Report on an unannounced inspection of

HMP Whitemoor

by HM Chief Inspector of Prisons

5–15 December 2022

Contents

Introduction

HMP Whitemoor is a category A prison that is part of the long-term, high-secure estate. At the time of our inspection, it held 315 men of whom 40% were category A and eight were high-risk category A.

When we last inspected the prison in 2017, it was running well and was awarded scores of reasonably good in each of our healthy prison tests. It was very disappointing on this inspection to find it had declined in three out of our four tests.

Staffing shortfalls were certainly a factor in this decline, but levels remained much higher than in most prisons. Despite being told multiple times that officers were too busy to attend to prisoners, we often came across them congregating in wing offices or standing in pairs on the wings talking to each other. The example we give in this report of staff not bothering to answer an emergency cell bell because it 'wasn't their job' showed a lack of imagination from leaders in coping with staff shortages that was illustrative of the problems at this jail.

Neither staff nor prisoners could explain the daily regime to inspectors, so there was no clarity on what was supposed to be happening. It was very complicated and inflexible, and prisoners complained about frequent cancellation of activities. The situation was similar for those on the psychologically informed planned environment (PIPE) unit, where one prisoner told me it was often no different to living on a mainstream unit.

The provision of education was very poor, sessions were frequently cancelled and there were not enough spaces for English and maths despite the high levels of need in the jail. Many prisoners were desperate to learn but too often were left with photocopied 'learning' packs delivered to their cells.

The work of the offender management unit (OMU) was curtailed because of the frequent cross deployment of prison offender manager (POMs). The prison was delivering a significantly reduced number of accredited programmes, leaving prisoners feeling stuck in their sentences and unable to demonstrate the behaviour they needed to progress.

There is no better sign of decline in a prison than a lack of cleanliness and at Whitemoor the wings were the dirtiest I have seen since I became Chief Inspector. Floors, walls, serveries and prisoners' kitchens were filthy, there was rubbish lying around and bins were overflowing. The rigidity of the regime meant that cleaners were unlocked for as little as an hour a day, which evidently did not give them enough time to do their job. Prisoners said cleaning materials such as mop heads were, for some inexplicable reason, in short supply. When I walked round the jail, they frequently complained to me about the dirt, a contrast to their cells which most men kept in immaculate condition.

One of the bright spots in the prison was the Fen unit, which held up to 70 prisoners with personality disorders and provided a much more reliable, therapy-based regime. Here staff were actively engaged in supporting a vulnerable and potentially risky group of prisoners in an environment that was

calm and relaxed. The Bridge unit, when the regime was not curtailed, also provided help for prisoners who had previously been segregated to get back onto the main wings. The segregation unit showed some improvement with a well-motivated staff group working well with some challenging prisoners, but we were concerned to see that prisoners were also being segregated on the inpatient unit, without the usual statutory safeguards in place such as visits from the duty governor, chaplain, and Independent Monitoring Board.

Leaders at Whitemoor rightly prioritised the security and keeping staff and prisoners safe, but the focus was on procedure – searching, controlled unlocks, maintaining the perimeter and providing support to some particularly risky individuals. They had failed to pay sufficient attention to the other things that motivate prisoners to behave, such as a predictable regime, cleanliness, access to work and education, and sentence progression. Many prisoners were angry and frustrated with the lack of opportunity to move on with their sentences, and this added to the level of risk in the prison.

There was work in progress to recruit more staff, both locally and nationally, but in the meantime the governor needs to consider how she can maintain a decent regime with the staff she has. Although there were some prisoners who posed the most serious risk to safety, half the prison was made up of category B men who could potentially be in prisons that are able to operate with far lower officer to prisoner ratios. Our roll checks found 59% of prisoners locked in their cells which was simply not acceptable in a jail where many men will be spending a substantial proportion of their lives.

There is much to be done to improve things at Whitemoor after this disappointing inspection, but there were some excellent staff and managers at the prison. Leaders will benefit from visiting other jails and understanding how they are able to cope with staff shortages. There must be a determination to provide a much better regime and access to activities that give these prisoners a sense of meaning and hope as they serve their long sentences.

Charlie Taylor
HM Chief Inspector of Prisons
January 2023

What needs to improve at HMP Whitemoor

During this inspection we identified 12 key concerns, of which five should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **Limited interventions and a lack of purposeful activity made it difficult for prisoners to demonstrate a reduction in risk, and too few were able to progress in their sentence.**

2. **Much reduced time out of cell contributed to dirty conditions and limited prisoner access to health care, key work and offender management.**

3. **Leaders and managers had not established a predictable regime in which all prisoners consistently attended their allocated activity.** Too often sessions were cancelled at short notice.

4. **The curriculum did not meet the needs of all the prison population**, **particularly for vocational training.**

5. **Poor medicine administration had become established practice, despite contravening professional standards and being raised at previous inspections.**

Key concerns

6. **Staff were too passive in their contact with prisoners.** Staff adhered rigidly to allocated duties and some congregated with each other rather than interacting with prisoners.

7. **Leaders did not set and maintain sufficiently high standards on residential units and communal areas were dirty.**

8. **Prisoners were served small portions of food, some of which was unpalatable.** Not all prisoners could afford to buy extra food from the canteen to supplement this.

9. **Work to improve and promote equality was not given sufficient priority.**

10. **Leaders and managers had not made sure that all prisoners received effective careers information, advice and guidance at induction to allow them to make informed plans about their future.**

11. **Not all prisoners with learning difficulties and/or disabilities needs received the required help to remove barriers to their future development.**

12. **Contact between prison offender managers and prisoners was too limited to provide effective offender management.**

Care Quality Commission regulatory recommendation

Care and treatment must be provided in a safe way for service users and the proper and safe management of medicines to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

About HMP Whitemoor

Task of the prison
A high-security prison for category A and B male prisoners.

Certified normal accommodation and operational capacity (see Glossary)
Prisoners held at the time of inspection: 315
Baseline certified normal capacity: 473
In-use certified normal capacity: 392
Operational capacity: 333

Population of the prison
- 69 prisoners received in the last 12 months.
- 47 foreign national prisoners.
- 47% of prisoners from black and minority ethnic backgrounds.
- One release into the community in the last 12 months.
- 27 prisoners receiving support for substance misuse.
- Nine prisoners a month on average referred for mental health assessment (about 2.9% of the population).

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 misuse treatment provider: NHS – Phoenix Futures
Prison education framework provider: Milton Keynes College
Escort contractor: Serco

Prison group/Department
Long term high security estate

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 inspection.

Short description of residential units
A and B wings – main residential units. One A wing spur is designated as the psychologically informed planning environment (PIPE).

Fens unit – a therapeutic unit holding up to 70 prisoners with personality disorders, working in partnership with Cambridge and Peterborough Foundation Trust to deliver one-to-one and group therapy.
Segregation unit – 18 cells.
E wing/Bridge unit – 12 cells, a reintegration wing for prisoners leaving the segregation unit.
Health care unit – nine bed spaces.
F wing - the close supervision centre (CSC); not inspected at this inspection.

Name of governor and date in post
Ruth Stephens, from October 2019

Prison Group Director
Will Styles

Independent Monitoring Board chair
Jill Collins

Date of last inspection
Scrutiny visit – 28 July 2020
Full inspection – 28 July-5 August 2017

Section 1 Summary of key findings

1.1 We last inspected Whitemoor in 2017 and made 54 recommendations, three of which were about areas of key concern. The prison fully accepted 48 of the recommendations and partially (or subject to resources) accepted four. It rejected two of the recommendations.

1.2 In July 2020, during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. We made nine recommendations about areas of key concern.

1.3 Section 8 contains a full list of recommendations made at the last full inspection and scrutiny visit and the progress against them.

Progress on key concerns and recommendations from the full inspection

1.4 Our last inspection of Whitemoor took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to report on progress in areas of key concern to help leaders to continue to drive improvement.

1.5 At our last full inspection, we made three recommendations about key concerns, one in the area of safety and two on respect. At this inspection we found that all three key recommendations had not been achieved. For a full summary of the recommendations achieved, partially achieved and not achieved, please see Section 8.

Progress on recommendations from the scrutiny visit

1.6 During the pandemic we made a scrutiny visit to Whitemoor. Scrutiny visits (SVs) focused on individual establishments and how they were recovering from the challenges of the COVID-19 pandemic. They were shorter than full inspections and looked at key areas based on our existing human rights-based *Expectations*. For more information on SVs, visit https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/.

1.7 At the SV we made some recommendations about areas of key concern. As part of this inspection we have followed up those recommendations to help assess the continued necessity and proportionality of measures taken in response to COVID-19, how well the prison is returning to a constructive rehabilitative regime, and to provide transparency about the prison's recovery from COVID-19.

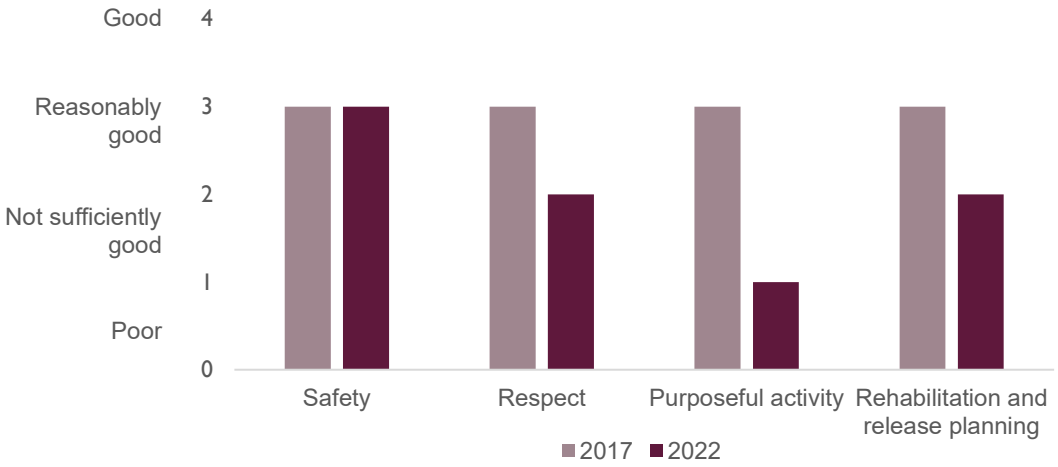
1.8 We made nine recommendations about areas of key concern. At this inspection we found that four of the recommendations had been achieved and five had not been achieved.

Outcomes for prisoners

1.9 We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.10 At this inspection of Whitemoor, we found that outcomes for prisoners had stayed the same in one healthy prison area and declined in three.

Figure 1: HMP Whitemoor healthy prison outcomes 2017 and 2022



Safety

At the last inspection of Whitemoor in 2017 we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection we found that outcomes for prisoners remained reasonably good.

1.11 Reception processes, when staff were available, were sufficient to identify the risks and vulnerabilities of prisoners transferring in. Although the prison received an average of only six new prisoners a month, most did not receive a shower or hot meal before they were locked up on their first night, and in our survey, only 26% said their cells were clean.

1.12 There was no peer support for prisoners during their early days in the prison. Their primary source of information about daily life was a lengthy induction booklet, and the lack of time out of cell meant prisoners had few opportunities to seek answers to queries.

1.13 In our survey, 36% of all prisoners said that they felt unsafe. Despite a reduction in population, rates of recorded violence had increased since our last full inspection but remained similar to other comparable prisons. The biggest increase was in violence against staff, though most incidents were not serious. Leaders responsible for safety made good use of data to understand the drivers of violence. There was good multidiscipline work and targeted support for prisoners whose cases were complex. Prisoners being managed on the Fens therapeutic unit

were well supported and motivated to behave. On all other wings, an inadequate regime and lack of contact with key workers and prison offender managers (POMs) left many prisoners feeling demotivated and disengaged, which was a potential threat to order and control.

1.14 The use of force had more than doubled since the last inspection, but this was attributed to a few particularly complex cases earlier in the year. Governance of use of force was good. We observed good de-escalation techniques, and some excellent, sensitive and patient work with prisoners displaying extremely challenging behaviours due to learning disabilities and personality disorders.

1.15 Some prisoners were segregated for too long, including those who had transferred in from other segregation units. The regime on the unit was poor. Although it was positive that the number of segregation cells had reduced, we remained concerned about prisoners who were segregated elsewhere in the prison, such as the inpatient facility, without appropriate safeguards.

1.16 The Bridge unit had been opened to support prisoners with particularly complex needs to progress from segregation and gradually reintegrate on normal location. The principle was sound, but the therapeutic purpose of the unit was frequently undermined by the redeployment of dedicated staff. The unit was also grubby, which was not conducive to providing trauma-informed support. The psychology team provided very impressive support, advice and guidance to staff and prisoners on both units.

1.17 Physical security procedures were proportionate to the risk posed by the prisoners, but the inflexible deployment of staff disrupted the regime in a way that could potentially lead to order and control issues. Intelligence was managed well, and staff were informed about current threats. There was good partnership work to manage the threats of organised crime and extremism. However, in our survey, a third of prisoners told us that it was easy to get illicit drugs at Whitemoor, and more prisoners were testing positive. Despite this, the prison had done too little to understand and address the factors contributing to drug taking.

1.18 There had been one self-inflicted death since the last inspection and two further Prisons and Probation Ombudsman (PPO) reports published on previous self-inflicted deaths. While work was done to learn lessons in each case, this was not reinforced over time. Rates of self-harm in the last 12 months were similar to the last full inspection, and were lower than at most similar prisons. All serious incidents were investigated, but this did not lead to recommendations to improve future practice. The most complex cases of self-harm were discussed in the monthly safer custody meeting, with good multidisciplinary input. The care and support for prolific self-harmers and those most at risk of harm were good, particularly on the Fens unit.

Respect

At the last inspection of Whitemoor in 2017 we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection we found that outcomes for prisoners were now not sufficiently good.

1.19 In our survey, only 61% of prisoners, against the comparator of 75%, said that staff treated them with respect, which was very disappointing in a prison with a stable population. We saw some excellent staff-prisoner interactions on the Fens unit, but staff on the two main wings were less engaged. To compound this, key work (see Glossary) was not used widely to develop positive relationships and support prisoners.

1.20 Standards of cleanliness on wings were very poor and oversight from managers had not addressed this. An inflexible use of staff restricted the number of cleaners unlocked, which resulted in the prison being dirty. Most cells were in good order, but communal showers remained grubby and some lacked screening.

1.21 Prisoners were much more negative about the quality of the food than in similar prisons. We observed small portions and some unpalatable food being served. Hygiene standards were not maintained on serveries. Self-catering facilities on spurs were appreciated by the prisoners who could afford to buy their own food.

1.22 The number of complaints remained high. Most of the responses were reasonable, but were not always timely. The application process was not operating effectively and had limited oversight. Regular consultation took place through the prison council, which was good.

1.23 The oversight of work to improve and promote equality was poor. Data had not been used to identify disproportionality, and the needs of prisoners with protected characteristics were not always met. There had been some improvement to the discrimination reporting process, but not all incidents were sufficiently investigated, and quality assurance was not robust enough.

1.24 The chaplaincy provided good pastoral support across the prison.

1.25 The quality of health services was reasonably good overall, but there were serious concerns about some aspects of medicine management, despite recommendations at previous inspections. There was an appropriate range of primary care services with reasonable waiting times, apart from the dentist. The inpatient unit did not function as a clinical or therapeutic environment, and its purpose was unclear.

1.26 The mental health team provided a range of therapeutic interventions. However, the lack of a substantive psychiatrist and gaps in the nursing team meant that some elements of the service were stretched, and patients did not have access to consistent psychiatric medical support.

1.27 The need for clinical substance misuse support remained low, but treatment was in line with national guidelines. There was a range of psychosocial individual support, but the regime restricted the availability of appointment times and there was no space or time for group work. The regime had also limited access to dental appointments and waits for routine treatment were excessive.

Purposeful activity

At the last inspection of Whitemoor in 2017 we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection we found that outcomes for prisoners were now poor.

1.28 Regime restrictions that alternated activity sessions between the two main residential wings led to poor outcomes across all areas, including access to work, interventions, and POM and health care appointments. In our roll checks, a very high 59% of prisoners on the main units were locked up during the core day. The regime plan was overcomplicated and led to much frustration, but it did make sure that most prisoners were unlocked for a reasonable domestic period to shower, call home and socialise with their peers. Most prisoners had reasonable access to the gym and library.

1.29 In theory, the prison had enough activity places to occupy most prisoners full time, but in practice spaces were not maximised and most were part time. Attendance rates were very low. Leaders had been too slow in providing a curriculum that met the needs of prisoners.

1.30 Prisoners' progress in education, skills and work, including in English and mathematics, was severely impeded by regime disruption. Except for those in education, too few prisoners received the help required to improve weak English and mathematics skills. Prisoners did not have an adequate assessment of their reading standards or sufficient opportunities to practise and extend their reading skills.

1.31 In-cell learning packs were too often a poor substitute for face-to-face learning with a teacher. Prisoners with learning difficulties and/or disabilities received appropriate support in education, but elsewhere specialist help was not always available.

1.32 The overall achievement of prisoners required improvement, although most prisoners who completed their English and mathematics functional skills training achieved the qualification.

1.33 As so few prisoners could attend education, skills and work, they were unable to develop the behaviours and attitudes needed to prepare them for their next steps. Those who could attend took pride in their work and developed appropriate personal and social skills.

1.34 Instructors and prisoners had good working relationships, which contributed to the smooth running and productivity of workshops. In

contrast, wing cleaners were underemployed and not developing a suitable work ethic.

1.35 The curriculum did not develop or promote effectively prisoners' understanding of personal development topics, such as the importance of democratic values, equality, diversity and healthy lifestyles.

1.36 The quality improvement group had correctly identified many key areas for improvement but was yet to address these weaknesses successfully.

Rehabilitation and release planning

At the last inspection of Whitemoor in 2017 we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection we found that outcomes for prisoners were now not sufficiently good.

1.37 The prison could only staff a limited number of social visits, video call facilities had been reduced and there were no in-cell telephones, all of which made it harder for prisoners to maintain contact with their families. Visitors were treated well, but they faced long waits when visits did not start on time. The visits hall was bright and welcoming with a suitable play area, and popular family days were held regularly.

1.38 Nearly all prisoners at Whitemoor were serving long or indeterminate sentences and 40% of the population were category A. Oversight of work to reduce reoffending was supported by a prisoner needs assessment and regular committee meetings, but it was not yet leading to sufficiently good outcomes.

1.39 Most prisoners had an up-to-date OASys (offender assessment system) assessment. Sentence plans identified appropriate targets, but progress against these was insufficient in half the cases we examined because too few prisoners had any recorded contacts with their POM. This meant they did not receive the guidance and support they needed to progress. Contact was driven by time-bound events like parole reports and OASys interviews. Public protection work was sound.

1.40 Most categorisation reviews were timely. However, few prisoners were successfully recategorised because they had been unable to access the interventions they needed to demonstrate a reduction in their risk. This inevitably affected the number of prisoners able to progress in their sentence.

1.41 Programme delivery, engagement and completion rates were substantially low, limiting prisoners' opportunities to address their offending behaviour. Prisoners on the Fens unit continued to receive excellent clinical support and therapy, but the psychologically informed planned environment (PIPE) was not fulfilling its function as a therapeutic intervention.

1.42 Prisoners were seldom released from Whitemoor, but on the rare occasion when they were, there were processes to support their reintegration into the community.

Notable positive practice

1.43 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

1.44 Inspectors found one example of notable positive practice during this inspection.

1.45 There was a weekly partnership meeting involving all key stakeholders to address any emerging risks related to extremism. (See paragraph 3.28)

Section 2 Leadership

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

2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.

2.2 The prison was profiled with high staffing levels to mitigate the risk posed by its category A population, and several recent high-profile terrorist-related incidents were still fresh in the minds of those who worked and lived at the prison. Staff shortfalls at Whitemoor made it difficult to deliver good outcomes for prisoners in all areas, but leaders locally and nationally were active in their efforts to improve recruitment and retention.

2.3 Given its critical role in the high security estate, leaders at Whitemoor had prioritised learning from past incidents, focusing more on security and managing complex cases. But leaders also had a responsibility to make sure that prisoners received the help they needed to progress to the next stage in their sentence. There had been too little focus on providing good access to education, work, health and effective support to reduce offending behaviour, even though delivering a purposeful regime and reducing offender risk were critical in making the prison safer.

2.4 On the general residential units where most prisoners lived, a rigid and inflexible use of available staff resulted in missed appointments, poor attendance at purposeful activities and dirty living conditions. Residential leaders were not sufficiently active and assertive in raising and maintaining standards on the units. Officers congregated in wing offices while prisoners remained locked up. The prison-wide demands on residential custodial managers also made it difficult for them to provide effective leadership on residential units, although the manager in charge of the Fens unit had made a positive impact.

2.5 For the small proportion of prisoners who lived on the Fens unit, support for their rehabilitation was good. The psychology team, supported by engaged operational staff, delivered some excellent work with very challenging and vulnerable prisoners. For the majority of prisoners who lived on the main residential units, the prevailing culture was not rehabilitative, and this affected leaders' ability to improve outcomes.

2.6 The prison's self-assessment was open, reflective and broadly in line with our findings, although the assertion that the temporary split regime (see paragraph 5.3) enabled access to work, education and activity was not borne out by the evidence. The prison's contribution to the

partnership with Milton Keynes College was not effective in delivering good outcomes in learning and work. The curriculum did not meet the needs of the population and too few prisoners could access the limited provision on offer.

2.7 Regime restrictions had affected some important aspects of health care. Oversight at a senior level had been frustrated by the absence of a health partnership board for some time.

2.8 The safety function made good use of data to inform plans to improve outcomes, but in other areas data were not exploited to make the improvements needed. For example, data had not been used to identify disproportionality, and the needs of prisoners with protected characteristics were not always met.

2.9 Many leaders and managers were new to their roles and some had not been exposed to leadership roles and working practices outside of Whitemoor, which contributed to a sometimes narrow view of what could be achieved at the prison. However, there was an encouraging enthusiasm and optimism among many leaders, and a real willingness to learn from external scrutiny. Good leadership was particularly notable in health care and from the head of offender management delivery.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes: Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

3.1 There were few new arrivals at Whitemoor. Almost all of the 34 prisoners who had arrived in the last six months had transferred from other long-term high-security prisons and were already several years into long sentences. Communication between these establishments was effective, which enabled managers at Whitemoor to understand the needs and risks of new prisoners, such as those with disabilities or histories of violence or self-harm, and plan for their arrival. All prisoners saw a nurse on arrival and most had a private safety interview, providing staff with an additional opportunity to identify risks or vulnerabilities. However, there was no formal system to identify prisoners with protected characteristics, which delayed work to support and protect those who might be disadvantaged (see paragraph 4.26).

3.2 The reception area had been closed for maintenance for the previous month. A prison cell in the health care department was being used as a temporary reception. It was not an ideal or welcoming environment, but key reception processes were not affected by the change of location. There were plans to reopen a fit-for-purpose reception the following week.

3.3 Despite the low number of new arrivals, there was sometimes insufficient staff to facilitate all first night processes, particularly when prisoners arrived after 5pm. As a result, they could not always make a phone call to their families on their first night (or to have staff make one on their behalf), and there were delays in processing their property. In our prisoner survey, 51% said they had problems with lost or delayed property on arrival. Leaders had made some improvements to property processes and recently arrived prisoners were generally reunited with their property in four to five days, half the time we saw at the last inspection. However, this was still too long and left prisoners without sufficient clean clothes or toiletries.

3.4 Since the last inspection, the induction unit had closed and there were no dedicated first night cells. Prisoners were now taken to one of the two main residential units for their first night. Most did not receive a hot meal or shower until the following day and cells were not suitably cleaned ready for use (see paragraph 4.5). In our survey, only 26% of

prisoners said their cells were clean on their first night, against the comparator of 52%.

3.5 There was no longer any formal peer support during prisoners' early days in the prison, and poor time out of cell meant that they had few opportunities to socialise with their peers to ask questions informally. Their primary source of information about daily life was a lengthy booklet which did not contain up-to-date information about things that prisoners told us they would value, such as about the regime and when they would be unlocked for meals or exercise.

Managing behaviour

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

Encouraging positive behaviour

3.6 In our survey, 36% of prisoners said that they currently felt unsafe. While the population had reduced and prisoners were locked up for much of the day (see paragraph 5.1), rates of recorded violence had increased since our last full inspection, although they remained broadly similar to other comparable prisons. The biggest increase was in incidents against staff, although few were classed as serious.

3.7 It was notable that prisoners with disabilities felt more unsafe than those without, while prisoners from a black or minority ethnic or Muslim background felt safer than white and non-Muslim prisoners (see paragraph 4.29). This was worthy of further exploration by prison leaders.

3.8 Leaders had identified safety as the main priority in the prison's self-assessment report. They made good use of data to understand the drivers of violence and clearly knew the risks that some prisoners presented. Leaders had also used their learning from previous high-profile terrorist incidents, which had included violence against staff, to mitigate potential risks to safety and develop staff confidence (see paragraph 3.28). However, the safety team was poorly resourced, with just one custodial manager and one officer to manage a big area of work. To compound this, the team were frequently redeployed which made it difficult for them to provide staff with advice and support in key areas such as the delivery of CSIP (see 3.9). The manager also told us they had been too short staffed to carry out the annual safety survey, despite it being integral to the local safety strategy.

3.9 The prison's main response to violence, outside the adjudication system, was challenge, support, and intervention plans (CSIPs, see Glossary). These were used to manage violent behaviour, support victims and provide tailored support for other prisoners with complex needs. Just under 100 CSIPs had been opened during the previous 12

months. The quality of investigation into violent incidents was variable and there was inconsistency in how staff applied the CSIP process, despite work to raise awareness. However, there were many examples of regularly reviewed plans that incorporated interventions to address violence and targeted support from specialists, including psychologists. An effective multidisciplinary team held a weekly safety intervention meeting (SIM) with a focus on reducing violence. The team reviewed all CSIP cases at the meeting, which made sure that actions identified at previous meetings were tracked effectively.

3.10 In our survey, only 26% of prisoners said the incentives and rewards at the prison encouraged them to behave well. The local incentives policy had been reviewed recently, which had improved some of the benefits available to prisoners on the enhanced level of the scheme. Prisoners on the Fens unit and the small number of others who were case-managed separately by a multidisciplinary team were well supported and motivated to behave.

3.11 For the majority of prisoners, there was little or no support from key workers or prison offender managers (POMs), and they spent long hours locked up with an inadequate regime. The culture on the general units was not one of hope and optimism that prisoners had the capacity to change. There was a lack of trust and, contrary to the governor's vision for the prison, no drive to encourage prisoners to improve their behaviour This left many feeling demotivated and disengaged, which was a potential threat to order and control. Better relationships with staff would inevitably improve dynamic security and if prisoners had more to do, and therefore more to lose, they would be more invested in the prison.

Adjudications

3.12 There had been 749 adjudications in the previous 12 months, a major reduction compared with our last full inspection in 2017. The adjudication documents that we examined were generally reasonable, but some charges did not evidence sufficient enquiry or make sure that minimum standards were followed, such as offering the prisoner the opportunity to seek legal advice. The prison had worked hard to reduce the number of outstanding charges, but some hearings were still adjourned for several weeks for what was listed as 'operational reasons', without any wider explanation.

3.13 There was no overarching standardisation process to learn from disciplinary hearings to improve prisoner behaviour and staff confidence. However, the deputy governor conducted regular quality assurance and took relevant action to address shortfalls.

Use of force

3.14 There had been 129 recorded uses of force in the previous six months, more than double the number at the last inspection, and rates were now higher than at most similar prisons. Leaders attributed the increase to a few complex cases earlier in 2022, as well as the

increased use of rigid bar handcuffs in the segregation unit. The prison's data showed that, for example, 21 out of 28 recorded uses of force in July 2022 related to one individual who had since been transferred to a secure hospital. We also saw evidence that force had been used multiple times on two other prisoners to prevent them from serious self-harm. Following the transfer of these prisoners to more suitable locations, and improved management plans (see paragraph 3.24), the use of force was now on a generally downward trend since peaking in summer 2022.

3.15 Since the last inspection, PAVA incapacitant spray had been introduced and, in the last six months, had been drawn seven times and used four times. The footage of incidents that we reviewed – including all uses of PAVA – showed staff using force only when necessary, and good use of de-escalation techniques. There was some excellent, sensitive and patient work with prisoners displaying extremely challenging behaviour due to learning disabilities or personality disorders.

3.16 Governance of the use of force remained good. Most incidents were recorded on body-worn cameras and all were reviewed, with poor practice being addressed and good practice shared. Overdue reports were chased, as well as highlighted in the daily briefing. However, prisoners were not usually debriefed after force was used against them.

3.17 There had been three uses of special accommodation in the previous six months, down from seven at the last inspection. The documentation we reviewed demonstrated appropriate justification, with safeguards to protect prisoners' welfare. Strip clothing was no longer used routinely and without justification.

Segregation

3.18 One in five prisoners who responded to our survey said that they had spent at least one or more nights in the segregation unit over the previous 12 months. While the average length of segregation was reducing, some prisoners were still segregated for too long – at the time of our visit, the average was 81 days. This figure was exacerbated by some particularly long stayers, including those who had transferred in from other segregation units in the long term and high secure estate. We identified four prisoners who were agreed segregation-to-segregation transfers. In some cases, segregation had continued for more than 12 months. Similar situations had been identified in other long term and high secure establishments and it was challenging for leaders to break this cycle of continuous segregation.

3.19 The regime on the segregation unit was poor. When it was full, prisoners were limited to daily exercise for a minimum of 30 minutes and had to choose between making a phone call and having a shower.

3.20 There had been some improvements since the last inspection. The designated number of staff required to unlock individual prisoners was now reviewed regularly, and most prisoners could now collect their own

meals. Living conditions had also improved; all communal areas of the unit were clean, cells were adequately equipped and new windows had been installed.

3.21 Prisoners in segregation had regular review boards to monitor their progress and encourage a move to normal location. However, despite the high use of segregation and the collation of a useful range of data, there had been no formal monitoring or governance meetings to analyse this data and drive improvement.

3.22 Since our last full inspection, the capacity of the segregation unit had been reduced to 18 cells. Although this reduction was a positive step, prisoners were routinely segregated elsewhere, including on the Bridge unit (see below) or the inpatient facility. Very few prisoners in the inpatient facility had a clinical need to be located there and its purpose was unclear. It was mainly used as an area to locate complex prisoners who may otherwise be segregated, but in many cases without the additional safeguards required for segregation, such as daily monitoring and regular review boards. (See paragraph 4.60.)

3.23 The 12-bed Bridge unit opened in 2019 to provide prisoners with a tailored regime in a supportive environment, with enhanced key work to facilitate gradual reintegration on to normal location. However, this was regularly undermined by the frequent redeployment of staff, which made it difficult to provide the intended regime. The communal areas of the unit were also dirty and poorly maintained, which was not conducive to providing a positive trauma-informed environment. Although it was not fulfilling its full purpose, there were some benefits for prisoners on Bridge. At the time of our inspection, around eight prisoners who would otherwise be segregated were able to associate as a group.

3.24 The psychology team provided very impressive support, advice and guidance to staff and prisoners on the segregation and Bridge units and had been integral to improvements made in both areas. This work included bespoke plans to understand prisoners' behaviour and reduce the risk of violence, and regular professional supervision for staff.

Security

Expected outcomes: Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance use and effective drug supply reduction measures are in place.

3.25 Whitemoor held some of the most serious offenders in the country, many of whom were serving long or indeterminate sentences. Nearly 80% of the population presented a high or very high risk of harm and 40% were category A. The physical security procedures were proportionate to the risk posed by the population.

3.26 Given the prison's critical role in the high security estate, leaders at Whitemoor had prioritised learning from past incidents of violence. For example, following a terrorism-motivated attack on a prison officer, leaders had increased the frequency of meetings to explore intelligence on terrorism and other threats to safety (see below). They had also piloted the removal of razor blades in favour of electronic shavers and replaced ceramic furnishings with plastic substitutes in all prisoner areas. These measures mitigated potential risks to safety and developed staff confidence. While this was positive, leaders also had to provide similar focus on other activities to make the prison safer, such as the development of staff-prisoner relationships, increased and consistent key work and better access to purposeful activity. The currently inflexible deployment of staff disrupted the regime in a way that could potentially lead to order and control issues.

3.27 Intelligence reports were analysed promptly to inform regular monthly assessments to set security objectives and direct staff resources. Actions were monitored, and staff were briefed about security concerns and objectives.

3.28 There was good partnership work to manage security threats, including organised crime, staff corruption and extremism. Security leads worked closely with the HMPPS regional specialist operations unit, and dedicated police officers were based at the prison. A team of dedicated knowledgeable staff devised local strategies to manage a small number of prisoners associated with extremism and reduce the risk they posed. For example, there was a weekly partnership meeting that involved all key stakeholders to address any emerging threats related to extremism, which was positive practice.

3.29 In our survey, a third of prisoners told us that it was easy to get illicit drugs at Whitemoor. There had been a security focus on the reduction of illegal substances, including illicitly brewed alcohol. Unlike many other prisons, mandatory drug testing, supported by suspicion testing, had been in place for the last 12 months; the positive test rate was higher than at our last inspection at 12%.

3.30 Not enough was done to understand the factors contributing to drug taking. The drug strategy meeting, which aimed to drive a reduction in the demand for and supply of drugs, had only met twice since May 2022. This was despite an increase in prisoners testing positive for drugs and three previous deaths in custody linked to the use of illicit substances. Psychosocial support for prisoners was also limited due to regime restrictions (see paragraph 4.77). Leaders provided evidence that the strategy had been recently relaunched and it was important that this momentum was maintained.

Safeguarding

Expected outcomes: The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

3.31 Since the last inspection, there had been one self-inflicted death in 2019, and two further Prisons and Probation Ombudsman (PPO) reports published relating to previous self-inflicted deaths. Individual action plans were produced in response to each PPO report, but these were closed once they had been implemented and actions were not compiled, monitored or reinforced over time. There was no evidence that leaders conducted immediate investigations following a self-inflicted death to identify lessons that could be learned quickly.

3.32 Recorded rates of self-harm were similar to those reported at the last full inspection and were lower than at most similar prisons. Levels had fallen notably over the past year, following the transfer of some prolific self-harmers to secure hospitals and a revamped support plan for others. All serious incidents of self-harm were investigated, but with an emphasis on documenting events rather than drawing out key lessons to improve processes or future practice.

3.33 The prison housed some prolific self-harmers with complex case histories; just four prisoners had accounted for 38% of all instances of self-harm in the previous 12 months. Most had been located on the Fens unit or in segregation, and they were managed well. They had comprehensive, multidisciplinary care plans, which were discussed and updated at monthly safer custody meetings or at specially convened case meetings. There was evidence of good work to manage the safe reintegration of prisoners who had been on constant watch for months – or even years – due to serious and prolific self-harm.

3.34 There was less targeted support for prisoners at risk of self-harm on the main residential wings who did not have access to the therapeutic environment and higher staffing levels on the Fens unit. Individual incidents of self-harm were not routinely discussed at weekly operational safety meetings. Leaders had identified that prisoners often self-harmed out of sheer frustration, but poor time out of cell, a lack of purposeful activity and little opportunity for meaningful discussions with staff did little to alleviate this.

3.35 Most prisoners who self-harmed or were at risk of doing so were supported through assessment, care in custody and teamwork (ACCT) case management. In our survey, only 40% of prisoners who had been supported by ACCT said they felt cared for by staff. In practice, an ACCT amounted to little more than frequent staff observation, which

kept prisoners safe through periods of acute distress, but did not guarantee the level of care some needed longer term. The targets and care plans we reviewed were not sufficient to identify and address prisoners' underlying issues, such as frustration caused by being locked up for long periods or specific issues such as family contact or access to property.

3.36 In our survey, only 32% of prisoners, against the comparator of 50%, said it was easy to speak to a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). There were eight Listeners across both main residential wings, with a further seven undergoing training, and they felt well supported by the Samaritans. Most sessions were still held through a Perspex barrier in the segregation unit, which inevitably affected access, even though there was a more suitable Listener suite on C wing. Access to Listeners at night had only been reinstated shortly before the inspection.

Protection of adults at risk (see Glossary)

3.37 Although there was a lead manager for adult safeguarding, there had been no meaningful contact with the local safeguarding adults board and no safeguarding referrals had been made. A reasonable adult safeguarding policy was in place, but staff were not aware of it. However, those we spoke to were alert to potential indicators of vulnerability and how to handle allegations of abuse.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes: Prisoners are treated with respect by staff throughout their time in custody and are encouraged to take responsibility for their own actions and decisions.

4.1 Most prisoners stayed at Whitemoor for a long time; with over two-thirds there for more than two years, which offered ample opportunity for staff to develop positive relationships with them. It was disappointing, therefore, that in our survey, only 61% of prisoners, compared with 75% at similar establishments, said staff treated them with respect, and two-thirds said they had experienced some form of victimisation from staff.

4.2 On the Fens unit, where prisoners could engage in one-to-one and group work, they were out of their cells all day and relationships were more positive. Staff had good knowledge of the prisoners in their care and we saw some excellent interactions, including staff and prisoners playing boardgames. Staff-prisoner relationships were not as well developed on the two main wings, where we frequently observed staff congregating in offices or in pairs leaning on railings rather than engaging with prisoners. Although there were adequate staff on the residential units, not all were used their available time to interact and assist prisoners, most of whom remained locked up.

4.3 Key work (see Glossary) was not widely used to develop positive relationships and support prisoners. While most prisoners had an allocated key worker, few met them regularly. In our survey, only 44% of prisoners who had a key worker said they were helpful, compared with 62% at similar prisons. Many of the key work entries in the prisoner case notes that we reviewed were brief with little focus on sentence progression. Key workers told us it was difficult to arrange sessions due to the restricted regime and the need to compete with other departments for private spaces on the wing.

4.4 There was no overall strategy to promote and expand peer work, and it was not used effectively to engage and motivate prisoners to contribute to the prison community. Work in this area was lacklustre and did not demonstrate trust or ambition for prisoners. Although leaders had appointed some peer representatives, they had not looked to other prisons to see the value of mentors in a wider range of areas, including violence reduction and health. Where peer workers had been appointed, such as for equality work and the offender management unit (OMU), they were not involved in the key meetings to effect change in those areas.

Daily life

Expected outcomes: Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

Living conditions

4.5 Leaders and staff at the prison had not set and maintained sufficiently high standards of cleanliness. The main residential landings were dirty and in our survey, only 32% of prisoners, compared with 57% in similar prisons, said that communal areas were normally clean. The restricted regime and an inflexible use of available staff resulted in too few cleaners being unlocked to clean the wing. Cleaning stores on the units were poorly stocked, with dirty mop heads in need of replacement.

Cleaning stores A wing

4.6 When cleaners were unlocked, they were not adequately supervised or held to account by the officer whose sole responsibility it was to make sure the wing was clean. There was little accountability by staff and leaders at all levels, with no evidence of inspection or quality assurance. On the first day of the inspection, we saw a large patch of what appeared to be dried blood on a landing floor. Prisoners told us it had seeped from a recently moved communal freezer. The stain was not cleaned up for more than two days.

Blood stain on floor

4.7 Serveries were not cleaned after the meal service but instead remained dirty overnight with leftover food in trays, which inevitably contributed to an ongoing rodent problem on the wings. Many prisoners told us they were concerned about the lack of hygiene on the serveries, and we saw much evidence to support their concerns.

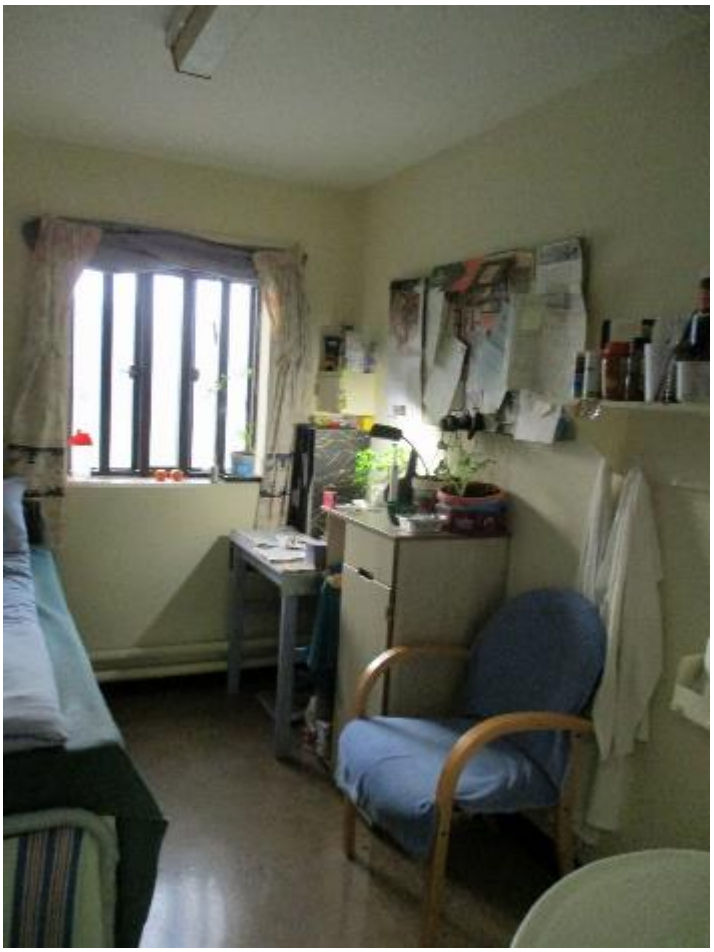
4.8 Most showers were old and grubby, and some lacked screening. Poor ventilation had led to mildew and rusty metalwork. Low water pressure in the refurbished showers on the upper landings exacerbated this issue as it drove prisoners to use the older showers.

Rusty pipework in showers

Showers without privacy screening

4.9 Disappointingly, managers accepted these poor standards as an inevitable consequence of the restricted regime rather than proactively driving much-needed improvement.

4.10 In contrast to the communal areas, most cells were in reasonably good order with any necessary repairs generally completed promptly. Prisoners rarely had to change cells and were able to personalise their accommodation.



Cell on B wing

4.11 Inexplicably, prisoners were issued with three toilet rolls a week, and these often ran out.

4.12 In our survey, only 59% of prisoners, compared with 79% at similar prisons, said they had weekly access to clean sheets and 72%, against 84%, that they had access to clean clothes. The closure of the laundry on B wing following a fire meant prisoners had resorted to washing and drying their kit in their cells.

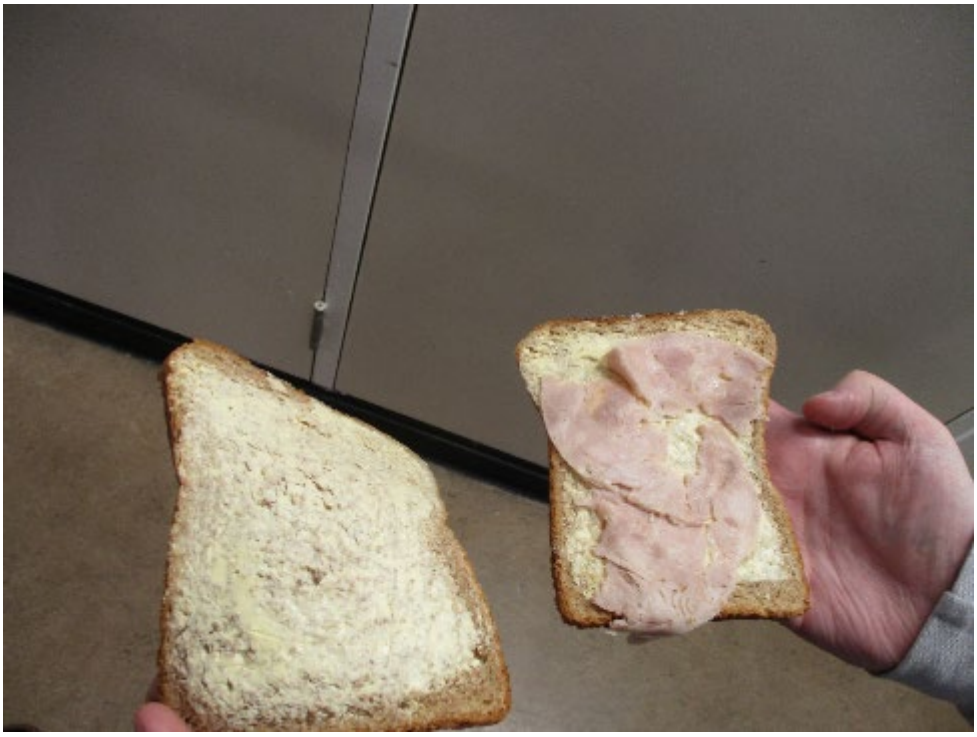
4.13 Many prisoners told us that they frequently waited up to an hour for staff to respond to their emergency cell call bell. We observed a prisoner using the emergency cell call bell when the only officer on the spur was dealing with a prisoner on the landing above and some minutes passed with no response. At the time there were seven officers in the wing office, who were aware that the emergency bell had been

sounded, but none attempted to answer it. When challenged by the inspector, they said it was the job of the officer on the spur, even though they saw that he was busy. Leaders did not do enough to monitor or address poor response times.

4.14 The prison did not yet have in-cell telephones. There was one wing-based phone for every 10 prisoners, but we were told many of these were often not working. The prison did not keep data on how frequently the phones were out of order to clarify this.

Residential services

4.15 In our survey, only 18% of prisoners said the quality of food was good, which was much worse than the 32% at similar prisons. During the inspection, we observed the serving of small portions and some unpalatable meals. There had been no recent food consultation and wing staff could not tell us if there were any food comments books, suggesting they were not in use. Meals continued to be served too early.



A sandwich with meagre filling

4.16 Servery workers did not wear appropriate clothing other than gloves. Food temperatures were not routinely measured, and serveries were left dirty between meals. Some prisoners who could afford to buy food from the prison shop said they would not eat food from the servery because of these poor standards.

4.17 Fortunately, each spur on the wing had its own kitchen and these were well used by some prisoners to cook food for themselves and their friends. However, most prisoners told us they relied on money being

sent in to buy their own food and some could not afford to use these facilities.

4.18 In our survey, only 39% of prisoners, against 56% at similar prisons, said the prison shop sold the things they needed. Although there had been no recent prison-wide consultation about the shop provision, it was positive that canteen peer representatives had been appointed for each wing and met the manager responsible for this area regularly.

Prisoner consultation, applications and redress

4.19 The main forum for consultation was a well-established prison council. Council representatives were selected appropriately through an interview process. We observed a weekly council meeting with good dialogue about a range of issues, but it was not documented and actions were not tracked. There was no formal mechanism to share information from the meetings with the wider prison population. Wing forums had stopped in recent months, which limited the opportunity for wing representatives to understand and collate issues from their peers to take to the main council.

4.20 Our prisoner survey indicated a lack of confidence in the process to submit requests to departments across the prison. The application system was not operating effectively and there was limited oversight. It was a paper-based system and, while each application was logged at the point of submission, responses were not tracked and recorded. This made it difficult to control quality and drive improvement.

4.21 The number of complaints remained high, with 3,078 submitted in the last 12 months. Although the rate of complaints had reduced since our last inspection, it was the highest of all high security prisons. Too many responses to complaints were late, with 20% not responded to on time in the last 12 months. The quality of the complaints we viewed was reasonable. A monthly analysis of complaint data was discussed at the monthly senior management meeting.

4.22 In our survey, a third of prisoners said they had been prevented from making a complaint. We found that complaint boxes were not always adequately stocked with the complaint forms, and they were not located where prisoners had free access.

4.23 There were reasonable arrangements for prisoners to communicate with their legal representatives. The official visits facility was open five days a week, with sufficient capacity to meet demand. The library held a range of legal texts and Prison Service instructions, but there was no provision for prisoners to access laptops for legal support when required.

Equality, diversity and faith

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics (see Glossary) and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

Strategic management

4.24 Work to promote and improve equality outcomes had deteriorated since our last inspection and was poor. There had been only one equality meeting to oversee work in this area in the last 12 months and that was back in May 2022. Data were not used to monitor disproportionate treatment, which was hard to understand given the diverse needs of the population at Whitemoor.

4.25 In November 2022, a month before our inspection, leaders had published an equality strategy that aimed to improve delivery in this area. This included broadening accountability for equality work through the senior management team, something that was commonplace in other prisons. Equality work was managed from within the safety function, and a new equality manager post had been established recently. An officer had been appointed to support foreign national prisoners, but was frequently cross-deployed, hampering their ability to be fully effective.

4.26 Prisoners with protected characteristics were not identified on arrival, and so the needs of protected groups were not always met. There was very little consultation with prisoners in protected groups and no links to any external protected characteristics support groups.

4.27 Discrimination incident report forms (DIRFs) were available in all residential areas, although on one wing they were in the wing office, which compromised confidentiality. In the last 12 months, 297 reports had been submitted, which was high. The equality manager had made some appropriate changes to the process, which had reduced the number of DIRFs submitted recently. The quality of investigations into these reports was too varied, with some lacking depth of enquiry, which resulted in superficial responses. Quality assurance was not sufficiently robust, and there was no external scrutiny of the complaints.

4.28 Prisoner equality representatives had been appointed to offer help and guidance to their peers, but they were not used effectively to gather and assess prisoner feedback to progress work in this important area. Unusually, the representatives were not invited to attend the main strategic meeting to oversee delivery of equality work.

Protected characteristics

4.29 Fifty-eight per cent of prisoners were from a black or minority ethnic background. In our survey, only 22% of this group said that staff were helping them to achieve targets or objectives for progression, compared with 55% of white prisoners. Sixty-seven per cent said that they had not experienced bullying and victimisation by other prisoners, compared with 33% of white prisoners. Muslim prisoners, who accounted for 45% of the population, were also more positive about safety than non-Muslim prisoners; only 37% said they had felt unsafe in the prison, compared with 70% of non-Muslims. The prison did not analyse data on outcomes for prisoners by ethnicity to help them determine if any group was being disadvantaged.

4.30 There were 47 foreign national prisoners. A dedicated foreign national officer was in post to provide information and be a point of contact, and a recent meeting with foreign national representatives provided a good forum for these prisoners to raise concerns. The equality team had recently improved arrangements for prisoners to telephone their embassies. However, Home Office staff attendance at the prison had reduced since the last inspection. Since the lifting of pandemic restrictions, they had attended only once - for a surgery in November 2022, which was attended by 19 prisoners. Leaders had recently stopped a scheme that allowed relatives to send in culturally relevant CDs and DVDs to foreign nationals. This was a major frustration for these prisoners and was mean-spirited, particularly as the library held only a limited supply of material in foreign languages for a long-term population. More positively, telephone interpreting services were used to facilitate health appointments and health information could be translated, although this was not well advertised.

4.31 There was very limited provision for prisoners who were either older or younger than the general population. A previous dedicated wing for prisoners over 50 no longer existed. In our survey, older prisoners did not find the prison quiet enough at night, and 83% said that they had felt unsafe at some point, compared with 49% of under 50s.

4.32 In our survey, more than a third of prisoners who responded declared a disability. No prisoners were currently on social care support packages, but two had received assessments and were provided with appropriate equipment. Although some prisoners needed help with daily tasks, such as collecting their meals, there was no formal peer support scheme and prisoners had set up their own informal arrangements; this was inappropriate, as there was no selection process to safeguard the prisoner with disabilities, and no oversight. The equality team and wider prison staff group had limited awareness of prisoners with hidden disabilities. It was of concern that 56% of prisoners who declared a disability in our survey said that they felt unsafe at the time of the inspection and 81% had felt unsafe at Whitemoor at some point.

4.33 Few prisoners identified themselves as gay or bisexual to prison staff or in our survey. Although the equality staff knew of two prisoners, they believed there were more. There was no targeted promotion or support

aimed at this group, which made it unlikely that gay prisoners would feel confident to be open about their sexuality. There was one transgender prisoner who was being supported appropriately.

Faith and religion

4.34 The chaplaincy was well resourced with representatives available for all religions, except Buddhism, but there was a recruitment campaign to address this. The team offered a range of religious study groups and was active in the prison, providing good pastoral support for prisoners.

4.35 Prisoners were frustrated that the new regime had created delays in getting them to services on time. This no doubt contributed to the survey result that only 47% of prisoners said that their religious beliefs were respected; leaders needed to investigate and fully understand this negative perception.

4.36 Faith facilities were reasonable; there was a large chapel, a smaller multi-faith room and a large worship space created from the conversion of a workshop.

Health, well-being and social care

Expected outcomes: Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

4.37 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC issued a 'requirement to improve' notice following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

4.38 Northamptonshire Healthcare NHS Foundation Trust (NHFT) was the main health provider, with substance misuse psychosocial services subcontracted to Phoenix Futures. NHS England (NHSE) directly commissioned Prisoner Centred Dental Care Limited to provide dental services.

4.39 The quality of health services was reasonably good overall, but we still had serious concerns about some aspects of medicines management, even though this had been raised at previous inspections. Regime restrictions had also affected some important aspects of health care.

4.40 No partnership or local delivery board to provide strategic oversight had met for some time and this needed to be reintroduced. The last quarterly local medicines management meeting had taken place in April 2022 with a lack of attendance at subsequent ones. Attendance at a

range of governance meetings and relevant prison-led meetings was reasonable.

4.41 NHSE monitored the contract through quarterly review meetings and data reports; it had not conducted any recent assurance visits. The health and social care needs assessment was completed in February 2020 in preparation for contract retendering in April 2021, and was scheduled to be refreshed in 2023.

4.42 The interim head of health care provided good support and leadership. While there had been some gaps in clinical managerial roles, a conscientious and skilled staff group worked hard to deliver a good range of services with few vacancies in the primary care team. However, gaps in the mental health and psychosocial teams had stretched services. Health staff felt supported through annual appraisal, managerial and clinical supervision. Compliance with mandatory training was good and professional development opportunities were encouraged with good uptake.

4.43 There was a clinical incident reporting system but the number of incidents reported was low. From July to October 2022, only 16 incidents had been recorded with half relating to medicines. Lessons learned were shared with staff but some poor practices were allowed to continue and had become established (see paragraph 4.84).

4.44 Effective oversight of the health recommendations from Prisons and Probation Ombudsman (PPO) death in custody reports showed good progress and work was ongoing. Health managers had set up a 'learning board' for health staff displaying information about lessons learned from incidents, complaints, audits and patient consultation feedback, which informed service improvement.

4.45 There was a confidential health care complaint process. Each complaint was investigated and answered with an appropriate outcome. The response indicated how complainants could escalate their complaint if they were dissatisfied with the response.

4.46 The clinical areas in the health care department were clean and tidy, and generally met infection prevention and control standards. Two clinic floors needed resurfacing, and taps in the administration rooms were not compliant with the standards. Areas for improvement were noted on the trust's risk register and escalated to the prison for resolution.

4.47 All services were now using SystmOne, the electronic medical record system. Record-keeping varied from very good to some poor practices. A training session to address this had been added to health staff's annual mandatory training.

4.48 The health service was a 24-hour provision with two qualified nurses on night duty. Emergency equipment was strategically placed around the prison, was well maintained with regular checks, and contained all the

appropriate items for medical emergencies. Health staff had undertaken pertinent life support training.

Promoting health and well-being

4.49 There were some promising well-being initiatives by the prison, including building gardens for residential units and the health care department, and planting fruit trees that would help improve diets. However, there was a need for a more systematic prison-wide approach involving key services, such as the gym, health care and the kitchen, with a health promotion strategy and a monitored action plan to drive improvements.

4.50 The health team had focused on improving health promotion and well-being as part of the contract. The service followed a health and well-being calendar and displayed literature in the waiting room and across the prison. It had used the Wayout TV channel to advertise the importance of COVID-19 and flu vaccinations, and planned to use it more for health promotion.

4.51 The Therapy Dogs Nationwide charity had provided sessions with the first therapy dog in Whitemoor. This was a positive initiative and had a beneficial impact on the prisoners involved in the scheme.

4.52 Telephone interpreting services were used to facilitate health appointments with non-English speaking prisoners when needed and health information could be translated, but this was not well advertised.

4.53 Prisoners were screened for sexual health and blood-borne viruses and a range of prevention screening programmes, including for bowel cancer, and visiting specialists were accessible to support treatment. Barrier protection was available from health staff.

4.54 The team provided a range of health promotion support, including weight management, blood pressure monitoring and NHS health checks.

Primary care and inpatient services

4.55 All new arrivals had transferred from other prisons. They received an initial health screening with appropriate referrals made to any health services needed. There was a secondary health screen within the seven days guidelines. Arrivals were offered a health reception pack with information about health services, appointment forms, and tips on good sleep and managing anxiety, which was helpful.

4.56 Patients could make health appointments by paper application. These were triaged daily and appointments were arranged efficiently. There was a suitable range of primary care services and visiting specialists with reasonable waiting times, apart from the dentist. The management of long-term conditions was good, and there were nurse-led clinics with effective oversight from the GP and external specialists.

4.57 A GP was on site each weekday providing 10 sessions a week. The wait for a routine appointment was only three days and urgent need was prioritised on the day. The service provided was caring and professional.

4.58 An effective multidisciplinary approach to pain management involved the patient in discussion about any decisions to maintain, change or reduce current medication based on clinical need. This was followed up with a comprehensive letter.

4.59 Secondary care hospital referrals were efficient and were closely monitored by competent administrative and clinical teams. There were some extended waiting times due to backlogs and cancellations by the hospital, but urgent appointments were met within two weeks.

4.60 The inpatient unit did not function as a clinical or therapeutic environment. Its purpose was unclear as there was no operation policy outlining admission and discharge criteria; this needed to be clarified. During the inspection, there was only one patient on the unit who received appropriate health care, while the others were there for non-clinical reasons. Prison officers we spoke with described the unit as 'an overspill from the segregation unit with an occasional prisoner there for clinical need' (see paragraph 3.22). The regime was very limited. There had been long-standing issues with the cleanliness of the unit and it was grubby.

4.61 Releases from Whitemoor were rare but we were informed that appropriate services were organised to ensure continuity of care in the community.

Social care

4.62 Social care arrangements had improved slightly since the last inspection, but further work was needed. The governor responsible for social care had contacted Cambridgeshire County Council Reablement Service and the partnership delivery agreement was currently under review as it was out of date. Health staff identified any social care needs during reception screening but prisoners could not self-refer; this was being explored along with peer support, which was not yet in place.

4.63 Referrals went through safer custody who had good working links with the county council, though the spreadsheet did not tally with information from the council about the number of referrals. The governor had identified this and was working to improve the collection of data. Four referrals had been received but none resulted in a social care package following assessment within three weeks. Equipment and mobility aids were available following a thorough occupational therapist assessment when needed.

Mental health care

4.64 The mental health team provided an integrated primary and secondary mental health service. The skill mix had improved since the last inspection. There were two nurses in post and one nurse vacancy. A full-time psychologist and two assistant psychologists offered face-to-face interventions, including trauma-informed therapies. However, the lack of a substantive psychiatrist and gaps in the nursing team meant that some elements of the service were stretched, and patients did not have access to consistent psychiatric medical support.

4.65 NHFT had been able to provide some psychiatry cover in the last three months, with a psychiatrist attending for one day a month to carry out patient reviews. On average the psychiatrist saw four patients a month who were on the secondary care caseload with complex needs and offered advice over the phone.

4.66 Prisoners' immediate mental health needs were assessed on arrival, and they could refer themselves or be referred by staff at any time. New referrals were reviewed daily with routine referrals seen within five days. All new and ongoing patients were discussed at a weekly multidisciplinary meeting. There were 30 patients on the caseload, including those with more complex needs. Seven patients on the care programme approach (CPA) were managed well; we saw where patients had progressed with the support of the team to be discharged from CPA where appropriate, which was positive. The prison had several special functions for patients with personality disorders, including the Fens unit which was run by Cambridgeshire and Peterborough NHS Foundation Trust (see paragraphs 6.27–6.29).

4.67 The clinicians within the mental health team offered structured therapy for patients with trauma, post-traumatic stress disorder, depression and anxiety. Twenty-two patients were receiving face-to-face sessions and there was no limit to the amount of sessions offered. There was a good range of self-help material.

4.68 The clinical records we viewed were clear and demonstrated the use of risk assessments and a multidisciplinary approach to formulating care plans. Prescribing reviews and health monitoring for patients receiving mood stabilisers and antipsychotic medicines were completed regularly.

4.69 The mental health team helped patients plan for transfer to other prisons and liaised with the receiving teams to arrange continuity of support.

4.70 In combination with staff from Cambridgeshire and Peterborough NHS Foundation Trust, the mental health staff completed psychological interventions to prisoners on the Bridge programme who were progressing toward moving to a psychologically informed planned environment (PIPE) programme (see paragraphs 6.31–6.32) or to the main wings.

4.71 Two patients had transferred to mental health hospitals under the Mental Health Act in the last 12 months. Both had waited longer than the current guideline of 28 days for transfer, which was unacceptable. The mental health team highlighted the difficulties in transferring patients who often needed high-security hospitals beds, which were limited.

Substance misuse treatment

4.72 The integrated substance misuse team (ISMT) comprised Phoenix Futures (Phoenix), who provided psychosocial services, and a suitably qualified GP from Northamptonshire Healthcare NHS Foundation Trust, who provided clinical services. The Phoenix team had some staff shortages. There was a part-time service manager, a team manager and a recovery worker, with recruits for two further recovery workers awaiting prison vetting.

4.73 Since our last inspection, there had been three deaths in custody linked to illicit drugs taking. While the prison was addressing PPO recommendations, it needed a more strategic approach to tackling drugs. The substance misuse strategy and needs analysis were out of date and the service manager was working with the security governor to update these. There had been only three drug strategy meetings during the year, with variable attendance and no action plan.

4.74 The ISMT offered harm minimisation advice when intelligence from the security team suggested that illicit substances had been used. Team members attended ACCT reviews for patients on their caseload; primary care and mental health attended the others.

4.75 Only one patient was in receipt of opiate substitution therapy. Prescribing was in line with national guidelines and patient-led. We observed administration of this, which was done safely. The prescriber ensured appropriate clinical reviews were undertaken, and these were held jointly with the recovery worker.

4.76 Two recovery champions were overseen by a recovery worker and met regularly. They were enthusiastic about their role.

4.77 The team was supporting 26 patients with a range of psychosocial individual support and patients we spoke with appreciated this. The staff shortages and the prison regime decreased the availability of appointment times, and there was no space or time for group work.

4.78 There continued to be no fellowship meetings such as Narcotics or Alcoholics Anonymous (NA, AA), but patients could now correspond with community-based prison sponsors via the AA service address.

4.79 We sampled several clinical records that were migrating from being paper-based to SystmOne for improved efficiency. Care plans had appropriate consenting arrangements and were individualised to meet the patient's needs. SystmOne entries clearly indicated the current situation with the patient.

4.80 Patients were rarely released directly from Whitemoor but they were supported to continue treatment, including naloxone (to reverse the effects of opiate overdose) where appropriate.

Medicines optimisation and pharmacy services

4.81 Nearly 80% of patients received medicines in possession with most receiving a 28-day supply. There was an in-possession policy and risk assessments were routinely completed at reception. Medicines were supplied by an external pharmacy promptly as named-patient medicines with an appropriate labelling and dispensing audit trail. The pharmacist actively reviewed in-possession status, moving prisoners to 28 days in possession where appropriate, which was good practice. Cells had locked storage facilities for in-possession medicines.

4.82 Medicines were administered from the wings twice a day, mainly by nurses, with provision for medicines that required three times a day administration and night-time medicines. Staff knew most patients by name but did not always ask for photographic ID, which increased the risk of administration error. Staff explained what action they took for patients who missed medicines. We observed good supervision of medicine queues by prison officers but staff said this varied. The prison regime meant that administration could take much longer than needed, which affected other services that could be provided.

4.83 We observed staff opening gabapentin (antiepileptic medication) and pregabalin (anti-convulsant) capsules and putting them in water before administration, although there was no pharmaceutical reason to do so. Staff explained that this was because of the risk of diversion. Once we raised this, the procedure was stopped.

4.84 Long-standing poor medicine management practice had continued, despite being raised at previous inspections. We were informed that night medication and medicines for inpatients and patients in the segregation unit were taken out of their original packaging and put into labelled pots, and transported unsafely with no printed medicine charts. Patient records indicated that some medicines were still passed through the medicines dispensing hatch, which prevented clear observation, and increased the risk of hoarding and diversion. Administration was recorded on SystmOne before the supply was made, which was very poor practice and was stopped immediately that we highlighted this.

4.85 The pharmacist was an independent prescriber who visited weekly. They wrote all repeat prescriptions and clinically reviewed prescriptions, which provided clinical oversight and support to the wider health service.

4.86 Some simple medicines could be provided without the need to see a doctor. There was a process for out-of-hours medicines and the out-of-hours cupboard was well managed. There was appropriate provision of medicines for patients being transferred or released.

4.87 Medicines management was adequate in the treatment rooms on the wings. But most controlled drugs were administered without a second checker (as required by good practice), due to staff shortages and the prison regime.

4.88 The prescribing of abusable and high-cost medicines was mainly well managed. There was a formulary, which most prescribers followed, but a few prescriptions were outside of the usual limits without the necessary clear documentation on the patient's record. The service had identified this and was arranging a review.

Dental services and oral health

4.89 The dental provider delivered a full range of NHS treatments for one day a week, including urgent care.

4.90 The regime had limited access to dental appointments and waits for routine treatment at the time of the inspection ranged from 18 to over 35 weeks, which was excessive. Prisoners had unequal access to dental services, particularly those on the segregation unit who waited lengthy periods for an appointment. Any urgent appointments were seen when the regime allowed, which could be up to two weeks, which was too long. The primary care nurses offered pain relief.

4.91 The dental staff had carried out face-to-face triage on the wings where they could. This was innovative and responded to patient need.

4.92 Staff had access to the provider's policies and guidance, and staff training and supervisions were up to date. All dental equipment was calibrated and serviced where appropriate. The dental facility had been refurbished to a good standard and met infection prevention and control standards. Staff carried out daily checks and audits to make sure that safety measures were met.

Section 5 Purposeful activity

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

Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in activities which support their rehabilitation.

5.1 Our roll checks showed that 59% of prisoners on the two main units were locked up during the core day, which was very high for a prison with a long-term population. Throughout 2022, activity sessions and appointments were frequently cancelled, which provided most prisoners at Whitemoor with a poor regime. Up to 70 prisoners on the Fens unit were unlocked for most of the day.

5.2 Most prisoners had a consistent three hours a day out of their cell to shower, call home, socialise with their peers and use the recreation equipment on the wing.

Landing with recreation equipment

5.3 The prison had recently introduced an alternative regime that alternated activity sessions between the two main residential wings in a bid to reduce the frequency of cancellations. In reality this lowered the bar further and the number of sessions that prisoners could attend

each week reduced from nine to five. During these 'lost' sessions, most prisoners were locked up.

5.4 Both staff and prisoners were confused by the overcomplicated regime plan. In our survey, far fewer prisoners than at similar establishments, 22% against 39%, said that regime times were adhered to.

5.5 Restrictions on the number of prisoners who could be unlocked during the day meant prisoners frequently did not attend scheduled appointments with prison offender managers (POMs), key workers and Shannon Trust reading literacy mentors (see paragraphs 4.3, 5.8 and 6.10). It also led to lengthy delays for the administration of medication with knock-on effects for clinics, and contributed to the poor cleanliness on the wings (see paragraphs 4.83 and 4.5).

5.6 Leaders told us that the restrictions were necessary due to staff shortages, but our observations indicated that staff were available and could have facilitated more activity than they were currently required to do (see paragraphs 4.2 and 4.13).

5.7 Most prisoners could visit the library once a week during the evening association period. It was run by Milton Keynes College, but no longer employed prisoner peer mentors who had previously staffed the facility during the day. Library data indicated that 20–30% of the population used the facility each week, but managers did nothing to identify and encourage non-users.

5.8 There was some limited support for prisoners' literacy needs. A book club of 12 prisoners met every six weeks and 30 prisoners had completed the Reading Ahead six-book challenge in the previous 12 months. The library also supported the Shannon Trust, and while mentors and students had been identified, regime restrictions sometimes made it difficult to meet in a private space to deliver the service. (See paragraph 5.22.)

5.9 The library held the required legal texts and there was a reasonable selection of books and DVDs covering a range of interests. Some foreign national prisoners complained that the library did not consider or meet their literacy needs. We found a very limited range of titles in languages other than English and staff could not confirm if the foreign language material reflected current needs.

5.10 The regime facilitated attendance at the gym each day and in our survey, many more prisoners than at similar establishments, 65% against 43%, said they could go to the gym twice a week or more. Allocation to gym sessions was managed by the activities team to maximise fairness.

5.11 The prison's fitness equipment was leased and was well maintained. Each wing yard was fitted with some static exercise machines, and each spur had cardiovascular exercise machines. While the equipment was generally in good order, gym staff did not have responsibility for these areas, and some were used to store chest freezers containing

food prisoners had bought from the shop. This made the areas cramped and was potentially unhygienic.

Spur CV room

5.12 Gym staff did not offer any accredited or vocational courses and, other than supporting prisoners referred to gym sessions by health care, were not actively involved in promoting healthy living.

Education, skills and work activities

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

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

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

Overall effectiveness: inadequate

Quality of education: requires improvement

Behaviour and attitudes: inadequate

Personal development: inadequate

Leadership and management: inadequate.

5.14 Leaders' efforts to address the long-term shortage of prison staff and their deployment to allow prisoners to attend activity sessions had not yet yielded the desired results. As a result, education, work and skills attendance rates were extremely low and had been so for a significant period. A new activities regime had recently been introduced, with early indications that participation rates had improved, but were still very low.

5.15 Leaders had not provided an ambitious curriculum that contributed effectively to the prison's strategic aim of helping all prisoners 'become a better version of themselves'. Its content and range were too narrow, particularly for the large majority of prisoners who had long or indeterminate sentences. Prisoners had few opportunities to achieve accredited courses in workshops and work. The previous inspection's recommendation to introduce a wider range of accredited vocational qualifications above level 1 had not been achieved. These weaknesses were reflected in our survey, where prisoners reported lower participation in vocational skills training than at the last inspection. Senior managers had recently implemented a review to formulate a more relevant vision and strategy for the curriculum. The process was at an early stage and had not yet delivered tangible benefits for prisoners.

5.16 The prison had enough activity places to occupy most prisoners in full-time activities, but their use was not maximised. Too often planned sessions were cancelled due to regime demands. Allocation to activities made appropriate use of prisoners' sentence plans, but no careers information, advice and guidance (CIAG) were available to inform the process. Waiting lists were well-managed. Prisoner pay did not act as a discouragement to them attending education. Prisoners valued the financial bonuses when, for example, they achieved qualifications.

5.17 Leaders had not implemented a strategy that ensured that all prisoners with learning needs and/or disabilities (LDD) had the required help in removing development barriers. Around half the prison population had been assessed as requiring support. Support was available for the small number of prisoners attending education sessions and was of a good standard. Elsewhere, specialist help was not always planned effectively or readily available. As a result, these prisoners did not

make sufficient progress in developing the competence required to facilitate their journey through the prison system.

5.18 The quality improvement group had correctly identified most of the weaknesses noted at this inspection, but had yet to rectify them fully. Consequently, only half the recommendations from the previous inspection had been fully achieved. Leaders did not have a comprehensive oversight of the quality of provision in the workshops and work. Managers were actively developing quality assurance arrangements in these areas, which currently did not give a sufficiently evaluative assessment of the prisoners' learning experience. This curtailed quality assurance effectiveness in improving practitioners' proficiency and prisoners' learning experience.

5.19 Leaders and managers acknowledged that strategic planning target-setting required improvement. Too often targets included insufficient detail or milestones to aid monitoring of progress in completing actions. Not all key actions were allotted realistic achievement dates or accomplished within the desired timeframe, contributing to a slow pace of improvement.

5.20 Leaders recognised that the prison's employer partnerships were not adequate to inform curriculum development. This had been exacerbated by the recent withdrawal of a large commercial employer. Managers were giving a suitably high priority to establishing productive employer links that offered prisoners exciting learning opportunities.

5.21 The many long-term staff vacancies at the prison had drastically reduced the number of prisoners who could attend education, skills and work regularly. Managers and teachers at the prison education framework provider had planned and sequenced a logical education curriculum that built on prisoners' previous learning. However, due to unpredictable attendance patterns, teachers were unable to plan and structure their subject lessons effectively. Teachers undertook substantial remedial work to address gaps in prisoners' learning due to missed planned sessions and/or delays in moving to the next level of study. This slowed prisoners' progress in achieving qualifications.

5.22 Leaders had very recently introduced a reading strategy. However, a detailed implementation plan had not been established. Prisoners did not have sufficient opportunities to practise and extend their reading skills. Very few prisoners had engaged in the small number of activities aimed at developing their reading skills, such as the Reading Ahead challenge or book club (see paragraph 5.8). Apart from the small number of prisoners who attended education, most did not benefit from an adequate evaluation of their reading levels or provision of specialist support. The Shannon Trust worked with 35 prisoners who required literacy help, of whom 11 were actively participating in individual meetings.

5.23 Education teachers were usually suitably qualified in the subjects they taught and held the minimum of a basic teaching qualification. Education managers provided new teachers with pertinent guidance to

become more expert practitioners. Workshop instructors were experienced in their vocational areas, but did not hold teaching qualifications. All education prisoner mentors had completed appropriate training. However, laundry-based mentors often could not carry out their role as they were reallocated to meet production targets.

5.24 The education provider had established an appropriate curriculum for English and mathematics. Progression routes included access to higher levels through Open University and distance learning study. However, prison leaders did not provide enough English and mathematics education places or use them to their full potential. Except for those in education, too few prisoners received the help required to improve their weak English and mathematics skills. Little support was available to residential unit-based prisoners or those who attended workshops and work. Consequently, the curriculum did not meet the needs of a high proportion of the prison population.

5.25 Leaders recognised that in-cell packs were a poor substitute for face-to-face subject-specific teaching sessions. Too often prisoners using the packs experienced slow learning, became demotivated and failed to complete their studies.

5.26 Education teachers usually crafted effective strategies to help prisoners learn their subjects. For example, in English, prisoners were skilfully introduced to helpful methods in identifying the right spelling for different homophones. Kitchen and laundry instructors developed prisoners' awareness of correct vocational phrases effectively using a 'words of the week' exercise.

5.27 In most education courses, prisoners recalled well the topics they had learned recently. For example, in English, prisoners readily provided examples of situations in which they would use formal or informal language. Prisoners studying information technology (IT) could explain how to format and lay out documents in word processing.

5.28 Education and prison staff provided the nine prisoners studying Open University and distance learning courses with good quality support. Prisoners had suitable access to laptops and associated learning materials. Staff ensured that assignments were swiftly sent for marking and returned to prisoners.

5.29 Most education teachers and workshop instructors provided developmental feedback that helped prisoners identify what they need to do to improve their work. Prisoners usually acted on this advice, although less so where they were using in-cell packs.

5.30 Workshops offered a limited range of opportunities for prisoners to develop their learning and vocational development needs. Prisoners were aware of the workshop job descriptions that clearly defined the requirements of the work and how they could progress to support worker or mentor roles. The more effective workshops, such as those refurbishing computers, offered the opportunity to acquire a proficient level of technical and employment-related skills. Most prisoners took

pride in their work and welcomed the opportunity to be engaged in a purposeful activity.

5.31 Leaders had been slow to implement arrangements to assess employment skills developments in workshops and work. Consequently, instructors did not have a good enough overview of prisoners' progress in developing work-related skills. Instructors set prisoners targets that too often related to workshop production rather than facilitating their vocational and personal skills development.

5.32 The overall achievement of prisoners who stayed on educational courses required improvement. Most who completed their English and mathematics functional skills achieved the qualification, but progress was low.

5.33 A very high proportion of prisoners were unable to attend education, skills or work regularly. Consequently, they were not able to engage in activities that developed the behaviours and attitudes needed to prepare them for their next steps.

5.34 Residential unit cleaners were underemployed and did not develop a suitable work ethic. They had poor access to cleaning materials to complete set tasks. This resulted in poor standards of cleaning and hygiene.

5.35 Instructors forged good working relationships with prisoners, which contributed to the smooth running and productivity of workshops. In kitchens, prisoners were trusted to work independently and exert influence, for example by contributing to menu choices. Inspectors observed good attention to health and safety procedures in all workshops. In both education and workshops, a calm and mutually respectful learning environment was usually evident.

5.36 Leaders did not have a CIAG service in place. During induction, staff did not provide prisoners with adequate information about the breadth of available education, skills and work roles. Consequently, prisoners could not make informed choices about their activities and few were helped to formulate well-considered, long-term career goals.

5.37 Leaders had not planned, resourced and implemented an appropriate enrichment curriculum to develop prisoners' wider interests. A few short-term initiatives, such as the prisoners' production of *Julius Caesar* in conjunction with Shakespeare's Globe Theatre, had been noteworthy successes. However, most prisoners never routinely engaged in any extracurricular activities.

5.38 Prisoners had no access to the 'virtual campus' (internet access to community education, training and employment opportunities) to support their learning and development. As a result, they could not develop the digital skills that would help them as they moved through the judicial system. A recommendation to resolve this weakness was highlighted at the previous inspection.

5.39 Curriculum planning and promotion of democratic values, equality of opportunity and inclusivity were inadequate. Few prisoners were helped to raise their awareness of pertinent issues effectively. In education, teachers had introduced a range of resources that covered topics such as mental health, modern slavery and substance misuse. However, few prisoners chose to engage with them.

Section 6 Rehabilitation and release planning

Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

Children and families and contact with the outside world

Expected outcomes: The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

6.1 In our survey, only 20% of prisoners said they had received a visit in the last month and only 10% had used the video call facility to maintain contact with family and friends. Leaders cited staffing pressures as the reason for not providing a full visiting schedule. Social visits were offered on two weekday afternoons and alternate weekends, and for high-risk category A prisoners, alternate Sundays only. This group was further disadvantaged by the decision to reduce the number of high-risk prisoners allowed in the hall at the same time from four to two.

6.2 The reduction in weekend availability and the timing of the weekday slots (2pm to 4pm) were not suitable for many visitors, which resulted in sessions not operating to capacity. Only 72% of the 2,741 visiting slots offered in the last 12 months were booked and used, and only 63% of slots for high-risk category A prisoners. Low uptake for the latter group also was due to long delays waiting for the police authorisation required for visits to category A prisoners.

6.3 Arrangements for booking visits were reasonably good. The main concern from visitors we spoke to was that visits did not always start on time, which limited the time they could spend with their loved ones. Searching procedures were appropriate and could take place in private if necessary.

6.4 The visits hall was bright and welcoming, with comfortable seating and a suitable play area. We observed professional and friendly staff interactions during visits and all visitors we spoke to were very positive about how they had been treated.

6.5 Use of secure video calling facilities (see Glossary) had reduced and during our visit only two devices were available for use. A change in provider and technical difficulties had meant this facility had not been offered between May and October 2022. Combined with the absence of in-cell telephones, this made it hard for prisoners to maintain good contact with their families. It was positive however, that work to install in-cell telephones was due to start in January 2023.

6.6 The children's visits that we highlighted at our last full inspection had not yet recommenced, but family days were held consistently and were greatly appreciated by prisoners who could attend. We observed a family day during our inspection and were impressed with the positive relations between staff, prisoners and their visitors.

6.7 The national charity Ormiston Trust supported family days and staffed the visitors' centre, which was welcoming and child-friendly with a children's play area. No additional family intervention work was offered. There was no strategy to support prisoner contact with children and families, and no dedicated member of staff to lead this work.

Reducing risk, rehabilitation and progression

Expected outcomes: Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

6.8 Nearly all prisoners at Whitemoor were serving long or indeterminate sentences and approximately 80% presented a high or very high risk of harm; 40% were category A and a further eight prisoners were deemed high-risk category A.

6.9 A new head of reducing reoffending had been appointed in April 2022, which had improved oversight of this work. A prisoner needs assessment completed in 2022 and a well-attended committee meeting were in place to drive the prison's rehabilitation work. As there were so few releases from Whitemoor, the resettlement pathway focused appropriately on helping prisoners to progress to the next stage in their sentence, usually through recategorisation. While the ethos was sound, there was little evidence that the committee had been effective in improving prisoner outcomes, as many had not been able to progress (see paragraphs 6.12 and 6.13).

6.10 Due to the high-risk nature of the population, most prisoners were managed by probation offender managers with good support from prison offender managers (POMs). Probation offender manager caseloads had increased from the 30-35 prisoners each reported at our last inspection to 60-65 cases. This was only manageable due to the temporary closure of a wing, which reduced the current allocation of cases. Contact with prisoners on their caseload was affected by poor access to prisoners due to the restricted regime (see paragraph 5.3). This was further compounded by two POM vacancies and regular cross-deployment of the two remaining POMs in post. As a result, many prisoners reported limited opportunities to discuss their sentence progression with their case worker.

6.11 Due to the staffing and regime pressures, contact with prisoners focused on time-bound events like parole hearings and OASys (offender assessment system) interviews, and the work we saw here

was good. Offender managers were very positive about the supervision and support received from the senior probation officer (head of offender management delivery).

6.12 There was a backlog of 46 OASys reviews at the time of our inspection. Of the 20 cases we examined in detail, most had an up-to-date OASys assessment. All 20 prisoners had been sentenced and had a sentence plan. Most plans were good enough in identifying the main targets, but progress against these was insufficient. The most frequent targets specified some engagement with offending behaviour work, but these were achieved by too few prisoners. Some accredited programmes were offered at Whitemoor, and the Fens unit delivered a personality disorder pathway intervention (see Glossary) over three years for prisoners living there (see paragraph 6.27). Our 20 cases included three from the Fens unit; they had better outcomes and a much higher level of contact with Offender management unit (OMU) and therapist staff.

6.13 Achievement of regime-related targets was stronger. These were typically to gain and maintain enhanced status and be free of adjudications. Targets for education, training and employment were not well achieved as participation in these was not good (see paragraph 5.33). Targets to engage with drug and alcohol services and concerning mental health were also poorly achieved.

6.14 The quality and quantity of recorded contact between each prisoner and their allocated POM were variable and disappointing. Entries in prisoners' electronic case notes showed structured contact for some, but there were hardly any recorded contacts for too many and only around half our sample had contact that appeared to have fostered a positive relationship and supported progression. There was a clear view among the prisoners we interviewed that Whitemoor was not a positive rehabilitative environment, and several were unable to name their POM.

6.15 Key working (see Glossary) was generally poor and did not support offender management. In three of our cases, there were no key worker entries at all over the last six months. Only four prisoners had 10 or more entries in that period and they were all located somewhere other than the main residential units – two had spent time in segregation, one on F wing and the fourth on the Fens unit.

6.16 All of the cases we sampled were high or very high risk of serious harm (RoSH) and so should have had a risk management plan in their OASys report. We found this was the case, and all but one was at least reasonably good.

Public protection

6.17 There were good public protection arrangements and prisoners were screened appropriately on arrival. Prisoners convicted of offences likely to restrict their contact with children, or those with alerts due to intelligence from a sending prison, were prevented from any access

until a full screening had been completed. Restrictions were imposed even if they had been having contact with children at their previous prison.

6.18 Thirteen prisoners were identified as subject to restrictions due to harassment or restraining orders, 28 were subject to monitoring to safeguard children and 30 were on the sex offender register. Decisions to commence or remove such restrictions were made in the well-attended monthly interdepartmental risk management team meeting. The meeting focused mainly on prisoners requiring restrictions on their contact with the public. All prisoners subject to public protection were formally reviewed every six months.

6.19 Most prisoners at Whitemoor were subject to multi-agency public protection arrangements (MAPPA) – 85% at the time of our inspection – but hardly any were within six months of their release. All 20 of the cases we reviewed were MAPPA eligible, with just one who might have been released in the next six months. There was a detailed plan to manage the potential risks of this individual, who was serving 14 years for manslaughter and had a very high RoSH; the SPO was actively overseeing this case.

6.20 Staff participated in community MAPPA meetings and the assessment forms completed by probation offender managers for them were of good quality. Three Terrorism Act cases included the latest guideline assessments and were good.

Categorisation and transfers

6.21 Categorisation procedures were functioning well, and few cases were overdue. Category A prisoners' applications were considered initially by the Whitemoor local advisory panel, chaired by the deputy governor, with recommendations then passed to the national category A team. These were reviewed annually.

6.22 The recategorisation decisions we reviewed were defensible with appropriate justification and rationale, and most were based on a recent OASys report.

6.23 While recategorisation reviews were prompt with a short backlog, prisoners' ability to demonstrate a reduction in their risk levels was limited. This was due to regime restrictions (see paragraph 5.3) and a lack of appropriate education and work opportunities (see paragraph 5.15), and offending behaviour programmes (see paragraph 6.24). This severely limited the number of prisoners able to progress in their sentence. During the previous 12 months, 130 applications were reviewed, yet only five were downgraded from category A to B and three from B to C, which was shocking. Prisoners described being stuck in the system and were left feeling hopeless and helpless.

Interventions

Expected outcomes: Prisoners are able to access interventions designed to promote successful rehabilitation.

6.24 The range of interventions identified as suitable for the long-term population was informed appropriately by a prisoner needs analysis. Delivery had been significantly reduced for approximately two years during COVID-19 restrictions, and although accredited programmes had recommenced the numbers participating were very low. Prisoners were allocated depending on their time left to serve, but waiting lists were very long and prisoners were severely disadvantaged as this affected their ability to progress through their sentence.

6.25 Target completions for the year had been set substantially low with even fewer engaging. For example, the target for completions on the Kaizen accredited programme for high-risk adult males convicted of violent or sexual offences had been set at eight for the year ending March 2023 despite a minimum backlog of 91. At the time of our inspection, only one prisoner had successfully completed the programme.

6.26 Other accredited programmes, such as Thinking Skills Programme (aimed at reducing reoffending) and Identity Matters (for group or gang-affiliated adult offenders) were offered, but as with Kaizen, engagement and completion rates were substantially low.

Specialist units

Expected outcomes: Personality disorder units and therapeutic communities provide a safe, respectful and purposeful environment which allows prisoners to confront their offending behaviour.

Offender personality disorder units, including psychologically informed planned environments

6.27 The work of the Fens unit was delivered by Cambridge and Peterborough Foundation Trust, part of the national strategic pathway for offenders with personality disorders (see Glossary). The work on the unit was offered as a three- to five-year intervention at Whitemoor. It was designed as an offence-related and trauma-informed therapy for people with personality disorders, with clinical staff such as a psychiatrist and psychologist working alongside trained prison staff to deliver therapeutic interventions.

6.28 Having previously been considered a centre of excellence, staffing shortfalls had considerably affected the therapeutic regime. In the 12 months ending September 2022, prison staff allocated to the Fens unit had been redeployed for a total of 676 days to support other areas of the prison.

6.29 The Fens unit had been temporarily moved to C wing to accommodate the refurbishment of its usual location on D wing. With a capacity of 72, 45 prisoners were currently engaged for a three-year trauma-informed therapy programme. They continued to receive excellent clinical support and therapy. In our survey, prisoners on the Fens unit were more positive than those in the rest of the prison about the support they received at Whitemoor. Uniformed officers, led by a strong and proficient custodial manager, were well trained and provided good care and support. However, a vacancy for a full-time psychiatrist affected the psychiatric care that participants received.

6.30 As with other accredited interventions, engagement and completion rates were much lower than when we last inspected. In 2017, about eight prisoners entered the programme every few months; this time only four prisoners had started treatment in the last 12 months.

6.31 Since our last inspection, Whitemoor had introduced a psychologically informed planned environment (PIPE). As with the Fens unit, PIPE was part of the national strategic pathway for offenders with personality disorders (see Glossary). The purpose of a PIPE is to provide a safer and more supportive environment that can facilitate the development of those who live there. PIPEs offer both structured sessions and less formal socially creative sessions to provide opportunities for addressing issues that may be affecting prisoner progression, with the ultimate goal of reducing reoffending. Regular key worker sessions are also a core part of the model.

6.32 The PIPE was not fulfilling its function as a therapeutic intervention at Whitemoor. Due to staffing shortfalls, prisoners spent longer periods locked behind their cell door. Socially creative sessions were not offered routinely and most prisoners we spoke to on the unit were very disillusioned and frustrated. Many felt there was little difference between the supposedly psychologically informed PIPE and the general wings.

Release planning

Expected outcomes: The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

6.33 Prisoners were seldom released from Whitemoor, with only one release in the last 12 months, for a prisoner who had come to the end of his sentence. On the rare occasion that a prisoner was released, there were processes to support handover to the community. In most cases, prisoners were managed through the OASys process and moved to a more appropriate establishment when they were considered ready to progress.

Section 7 Summary of priority and key concerns

The following is a list of the priority and key concerns in this report.

Priority concerns

1. **Limited interventions and a lack of purposeful activity made it difficult for prisoners to demonstrate a reduction in risk, and too few were able to progress in their sentence.**

2. **Much reduced time out of cell contributed to dirty conditions and limited prisoner access to health care, key work and offender management.**

3. **Leaders and managers had not established a predictable regime in which all prisoners consistently attended their allocated activity.** Too often sessions were cancelled at short notice.

4. **The curriculum did not meet the needs of all the prison population, particularly for vocational training.**

5. **Poor medicine administration had become established practice, despite contravening professional standards and being raised at previous inspections.**

Key concerns

6. **Staff were too passive in their contacts with prisoners.** Staff adhered rigidly to allocated duties and some congregated with each other rather than interacting with prisoners.

7. **Leaders did not set and maintain sufficiently high standards on residential units and communal areas were dirty.**

8. **Prisoners were served small portions of food, some of which was unpalatable. Not all prisoners could afford to buy extra food from the canteen to supplement this.**

9. **Work to improve and promote equality was not given sufficient priority.**

10. **Leaders and managers had not made sure that all prisoners received effective careers information, advice and guidance at induction to allow them to make informed plans about their future.**

11. **Not all prisoners with learning difficulties and/or disabilities needs received the required help to remove barriers to their future development.**

12. **Contact between prison offender managers and prisoners was too limited to provide effective offender management.**

Care Quality Commission regulatory recommendation

Care and treatment must be provided in a safe way for service users and the proper and safe management of medicines to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Section 8 Progress on recommendations from the last full inspection and scrutiny visit reports

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2017, 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.

Key recommendation

Care planning and the segregation regime should be enhanced to minimise the psychological deterioration of men held for longer periods in segregation conditions. (S43)
Not achieved

Recommendations

Reception risk assessments interviews should be carried out in private. (1.7)
Achieved

The time it takes to search the incoming property should be substantially reduced. (1.8, repeated recommendation 1.15)
Partially achieved

First night cells should be cleaned before they are allocated. (1.9)
Not achieved

The prison should seek to better understand why many men feel unsafe, and develop ways to address these concerns. (1.14)
Not achieved

Support for the victims of violence and antisocial behaviour should be developed and improved. (1.15)
Not achieved

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)
Achieved

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)
Achieved

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)
Not achieved

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

All disciplinary hearings should be heard and dealt with on time. (1.42)
Achieved

Strip-clothing should only be used in exceptional circumstances as a last resort and its use should be appropriately justified and authorised. (1.47)
Achieved

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)
Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, 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.

Key recommendations

Prison managers should ensure prisoners are provided with the basic conditions required to live decently. (S44)
Not achieved

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)
Not achieved

Recommendations

In-cell toilets should be adequately screened and shower rooms should be refurbished. (2.7)
Not achieved

Equalities data relating to progression and categorisation decisions should be routinely available. (2.16)
Not achieved

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)
Not achieved

The prison should do more to identify men from all the protected characteristics, support disclosure and meet their needs. (2.28)
Not achieved

The legal visits provision should be increased. (2.41)
Achieved

Clinical audits of infection control compliance should cover all clinical areas of the health centre. (2.52)
Achieved

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)
Achieved

The partnership board should establish an appropriate strategy to minimise the risk of sexually transmitted diseases. (2.54)
Achieved

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)
Not achieved

A current in-possession risk assessment for each patient should be on SystmOne, so that it can be seen by the prescriber when prescribing medicines and nurses administering medications. (2.73)
Achieved

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)
Achieved

National prison formularies and guidance should be followed. (2.75)
Partially achieved

Medicines where regular blood testing is required should be audited regularly to ensure patients are receiving necessary treatment. (2.76)
Achieved

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)
Achieved

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)
Partially achieved

Patients requiring assessment and treatment at mental health hospitals should be transferred expeditiously. (2.89)
Not achieved

There should be agreed arrangements to enable social carers to provide social care at the prison; prescribed packages of care should be consistently delivered. (2.91)
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. (2.98, repeated recommendation 2.123)
Not achieved

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)
Not achieved

All kitchens, including prisoner wing kitchens, should be clean and well maintained. (2.100, repeated recommendation 2.124)
Achieved

Purposeful activity

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

At the last inspection, in 2017, 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.

Recommendations

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

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)
Partially achieved

Prison managers should introduce a wider range of accredited vocational qualifications so more prisoners can achieve qualifications above level 1. (3.20)
Not achieved

The virtual campus should be fully operational so that it supports learning and development. (3.21)
Not achieved

A job rotation policy should be introduced to ensure prisoners cannot stay in one job indefinitely. (3.22)
Achieved

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)
Achieved

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)
Partially achieved

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)
Achieved

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)
Not achieved

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)
No longer relevant

Managers should ensure that the highly qualified PE staff are able to provide prisoners with accredited vocational training. (3.50)
Not achieved

Appropriately qualified and competent staff should ensure wing-based cardiovascular equipment is in good condition and is not used inappropriately. (3.51)
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 2017, 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.

Recommendations

The reducing reoffending strategy group should support work more effectively to help men progress, and to ensure consistency. (4.4)
Not achieved

Targets set in Whitemoor sentence plans should be challenging and focus on the factors underpinning the individual's offending behaviour. (4.13)
Achieved

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)
Not achieved

All offender supervisors should receive regular case work supervision. (4.15)
Achieved

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)
Not achieved

Visits should start on time. (4.40)
Not achieved

Prisoners on all IEP levels should be able to apply for children's and family visits. (4.41)
Partially achieved

Recommendations from the scrutiny visit

The following is a list of the recommendations made in the scrutiny visit report from August 2020.

Segregated prisoners should be reintegrated back to normal location as swiftly as possible. (S3)
Not achieved

All prisoners should have prompt access to a Listener in a private setting. (S4)
Achieved

All complaints should be answered. Responses should address the issues raised and prisoners should be able to access the Independent Monitoring Board. (S5)
Achieved

The strategic management of equality and diversity should ensure that discriminatory treatment is identified and addressed. (S6)
Not achieved

Medicines should be administered to patients in the safest way, meeting professional and good practice standards. (S7)
Not achieved

Prisoners should have access to targeted education provision in line with their individual needs, with effective processes for distributing and collecting packs. (S8)
Not achieved

The prison should install more telephones on every residential unit without delay. (S9)
Achieved

Social visits provision should include weekend sessions and provide catering, to encourage more families to attend. (S10)
Achieved

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. (S11)
Not achieved

Appendix I About our inspections and reports

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

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

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

Safety
Prisoners, particularly the most vulnerable, are held safely.

Respect
Prisoners are treated with respect for their human dignity.

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

Rehabilitation and release planning
Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.

Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by HM Prison and Probation Service (HMPPS).

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

Outcomes for prisoners are reasonably good.
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for prisoners are poor.
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Our assessments might result in identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for prisoners. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Five key sources of evidence are used by inspectors: observation; prisoner and staff surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

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

This report

This report provides 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 and conditions for men in prisons* (Version 5, 2017) (available on our website at https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/). Section 7 summarises the areas of concern

from the inspection. Section 8 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief inspector
Deborah Butler	Team leader
Ian Dickens	Inspector
Martyn Griffiths	Inspector
Lindsay Jones	Inspector
David Owens	Inspector
Nadia Syed	Inspector
Donna Ward	Inspector
Charlotte Betts	Researcher
Rachel Duncan	Researcher
Grace Edwards	Researcher
Alexander Scragg	Researcher
Maureen Jamieson	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Richard Chapman	Pharmacist
Lynda Day	Care Quality Commission inspector
Nigel Bragg	Lead Ofsted inspector
Tony Gallagher	Ofsted inspector
Montserrat Perez-Parent	Ofsted inspector
Rebecca Perry	Ofsted inspector

Appendix II Glossary

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

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

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

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

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

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

Pathways to progression
A joint operational and clinical approach to managing complex custodial behaviour with the aim of reducing the number of prisoners segregated for long periods in the long-term and high security estate (LTHSE).

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

Protection of adults at risk
Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Secure video calls
A system commissioned by HM Prison and Probation Service (HMPPS) that requires users to download an app to their phone or computer. Before a call can be booked, users must upload valid ID.

Social care package
A level of personal care to address needs identified following a social needs assessment undertaken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

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

Appendix III Care Quality Commission Requirement Notice

Care Quality Commission (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

The inspection of health services at HMP XXXX was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/working-with-partners/). The Care Quality Commission issued 'requirement to improve' notice/s following this inspection.

Provider
Northamptonshire Healthcare NHS Foundation Trust.

Location
HMP Whitemoor

Location ID
RP1Y4

Regulated activities
Treatment of disease, disorder, or injury.

Action we have told the provider to take
This notice 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 12 (1)(2)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Care and treatment must be provided in a safe way for service users and the proper and safe management of medicines to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met
There was no proper and safe management of medicines. In particular:

- Secondary dispensing was occurring in the segregation unit and inpatient unit where nurses were ‘potting up’ medicines, delivering door-to-door.
- Nursing staff were pre-signing that patients had been administered their medication on their chart. This practice was stopped during inspection; we would need ongoing assurances that this poor practice does not continue.
- Not all controlled drugs were being second-checked by staff before being administered to patients.

Appendix IV Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

Any enquiries regarding this publication should be sent to us at the address below or: hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: http://www.justiceinspectorates.gov.uk/hmiprisons/

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