Q1.6	Do you understand spoken English?		
	Yes	160	(100%)
	No.....	0	(0%)
Q1.7	Do you understand written English?		
	Yes	160	(100%)
	No.....	0	(0%)
Q1.8	What is your ethnic origin?		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	46 (30%)	Asian or Asian British - Chinese..... 1 (1%)
	White - Irish	11 (7%)	Asian or Asian British - other
	White - other.....	15 (10%)	Mixed race - white and black Caribbean 6 (4%)
	Black or black British - Caribbean.....	27 (18%)	Mixed race - white and black African... 3 (2%)
	Black or black British - African	16 (11%)	Mixed race - white and Asian..... 1 (1%)
	Black or black British - other	0 (0%)	Mixed race - other
	Asian or Asian British - Indian	1 (1%)	Arab
	Asian or Asian British - Pakistani.....	11 (7%)	Other ethnic group..... 3 (2%)
	Asian or Asian British - Bangladeshi.....	4 (3%)	

Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes		8 (5%)
	No.....		138 (95%)
Q1.10	What is your religion?		
	None.....	14 (10%)	Hindu..... 1 (1%)
	Church of England	21 (14%)	Jewish..... 8 (5%)
	Catholic	24 (16%)	Muslim..... 61 (41%)
	Protestant.....	2 (1%)	Sikh
	Other Christian denomination	6 (4%)	Other
	Buddhist	4 (3%)	6 (4%)
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight		151 (97%)
	Homosexual/Gay.....		2 (1%)
	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		42 (27%)
	No.....		113 (73%)
Q1.13	Are you a veteran (ex- armed services)?		
	Yes		6 (4%)
	No.....		150 (96%)
Q1.14	Is this your first time in prison?		
	Yes		61 (39%)
	No.....		97 (61%)
Q1.15	Do you have children under the age of 18?		
	Yes		66 (42%)
	No.....		91 (58%)

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		22 (14%)
	2 hours or longer		116 (73%)
	Don't remember		20 (13%)
Q2.2	On your most recent journey here, were you offered anything to eat or drink?		
	My journey was less than two hours		22 (14%)
	Yes		55 (35%)
	No.....		70 (45%)
	Don't remember		9 (6%)
Q2.3	On your most recent journey here, were you offered a toilet break?		
	My journey was less than two hours		22 (14%)
	Yes		9 (6%)
	No.....		120 (75%)
	Don't remember		8 (5%)

Q2.4	On your most recent journey here, was the van clean?	
	Yes	79 (50%)
	No.....	50 (32%)
	Don't remember	29 (18%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes.....	85 (54%)
	No	64 (41%)
	Don't remember	8 (5%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well.....	21 (13%)
	Well.....	59 (37%)
	Neither	52 (33%)
	Badly.....	14 (9%)
	Very badly	8 (5%)
	Don't remember	5 (3%)
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 (38%)
	Yes, I received written information	16 (10%)
	No, I was not told anything	82 (52%)
	Don't remember	5 (3%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	100 (63%)
	No.....	51 (32%)
	Don't remember	9 (6%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours.....	87 (55%)
	2 hours or longer.....	49 (31%)
	Don't remember.....	23 (14%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	113 (72%)
	No	34 (22%)
	Don't remember	11 (7%)
Q3.3	Overall, how were you treated in reception?	
	Very well.....	20 (13%)
	Well.....	74 (47%)
	Neither	44 (28%)
	Badly.....	13 (8%)
	Very badly	5 (3%)
	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.)

<i>Loss of property</i>	51 (33%)	<i>Physical health</i>	18 (12%)
<i>Housing problems</i>	3 (2%)	<i>Mental health</i>	28 (18%)
<i>Contacting employers</i>	0 (0%)	<i>Needing protection from other prisoners</i>	11 (7%)
<i>Contacting family</i>	48 (31%)	<i>Getting phone numbers</i>	45 (29%)
<i>Childcare</i>	3 (2%)	<i>Other</i>	8 (5%)
<i>Money worries</i>	17 (11%)	<i>Did not have any problems</i>	47 (30%)
<i>Feeling depressed or suicidal</i>	26 (17%)		

Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?

<i>Yes</i>	23 (16%)
<i>No</i>	78 (53%)
<i>Did not have any problems</i>	47 (32%)

Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)

<i>Tobacco</i>	82 (53%)
<i>A shower</i>	39 (25%)
<i>A free telephone call</i>	24 (15%)
<i>Something to eat</i>	66 (43%)
<i>PIN phone credit</i>	15 (10%)
<i>Toiletries/ basic items</i>	74 (48%)
<i>Did not receive anything</i>	25 (16%)

Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)

<i>Chaplain</i>	58 (39%)
<i>Someone from health services</i>	78 (52%)
<i>A Listener/Samaritans</i>	31 (21%)
<i>Prison shop/ canteen</i>	25 (17%)
<i>Did not have access to any of these</i>	48 (32%)

Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)

<i>What was going to happen to you</i>	64 (43%)
<i>What support was available for people feeling depressed or suicidal</i>	37 (25%)
<i>How to make routine requests (applications)</i>	45 (30%)
<i>Your entitlement to visits</i>	33 (22%)
<i>Health services</i>	51 (34%)
<i>Chaplaincy</i>	48 (32%)
<i>Not offered any information</i>	57 (38%)

Q3.9 Did you feel safe on your first night here?

<i>Yes</i>	98 (62%)
<i>No</i>	46 (29%)
<i>Don't remember</i>	15 (9%)

Q3.10 How soon after you arrived here did you go on an induction course?

<i>Have not been on an induction course</i>	24 (15%)
<i>Within the first week</i>	66 (42%)
<i>More than a week</i>	48 (31%)
<i>Don't remember</i>	18 (12%)

Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	24 (15%)
	<i>Yes</i>	53 (34%)
	<i>No</i>	53 (34%)
	<i>Don't remember</i>	25 (16%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	29 (19%)
	<i>Within the first week</i>	29 (19%)
	<i>More than a week</i>	63 (41%)
	<i>Don't remember</i>	34 (22%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	16 (11%)	49 (32%)	24 (16%)	24 (16%)	25 (17%)	13 (9%)
	<i>Attend legal visits?</i>	7 (5%)	22 (16%)	21 (15%)	24 (18%)	38 (28%)	24 (18%)
	<i>Get bail information?</i>	3 (3%)	3 (3%)	6 (5%)	8 (7%)	10 (9%)	81 (73%)
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>						13 (8%)
	<i>Yes</i>						100 (65%)
	<i>No</i>						42 (27%)
Q4.3	Can you get legal books in the library?						
	<i>Yes</i>						72 (46%)
	<i>No</i>						12 (8%)
	<i>Don't know</i>						71 (46%)
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>	88 (58%)	60 (39%)	5 (3%)			
	<i>Are you normally able to have a shower every day?</i>	136 (87%)	20 (13%)	0 (0%)			
	<i>Do you normally receive clean sheets every week?</i>	49 (33%)	93 (62%)	8 (5%)			
	<i>Do you normally get cell cleaning materials every week?</i>	85 (56%)	64 (42%)	2 (1%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	62 (41%)	74 (49%)	16 (11%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	108 (69%)	48 (31%)	0 (0%)			
	<i>If you need to, can you normally get your stored property?</i>	33 (22%)	85 (56%)	33 (22%)			
Q4.5	What is the food like here?						
	<i>Very good</i>						2 (1%)
	<i>Good</i>						15 (10%)
	<i>Neither</i>						36 (23%)
	<i>Bad</i>						43 (28%)
	<i>Very bad</i>						59 (38%)
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>						2 (1%)
	<i>Yes</i>						78 (50%)
	<i>No</i>						77 (49%)

Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	69 (44%)
	No.....	18 (12%)
	Don't know	69 (44%)
Q4.8	Are your religious beliefs respected?	
	Yes	69 (45%)
	No.....	59 (38%)
	Don't know/ N/A.....	27 (17%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes	96 (62%)
	No.....	21 (13%)
	Don't know/ N/A.....	39 (25%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	I don't want to attend	20 (13%)
	Very easy.....	41 (26%)
	Easy	58 (37%)
	Neither	15 (10%)
	Difficult.....	8 (5%)
	Very difficult.....	11 (7%)
	Don't know	4 (3%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?		
	Yes	132 (85%)	
	No	21 (14%)	
	Don't know	2 (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?	4 (3%)	57 (39%)
	Are applications dealt with quickly (within seven days)?	4 (3%)	50 (36%)
		85 (58%)	86 (61%)
Q5.3	Is it easy to make a complaint?		
	Yes	107 (69%)	
	No	31 (20%)	
	Don't know	17 (11%)	
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?	35 (22%)	19 (12%)
	Are complaints dealt with quickly (within seven days)?	35 (23%)	32 (21%)
		105 (66%)	85 (56%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?		
	Yes	57 (37%)	
	No.....	97 (63%)	

Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are.....</i>	25 (17%)
	<i>Very easy.....</i>	6 (4%)
	<i>Easy.....</i>	26 (17%)
	<i>Neither.....</i>	47 (31%)
	<i>Difficult.....</i>	36 (24%)
	<i>Very difficult.....</i>	11 (7%)

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>	5 (3%)
	<i>Yes.....</i>	79 (52%)
	<i>No.....</i>	62 (41%)
	<i>Don't know.....</i>	6 (4%)
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>	5 (3%)
	<i>Yes.....</i>	55 (36%)
	<i>No.....</i>	79 (51%)
	<i>Don't know.....</i>	15 (10%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes.....</i>	15 (10%)
	<i>No.....</i>	141 (90%)
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>	95 (62%)
	<i>Very well.....</i>	7 (5%)
	<i>Well.....</i>	8 (5%)
	<i>Neither.....</i>	6 (4%)
	<i>Badly.....</i>	13 (8%)
	<i>Very badly.....</i>	24 (16%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes.....</i>	114 (74%)
	<i>No.....</i>	41 (26%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes.....</i>	107 (69%)
	<i>No.....</i>	47 (31%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes.....</i>	52 (33%)
	<i>No.....</i>	107 (67%)

Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	8 (5%)
	<i>Never</i>	24 (15%)
	<i>Rarely</i>	34 (22%)
	<i>Some of the time</i>	53 (34%)
	<i>Most of the time</i>	24 (15%)
	<i>All of the time</i>	13 (8%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	30 (19%)
	<i>In the first week</i>	45 (28%)
	<i>More than a week</i>	52 (33%)
	<i>Don't remember</i>	31 (20%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	30 (19%)
	<i>Very helpful</i>	22 (14%)
	<i>Helpful</i>	42 (27%)
	<i>Neither</i>	29 (19%)
	<i>Not very helpful</i>	16 (10%)
	<i>Not at all helpful</i>	16 (10%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?			
	<i>Yes</i>	98 (63%)		
	<i>No</i>	57 (37%)		
Q8.2	Do you feel unsafe now?			
	<i>Yes</i>	51 (34%)		
	<i>No</i>	99 (66%)		
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)			
	<i>Never felt unsafe</i>	57 (37%)	<i>At meal times</i>	16 (10%)
	<i>Everywhere</i>	41 (27%)	<i>At health services</i>	15 (10%)
	<i>Segregation unit</i>	32 (21%)	<i>Visits area</i>	7 (5%)
	<i>Association areas</i>	28 (18%)	<i>In wing showers</i>	31 (20%)
	<i>Reception area</i>	7 (5%)	<i>In gym showers</i>	17 (11%)
	<i>At the gym</i>	18 (12%)	<i>In corridors/stairwells</i>	22 (14%)
	<i>In an exercise yard</i>	20 (13%)	<i>On your landing/wing</i>	28 (18%)
	<i>At work</i>	21 (14%)	<i>In your cell</i>	25 (16%)
	<i>During movement</i>	23 (15%)	<i>At religious services</i>	7 (5%)
	<i>At education</i>	16 (10%)		
Q8.4	Have you been victimised by other prisoners here?			
	<i>Yes</i>	51 (32%)		
	<i>No</i>	107 (68%)		

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>	16 (10%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	10 (6%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	35 (22%)
	<i>Having your canteen/property taken.....</i>	9 (6%)
	<i>Medication.....</i>	3 (2%)
	<i>Debt</i>	5 (3%)
	<i>Drugs.....</i>	4 (3%)
	<i>Your race or ethnic origin.....</i>	12 (8%)
	<i>Your religion/religious beliefs</i>	27 (17%)
	<i>Your nationality</i>	8 (5%)
	<i>You are from a different part of the country than others.....</i>	6 (4%)
	<i>You are from a traveller community</i>	3 (2%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age.....</i>	5 (3%)
	<i>You have a disability.....</i>	3 (2%)
	<i>You were new here.....</i>	4 (3%)
	<i>Your offence/ crime</i>	11 (7%)
	<i>Gang related issues.....</i>	14 (9%)
Q8.6	Have you been victimised by staff here?	
	Yes	82 (53%)
	No.....	72 (47%)
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>	29 (19%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	12 (8%)
	<i>Sexual abuse</i>	8 (5%)
	<i>Feeling threatened or intimidated</i>	37 (24%)
	<i>Medication.....</i>	7 (5%)
	<i>Debt</i>	1 (1%)
	<i>Drugs.....</i>	3 (2%)
	<i>Your race or ethnic origin.....</i>	28 (18%)
	<i>Your religion/religious beliefs</i>	40 (26%)
	<i>Your nationality</i>	17 (11%)
	<i>You are from a different part of the country than others.....</i>	7 (5%)
	<i>You are from a traveller community</i>	4 (3%)
	<i>Your sexual orientation</i>	2 (1%)
	<i>Your age.....</i>	5 (3%)
	<i>You have a disability.....</i>	5 (3%)
	<i>You were new here.....</i>	10 (6%)
	<i>Your offence/ crime</i>	15 (10%)
	<i>Gang related issues.....</i>	5 (3%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised.....	51 (36%)
	Yes	56 (39%)
	No.....	35 (25%)

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	2 (1%)	7 (5%)	61 (40%)	35 (23%)	35 (23%)	13 (8%)
	The nurse	3 (2%)	26 (17%)	77 (51%)	24 (16%)	15 (10%)	5 (3%)
	The dentist	14 (9%)	4 (3%)	21 (14%)	18 (12%)	47 (31%)	48 (32%)

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	2 (1%)	12 (8%)	33 (21%)	24 (15%)	45 (29%)	39 (25%)
	The nurse	5 (3%)	18 (12%)	58 (38%)	29 (19%)	27 (18%)	17 (11%)
	The dentist	17 (11%)	11 (7%)	34 (22%)	27 (17%)	29 (19%)	38 (24%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>					1 (1%)	
	<i>Very good</i>					13 (9%)	
	<i>Good</i>					32 (21%)	
	<i>Neither</i>					33 (22%)	
	<i>Bad</i>					37 (24%)	
	<i>Very bad</i>					36 (24%)	
Q9.4	Are you currently taking medication?						
	Yes					73 (47%)	
	No					82 (53%)	
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>					82 (54%)	
	<i>Yes, all my meds</i>					22 (14%)	
	<i>Yes, some of my meds</i>					27 (18%)	
	<i>No</i>					21 (14%)	
Q9.6	Do you have any emotional or mental health problems?						
	Yes					60 (39%)	
	No					95 (61%)	
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>					95 (62%)	
	Yes					27 (18%)	
	No					32 (21%)	

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?		
	Yes		23 (15%)
	No		134 (85%)
Q10.2	Did you have a problem with alcohol when you came into this prison?		
	Yes		20 (13%)
	No		137 (87%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?		
	<i>Very easy</i>		43 (28%)
	<i>Easy</i>		19 (12%)
	<i>Neither</i>		8 (5%)
	<i>Difficult</i>		4 (3%)
	<i>Very difficult</i>		7 (5%)
	<i>Don't know</i>		73 (47%)

Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	17 (11%)
	Easy.....	18 (12%)
	Neither.....	9 (6%)
	Difficult.....	7 (4%)
	Very difficult.....	12 (8%)
	Don't know.....	93 (60%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	7 (5%)
	No.....	148 (95%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	4 (3%)
	No.....	148 (97%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	Did not / do not have a drug problem.....	125 (82%)
	Yes.....	19 (13%)
	No.....	8 (5%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	Did not / do not have an alcohol problem.....	137 (89%)
	Yes.....	9 (6%)
	No.....	8 (5%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	Did not have a problem/ did not receive help.....	128 (85%)
	Yes.....	17 (11%)
	No.....	5 (3%)

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	11 (7%)	12 (8%)	38 (25%)	27 (18%)	39 (26%)	23 (15%)
	Vocational or skills training	20 (14%)	5 (4%)	33 (24%)	32 (23%)	31 (22%)	19 (14%)
	Education (including basic skills)	17 (12%)	16 (11%)	50 (35%)	28 (20%)	17 (12%)	14 (10%)
	Offending behaviour programmes	18 (12%)	13 (9%)	25 (17%)	28 (19%)	27 (19%)	34 (23%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	Not involved in any of these.....					20 (14%)	
	Prison job.....					90 (61%)	
	Vocational or skills training.....					16 (11%)	
	Education (including basic skills).....					41 (28%)	
	Offending behaviour programmes.....					32 (22%)	

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	11 (9%)	37 (29%)	68 (54%)	11 (9%)
	Vocational or skills training	15 (13%)	45 (40%)	40 (35%)	13 (12%)
	Education (including basic skills)	13 (11%)	57 (49%)	36 (31%)	11 (9%)
	Offending behaviour programmes	15 (12%)	61 (48%)	37 (29%)	15 (12%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				14 (9%)
	<i>Never</i>				23 (15%)
	<i>Less than once a week</i>				33 (22%)
	<i>About once a week</i>				77 (51%)
	<i>More than once a week</i>				3 (2%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				30 (20%)
	<i>Yes</i>				62 (41%)
	<i>No</i>				59 (39%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				16 (11%)
	<i>0</i>				23 (15%)
	<i>1 to 2</i>				50 (33%)
	<i>3 to 5</i>				59 (39%)
	<i>More than 5</i>				3 (2%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				33 (22%)
	<i>0</i>				40 (27%)
	<i>1 to 2</i>				36 (24%)
	<i>3 to 5</i>				24 (16%)
	<i>More than 5</i>				17 (11%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				4 (3%)
	<i>0</i>				11 (7%)
	<i>1 to 2</i>				3 (2%)
	<i>3 to 5</i>				27 (18%)
	<i>More than 5</i>				105 (70%)
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>				11 (7%)
	<i>2 to less than 4 hours</i>				14 (9%)
	<i>4 to less than 6 hours</i>				22 (15%)
	<i>6 to less than 8 hours</i>				38 (25%)
	<i>8 to less than 10 hours</i>				33 (22%)
	<i>10 hours or more</i>				17 (11%)
	<i>Don't know</i>				15 (10%)

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?	
	Yes	43 (28%)
	No	109 (72%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	100 (66%)
	No	52 (34%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	54 (35%)
	No	101 (65%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	17 (11%)
	<i>Very easy</i>	2 (1%)
	<i>Easy</i>	9 (6%)
	<i>Neither</i>	19 (12%)
	<i>Difficult</i>	54 (35%)
	<i>Very difficult</i>	53 (34%)
	<i>Don't know</i>	1 (1%)

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%)
	Yes	129 (83%)
	No	26 (17%)
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>	26 (17%)
	<i>No contact</i>	45 (30%)
	<i>Letter</i>	40 (26%)
	<i>Phone</i>	37 (24%)
	<i>Visit</i>	34 (22%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	135 (89%)
	No	16 (11%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	Yes	127 (84%)
	No	25 (16%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	25 (16%)
	<i>Very involved</i>	30 (20%)
	<i>Involved</i>	38 (25%)
	<i>Neither</i>	17 (11%)
	<i>Not very involved</i>	33 (22%)
	<i>Not at all involved</i>	10 (7%)

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>	25 (17%)
<i>Nobody</i>	50 (33%)
<i>Offender supervisor</i>	58 (39%)
<i>Offender manager</i>	29 (19%)
<i>Named/ personal officer</i>	26 (17%)
<i>Staff from other departments</i>	22 (15%)

Q13.7 Can you achieve any of your sentence plan targets in this prison?

<i>Do not have a sentence plan/ not sentenced</i>	25 (16%)
<i>Yes</i>	66 (43%)
<i>No</i>	46 (30%)
<i>Don't know</i>	16 (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>	25 (17%)
<i>Yes</i>	44 (29%)
<i>No</i>	50 (33%)
<i>Don't know</i>	32 (21%)

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>	25 (17%)
<i>Yes</i>	23 (15%)
<i>No</i>	61 (41%)
<i>Don't know</i>	41 (27%)

Q13.10 Do you have a needs based custody plan?

<i>Yes</i>	12 (8%)
<i>No</i>	78 (53%)
<i>Don't know</i>	58 (39%)

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

<i>Yes</i>	17 (11%)
<i>No</i>	131 (89%)

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>	<i>Yes</i>	<i>No</i>
Employment	29 (21%)	13 (9%)	99 (70%)
Accommodation	30 (22%)	13 (9%)	95 (69%)
Benefits	30 (22%)	8 (6%)	97 (72%)
Finances	31 (23%)	9 (7%)	97 (71%)
Education	29 (21%)	15 (11%)	93 (68%)
Drugs and alcohol	37 (28%)	16 (12%)	78 (60%)

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?

<i>Not sentenced</i>	0 (0%)
<i>Yes</i>	84 (58%)
<i>No</i>	60 (42%)

Main comparator and comparator to last time



Prisoner survey responses HMP Whitemoor 2017

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

Key to tables

		HMP Whitemoor 2017	High Secure Prisons Comparator	HMP Whitemoor 2017	HMP Whitemoor 2014
	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		160	703	160	151
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	0%	0%	0%
1.3	Are you sentenced?	100%	99%	100%	100%
1.3	Are you on recall?	0%	2%	0%	0%
1.4	Is your sentence less than 12 months?	1%	0%	1%	0%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	12%	10%	12%	7%
1.5	Are you a foreign national?	20%	12%	20%	18%
1.6	Do you understand spoken English?	100%	99%	100%	100%
1.7	Do you understand written English?	100%	98%	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.)	52%	26%	52%	56%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	4%	5%	4%
1.1	Are you Muslim?	41%	18%	41%	44%
1.11	Are you homosexual/gay or bisexual?	3%	9%	3%	4%
1.12	Do you consider yourself to have a disability?	27%	30%	27%	20%
1.13	Are you a veteran (ex-armed services)?	4%	9%	4%	2%
1.14	Is this your first time in prison?	39%	42%	39%	36%
1.15	Do you have any children under the age of 18?	42%	37%	42%	50%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	73%	64%	73%	76%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	41%	46%	41%	44%
2.3	Were you offered a toilet break?	7%	10%	7%	8%
2.4	Was the van clean?	50%	61%	50%	52%
2.5	Did you feel safe?	54%	71%	54%	70%
2.6	Were you treated well/very well by the escort staff?	50%	61%	50%	55%
2.7	Before you arrived here were you told that you were coming here?	38%	43%	38%	40%
2.7	Before you arrived here did you receive any written information about coming here?	10%	5%	10%	10%
2.8	When you first arrived here did your property arrive at the same time as you?	62%	73%	62%	67%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	55%	53%	55%	41%
3.2	When you were searched in reception, was this carried out in a respectful way?	72%	73%	72%	65%
3.3	Were you treated well/very well in reception?	59%	63%	59%	57%
	When you first arrived:				
3.4	Did you have any problems?	70%	70%	70%	63%
3.4	Did you have any problems with loss of property?	33%	27%	33%	25%
3.4	Did you have any housing problems?	2%	4%	2%	4%
3.4	Did you have any problems contacting employers?	0%	1%	0%	1%
3.4	Did you have any problems contacting family?	31%	29%	31%	21%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	1%	2%	3%
3.4	Did you have any money worries?	11%	14%	11%	7%
3.4	Did you have any problems with feeling depressed or suicidal?	17%	20%	17%	10%
3.4	Did you have any physical health problems?	12%	15%	12%	10%
3.4	Did you have any mental health problems?	18%	19%	18%	11%
3.4	Did you have any problems with needing protection from other prisoners?	7%	9%	7%	6%
3.4	Did you have problems accessing phone numbers?	29%	26%	29%	19%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	23%	36%	23%	29%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	53%	50%	53%	47%
3.6	A shower?	25%	22%	25%	19%
3.6	A free telephone call?	16%	21%	16%	7%
3.6	Something to eat?	43%	43%	43%	47%
3.6	PIN phone credit?	10%	17%	10%	10%
3.6	Toiletries/ basic items?	48%	42%	48%	38%

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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%	45%	39%	36%
3.7	Someone from health services?	52%	58%	52%	67%
3.7	A Listener/Samaritans?	21%	21%	21%	24%
3.7	Prison shop/ canteen?	17%	19%	17%	17%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	43%	39%	43%	55%
3.8	Support was available for people feeling depressed or suicidal?	25%	30%	25%	37%
3.8	How to make routine requests?	30%	35%	30%	34%
3.8	Your entitlement to visits?	22%	30%	22%	28%
3.8	Health services?	34%	41%	34%	44%
3.8	The chaplaincy?	32%	38%	32%	37%
3.9	Did you feel safe on your first night here?	62%	67%	62%	67%
3.10	Have you been on an induction course?	85%	88%	85%	87%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	41%	43%	41%	51%
3.12	Did you receive an education (skills for life) assessment?	81%	76%	81%	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?	43%	52%	43%	50%
4.1	Attend legal visits?	21%	50%	21%	30%
4.1	Get bail information?	5%	8%	5%	3%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	65%	55%	65%	69%
4.3	Can you get legal books in the library?	47%	64%	47%	57%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	58%	83%	58%	78%
4.4	Are you normally able to have a shower every day?	87%	95%	87%	97%
4.4	Do you normally receive clean sheets every week?	33%	77%	33%	69%
4.4	Do you normally get cell cleaning materials every week?	56%	75%	56%	84%
4.4	Is your cell call bell normally answered within five minutes?	41%	45%	41%	57%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	69%	65%	69%	71%
4.4	Can you normally get your stored property, if you need to?	22%	26%	22%	23%
4.5	Is the food in this prison good/very good?	11%	27%	11%	10%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	56%	50%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	44%	54%	44%	51%
4.8	Are your religious beliefs respected?	45%	52%	45%	49%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	61%	59%	61%	65%
4.10	Is it easy/very easy to attend religious services?	63%	52%	63%	67%

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Percentages which are not highlighted show there is no significant difference					
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	85%	85%	85%	92%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	40%	54%	40%	57%
5.2	Do you feel applications are dealt with quickly (within seven days)?	37%	38%	37%	51%
5.3	Is it easy to make a complaint?	69%	72%	69%	74%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	16%	30%	16%	24%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	27%	36%	27%	40%
5.5	Have you ever been prevented from making a complaint when you wanted to?	37%	26%	37%	26%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	21%	26%	21%	27%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	49%	52%	50%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	43%	36%	48%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	5%	10%	8%
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?	26%	33%	26%	17%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	74%	80%	74%	79%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	70%	74%	70%	71%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	33%	36%	33%	38%
7.4	Do staff normally speak to you most of the time/all of the time during association?	24%	27%	24%	22%
7.5	Do you have a personal officer?	81%	87%	81%	93%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	51%	65%	51%	61%

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SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	63%	53%	63%	55%
8.2	Do you feel unsafe now?	34%	23%	34%	26%
8.4	Have you been victimised by other prisoners here?	32%	39%	32%	30%
Since you have been here, have other prisoners:					
8.5	Made insulting remarks about you, your family or friends?	10%	15%	10%	10%
8.5	Hit, kicked or assaulted you?	6%	10%	6%	10%
8.5	Sexually abused you?	2%	4%	2%	1%
8.5	Threatened or intimidated you?	22%	23%	22%	20%
8.5	Taken your canteen/property?	6%	7%	6%	5%
8.5	Victimised you because of medication?	2%	5%	2%	4%
8.5	Victimised you because of debt?	3%	3%	3%	1%
8.5	Victimised you because of drugs?	3%	3%	3%	1%
8.5	Victimised you because of your race or ethnic origin?	8%	8%	8%	6%
8.5	Victimised you because of your religion/religious beliefs?	17%	9%	17%	13%
8.5	Victimised you because of your nationality?	5%	6%	5%	5%
8.5	Victimised you because you were from a different part of the country?	4%	6%	4%	1%
8.5	Victimised you because you are from a Traveller community?	2%	1%	2%	2%
8.5	Victimised you because of your sexual orientation?	2%	3%	2%	3%
8.5	Victimised you because of your age?	3%	5%	3%	2%
8.5	Victimised you because you have a disability?	2%	6%	2%	3%
8.5	Victimised you because you were new here?	3%	5%	3%	4%
8.5	Victimised you because of your offence/crime?	7%	11%	7%	8%
8.5	Victimised you because of gang related issues?	9%	6%	9%	4%

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SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	53%	45%	53%	55%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	19%	18%	19%	19%
8.7	Hit, kicked or assaulted you?	8%	6%	8%	10%
8.7	Sexually abused you?	5%	1%	5%	4%
8.7	Threatened or intimidated you?	24%	23%	24%	26%
8.7	Victimised you because of medication?	5%	6%	5%	6%
8.7	Victimised you because of debt?	1%	1%	1%	0%
8.7	Victimised you because of drugs?	2%	1%	2%	1%
8.7	Victimised you because of your race or ethnic origin?	18%	7%	18%	11%
8.7	Victimised you because of your religion/religious beliefs?	26%	10%	26%	23%
8.7	Victimised you because of your nationality?	11%	5%	11%	10%
8.7	Victimised you because you were from a different part of the country?	5%	5%	5%	2%
8.7	Victimised you because you are from a Traveller community?	3%	1%	3%	1%
8.7	Victimised you because of your sexual orientation?	1%	2%	1%	2%
8.7	Victimised you because of your age?	3%	3%	3%	2%
8.7	Victimised you because you have a disability?	3%	6%	3%	2%
8.7	Victimised you because you were new here?	7%	5%	7%	1%
8.7	Victimised you because of your offence/crime?	10%	11%	10%	6%
8.7	Victimised you because of gang related issues?	3%	2%	3%	5%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	62%	47%	62%	54%

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SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	45%	34%	45%	32%
9.1	Is it easy/very easy to see the nurse?	69%	58%	69%	64%
9.1	Is it easy/very easy to see the dentist?	17%	24%	17%	7%
	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?	30%	49%	30%	23%
9.2	The nurse?	51%	59%	51%	59%
9.2	The dentist?	32%	54%	32%	29%
9.3	The overall quality of health services?	30%	41%	30%	21%
9.4	Are you currently taking medication?	47%	61%	47%	31%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	70%	82%	70%	60%
9.6	Do you have any emotional well being or mental health problems?	39%	37%	39%	25%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	46%	55%	46%	72%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	15%	18%	15%	10%
10.2	Did you have a problem with alcohol when you came into this prison?	13%	14%	13%	10%
10.3	Is it easy/very easy to get illegal drugs in this prison?	40%	25%	40%	12%
10.4	Is it easy/very easy to get alcohol in this prison?	22%	13%	22%	7%
10.5	Have you developed a problem with drugs since you have been in this prison?	5%	5%	5%	4%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	3%	5%	3%	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?	71%	72%	71%	63%
10.8	Have you received any support or help with your alcohol problem while in this prison?	53%	73%	53%	71%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	78%	80%	78%	100%

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SECTION 11: Activities					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	33%	36%	33%	40%
11.1	Vocational or skills training?	27%	24%	27%	39%
11.1	Education (including basic skills)?	47%	41%	47%	56%
11.1	Offending behaviour programmes?	26%	25%	26%	26%
Are you currently involved in any of the following activities:					
11.2	A prison job?	61%	70%	61%	67%
11.2	Vocational or skills training?	11%	11%	11%	19%
11.2	Education (including basic skills)?	28%	27%	28%	26%
11.2	Offending behaviour programmes?	22%	20%	22%	24%
11.3	Have you had a job while in this prison?	91%	88%	91%	97%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	32%	39%	32%	45%
11.3	Have you been involved in vocational or skills training while in this prison?	87%	76%	87%	89%
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?	46%	42%	46%	52%
11.3	Have you been involved in education while in this prison?	89%	83%	89%	93%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	55%	50%	55%	61%
11.3	Have you been involved in offending behaviour programmes while in this prison?	88%	78%	88%	92%
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?	54%	51%	54%	52%
11.4	Do you go to the library at least once a week?	53%	46%	53%	52%
11.5	Does the library have a wide enough range of materials to meet your needs?	41%	50%	41%	48%
11.6	Do you go to the gym three or more times a week?	41%	30%	41%	55%
11.7	Do you go outside for exercise three or more times a week?	27%	31%	27%	17%
11.8	Do you go on association more than five times each week?	70%	82%	70%	83%
11.9	Do you spend ten or more hours out of your cell on a weekday?	11%	12%	11%	15%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	28%	33%	28%	34%
12.2	Have you had any problems with sending or receiving mail?	66%	50%	66%	58%
12.3	Have you had any problems getting access to the telephones?	35%	27%	35%	34%
12.4	Is it easy/ very easy for your friends and family to get here?	7%	18%	7%	16%

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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?	83%	90%	83%	85%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	36%	29%	36%	30%
13.2	Contact by letter?	32%	42%	32%	23%
13.2	Contact by phone?	29%	27%	29%	26%
13.2	Contact by visit?	27%	36%	27%	35%
13.3	Do you have a named offender supervisor in this prison?	89%	82%	89%	93%
For those who are sentenced:					
13.4	Do you have a sentence plan?	84%	86%	84%	88%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	53%	54%	53%	57%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	40%	44%	40%	38%
13.6	Offender supervisor?	46%	39%	46%	43%
13.6	Offender manager?	23%	26%	23%	20%
13.6	Named/ personal officer?	21%	24%	21%	20%
13.6	Staff from other departments?	18%	21%	18%	15%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	52%	52%	52%	55%
13.8	Are there plans for you to achieve any of your targets in another prison?	35%	31%	35%	40%
13.9	Are there plans for you to achieve any of your targets in the community?	18%	13%	18%	12%
13.10	Do you have a needs based custody plan?	8%	7%	8%	9%
13.11	Do you feel that any member of staff has helped you to prepare for release?	12%	12%	12%	13%
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?	12%	16%	12%	13%
13.12	Accommodation?	12%	16%	12%	11%
13.12	Benefits?	8%	16%	8%	8%
13.12	Finances?	9%	13%	9%	9%
13.12	Education?	14%	21%	14%	18%
13.12	Drugs and alcohol?	17%	24%	17%	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?	58%	57%	58%	62%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Whitemoor 2017

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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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		79	72	32	125	61	86
1.3	Are you sentenced?	100%	100%	100%	100%	100%	100%
1.5	Are you a foreign national?	18%	24%			20%	24%
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.)			45%	55%	88%	25%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	9%	10%	4%	0%	9%
1.1	Are you Muslim?	71%	10%	38%	43%		
1.12	Do you consider yourself to have a disability?	18%	39%	25%	27%	22%	31%
1.13	Are you a veteran (ex-armed services)?	1%	6%	0%	5%	0%	5%
1.14	Is this your first time in prison?	42%	33%	59%	33%	48%	35%
2.6	Were you treated well/very well by the escort staff?	42%	61%	62%	49%	40%	59%
2.7	Before you arrived here were you told that you were coming here?	31%	47%	22%	42%	28%	48%
3.2	When you were searched in reception, was this carried out in a respectful way?	60%	86%	78%	71%	58%	80%
3.3	Were you treated well/very well in reception?	46%	75%	75%	56%	43%	71%
3.4	Did you have any problems when you first arrived?	70%	68%	66%	70%	71%	65%
3.7	Did you have access to someone from health care when you first arrived here?	49%	56%	59%	49%	44%	57%
3.9	Did you feel safe on your first night here?	55%	68%	62%	62%	57%	66%
3.10	Have you been on an induction course?	91%	77%	91%	84%	87%	85%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	47%	41%	44%	43%	49%	43%

Diversity analysis

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	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally offered enough clean, suitable clothes for the week?	52%	61%	75%	54%	54%	60%
4.4	Are you normally able to have a shower every day?	88%	86%	94%	85%	84%	90%
4.4	Is your cell call bell normally answered within five minutes?	37%	47%	58%	37%	33%	50%
4.5	Is the food in this prison good/very good?	5%	19%	16%	10%	2%	19%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	45%	57%	50%	51%	38%	59%
4.7	Are you able to speak to a Listener at any time, if you want to?	37%	51%	50%	44%	29%	54%
4.8	Do you feel your religious beliefs are respected?	43%	49%	66%	40%	45%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	53%	72%	66%	60%	46%	70%
5.1	Is it easy to make an application?	87%	83%	87%	85%	81%	88%
5.3	Is it easy to make a complaint?	70%	67%	78%	67%	71%	68%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	45%	62%	57%	51%	40%	62%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	26%	44%	34%	36%	24%	44%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	13%	0%	11%	10%	9%
7.1	Do most staff, in this prison, treat you with respect?	67%	83%	85%	72%	57%	86%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	65%	76%	81%	67%	57%	79%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	16%	31%	23%	24%	16%	29%
7.4	Do you have a personal officer?	78%	86%	94%	77%	75%	86%
8.1	Have you ever felt unsafe here?	64%	62%	69%	62%	62%	62%
8.2	Do you feel unsafe now?	33%	34%	35%	33%	34%	34%
8.3	Have you been victimised by other prisoners?	28%	38%	31%	32%	25%	36%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	18%	28%	19%	23%	17%	25%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	8%	6%	8%	7%	7%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	15%	18%	15%	18%	12%	18%
8.5	Have you been victimised because of your nationality? (By prisoners)	5%	3%	13%	3%	7%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	1%	3%	0%	2%	2%	2%

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						
8.6	Have you been victimised by a member of staff?	67%	36%	44%	55%	72%	38%
8.7	Have you ever felt threatened or intimidated by staff here?	30%	16%	10%	26%	31%	17%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	29%	4%	16%	18%	31%	7%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	42%	6%	30%	26%	52%	9%
8.7	Have you been victimised because of your nationality? (By staff)	16%	4%	20%	9%	19%	6%
8.7	Have you been victimised because you have a disability? (By staff)	2%	4%	0%	3%	3%	2%
9.1	Is it easy/very easy to see the doctor?	37%	52%	41%	45%	32%	55%
9.1	Is it easy/ very easy to see the nurse?	65%	72%	74%	68%	67%	69%
9.4	Are you currently taking medication?	34%	62%	39%	48%	38%	54%
9.6	Do you feel you have any emotional well being/mental health issues?	33%	45%	28%	41%	35%	40%
10.3	Is it easy/very easy to get illegal drugs in this prison?	40%	40%	35%	41%	40%	38%
11.2	Are you currently working in the prison?	64%	59%	60%	61%	59%	64%
11.2	Are you currently undertaking vocational or skills training?	11%	12%	14%	11%	7%	15%
11.2	Are you currently in education (including basic skills)?	30%	21%	40%	24%	32%	23%
11.2	Are you currently taking part in an offending behaviour programme?	21%	24%	26%	20%	20%	24%
11.4	Do you go to the library at least once a week?	48%	61%	65%	51%	46%	60%
11.6	Do you go to the gym three or more times a week?	41%	40%	33%	43%	44%	40%
11.7	Do you go outside for exercise three or more times a week?	28%	27%	19%	29%	30%	24%
11.8	On average, do you go on association more than five times each week?	68%	72%	55%	74%	66%	73%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	3%	18%	10%	11%	5%	15%
12.2	Have you had any problems sending or receiving mail?	72%	58%	66%	66%	80%	54%
12.3	Have you had any problems getting access to the telephones?	38%	29%	44%	32%	42%	27%

Diversity Analysis



Key question responses (disability and age over 50) HMP Whitemoor 2017

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		42	113	35	125
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	20%	22%	18%	21%
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.)	33%	59%	13%	63%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	13%	2%	18%	2%
1.1	Are you Muslim?	34%	45%	6%	51%
1.12	Do you consider yourself to have a disability?	-	-	36%	25%
1.13	Are you a veteran (ex-armed services)?	5%	3%	12%	2%
1.14	Is this your first time in prison?	24%	44%	31%	41%
2.6	Were you treated well/very well by the escort staff?	62%	46%	60%	48%
2.7	Before you arrived here were you told that you were coming here?	47%	34%	43%	36%
3.2	When you were searched in reception, was this carried out in a respectful way?	81%	69%	86%	68%
3.3	Were you treated well/very well in reception?	75%	54%	74%	55%
3.4	Did you have any problems when you first arrived?	83%	63%	62%	72%
3.7	Did you have access to someone from health care when you first arrived here?	58%	50%	60%	50%
3.9	Did you feel safe on your first night here?	54%	65%	77%	57%
3.10	Have you been on an induction course?	77%	88%	83%	85%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	34%	47%	40%	44%

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 offered enough clean, suitable clothes for the week?	48%	60%	76%	53%
4.4	Are you normally able to have a shower every day?	78%	91%	88%	87%
4.4	Is your cell call bell normally answered within five minutes?	39%	40%	46%	39%
4.5	Is the food in this prison good/very good?	8%	12%	21%	8%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	50%	49%	52%	49%
4.7	Are you able to speak to a Listener at any time, if you want to?	44%	45%	54%	41%
4.8	Do you feel your religious beliefs are respected?	39%	47%	52%	43%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	63%	61%	77%	57%
5.1	Is it easy to make an application?	73%	89%	91%	83%
5.3	Is it easy to make a complaint?	71%	68%	57%	72%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	54%	52%	79%	44%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	35%	42%	34%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	12%	8%	14%	8%
7.1	Do most staff, in this prison, treat you with respect?	66%	77%	86%	70%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	63%	73%	77%	67%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	25%	23%	37%	20%
7.4	Do you have a personal officer?	85%	80%	94%	78%
8.1	Have you ever felt unsafe here?	73%	60%	47%	68%
8.2	Do you feel unsafe now?	42%	31%	26%	36%
8.3	Have you been victimised by other prisoners?	49%	25%	40%	30%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	29%	20%	29%	20%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	10%	5%	14%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	25%	13%	17%	17%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	4%	5%	5%
8.5	Have you been victimised because of your age? (By prisoners)	7%	1%	12%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	7%	0%	3%	2%

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
	Any percentage highlighted in blue is significantly worse				Prisoners under the age of 50
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	46%	55%	30%	60%
8.7	Have you ever felt threatened or intimidated by staff here?	20%	24%	14%	27%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	13%	19%	9%	21%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	11%	31%	9%	31%
8.7	Have you been victimised because of your nationality? (By staff)	5%	12%	12%	11%
8.7	Have you been victimised because of your age? (By staff)	3%	3%	6%	3%
8.7	Have you been victimised because you have a disability? (By staff)	11%	1%	3%	3%
9.1	Is it easy/very easy to see the doctor?	55%	40%	56%	41%
9.1	Is it easy/ very easy to see the nurse?	70%	68%	75%	67%
9.4	Are you currently taking medication?	70%	38%	77%	39%
9.6	Do you feel you have any emotional well being/mental health issues?	65%	29%	41%	38%
10.3	Is it easy/very easy to get illegal drugs in this prison?	50%	38%	42%	40%
11.2	Are you currently working in the prison?	50%	66%	61%	61%
11.2	Are you currently undertaking vocational or skills training?	12%	10%	16%	9%
11.2	Are you currently in education (including basic skills)?	14%	33%	23%	29%
11.2	Are you currently taking part in an offending behaviour programme?	33%	18%	16%	23%
11.4	Do you go to the library at least once a week?	49%	56%	56%	53%
11.6	Do you go to the gym three or more times a week?	34%	45%	26%	45%
11.7	Do you go outside for exercise three or more times a week?	21%	29%	19%	30%
11.8	On average, do you go on association more than five times each week?	68%	70%	84%	67%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	3%	15%	19%	9%
12.2	Have you had any problems sending or receiving mail?	73%	63%	46%	72%
12.3	Have you had any problems getting access to the telephones?	29%	37%	15%	40%



Prisoner survey responses HMP Whitemoor 2017

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

		Fens Unit	A, B and C wings
	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		23	125
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%	1%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	46%	6%
1.5	Are you a foreign national?	5%	24%
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.)	8%	61%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	18%	4%
1.1	Are you Muslim?	13%	47%
1.11	Are you homosexual/gay or bisexual?	18%	1%
1.12	Do you consider yourself to have a disability?	57%	20%
1.13	Are you a veteran (ex-armed services)?	5%	4%
1.14	Is this your first time in prison?	8%	46%
1.15	Do you have any children under the age of 18?	39%	44%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	68%	73%
2.5	Did you feel safe?	79%	53%
2.6	Were you treated well/very well by the escort staff?	69%	46%
2.7	Before you arrived here were you told that you were coming here?	66%	32%
2.8	When you first arrived here did your property arrive at the same time as you?	61%	62%

Key to tables

	Any percentage highlighted in green is significantly better	Fens Unit	A, B and C wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	74%	50%
3.2	When you were searched in reception, was this carried out in a respectful way?	92%	68%
3.3	Were you treated well/very well in reception?	87%	54%
	When you first arrived:		
3.4	Did you have any problems?	79%	66%
3.4	Did you have any problems with loss of property?	31%	31%
3.4	Did you have any housing problems?	5%	2%
3.4	Did you have any problems contacting employers?	0%	0%
3.4	Did you have any problems contacting family?	13%	34%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	3%
3.4	Did you have any money worries?	5%	13%
3.4	Did you have any problems with feeling depressed or suicidal?	21%	14%
3.4	Did you have any physical health problems?	21%	9%
3.4	Did you have any mental health problems?	48%	9%
3.4	Did you have any problems with needing protection from other prisoners?	8%	4%
3.4	Did you have problems accessing phone numbers?	5%	33%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	66%	47%
3.6	A shower?	39%	23%
3.6	A free telephone call?	18%	14%
3.6	Something to eat?	48%	42%
3.6	PIN phone credit?	8%	10%
3.6	Toiletries/ basic items?	39%	50%

Key to tables

	Any percentage highlighted in green is significantly better	Fens Unit	A, B and C wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	36%	38%
3.7	Someone from health services?	54%	51%
3.7	A Listener/Samaritans?	14%	22%
3.7	Prison shop/ canteen?	14%	18%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	48%	42%
3.8	Support was available for people feeling depressed or suicidal?	34%	24%
3.8	How to make routine requests?	38%	30%
3.8	Your entitlement to visits?	34%	22%
3.8	Health services?	48%	32%
3.8	The chaplaincy?	52%	29%
3.9	Did you feel safe on your first night here?	66%	64%
3.10	Have you been on an induction course?	68%	90%
3.12	Did you receive an education (skills for life) assessment?	59%	86%
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?	64%	41%
4.1	Attend legal visits?	48%	18%
4.1	Get bail information?	13%	5%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	27%	70%
4.3	Can you get legal books in the library?	59%	47%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	68%	59%
4.4	Are you normally able to have a shower every day?	100%	93%
4.4	Do you normally receive clean sheets every week?	48%	31%
4.4	Do you normally get cell cleaning materials every week?	78%	55%
4.4	Is your cell call bell normally answered within five minutes?	57%	40%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	64%	75%
4.4	Can you normally get your stored property, if you need to?	34%	22%
4.5	Is the food in this prison good/very good?	22%	10%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	48%	49%
4.7	Are you able to speak to a Listener at any time, if you want to?	57%	42%
4.8	Are your religious beliefs are respected?	39%	47%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	74%	60%
4.10	Is it easy/very easy to attend religious services?	57%	66%

Key to tables

	Any percentage highlighted in green is significantly better	Fens Unit	A, B and C wings
	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 5: Applications and complaints			
5.1	Is it easy to make an application?	92%	86%
5.3	Is it easy to make a complaint?	79%	66%
5.5	Have you ever been prevented from making a complaint when you wanted to?	31%	38%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	29%	18%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	73%	51%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	53%	35%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	19%	6%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	81%	73%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	82%	69%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	69%	27%
7.4	Do staff normally speak to you most of the time/all of the time during association?	57%	19%
7.5	Do you have a personal officer?	95%	81%

Key to tables

	Any percentage highlighted in green is significantly better	Fens Unit	A, B and C wings
	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 8: Safety			
8.1	Have you ever felt unsafe here?	74%	58%
8.2	Do you feel unsafe now?	27%	33%
8.4	Have you been victimised by other prisoners here?	48%	26%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	18%	6%
8.5	Hit, kicked or assaulted you?	18%	4%
8.5	Sexually abused you?	8%	1%
8.5	Threatened or intimidated you?	39%	18%
8.5	Taken your canteen/property?	5%	5%
8.5	Victimised you because of medication?	5%	1%
8.5	Victimised you because of debt?	5%	2%
8.5	Victimised you because of drugs?	5%	2%
8.5	Victimised you because of your race or ethnic origin?	5%	8%
8.5	Victimised you because of your religion/religious beliefs?	5%	17%
8.5	Victimised you because of your nationality?	5%	6%
8.5	Victimised you because you were from a different part of the country?	5%	3%
8.5	Victimised you because you are from a traveller community?	8%	1%
8.5	Victimised you because of your sexual orientation?	8%	1%
8.5	Victimised you because of your age?	5%	2%
8.5	Victimised you because you have a disability?	8%	1%
8.5	Victimised you because you were new here?	5%	2%
8.5	Victimised you because of your offence/crime?	26%	3%
8.5	Victimised you because of gang related issues?	0%	8%

Key to tables

	Any percentage highlighted in green is significantly better	Fens Unit	A, B and C wings
	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 8: Safety continued			
8.6	Have you been victimised by staff here?	32%	55%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	9%	17%
8.7	Hit, kicked or assaulted you?	14%	7%
8.7	Sexually abused you?	5%	5%
8.7	Threatened or intimidated you?	22%	23%
8.7	Victimised you because of medication?	0%	6%
8.7	Victimised you because of debt?	0%	1%
8.7	Victimised you because of drugs?	0%	2%
8.7	Victimised you because of your race or ethnic origin?	5%	21%
8.7	Victimised you because of your religion/religious beliefs?	9%	30%
8.7	Victimised you because of your nationality?	5%	12%
8.7	Victimised you because you were from a different part of the country?	0%	6%
8.7	Victimised you because you are from a traveller community?	0%	3%
8.7	Victimised you because of your sexual orientation?	0%	2%
8.7	Victimised you because of your age?	5%	3%
8.7	Victimised you because you have a disability?	9%	3%
8.7	Victimised you because you were new here?	5%	8%
8.7	Victimised you because of your offence/crime?	9%	10%
8.7	Victimised you because of gang related issues?	0%	4%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	73%	39%
9.1	Is it easy/very easy to see the nurse?	91%	64%
9.1	Is it easy/very easy to see the dentist?	35%	14%
9.4	Are you currently taking medication?	87%	39%
9.6	Do you have any emotional well being or mental health problems?	82%	28%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	44%	7%
10.2	Did you have a problem with alcohol when you came into this prison?	39%	8%
10.3	Is it easy/very easy to get illegal drugs in this prison?	52%	36%
10.4	Is it easy/very easy to get alcohol in this prison?	22%	20%
10.5	Have you developed a problem with drugs since you have been in this prison?	0%	5%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	5%	3%

Key to tables

	Any percentage highlighted in green is significantly better	Fens Unit	A, B and C wings
	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 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	80%	27%
11.1	Vocational or skills training?	33%	27%
11.1	Education (including basic skills)?	40%	49%
11.1	Offending Behaviour Programmes?	69%	22%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	63%	66%
11.2	Vocational or skills training?	0%	14%
11.2	Education (including basic skills)?	0%	33%
11.2	Offending Behaviour Programmes?	48%	19%
11.4	Do you go to the library at least once a week?	54%	55%
11.5	Does the library have a wide enough range of materials to meet your needs?	59%	39%
11.6	Do you go to the gym three or more times a week?	32%	47%
11.7	Do you go outside for exercise three or more times a week?	0%	26%
11.8	Do you go on association more than five times each week?	100%	71%
11.9	Do you spend ten or more hours out of your cell on a weekday?	27%	9%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	52%	26%
12.2	Have you had any problems with sending or receiving mail?	48%	68%
12.3	Have you had any problems getting access to the telephones?	5%	37%
12.4	Is it easy/ very easy for your friends and family to get here?	9%	7%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	100%	89%
13.10	Do you have a needs based custody plan?	19%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	36%	7%