

Report on a scrutiny visit to

HMP Whitemoor

by HM Chief Inspector of Prisons

28 July and 4–5 August 2020

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Glossary of terms

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary in our 'Guide for writing inspection reports', available on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Challenge, support and intervention plan (CSIP)

Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Some prisons also use the CSIP framework to support victims of violence.

End of custody temporary release scheme

A national scheme through which risk-assessed prisoners, who are within two months of their release date, can be temporarily released from custody. See: <https://www.gov.uk/government/publications/covid-19-prison-releases>

Exceptional delivery model (EDM)

A suite of EDMs have been published to guide prisons through the construction of local Regime Recovery Management Plans (RRMPs). An EDM is a guide containing the principles that must be incorporated into a local plan for each element of regime delivery.

Inundation point

A small hole in the cell door, enabling staff to use a hosepipe without opening the door in the event of a fire.

National Framework for Prison Regimes and Services

This framework sets out how HM Prison and Probation Service (HMPPS) will take decisions about the easing of the COVID-19 restrictions in prisons. The national guidance aims to ensure consistency in decision-making by governors.

Personal protective equipment (PPE)

Safety equipment, including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

Purple Visits

A secure video calling system commissioned by HM Prison and Probation Service. This system requires users to download an app to their phone or computer. Before a visit can be booked, users must upload valid ID.

Reverse cohort unit (RCU)

Unit where newly arrived prisoners are held in quarantine for 14 days.

Shielding

Those who have health conditions that make them vulnerable to infection are held for at least 12 weeks in a shielding unit.

Short scrutiny visit (SSV)

A new type of HM Inspectorate of Prisons (HMI Prisons) visit in which up to three similar establishments (for example, young offender institutions or local prisons) are visited. The aim of these visits is not to report on how an establishment meets HMI Prisons' Expectations, as in a regular full inspection, but to give a snapshot of how it is responding to the COVID-19 pandemic and to share any notable positive practice found.

Social/physical distancing

The practice of staying two metres apart from other individuals, recommended by Public Health England as a measure to reduce the transmission of COVID-19.

Special purpose licence

A special purpose licence allows prisoners to respond to exceptional, personal circumstances – for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

Introduction

This report discusses the findings from our scrutiny visit to HMP Whitemoor, a category A prison holding around 450 prisoners at the time of our visit. Most prisoners were high risk, serving indeterminate sentences, and had been at the establishment for over a year. About a third of the population were category A prisoners.

Whitemoor experienced a COVID-19 outbreak in March, before any national guidance had been issued. This presented significant challenges to managers, who imposed restrictions in consultation with the health care provider, Public Health England and the National Health Service. At the peak of the outbreak, around 250 staff were off work, which prevented the delivery of a decent regime. At the time of our visit, the prison had not had a case of COVID-19 for 12 weeks and managers had rightly prioritised increasing time out of cell, with some success. Most prisoners could be out of their cells for two to two-and-a-half hours each day, which was better than at many other prisons.

Communication with prisoners had been good throughout the pandemic, and nearly all prisoners reported that they understood the restrictions, and that the reasons had been explained to them. However, feedback forms sent to the governor and our conversations with prisoners demonstrated clear frustrations around the variety, quality and quantity of food and contact with families.

Managers were completing the exceptional delivery models (EDMs) required by HM Prison and Probation Service (HMPPS) before resuming additional activities. The decision had been made that all of the sites in the long-term and high-security estate would move through the stages of recovery together, which would inevitably delay measures in some sites which were ready to progress earlier. Four EDMs had been approved and others were being prepared. While these would have some impact, the progress already made in improving the regime meant that significant additional improvement would be unlikely in the short term.

Arrangements (referred to as 'cohorting') were in place for symptomatic prisoners, those vulnerable to the virus and prisoners in their first 14 days at Whitemoor. Quarantine for new prisoners was undermined by the practice of allowing those who had arrived on different days to exercise together.

Levels of violence and self-harm had fallen at the start of the pandemic. However, they were now rising, and self-harm had returned to pre-restriction levels. Despite the suspension of strategic meetings, the safer custody team continued to monitor levels of self-harm, and outreach work from the Fens unit was arranged for vulnerable prisoners living elsewhere. Care for most prisoners was reasonably good, and better on the Fens unit, where an impressive 100% of prisoners with experience of being supported through the assessment, care in custody and teamwork (ACCT) process reported feeling cared for by staff.

It was concerning that 38% of prisoners felt unsafe at the time of our visit. We found that this was a combination of those who felt physically unsafe and those who had anxieties about the pandemic. Apart from oversight of the use of force, which was better than at most prisons, behaviour management processes were limited or suspended at the start of the pandemic. Downgrades to incentives and earned privileges had recently been introduced for the most disruptive prisoners. We found that in the absence of formal processes, behaviour management relied on the positive relationships we observed between prisoners and staff.

In terms of safety, our key concern was segregation. The pandemic had halted work to reintegrate segregated prisoners through the Bridge unit. As a consequence, the number of prisoners in segregation had increased, and the average length of stay had nearly doubled to an excessive 95 days.

Residential units were relatively modern and all prisoners lived in single cells. As this was a long-term and settled population, many cells were personalised and prisoners took pride in keeping them clean.

By contrast, the cleaning of communal areas required improvement. Around one in five prisoners was employed as a cleaner but these prisoners were given only 30 minutes to clean each morning. This created COVID-19-related risks and led to wings looking grubby in places. Systems for redress were in disarray and the Independent Monitoring Board remained offsite.

Prisoners were very negative about the food. This was largely because the well-equipped self-catering kitchens had been closed. This meant that all prisoners relied on food cooked in the main kitchens, and they reported that the food was of poor quality and often cold when they received it.

Equality and diversity provision also needed attention; much work had been suspended at the start of the pandemic and little monitoring of access to services or outcomes was taking place. We could see no plan in place to address this, which was a gap in a prison with such a diverse population.

Good partnership work meant that key health services, including access to nurses, the GP and mental health support, continued. Managers were now reintroducing other services, including the optician and dentist, in line with community provision, and there was a clear plan for recovery. However, the continued lack of podiatry was poor. Although the cleanliness of the inpatient unit had improved, more focus was needed on a therapeutic regime. Medicines management was undermined by the continued practice of secondary dispensing on the segregation unit.

Managers and staff had worked hard to deliver a limited regime, which was better than that currently offered at most other sites we have visited. Work in other areas of purposeful activity was underdeveloped – in particular, in-cell education. It had taken four months for the education provider and prison managers to establish a way to deliver targeted education packs to prisoners, and at the time of our visit only seven of these packs had been completed. However, we were particularly impressed with the continuation of library provision; there was a clear system to ensure that prisoners had access to books and DVDs throughout the pandemic.

Managers had put in place some innovative initiatives to support family contact, and the introduction of video calling was also positive. In-person visits were about to be restarted but the number of restrictions and lack of weekend slots made them unattractive to prisoners' families. The key barrier to family contact was a shortage of telephones. The prison had tried to source additional wing telephones but this had been refused as HMPPS was going to deliver mobile phones for use in prisons. However, by the time these phones had arrived at Whitemoor, guidance had been issued preventing their use in the high-security estate. To resolve this, HMPPS should install more wing telephones without delay.

Apart from public protection, much offender management work had been suspended. This was understandable but had the impact of delaying prisoner progression. There were plans to reintroduce offender management for some, but for most prisoners this situation was likely to continue for some time.

We found that managers at Whitemoor had made significant progress in improving regime provision, and the prison was largely safe and decent at the time of our visit. However, establishing in-cell education provision had taken too long. Planning for the recovery was well advanced in some areas but more focus was needed on the issues that mattered most to prisoners. Put simply, managers needed to buy more telephones, improve the quality of the food and implement a safe way for prisoners to cook for themselves. In addition, managers needed to address and redress shortfalls in the areas of segregation, equality and diversity.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons
August 2020

Fact page

Task of the establishment

HMP Whitemoor is a high-security prison for category A and B male prisoners.

Certified normal accommodation and operational capacity (see Glossary of terms)

Prisoners held at the time of this visit: 450

Baseline certified normal capacity: 514

In-use certified normal capacity: 473

Operational capacity: 459

Prison status (public or private) and key providers

Public

Physical health provider: Northamptonshire Healthcare NHS Foundation Trust

Mental health provider: Northamptonshire Healthcare NHS Foundation Trust

Substance use treatment provider: Phoenix Futures

Prison education framework provider: Milton Keynes College

Community rehabilitation company (CRC): Not applicable

Escort contractor: Serco/GEOAmey

Prison group/Department

Long-term and high-security prisons group

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, 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. The unit was not included in this scrutiny visit.

Short description of residential units

A wing – has three spurs, with one spur designated as the psychologically informed planned environment (PIPE) unit

B wing and C wing – residential units with three spurs each

D wing – the Fens unit, with 70 cells for prisoners on a personality disorder programme

Segregation unit – 30 cells (12 of these spaces are designated as Bridge unit accommodation)

Health care unit – 9 bed spaces

Name of governor/director and date in post

Ruth Stephens, permanently in post since October 2019

Independent Monitoring Board chair

Jill Collins

Date of last inspection

13–23 March 2017

About this visit and report

- A1 Her Majesty's Inspectorate of Prisons (HMI 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 visits 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 During a standard, full inspection HMI Prisons reports against *Expectations*, the independent criteria against which we inspect outcomes for those detained. Inspection teams of up to 12 people are usually in establishments across two weeks, speaking to prisoners and staff, observing prison life and examining a large amount of documentation and evidence. The COVID-19 pandemic means that it is not currently possible to carry out inspections in the same way, both for health and safety reasons and because it would not be reasonable to expect places of detention to facilitate a full inspection, or to be assessed against our full set of *Expectations*, at this time.
- A4 HMI Prisons has therefore developed a COVID-19 methodology to enable it to carry out its ongoing, statutory duty to report on treatment and conditions in detention during the current challenging circumstances presented by COVID-19. The methodology has been developed together with health and safety guidance and in line with the principle of 'do no harm'. The methodology consists of three strands: analysis of laws, policies and practice introduced in places of detention in response to COVID-19 and their impact on treatment and conditions; seeking, collating and analysing information about treatment and conditions in places of detention to assess risks and identify potential problems in individual establishments or developing across establishment types; and undertaking scrutiny visits to establishments based on risk.
- A5 HMI Prisons first developed a 'short scrutiny visit' (SSV) model in April 2020 which involved two to three inspectors spending a single day in establishments. It was designed to minimise the burdens of inspection at a time of unprecedented operational challenge, and focused on a small number of issues which were essential to the safety, care and basic rights of those detained in the current circumstances. For more on our short scrutiny visits, see our website: <http://www.justiceinspectors.gov.uk/hmiprison/about-hmi-prison/covid-19/short-scrutiny-visits/>.
- A6 As restrictions in the community are eased, and establishments become more stable, we have expanded the breadth and depth of scrutiny through longer 'scrutiny visits' (SVs) which focus on individual establishments, as detailed here. The SV approach used in this report is designed for a prison system that is on the journey to recovery from the challenges of the COVID-19 pandemic, but recognises that it is not yet the right time to reintroduce full inspections. SVs provide transparency about the recovery from COVID-19 in places of detention and ensure that lessons can be learned quickly.
- A7 SVs critically assess the pace at which individual prisons re-establish constructive rehabilitative regimes. They examine the necessity and proportionality of measures taken in

response to COVID-19, and the impact they are having on the treatment of and conditions for prisoners during the recovery phase. SVs look at key areas based on a selection of our existing *Expectations*, which were chosen following a further human rights scoping exercise and consultation.

- A8 Each SV report includes an introduction, which will provide an overall narrative judgement about the progress towards recovery. The report includes a small number of key concerns and recommendations, and notable positive practice is reported when found. Reports include an assessment of progress made against recommendations at a previous SV, but there is no assessment of progress against recommendations made at a previous full inspection. Our main findings will be set out under each of our four healthy prison assessments.
- A9 SVs are carried out over two weeks, but will entail only three days on site. For more information about the methodology for our scrutiny visits, including which *Expectations* will be considered, see our website: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/>.

Summary of key findings

Key concerns and recommendations

- S1 Key concerns and recommendations identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.
- S2 During this visit we identified some areas of key concern, and have made a small number of key recommendations for the prison to address.
- S3 **Key concern:** More prisoners were segregated than the segregation unit could accommodate. As a consequence, some were segregated on the Bridge unit, which was also full, leading to one prisoner being segregated on the inpatient unit. This compromised the role of the Bridge unit in supporting prisoners to leave segregation and return to the residential units. The average length of stay on the segregation unit had nearly doubled. For those prisoners who progressed to the Bridge unit from segregation, there was little difference in the regime they experienced.
- Key recommendation: Segregated prisoners should be reintegrated back to normal location as swiftly as possible.**
(To the governor)
- S4 **Key concern:** Listeners' access to prisoners had been reduced. Speaking through a clear screen or during unlock time on the units was no substitute for a private, supportive conversation with a trained peer during a time of crisis. Listeners did not receive onsite support from the Samaritans.
- Key recommendation: All prisoners should have prompt access to a Listener in a private setting.**
(To the governor)
- S5 **Key concern:** Formal systems for redress were in disarray; more than 200 complaints had gone unanswered, and the responses we saw did not always address the issue raised. The Independent Monitoring Board (IMB) had not yet resumed its visits to the prison, and limited telephone access prevented prisoners from using the IMB freephone number.
- Key recommendation: All complaints should be answered. Responses should address the issues raised and prisoners should be able to access the Independent Monitoring Board.**
(To the governor)
- S6 **Key concern:** The strategic management of equality and diversity was weak and the prison had done little to understand, monitor and address the impact of COVID-19 restrictions on prisoners from different groups. This was of concern, given that over half the population identified as being from a black and minority ethnic background and over a quarter had disclosed a disability. Celebration of cultural events was limited, and many complaints about inequality had been left to the equality team to deal with, which in many cases had not resolved the issue raised.
- Key recommendation: The strategic management of equality and diversity should ensure that discriminatory treatment is identified and addressed.**
(To the governor)

S7 **Key concern:** Long-standing poor medication administration practices had continued on the inpatient and segregation units. There was no treatment room on either unit, and medicines to be administered there were taken out of their original packaging in the pharmacy by nurses and put into pots, which posed a potential risk for errors, and then taken to the units. Staff described passing medication through the inundation point (see Glossary of terms), which prevented clear observation and increased the risk of hoarding and diversion.

Key recommendation: Medicines should be administered to patients in the safest way, meeting professional and good practice standards.

(To the governor)

S8 **Key concern:** It took too long to provide targeted education packs, and the process for managing this was ineffective, with only seven packs returned since their introduction at the end of July. Systems to distribute and collect packs were weak and many packs did not reach teachers for marking.

Key recommendation: Prisoners should have access to targeted education provision in line with their individual needs, with effective processes for distributing and collecting packs.

(To the governor)

S9 **Key concern:** There were far too few telephones, which severely limited prisoners' family contact. There were no in-cell telephones, and far too few on the landings. On some days, prisoners' calls were restricted to just 10 minutes. Managers had been prevented from using mobile phones tied to prisoners' existing PIN telephone accounts.

Key recommendation: The prison should install more telephones on every residential unit without delay.

(To the governor)

S10 **Key concern:** In-person social visits were about to be reintroduced but take-up was slow among prisoners' families because almost every aspect of the experience was limited and unappealing. Although some of the restrictions were unavoidable, the lack of any weekend visits or catering were both gaps which could be addressed.

Key recommendation: Social visits provision should include weekend sessions and provide catering, to encourage more families to attend.

(To the governor)

S11 **Key concern:** Most prisoners would not have any ongoing offender management in the foreseeable future. Access to offending behaviour programmes was severely reduced. Sentence progression had stopped for all prisoners. The continuing absence of challenge and supervision for most indeterminate sentence prisoners risked them experiencing hopelessness and losing motivation to address their offending behaviour.

Key recommendation: Prison offender managers should speak to every prisoner, to discuss the impact of the ongoing restricted regime on their individual sentence plan, and realistic timescales for progression.

(To the governor)

Notable positive practice

S12 We define notable positive practice as innovative practice or practice that leads to particularly good outcomes from which other establishments may be able to learn.

Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

S13 Inspectors found the following examples of notable positive practice during this visit:

- There were very few overdue use of force reports. Electronic report completion and use for the daily briefing sheet, to identify which reports were due from staff involved in restraint incidents, helped to achieve this (see paragraph 1.16).
- The sharing of self-harm trigger dates in the daily briefing sheet was a good prompt for staff that a prisoner might be at additional risk of self-harm (see paragraph 1.23).
- Owing to the cancellation of many face-to-face hospital appointments, telephone patient consultations with external specialists had been established and had proved successful, helping to allay prisoners' anxiety about ongoing treatment (see paragraph 2.34).
- Distraction packs had been created, addressing the anxiety and worries around COVID-19, which included activities, relaxation techniques and in-cell yoga, and self-help guidance had been produced for the Way-Out TV channel used within the prison (see paragraph 3.4).
- The continued library provision was excellent and the prison ensured that the flow of books and DVDs to prisoners was regular (see paragraph 3.7).
- Managers had innovated to address gaps in family contact. Photographs of over 300 prisoners had been taken and printed off, for them to send to their families. Staff had also recorded over 100 short video messages from prisoners, which were then sent to their relatives using WhatsApp (see paragraph 4.2).
- Video calling ('Purple visits'; see Glossary of terms) had proven popular with prisoners. About 30% of prisoners had used the service in its first month. It was positive that managers had allowed prisoners to make multiple calls to use sessions that would otherwise have gone to waste (see paragraph 4.3).

Section 1. Safety

In this section, we report mainly on leadership and management; arrival and early days; managing prisoner behaviour; and support for the most vulnerable prisoners, including those at risk of self-harm.

Leadership and management

- 1.1** Managers were faced with an outbreak of COVID-19 in March 2020, and at its peak, staff absences were running at around 250 and many prisoners were suspected of having the virus. This was made more difficult because at the time there was no national guidance on quarantining prisoners or regime provision. In addition, shortages of tests made it difficult for managers to understand the scale of the outbreak among the prisoner population. We found that managers worked well with local health care providers, Public Health England (PHE) and the National Health service (NHS) to put in place measures that brought the outbreak under control. At the time of our visit, there had not been a confirmed case of COVID-19 for 12 weeks.
- 1.2** In the early days of the outbreak, the regime for prisoners was poor, amounting to just half an hour out of their cell each day. Prisoners were able to access showers, telephone calls and exercise only on alternate days. Managers focused on increasing this, and had made some good progress; at the time of our visit, prisoners could access around 2.5 hours out of their cell from Monday to Thursday, and around two hours on Friday to Sunday.
- 1.3** Managers had communicated with staff and prisoners throughout the pandemic; initially, this had been done very frequently but after feedback from prisoners, a weekly newsletter was established. In our prisoner survey, 89% of respondents said that they were aware of the COVID-19 restrictions, and 88% that the reasons for the restrictions had been explained to them. By contrast, less than half of prisoners agreed that the restrictions were necessary. We found that prisoner frustrations were mainly about family contact and the quality of the food provided. Managers were aware of this, as many prisoners had used feedback forms in the weekly newsletter to make their views known.
- 1.4** Managers were completing 'exceptional delivery models' (EDMs; also known as recovery plans – see Glossary of terms), as required by Her Majesty's Prison and Probation Service (HMPPS), before resuming additional activities. A decision had been taken by the long-term and high-security estate (LTHSE) to move all of its establishments through the EDM process together. This would have the impact of delaying some sites which were ready to progress while the LTHSE ensured that every site was ready. The prison was now in stage 3 of HMPPS's National Framework for Prison Regimes and Services (see Glossary of terms), and four EDMs had been approved, with others being prepared. While all of the plans would have some impact on prisoners, the previous progress in improving time out of cell meant that significant additional improvements would be unlikely until the prison moved into the next stage (stage 2) of recovery.
- 1.5** In our staff survey, 68% of staff (rising to 93% of frontline operational staff) said that it was quite or very difficult to socially distance (see Glossary of terms) from colleagues and 47% (rising to 70% of frontline operational staff) reported difficulties in socially distancing from prisoners. Social distancing was impossible in some areas, but we saw little evidence of either staff or prisoners making any attempt to socially distance from others.

- 1.6** Quarantine arrangements (referred to as ‘cohorting’) were in place for symptomatic prisoners, those vulnerable to the virus and prisoners in their first 14 days at the prison. Quarantine for new prisoners was undermined by the practice of allowing those who had arrived on different days to exercise together (see paragraph 1.10).

Arrival and early days

- 1.7** The reception area was small but adequate for the relatively small number of new arrivals and transfers out. The area was cleaned regularly, with additional cleaning of the holding cells put in place during the COVID-19 pandemic. Holding cells were equipped with disposable masks for prisoners to wear if they wished, and a towel to stand on during their strip-searches, which were routine for all movements through reception.
- 1.8** Processes in reception were efficient and prisoners did not spend long periods there. Arrival procedures included a private health care screening with a nurse and an interview with a reception officer to identify safety concerns or other issues that needed to be addressed. These interviews did not always take place in a private room, which could have inhibited the sharing of some information, but there were usually very few, or no, other prisoners present. Reception staff provided new arrivals with induction information, and offered to make a telephone call to family or friends on behalf of prisoners. New arrivals were not routinely able to shower or make a telephone call in person on their first night at the prison.
- 1.9** Improvements had been made to the time it took to search new arrivals’ property. During the scrutiny visit, there was no backlog of new prisoners’ property waiting to be logged, or items ordered from catalogues waiting to be issued.
- 1.10** The prison no longer had a first night unit or a dedicated reverse cohort unit (RCU – see Glossary of terms). New arrivals were allocated to cells around the prison and kept separated from other prisoners for 14 days. Their regime while cohorting was more restricted than that of other prisoners, with less than an hour out of cell each day. The reverse cohort arrangements were being undermined on one unit. There, prisoners who had arrived on different days were able to exercise together, without extending the period of cohorting for the whole group until the most recently arrived prisoner in the group had been at the prison for 14 days without any COVID-19 symptoms.

Managing behaviour

- 1.11** In our prisoner survey, 38% of respondents said that they currently felt unsafe. Some prisoners were concerned about the pandemic and the risk of it re-entering the prison, while others felt physically unsafe; there had been two serious incidents in January and February 2020, when most of the current population would have been at the prison. Twenty-four per cent of prisoners said that they had experienced bullying or victimisation from other prisoners and, concerningly, this rose to 44% when asked about staff bullying or victimisation.
- 1.12** The number of assaults each month since the beginning of the COVID-19 outbreak had fluctuated, and after decreasing in May had risen again in June and July. The safer custody team used the data and information available to understand what was happening with the population – for example, that an increase in staff assaults in April had been due to frustration with the very limited regime then available, and attempts to push past staff.
- 1.13** The security department managed local intelligence well, with prompt follow-up actions when needed. Themes identified from intelligence report analysis had included prisoner

frustration due to inconsistent regime application on the residential units, and tension when the outside community seemed to be progressing out of lockdown more quickly than the prison. These had been addressed with staff and management changes to improve the consistency of regime delivery, and regular communication. The prison was not yet able to reintroduce suspicion drug testing, which could have helped with disrupting drug supply; the amount of drug-impregnated mail entering the prison had increased in July.

- I.14** Early in the outbreak, managers had made pragmatic decisions to suspend some processes used to manage behaviour, including challenge, support and intervention plans (CSIPs – see Glossary of terms). These plans remained in place for some prisoners, with oversight from the safer custody team, but were not being used to manage actively those involved in prison violence.
- I.15** At the same time, use of the lowest level of the incentives and earned privileges scheme had been stopped. This decision was reviewed in July, and a few prisoners had since been placed on the lowest level of the scheme. In practice, the only real detriment was having less to spend on their weekly prison shop order, as they could keep their televisions and had the same daily regime as other prisoners. Promotion to the highest level of the scheme had continued to be used during the COVID-19 restrictions. Use of adjudications had also been limited to more serious breaches of rules. Overall, the prison was using staff–prisoner relationships, rather than formal processes, to maintain behaviour (see section on staff–prisoner relationships).
- I.16** Use of force had decreased during the lockdown, and an increase in April correlated with a rise in violent incidents that month. It was of note that batons had been drawn more times at Whitemoor than at other high-security prisons in the first six months of 2020, mostly in January and February, when two serious incidents took place. Oversight of the use of force was managed well, and was aided by the prison’s use of electronic reports, completed by the officers involved in the incident, and daily reminders of due and overdue reports in the daily briefing sheet. When the scrutiny visit began, only two individual reports were overdue – both for incidents in July. Debriefs for prisoners had recently been introduced. Weekly quality assurance of all incidents took place, along with a monthly governance meeting.
- I.17** As we found at the last inspection, the segregation unit was full, and on this visit some prisoners were also segregated on the adjacent Bridge unit, which was intended to support prisoners to leave segregation and return to the residential units; its role was compromised by having segregated prisoners there. At the time of our visit, the Bridge unit was also full, leading to one prisoner being segregated on the inpatient unit. Managers were aware of this and had plans to make the two units more distinct. We were concerned that until the number of prisoners segregated matched, or was less than, the number of spaces available on the segregation unit, this would be difficult to achieve (see key concern and recommendation S3).
- I.18** Data provided by the prison showed that the average length of stay in segregation had nearly doubled (from 50 to 95 days) for the period April to June 2020, compared with the first three months of the year. Reasons for this included fewer transfers during the COVID-19 lockdown and a reluctance by some prisoners to go back to the residential units. Segregation reviews took place fortnightly for each prisoner. Prisoners had not been able attend these reviews since the start of the restricted regime, until the week of the scrutiny visit, when telephone attendance had been arranged for other attendees, to free up sufficient socially distanced space in the meeting room. A psychologist was part of the segregation unit team, which was an improvement since the last inspection.
- I.19** The unit was cleaned and repainted by a full-time prisoner cleaner, assisted by one of the long-term segregated prisoners. The regime was more limited than on the residential units, with the choice of only two out of the three activities of showering, making a telephone call

and taking exercise (one hour) each day. Some risk-assessed prisoners were able to have small-group exercise. Prisoners had televisions in their cells, which was better than at some other prisons.

Support for the most vulnerable, including those at risk of self-harm

- I.20** There had been no staff or prisoner deaths due to the COVID-19 pandemic, although some had been very ill. Prisoners who were considered clinically at risk had been identified and offered the opportunity to shield in a designated shielding unit (see Glossary of terms); none had opted to do so. They remained in contact with health services staff and were provided with face masks to wear when out of their cells.
- I.21** The most recent self-inflicted death had been in September 2019. The prison had an action plan to address the recommendations in the Prisons and Probation Ombudsman report into this, although the COVID-19 restrictions had inevitably slowed progress with some of the actions.
- I.22** Levels of self-harm had initially decreased after the lockdown and then fluctuated from month to month, and in July had returned to the March level. This was still lower than in the months before the lockdown. The safer custody team analysed data for patterns or trends and was aware of the pressures that prisoners faced, particularly on the more specialist units.
- I.23** The safer custody team had their own weekly meeting, at which they reviewed prisoners who were causing the most concern. Prisoners with the highest level of need had been prioritised for support from staff on the Fens unit, and the psychology team had prepared information for prisoners on topics such as anxiety, relaxation and mindfulness. Safer custody staff had ongoing contact with identified prisoners, and links with the mental health in-reach team had been strengthened. The inclusion of known prisoner trigger dates on the daily briefing sheet was a useful prompt for staff that a prisoner might be at additional risk of self-harm. An evening test call that we made to the prison's safer custody line was responded to promptly the following morning.
- I.24** The prison had nine trained Listeners (prisoners trained by the Samaritans to provide confidential support to their peers). However, access to them had reduced during the lockdown. Although Listeners could support other prisoners during unlock times on their units, they could no longer support prisoners in crisis at night or go to other residential units. Support for prisoners from other units had to take place in a room in the segregation unit, where prisoners could talk through a clear screen. Samaritans telephones were available to prisoners in crisis, but it was a concern that Samaritans had not been able to come into the prison during the lockdown period to provide support for the Listeners (see key concern and recommendation S4).
- I.25** There were nine open assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm when the scrutiny visit began, with seven in post-closure; these were typical numbers for the prison. In our prisoner survey, 42% of respondents with experience of being supported by an ACCT said that they had felt cared for by staff, but this rose to 100% of prisoners on the Fens unit. The documentation we reviewed was reasonably well completed; reviews took place on time; mental health in-reach staff attended reviews for the prisoners they were working with; and the prisoners themselves continued to attend their reviews. However, some care map actions lacked detail, and some entries just mentioned that a conversation had taken place, rather than give

details; this was a missed opportunity to share potentially useful information about the prisoner.

- I.26** Multidisciplinary oversight of safer custody work had contracted since the start of the lockdown, when all large internal meetings had been suspended. Despite this, data collection and analysis continued, and provided managers with useful information about self-harm and violence at the prison. Regular safer custody team review meetings of prisoners who had been involved in violence or self-harm maintained a useful platform from which to reintroduce multidisciplinary meetings.

Section 2. Respect

In this section, we report mainly on staff-prisoner relationships; living conditions; complaints, legal services, prisoner consultation, food and the prison shop; equality, diversity and faith; and health care.

Staff-prisoner relationships

- 2.1** In our prisoner survey, 81% of respondents said that there was a member of staff they could turn to if they had a problem, and 78% that most staff treated them with respect. We observed good interactions between staff and prisoners, and most staff knew the prisoners in their care well.
- 2.2** Officers gave their time to prisoners freely and performed constructive gestures, such as using first names and giving prisoners polite notice before walking into their cells. The atmosphere on the units was relaxed and wing staff were visible. Many staff we observed were talking to prisoners and helping them out where needed. These examples demonstrated mutual respect, which prisoners told us they valued.
- 2.3** Despite these positive interactions, only 34% of prisoners in our survey said that a member of staff had talked to them in the last week to see how they were getting on, and there was no system to monitor how all prisoners were coping. The electronic case notes we looked at were minimal, and for many prisoners nothing had been documented since before lockdown. This meant that prisoners' wellbeing was not routinely monitored, with the exception of a small proportion that managers had identified as requiring enhanced support. When we talked to managers about this, they said that this was due to the restriction of the regime, and that they chose to focus on the prisoners they identified as needing the greatest support.
- 2.4** In our staff survey, more than three-quarters said that they felt supported by the prison, but more than a third said that their morale had declined. When we talked to staff about this, they described the difficulties of managing prisoners' increasing frustrations during the long periods of lockdown as draining, which was understandable.

Living conditions

- 2.5** All accommodation was single-cell occupancy, and the cells we looked at were clean, free of graffiti and in good decorative order. Most prisoners could access cleaning products to keep their cells clean, and several commented to us that they took great pride in doing so. As this was a long-term and settled population, many cells were personalised.
- 2.6** Communal areas such as the food serveries and exercise yards were mostly tidy and reasonably well equipped. Around one in five prisoners was employed as a cleaner; however, the half-hour allotted each morning for cleaning communal areas was totally insufficient, particularly given the increased risk of infection during the pandemic. Consequently, these areas were grubby. Bins had overflowed, floors, bars and handrails were dirty and there was litter strewn on some of the landings.
- 2.7** The prison had bought small packs of disinfectant wipes to give prisoners but provision was inconsistent and not all of those we spoke to had them. Prisoners were not encouraged to wipe telephone handsets in between users, which was unsanitary.

- 2.8** Most prisoners could take a shower every day. However, as at the 2017 inspection, many showers were mouldy, encrusted with limescale and in desperate need of refurbishment. As a result of the lack of time for cleaning, the showers were cleaned only superficially, at the start of each day.

Complaints, legal services, prisoner consultation, food and the prison shop

- 2.9** The number of complaints submitted had remained high, and higher than we see at similar prisons. There was a backlog of over 200 unanswered complaints, dating back to 2019, which was poor. The process to log and track these was in disarray but managers were aware of the issues and were working to resolve them.
- 2.10** Some prisoners told us that this caused them much frustration, and they had little faith in the system. In our survey, only 60% said that they could easily make a written complaint, and we saw empty complaint boxes on the wings, which meant that prisoners would have to request a form from staff. Some prisoners told us that they felt compromised when this happened, and feared that they would face consequences for raising a complaint.
- 2.11** The prison had a quality assurance process for complaint responses. However, many of the responses we looked at had not investigated or addressed the matter fully (see key concern and recommendation S5).
- 2.12** The Independent Monitoring Board (IMB) had not yet resumed its visits to the prison. A freephone number had been established, to enable the prisoners to contact the IMB, but a shortage of telephones made this very difficult for prisoners (see also paragraph 4.1, and key concerns and recommendations S5 and S9).
- 2.13** Legal visits had been suspended since the end of March and there was no firm plan to reintroduce them, which was a serious gap in support for prisoners. The limited access to telephone calls meant that prisoners struggled to fit in legal calls, as they prioritised telephone time for close friends and family. Some prisoners told us that they had given up on contacting their legal representatives. This could not be resolved without the provision of more telephones (see also paragraph 4.1, and key concern and recommendation S9).
- 2.14** Consultation with prisoners was limited. Managers told us that wing-based meetings had been taking place during lockdown but these had not been recorded, and many prisoners we spoke to were not aware that these had taken place.
- 2.15** In our prisoner survey, only 29% of respondents said that the quality of the food was good or reasonably good, and prisoners repeatedly complained about the food during the visit. Managers said that they were aware that the variety, quality and quantity of food required improvement, and had plans to address this.
- 2.16** In response to the pandemic, the prison had withdrawn the use of self-catering facilities on each wing, which was hugely unpopular with prisoners. The kitchen now provided all meals, which comprised a cold lunch (for example, sandwiches) and a hot meal in the evening. However, it took too long to serve the evening meal, and most of this food was cold and unappealing at the point it was served because it had been sitting around for too long.
- 2.17** The weekend practice of packaging hot meals in a takeaway-style container, so that they could be delivered to each prisoner more quickly than during the week, was expensive.

- 2.18** The prison shop continued to operate well, and 83% of prisoners in our survey said that they could access it, although some items had been removed without consultation with prisoners.

Equality, diversity and faith

- 2.19** Prison data showed that over 50% of the population identified as being from a black and minority ethnic background, and over a quarter had disclosed a disability. However, the governance of equality was weak and managers had not scrutinised the impact of the restrictions on protected groups since lockdown (see key concern and recommendation S6).
- 2.20** Complaints about equality through discrimination incident report forms (DIRFs) were not routinely investigated by managers. There was an over-reliance on the equality manager and equality officer to pick these up, and there were several DIRFs that had not been replied to, some dating back to the start of the pandemic. Many responses we saw were fleeting and had not tackled the issues, and in many examples we looked at, the prisoner was not spoken to as part of the investigation. The absence of a quality assurance system to scrutinise DIRF responses meant that senior managers were not aware of the unsatisfactory quality of responses, and some prisoners told us that they felt let down by the process.
- 2.21** Before the lockdown, equality meetings had been taking place but had not often been attended by senior managers from residence, security, the kitchen or other key areas of the prison. Actions from previous meetings had been allowed to drift, updates were not provided and the equality action plan was broadly unproductive.
- 2.22** Governance of the oversight of protected characteristics required much improvement (see key concern and recommendation S6). The governor had chaired one Black Lives Matter forum with seven prisoners, which was encouraging, but this had not been documented. The prison had not sought to understand the needs of every protected group. When we talked to managers about this, they said that they were aware of this, and had plans to address it.
- 2.23** Celebration of cultural events was limited and the prison had not maximised opportunities to involve the education department to enhance learning and create inclusion.
- 2.24** Nineteen per cent of prisoners were foreign nationals, and professional telephone interpreting services had been used for them. However, we found incidences in electronic case notes where staff had relied on other prisoners to interpret for non-English speakers in confidential matters, which was inappropriate. Complaint forms were not provided in languages other than English, and the prison did not keep records of non-English-speaking prisoners.
- 2.25** The chaplaincy continued to remain active, despite the restrictions. Statutory duties were supported by a whole-team approach, ensuring that they were visible and supportive of prisoners. Prisoners spoke highly of the team and appreciated the support they provided to those who had experienced bereavement. It was encouraging that the team was preparing for corporate worship to restart two weeks after our visit. Plans for this had been well considered, and staff and prisoners alike were aware of the pending changes.

Health care

- 2.26** The establishment experienced a COVID-19 outbreak early on in the pandemic, and was classified as an outbreak site in late March until early June, when it was deemed to be under control, with no positive cases since then.

- 2.27** As an outbreak site, the prison worked closely with Northamptonshire Healthcare NHS Foundation Trust (NHFT; the main health care provider), PHE and NHS England (NHSE) commissioners to manage the pandemic, with effective partnership working. They had regular meetings and the epidemiological data produced by PHE was a useful monitoring tool.
- 2.28** Six prisoners had tested positive for COVID-19, although more were symptomatic in the early stages and were isolated. The health care team felt that access to more tests early on would have been beneficial. They had a good supply of personal protective equipment; all staff had received face mask fit testing and their emergency equipment was updated in line with current guidance.
- 2.29** The GP and senior clinicians identified those meeting the shielding criteria, who were then seen regularly and given a supply of face masks. A separate shielding unit had been established but all eligible prisoners had declined to move there, despite medical advice, and had shielded on their respective residential units.
- 2.30** There was no RCU (see Glossary of terms), but all new arrivals received an initial health screening in reception and were advised to isolate for 14 days on their allocated wing. The second health screen occurred following this period. There was no identified protective isolation unit, but the inpatient unit had been used for two patients who needed more intensive input, and one patient was hospitalised but recovered.
- 2.31** Maintaining adequate staffing levels during the COVID-19 pandemic had been challenging, but gaps were covered by medical bank staff, and managers became part of the operational workforce; staff said that camaraderie had developed, supported by a strong clinical leadership presence throughout the lockdown.
- 2.32** Most routine health provision temporarily stopped in response to the pandemic, but essential services were maintained by effective triage followed by face-to-face appointments, with the nurse or GP seeing patients on the wings or in the health care unit. X-ray and ultrasound services continued within the prison.
- 2.33** Service restoration plans were being implemented and several clinics had restarted, including physiotherapy and optician services, although there was no access to a podiatrist, despite the need.
- 2.34** The number of external hospital referrals had reduced to mostly emergency access but this had started to increase, with hospitals offering more appointments. Telephone patient consultations with external specialists had been established and had proved successful, helping to allay prisoners' anxiety about ongoing treatment.
- 2.35** The cleanliness of the inpatient unit had improved since the last inspection and, in most cases, prisoners were now placed on the unit for solely clinical reasons. However, there needed to be more focus on providing a therapeutic regime there.
- 2.36** There were no prisoners in receipt of social care, and we were told that the need was low. There was no memorandum of understanding with the local authority, but staff said that assessments had been prompt when needed.
- 2.37** Medicine supply and prescribing was largely unaffected by the pandemic, although paracetamol and ibuprofen had been taken off the pharmacy purchase list and provided by health services staff, to manage the limited supplies until amounts increased.
- 2.38** Medicines had been delivered at the cell door during the height of the pandemic, but most wings had returned to administering them in the clinic room, which was positive. An

'exceptional circumstances medicines administration policy' had been produced, to outline the various risks associated with these practices. However, some poor practices had been in place long before the COVID-19 outbreak. For example, there was no treatment room on either the segregation or health care unit, and medicines to be administered there were taken from their original packaging in the pharmacy by nurses and put into pots, which could have led to administration errors, and then taken to the units. The containers were passed through the inundation point (see Glossary of terms), which prevented clear observation and increased the risk of hoarding and diversion (see key concern and recommendation S7).

- 2.39** The mental health in-reach team provided an integrated primary and secondary mental health service, and a psychiatrist attended weekly. In the early stages of the pandemic, the number of face-to-face interventions carried out by the team had reduced but they had continued to respond to routine and urgent referrals, completed regular welfare checks and responded to general wellbeing issues. The psychologist had produced resource packs and put COVID-19-related anxiety information and self-help guidance on the Way-Out TV channel used within the prison.
- 2.40** The team worked closely with safer custody staff, prioritising attendance at segregation and ACCT reviews. There had been no transfers to secure mental hospitals under the Mental Health Act during the lockdown.
- 2.41** The range of substance misuse psychosocial services provided by Phoenix Futures had been diminished as a result of the pandemic. All groups had been suspended, and a reduced team had come into the prison, with others shielding and working offsite. The team had written to the 43 prisoners on their caseload, informing them of the reduced service. In-cell distraction packs and harm minimisation information were available. New arrivals were assessed following the 14-day isolation period. The team was in consultation about when groups could restart.
- 2.42** There were four prisoners receiving opiate substitution treatment. They continued to receive regular clinical reviews, which a member of the psychosocial team attended.
- 2.43** Time for Teeth provided dental services. A dental nurse was onsite throughout lockdown, triaging urgent cases and liaising with the dentist and GP for any required pain relief or antibiotics. The dentist resumed providing urgent care in May, and dental clinics were re-established in line with national guidance. The waiting list was long, comprising 150 patients, with the longest wait being 29 weeks; this had been reviewed, prioritising urgent need based on a risk matrix. The dental room had been refurbished since the last inspection, and the dental nurse maintained essential equipment checks throughout the lockdown.
- 2.44** Releases from the establishment were rare, and for those being transferred medication was sent and liaison with the respective teams at the forwarding prison took place.

Section 3. Purposeful activity

In this section we report mainly on time out of cell; access to the open air; provision of activities; participation in education; and access to library resources and physical exercise.

- 3.1** Most prisoners could have up to two and a half hours a day out of their cells on Monday to Thursday, and this included time in the open air; from Friday to Sunday, this was reduced to just one hour and 45 minutes. The regime was limited but better than we have seen at other prisons since the COVID-19 restrictions were imposed.
- 3.2** There was minimal activity for prisoners during the lockdown, with no education or workshops taking place. The laundry was in operation but this was operated by staff. About a quarter of the population had retained employment in critical prison work, such as cleaning or kitchen work, but the time spent working in these roles was as little as half an hour per day.
- 3.3** The pay scheme for prisoners was unfair, and disadvantaged those who had arrived at the prison during the lockdown and those who were unemployed. Prison managers said that they were aware of the problem and would conduct a pay review imminently.
- 3.4** In our survey, 73% of prisoners said that they had been given an in-cell activity pack, to address the anxiety and worries around COVID-19, but only 39% said that they had found these helpful. The range of recreational distraction activity packs provided was reasonable, and included activities, relaxation techniques and in-cell yoga, although some prisoners told us that, after four months of these, they were finding them repetitive. In addition, self-help guidance had been produced for the Way-Out TV channel.
- 3.5** Managers had taken far too long to introduce targeted education packs, and the process for managing this was not working effectively. These packs had only been introduced in the last week of July, and at the time of our visit only seven prisoners had completed them, and many packs did not reach teachers for marking. Prison managers explained that this was due to education staff not being allowed to enter the prison to deliver or collect the packs, but they had not considered utilising prison staff onsite to support the delivery and collection of packs that could be sent back out to teachers to mark (see key concern and recommendation S8).
- 3.6** The gym was closed but prisoners could participate in circuits on the artificial grass pitch once a month for an hour, which was a small but positive step. Prisoners told us that they enjoyed this, and it was possible to get two sessions when other prisoners opted not to use theirs.
- 3.7** Impressively, the library had remained open during the regime restrictions. The prison had bought new books and DVDs, and maintained good library provision, supplying prisoners with a wide range of books and DVDs regularly.

Section 4. Rehabilitation and release planning

In this section, we report mainly on contact with children and families; sentence progression and risk management; and release planning.

Contact with children and families

- 4.1** There were far too few telephones, which severely limited prisoners' family contact (see key concern and recommendation S9). There were no in-cell telephones and only three landing telephones on each spur. To manage access, prisoners were restricted to 20 minutes on the telephone from Monday to Thursday, and only 10 minutes from Friday to Sunday. The prison had tried to source additional landing telephones but instead HMPPS had chosen to provide mobile phones linked to prisoners' existing PIN telephone accounts. However, by the time these phones had arrived at the prison, guidance had been issued preventing their use in the high-security estate.
- 4.2** Managers had worked hard and innovatively to address the gap in family contact since the restricted regime began. Photographs of over 300 prisoners had been taken and printed off, for them to send to their families. Staff had also recorded over 100 short video messages from prisoners, which were then sent to their relatives using WhatsApp.
- 4.3** Video calling (known as 'Purple Visits' – see Glossary of terms) had been in place since the start of July, was free of charge and had proven popular with prisoners. There had been some technical problems but staff were working to address these. About 30% of prisoners had used the service in its first month. It was positive that managers had allowed prisoners to make multiple calls, in order to use sessions that would otherwise go to waste. Consequently, over 250 calls had been made in July. Staff had also helped family members to use the video-calling app.
- 4.4** In-person visits were about to be reintroduced, but initial take-up had been slow and the prison's website still indicated that visits were suspended. Prisoners told us that the limited nature of these visits had dissuaded their families from booking. Visits were limited to an hour, with none at weekends; there was no catering available; and there was a ban on physical contact between prisoners and their families and children. Prisoners were concerned that, if a child spontaneously hugged them, they would face a period of quarantine and consequent loss of regime. All of this made in-person visits an unattractive offer (see key concern and recommendation S10).
- 4.5** A part-time family support worker, recruited since the 2017 inspection, was due to resume work with prisoners in the next few weeks.

Sentence progression and risk management

- 4.6** Most prisoners were assessed as presenting a high risk of harm to others, and about 80% of the population were serving indeterminate sentences. Nearly three-quarters had been at the establishment for over a year and about a third of the population were category A.
- 4.7** In our prisoner survey, only 32% of respondents who knew about their sentence plan said that staff were helping them to achieve it. Sentence progression had stopped for all prisoners

during the first few months of the pandemic and they had received no regular contact from prison offender managers. There were no plans to resume offender management for any but the most critical cases, such as prisoners convicted of terrorist offences or those approaching their parole date. Managers estimated that only about 25% of the population would qualify for this ongoing support. The continuing absence of challenge and supervision for most indeterminate sentence prisoners risked them experiencing hopelessness and losing motivation to address their offending behaviour (see key concern and recommendation S11).

- 4.8** Since the introduction of the restricted regime, around 10% of all offender assessment system (OASys) assessments and sentence plans had been reviewed. However, nearly 20% of prisoners did not have a current OASys risk assessment and sentence plan under HMPPS timescales. This group consisted of a few without an initial assessment and a larger number who had a sentence plan which was over three years old or had not been completed. Only 38% of prisoners had had a risk assessment and sentence plan completed within the last 12 months, which we consider to be best practice.
- 4.9** Reviews of category A prisoners had been suspended nationally since the lockdown. Although local processes to sift prisoners for review had continued for a time, no further progress could be made. This meant that reviews were currently overdue for 28 category A prisoners, nearly 20% of this group, causing them considerable frustration. There was no immediate prospect of these reviews taking place. There had been only seven progressive transfers to other prisons since March, an indication that opportunities for this population had significantly reduced.
- 4.10** Over 100 prisoners were on the waiting lists for the three main offending behaviour programmes run at the prison – Kaizen, Resolve, and Motivation and Engagement. Programme delivery was about to restart in a limited form which allowed social distancing and the continuation of the daily regime. The overall number of programme completions in the current financial year would be just 14, a third of that originally projected, inevitably affecting prisoners' progression. The programmes team had nonetheless developed some creative alternative proposals to help prisoners to build their motivation or consolidate their learning.
- 4.11** Treatment on the Fens unit, where about 70 prisoners with severe personality disorders lived, had been adversely affected by the restricted regime. One-to-one therapy had recently resumed but therapy groups, a key component of this type of intensive treatment, had not restarted. Clinical staff had remained onsite and, in our survey, prisoners on this unit indicated that they felt very well supported.
- 4.12** A psychologically informed planned environment (PIPE) unit had been introduced since the 2017 inspection. The unit's function was still developing and only about half the prisoners living there were actually PIPE residents. Treatment had been suspended since late March and there were no firm plans to resume community life. PIPE residents had struggled the most to cope at the start of the restricted regime.
- 4.13** Public protection processes were generally sound but joint working between the offender management unit and security department was a weakness. Logs of prisoners' telephone calls recorded by the security team were not routinely shared with prison offender managers, to help them make informed decisions about monitoring. Attendance by security staff at the interdepartmental risk management team meeting was poor.

Release planning

- 4.14** It remained very rare for any prisoners to be released directly from Whitemoor. Just one prisoner had been released during the current restricted regime, in exceptional circumstances, and they had gone out to suitable housing. None of the prisoners at the establishment had met the criteria for release under the 'end of custody temporary release' scheme (see Glossary of terms) or special purpose licence (see Glossary of terms).

Section 5. Appendices

Appendix I: Scrutiny visit team

Angus Mulready-Jones

Angela Johnson

Esra Sari

Jonathan Tickner

Sara Pennington

Maureen Jamieson

Rahul Jalil

Becky Duffield

Team leader

Inspector

Inspector

Inspector

Inspector (shadowing)

Health care inspector

Researcher

Researcher

Section 6. Further resources

Some further resources that should be read alongside this report have been published with it on the HMI Prisons website. For this report, these are:

Prisoner survey methodology and results

A representative survey of prisoners is carried out at the start of the scrutiny visit, the results of which contribute to our evidence base for the visit. A document with information about the methodology, the survey and the results, and comparisons between the results for different groups are published alongside the report on our website.

Staff survey

A survey of staff is carried out at the start of every scrutiny visit, the results of which contribute to the evidence base for the visit. A document with information about the methodology, the survey and the results are published alongside the report on our website.