



Report on an unannounced inspection of

HMP Whaddon

by HM Chief Inspector of Prisons

15–25 January 2024



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Introduction

HMP Whatton, in Nottinghamshire, is a prison for men convicted of sex offences that housed 848 prisoners at the time of our inspection. It holds a complex population: many have committed serious crimes and are serving long or indeterminate sentences.

The prison has a well-established reputation as a specialist, national resource to support prisoners in progressing with their sentences, reducing their risk and preparing them for eventual release.

The governor had been in post for 18 months after the retirement of her long-serving predecessor. She and her team were regularly seen around the jail, and she had personally taken responsibility for improving the experiences of black prisoners, a concern we had raised in our last two inspections. She had also focused on tightening up some security procedures and improving staff welfare. Staff welcomed the support they received, and line management meetings took place much more often than we see elsewhere.

Some of the behaviour management processes were over-punitive and not enough was being done to incentivise good behaviour, particularly for some troubled prisoners who were trapped in a cycle of infringement followed by sanctions without getting the help they needed. Cellular confinement was used far more often than in the three other similar prisons we inspected in 2023. Many prisoners who were moved to the basic level of the incentives scheme lost their jobs and it could take a long time before they could get back into work. This led to the perverse outcome that prisoners who were sanctioned for not turning up to work, were punished by being prevented from going to work. Work should not be a privilege that is earned, it should be an expectation.

In general, good relationships between prisoners and staff were a feature of the prison, but inspectors came across some who felt that they were being additionally punished within the prison because of the nature of their offence. There was also a lack of training for staff to understand different types of offences and how to reduce risk, spot offence mirroring and support change. Leaders had been comparing the prison's performance with those of other category C prisons rather than with jails holding a similar population. This gave an over-positive assessment of the prison, particularly given that levels of violence and the delivery of the regime are almost always better in this sort of jail.

Levels of self-harm were higher than at comparator prisons, and had risen in the last two years. Although a large proportion of prisoners who self-harmed did so frequently, and received some good, concerted support, many others who were less prolific did not get enough care.

While the time unlocked was good and there was a range of enrichment activity, the provision of education required improvement. Many prisoners had low levels of literacy and numeracy and were in need of remedial support, but provision was limited. Although there was a willing group of Shannon Trust mentors, there

were still many prisoners who were not getting the help they needed. The reading strategy was not being enacted and will require a strong push from leaders in future months.

As a national resource to support sex offenders, it was disappointing that due to a shortage of trained staff, not enough accredited programmes were being delivered. This meant many men who had arrived in the jail specifically to get onto a programme sometimes waited years before they could fulfil that aspect of their sentence plan.

There are many positives to build on at Whatton and it has the potential to be a thriving prison, but leaders need to address some of the punitive treatment of prisoners that has entered the culture and focus more on promoting the many incentives that the jail can offer.

Charlie Taylor

HM Chief Inspector of Prisons

February 2024

What needs to improve at HMP Whatton

During this inspection we identified 11 key concerns, of which six 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. **Leaders had introduced a punitive approach to behaviour management which created a risk to the prison's key strengths and positive culture.** Prisoners frequently remained on the basic level of the incentives framework for too long, during which time they were unable to apply for most jobs, and there was an overuse of cellular confinement.
2. **Living conditions on B wing were poor.** Cells were very cramped and the toilet was situated next to the bed without any partition. Black mould grew on poorly ventilated cell walls and prisoners had been forced to line walls with cardboard to keep warm.
3. **Inadequate arrangements to issue medication led to bullying and illicit trading which posed tangible risks to the safety of the prison.**
4. **Leaders had been too slow to implement a prison-wide reading strategy.** A plan had been developed but its rollout and had been delayed. Reading was not sufficiently promoted across the prison and too many emergent readers were not receiving support to develop these skills.
5. **Leaders had not made sure that all prisoners benefitted from high quality careers information, advice and guidance.** The careers information, advice and guidance (CIAG) contract changed in April 2023 and had since provided good quality CIAG at induction for prisoners. However, a substantial number had not received a CIAG interview or a follow-up review to identify their career goals and review progress.
6. **Prisoners waited too long to access an accredited offending behaviour intervention.** Many had transferred from establishments around the country to complete courses, moving away from their families, only to wait long periods, sometimes even years, to be placed on a programme.

Key concerns

7. **The applications and complaints systems were ineffective; response times were too slow and did not always address the issues raised.**
8. **The manual emergency call system on A8 wing was inadequate.** Vulnerable prisoners who had fallen or needed assistance at night may not receive the required response, which placed these prisoners at considerable risk.
9. **Leaders had not made sure that places in education courses were used to capacity.** Class sizes were small, representing poor value for money.
10. **Too few prisoners in prison industries, who had an identified learning difficulty or disability, had their support needs met or had support plans in place.**
11. **The level of contact between prisoners and their offender managers was insufficient.** Many prisoners waited several months before an introduction was made and others experienced long periods without any contact.

About HMP Whatton

Task of the prison/establishment

Category C training prison for prisoners convicted of sexual offences.

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection

Prisoners held at the time of inspection: 848

Baseline certified normal capacity: 774

In-use certified normal capacity: 768

Operational capacity: 856

Population of the prison

- 171 (20%) recall prisoners
- 122 (14%) serving IPP sentences
- 111 (13%) serving life sentences
- 64 prisoners over 70 years old
- 42 foreign national prisoners
- 21 transgender prisoners
- 187 prisoners released into the community in the last year

Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group

Substance misuse treatment provider: Practice Plus Group

Dental health provider: Time for Teeth

Prison education framework provider: People Plus

Escort contractor: GeoAmey

Prison group

East Midlands

Prison Group Director

Paul Cawkwell

Brief history

HMP Whatton was built in 1966 as a detention centre for boys. It became a young offender institution in 1989 and re-rolled in 1990 to an adult male category C training prison. During the 1990s, it became a prison solely for prisoners convicted of sexual offences. Its population more than doubled in early 2006 with the building of eight new units (Alpha wings). C2 wing was demolished and rapid deployment units were installed in September 2023.

Short description of residential units

A1–8: Residential wings with modern cells.

The eight-bed care and separation unit is attached to A3.

A4 is the induction unit.

A8 supports a high number of prisoners with health care and social care needs.
B1, B2 and B3 is the original accommodation consisting of 11 landings.
C1 unit houses prisoners on the enhanced level of the incentives scheme in single cells.
C2 is a new unit with 39 cells with internal sanitation, built to category D specifications, for prisoners on the enhanced level of the incentives scheme who have been risk assessed as suitable for this wing.
C3 unit houses prisoners in shared cells.

Name of governor and date in post

Caroline Vine – March 2022

Changes of governor since the last inspection

Laura Day – acting governor from November 2021 – March 2022

Lynn Saunders – in post until November 2021

Independent Monitoring Board chair

Rodger Hewins

Date of last inspection

September 2020 – Scrutiny visit

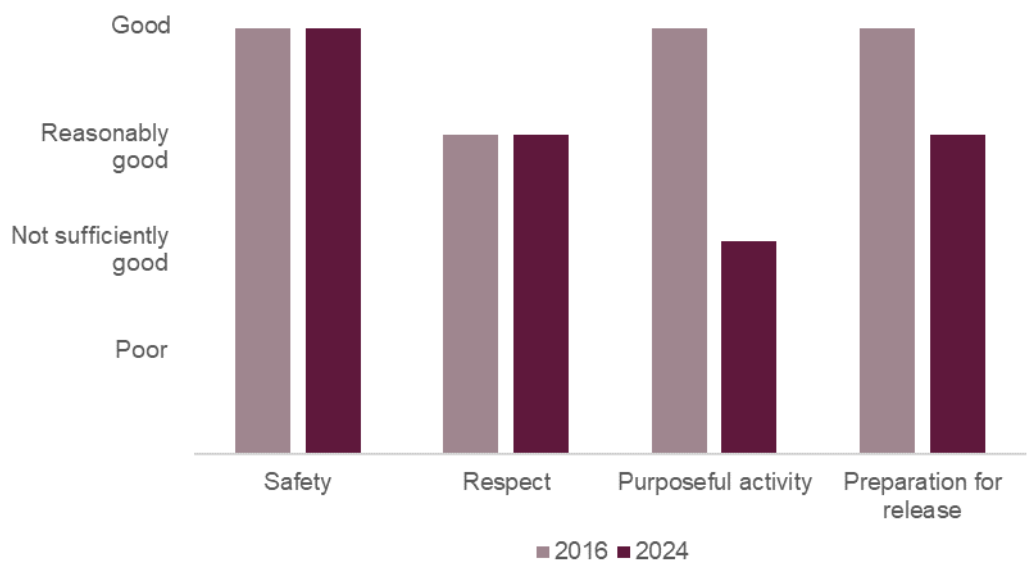
August 2016 – Full unannounced inspection

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP Whatton, we found that outcomes for prisoners were:
 - good for safety
 - reasonably good for respect
 - not sufficiently good for purposeful activity
 - reasonably good for preparation for release
- 1.3 We last inspected HMP Whatton in 2016. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Whatton healthy prison outcomes 2016 and 2024



Progress on key concerns and recommendations from the full inspection

- 1.4 At our last inspection in 2016 we made 29 recommendations, two of which were about areas of key concern. The prison fully accepted 24 of the recommendations and partially (or subject to resources) accepted five.
- 1.5 At this inspection we found that of the two recommendations about areas of key concern made in the area of respect, one had been

achieved and the other had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Progress on recommendations from the scrutiny visit

- 1.6 In August 2020, during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. 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 four recommendations about areas of key concern. At this inspection we found that two of the recommendations had been achieved, one had not been achieved and one was no longer relevant.

Notable positive practice

- 1.8 We define notable positive practice as:

Evidence of our expectations being met to deliver particularly good outcomes for prisoners and/or particularly original or creative approaches to problem solving.

- 1.9 Inspectors found two examples of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

Examples of notable positive practice

- | | | |
|----|--|--------------------|
| a) | A group of prisoners had been trained to provide peer support as social care advocates (SCAs) to many prisoners who needed support with some daily tasks by the Carers Federation. These SCAs undertook accredited qualifications and received ongoing training, advice and supervision from an external agency based in the prison. | See paragraph 4.31 |
| b) | Prisoners from protected groups had recorded podcasts for the prison TV and radio channel. This demonstrated a commitment to learning about prisoners' experiences, raising awareness among their peer group and staff. | See paragraph 4.40 |

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 HMPPS had reviewed the complexity of the prison in 2022 which resulted in a complete overhaul of the senior management team. Although many leaders were new to their post, they were experienced prison managers with a good understanding of their role and priorities.
- 2.3 The culture of the prison remained broadly positive, characterised by good relationships between staff and prisoners and an inherent respect for the rules of the prison community. However, the approach to behaviour management, which was being driven by senior leaders, had recently become dogmatic. We were concerned that the response to some misdemeanours was unnecessarily punitive and could weaken the prison's key strengths. Similarly, the prison strategy and self-assessment report (SAR) set out leaders' ambitions to ensure procedural justice, but this was not always borne out in the application of some processes, including the local incentives framework, adjudications and complaints.
- 2.4 There were few operational staff vacancies, but a substantial number of officers were sent on detached duty to other prisons, due to shortfalls in national recruitment or were absent from the prison on secondment or training. This led to key tasks, including key work and consultative forums, being cancelled. Shortfalls in offender management and the programmes team also impacted on prisoners' ability to make progress in their sentence. Leaders had not done enough to recruit, retain and train facilitators to meet the programme needs of all prisoners.
- 2.5 Staff were supported by leaders, and most had regular bilateral development meetings with their managers. Leaders at all levels were visible and staff spoke positively about supportive senior officers and custodial managers.
- 2.6 The governor held regular surgeries on residential units which allowed prisoners to raise issues and share ideas for improvement. Full staff briefings, consultation events and content, produced through the multimedia unit, aided good communication to staff and prisoners. Leaders also worked collaboratively with partner organisations.
- 2.7 Whatton offered many valuable incentives, including a range of activities, peer work and new purpose-built accommodation on C wing.

However, this was not well promoted on induction and more could be done to set out what was available and how to access it.

- 2.8 Having raised concerns in our last two inspections, we were encouraged to find that the governor had taken personal responsibility for work to understand and address negative experiences reported by black prisoners.
- 2.9 The prison had not been funded to support the 22% of prisoners who were in the resettlement phase of their sentence. Despite this, leaders had used money within their existing budget to make sure that prisoners were provided with some support on release.
- 2.10 Leaders had gathered data on most functions at the prison which had been used to help dispel some misconceptions about the treatment of prisoners in protected groups. However, in some areas, including safety, leaders had limited their understanding of long-term trends by only focusing on monthly data. There was insufficient focus on Whatton's role as an establishment for prisoners convicted of sexual offences and comparisons were often made with generic category C prisons rather than similar prisons.
- 2.11 The SAR demonstrated a good grasp of the prison's strengths and weaknesses in each healthy prison test, but the priorities were not underpinned with sufficiently detailed plans to ensure continuous improvement.

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 The reception area was clean and bright and approachable staff created a supportive environment. In our survey, 90% of prisoners said they were treated well in reception.
- 3.2 Security arrangements were proportionate and new arrivals were not routinely strip searched. Since the last inspection, an x-ray body scanner had been installed to help detect illegal items. For the majority of arrivals, waiting times in reception were not excessive.
- 3.3 Officers from the induction wing held comprehensive interviews with new arrivals to identify vulnerabilities or risks. These were not sufficiently private and some prisoners arriving later in the afternoon did not have a full interview until the following morning. There were other opportunities to identify risks on the first night, for example during the health care interview or on a local form (designed to capture immediate risks) when there was too little time to hold a full interview. This was not as reliable as the full interview and it was not always clear how the information gathered was passed on to wing staff.
- 3.4 All new arrivals had the opportunity to speak to a peer worker, who offered them a hot drink and explained what would happen in the following 24 hours. They also listed the work and education opportunities and the peer support available. Prisoners had the chance to buy items from the small tuck shop in reception which reduced the likelihood of them borrowing and getting into debt during their early days.
- 3.5 The induction unit provided a calm environment and cells were clean and properly equipped. Staff were aware of new arrivals and conducted three additional welfare checks during their first night.
- 3.6 For their induction, prisoners met staff from different departments over the course of a week. There was a lack of information about the prison rules and aspects of the regime; for example most new arrivals we spoke to were confused about some key elements, such as when they could have a shower. There was also a missed opportunity to set out a clear pathway for progression, illustrating the many opportunities and incentives on offer at the prison (see paragraph 3.12).

Promoting positive 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

- 3.7 Whatton remained a safe prison with levels of violence that were below the average at similar jails. In the previous 12 months there had been 43 prisoner-on-prisoner assaults and 14 assaults on staff, although few of these were classified as serious.
- 3.8 Despite the low levels of violence, our survey showed that almost one in five respondents felt unsafe at the time of the inspection. Prison leaders speculated that this was due to recent incidents of bullying linked to debt from borrowing vapes and intimidation of prisoners to hand over their prescribed medication. The prison debt policy gave guidance to staff on how to identify and respond to signs of debt and intelligence reports relating to this were promptly investigated. However, there remained a need for more coordinated work between departments to understand the impact and address the causes of debt in a more constructive way (see paragraph 3.39).
- 3.9 The prison investigated all reports of violence and bullying and most of those that we reviewed were completed to an adequate standard. One of the main responses to violent behaviour, other than punishment, was using a challenge, support and intervention plan (CSIP, see Glossary). The CSIP was designed to incorporate targets and interventions that would help prisoners to address their negative behaviours. The plans that we reviewed contained broadly appropriate targets but often lacked detail about how these could be achieved. For example, one prisoner had a target to 'keep occupied', but there was no detail about support to help him do this. Although plans were reviewed monthly by a case manager, there was little evidence of day-to-day support for prisoners on CSIPs to help them progress.
- 3.10 The prison had recently introduced conflict resolution peer workers on each wing who had been used to mediate between prisoners to address low-level conflicts before they escalated. There was still some work to do, particularly in evaluating the outcomes, but this was a promising initiative, which was well supported by the psychology team.
- 3.11 Whatton offered many opportunities that motivated most prisoners to behave and engage in the regime. Prisoners could benefit from a range of education courses and work placements that provided them with qualifications and experience for the future. Although the waiting lists were too long, there was a wide range of accredited offending behaviour programmes to help prisoners to progress through their

sentence. Prisoners could also apply for a range of peer work roles, some of which included an accredited qualification.

- 3.12 Despite this, in our survey only 17% of respondents said there were opportunities to motivate prisoners, which indicated there was work to do to communicate a clear pathway promoting the opportunities available to progress and motivate good behaviour (see paragraph 3.6).
- 3.13 During our inspection, many prisoners remarked on a change in the approach to managing behaviour which was demotivating and left prisoners in fear of losing everything for a one-off misdemeanour. This seemed disproportionate in a prison with a broadly compliant population (see paragraph 4.5).
- 3.14 An extensive list of rule breaches were labelled as 'serious single incidents', which meant that a prisoner on the enhanced regime with a good job, having earned his way to the best accommodation, could easily find himself on the basic level, jobless and transferred to another wing.
- 3.15 Prisoners on the basic level of the incentive scheme were given targets that should have helped them to progress up to the next level, but those that we examined were simplistic and not specific to the behaviour that led to the downgrade. Prisoners at the basic level had few opportunities to demonstrate an improvement in behaviour and almost all spent at least 28 days on basic. Two neurodivergent prisoners had been on basic for over seven months, with no evidence that the prolonged use of the restricted regime had helped either of them to improve their behaviour.
- 3.16 In addition to the financial penalties associated with the basic regime, these prisoners also spent long periods alone in their cell and were denied access to a television. This included prisoners in crisis, even though the prison had recognised that one of the main drivers for self-harm was linked to the conditions experienced on the basic regime (see paragraph 3.39).
- 3.17 Some prisoners reported a reluctance on the part of some staff to record positive behaviour to support their progress through the incentive levels. In the previous month, only 17% of prisoners had received a positive behaviour note on their personal file (see paragraph 4.5).

Adjudications

- 3.18 There had been 1,071 adjudications in the previous 12 months – the rate per 1,000 prisoners was higher than the average for prisons holding sex offenders.
- 3.19 The deputy governor carried out regular assurance checks of a sample of adjudications and gave feedback to managers to improve quality and consistency.

- 3.20 In the previous 12 months, 24% of all punishments imposed following an adjudication included cellular confinement, which was excessive and higher than most prisons holding sex offenders. This had not been identified and considered at the standardisation meeting.
- 3.21 Leaders had taken action to address an increasing number of adjournments identified in summer 2023. At the time of the inspection very few adjudications were outstanding.

Use of force

- 3.22 Levels of force remained average compared to similar prisons. Most was spontaneous and relatively low level, such as guiding holds to return prisoners to their cells.
- 3.23 Footage we reviewed showed that staff frequently de-escalated situations by leveraging their good relationships with prisoners before resorting to force (see paragraph 4.1). Written statements on incidents were generally of good quality and were submitted soon after force was used.
- 3.24 A monthly meeting reviewed all footage, identified learning points and good practice and resulting actions were tracked. A quarterly strategy meeting looked at a reasonable breadth of data to identify patterns in the use of force, but it generated very few actions, many of which had not been resolved by the following meeting.
- 3.25 In the last year, PAVA (incapacitant spray) had been used once. Footage we reviewed showed that its use was justified and proportionate to the risk posed, although there were weaknesses in the way the incident was managed. Leaders had already identified this and had provided individual feedback to the officers involved and updated the content of the use of force training programme.
- 3.26 Around one-third of incidents were not captured on body-worn video cameras. When cameras were used, they were sometimes activated too late into an incident, undermining their value as a potential deterrent and means of assurance. The actions taken by leaders to increase and improve camera use had not yet been effective.

Segregation

- 3.27 Segregation was mainly used for prisoners serving a period of cellular confinement following adjudication. At the time of the inspection, the unit was full and a further four prisoners were serving punishments of cellular confinement on the wings.
- 3.28 The unit had eight cells that were reasonably well maintained. Staff had a good knowledge of the prisoners in the unit at the time of the inspection and prisoners were positive about how staff treated them.
- 3.29 The daily regime was too limited, with no opportunity to attend interventions and activities off the wing, including the library or the gym.

- 3.30 Most prisoners did not stay on the unit for long and there was regular management oversight of reintegration plans which helped prisoners to move on after their stay.



Segregation cell

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 misuse and effective drug supply reduction measures are in place.

- 3.31 Some aspects of procedural security were disproportionate to the risks posed by the population at Whatton. Prisoners could move freely from the wing to work and education and this was done in a well-ordered and respectful way. However, prisoners then had to be escorted to individual appointments outside movement times which was labour intensive and not always necessary. To compound this, regular delays in confirming the roll after movement to work led to a freeze in movement, causing prisoners to miss health appointments and therapy sessions (see paragraph 5.4).
- 3.32 The use of restraints on prisoners leaving the establishment to attend escorted hospital appointments was reviewed with appropriate input from health care staff. However, there was no process to review the physical impact of restraints on return to the prison. We spoke to one 79-year-old wheelchair user who had been in handcuffs for 12 hours,

which caused considerable bruising. The prison had not been aware of this.



Injury from handcuffing during hospital escort

- 3.33 Intelligence was generally well managed, and a regular review of the data had enabled leaders to identify the greatest threats to security, including increased bullying linked to the trading of prescribed medication. However, not all security intelligence was shared in a timely or effective manner (see paragraph 6.28).
- 3.34 The rate of positive drug tests over the previous 12 months was 4.24% which was in line with similar prisons. Fifteen of the 22 positive tests in this period were for medicines not prescribed to the prisoner or at levels above those commensurate with their prescription. In our survey, 40% of respondents said it was easy to get medication not prescribed to them.
- 3.35 Medication for all prisoners was dispensed in the centre of B wing. Prisoners from other wings waited in long queues where they could be approached and intimidated to hand over their medication. Although the prison had made recent changes to stagger arrival times, several prisoners told us they felt unsafe in the queue and that supervision remained inadequate. Leaders had well-developed plans to install an automated dispensing system for some medications at another location.

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

- 3.36 Since our last inspection in 2016, there had been one self-inflicted death (in 2021). The resultant Prisons and Probation Ombudsman recommendations had been implemented and were subject to ongoing reviews to make sure that the changes were properly embedded.
- 3.37 Levels of recorded self-harm were high compared to other prisons holding sex offenders and had been on an upward trajectory for the past two years. However, the proportion of incidents that required outside hospital treatment had fallen considerably, from around 25% at the last inspection to 10% over the past 12 months.
- 3.38 Around one-third instances of self-harm were attributable to a small number of prisoners with very complex needs. These few prisoners received reasonably good multidisciplinary support. However, in some cases this support was undermined by inflexible and punitive behaviour management processes, that did not sufficiently consider individual circumstances and in some cases exacerbated prisoners' frustrations and mental health problems.
- 3.39 Leaders acknowledged that they needed to make better use of data to understand and respond to the main drivers of self-harm. In an analysis produced at the time of the inspection, prison data showed that prisoners' perceptions of their treatment on the basic level of the incentives scheme was the most cited reason for self-harm (see paragraph 3.16). Despite being identified as a priority for the prison, there was insufficient evidence of a prison-wide approach to address many of the underlying factors contributing to self-harm. Common causes included debt, boredom and frustrations with what were perceived to be disproportionate punishments (see paragraphs 3.13 and 4.5).
- 3.40 Prisoners who self-harmed were managed using the ACCT process (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm). In our survey, only 31% of those who had been supported through the ACCT process said they felt cared for by staff, which was considerably lower than at similar prisons. Prisoners we spoke to who were currently or formerly supported by an ACCT mostly ascribed this to the inflexibility of the regime and behaviour management processes, rather than the attitude of individual officers. ACCT care plans that we reviewed were not sufficiently detailed to be effective, often lacking actions to address the

causes of self-harm directly. However, reviews were usually multi-disciplinary, with someone from the mental health team attending at least the first review and some documents evidenced good interactions with wing staff throughout the day.

- 3.41 Access to Listeners (prisoners trained by the Samaritans to provide emotional support to other prisoners) was good, with call-outs facilitated 24 hours a day. The service was promoted in reception. Listeners on each wing were clearly identifiable with signs on their doors. It was very encouraging that a Listener representative attended monthly strategic safety meetings and was encouraged to contribute to improve senior leaders' understanding of the prisoners' concerns.

Protection of adults at risk (see Glossary)

- 3.42 Safeguarding arrangements were generally good. Most staff we spoke to were aware of their role in keeping vulnerable prisoners safe and knew how to recognise signs of harm or vulnerability and how to refer these concerns to the weekly safety intervention meeting.
- 3.43 A well-attended monthly safeguarding meeting brought together members of staff from a range of relevant departments such as safer custody, health care and the offender management unit (OMU) to discuss individual prisoners' needs. This included some good joint working with external agencies to support vulnerable prisoners nearing release.

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 Staff-prisoner relationships continued to be a strength and most prisoners (84%) who responded to our survey said that staff treated them with respect. Eighty-two per cent said they had a member of staff that they could turn to.
- 4.2 This was borne out in conversations with many prisoners during the inspection. We regularly saw positive interactions and it was clear that staff had a good knowledge of the prisoners in their care.
- 4.3 There was a drive to increase the provision and quality of key work (see Glossary) with good oversight from managers. Most prisoners in our survey said they had a key worker and in most instances they were helpful.
- 4.4 Most of the key work case notes we reviewed reflected good, comprehensive interviews and demonstrated evidence that staff were helping prisoners to deal with personal issues and make progress at the prison (see paragraph 6.18). However, for too many prisoners, sessions remained infrequent and key workers were regularly changed which led to repeated introductory sessions rather than sustained work to build relationships and address deeper issues affecting prisoners.
- 4.5 Although it was not yet apparent in the overall quality of relationships we observed, several prisoners commented on disproportionate punishments (see paragraph 3.13). To compound this, staff and managers did not always record prisoners' efforts and positive behaviour on NOMIS (prison service records) to highlight and celebrate the behaviours they wanted all prisoners to demonstrate.
- 4.6 Prisoner peer workers provided good support in a variety of roles, helping others within the prison community. These prisoners learned valuable social and employability skills.

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

- 4.7 External areas were clean and tidy with well-kept gardens softening the environment. Communal areas across the prison were in good order and kept clean. Prisoners employed as cleaners took pride in their jobs.
- 4.8 For most, living conditions were good. A wing delivered a good standard of accommodation across all eight units. C wing, and especially the modular units on C2, offered the best conditions at the prison. C2 consisted of comfortable cells with a separate room for the toilet and shower which made this accommodation very popular. Impressive industrial laundry facilities and a shared kitchen (well equipped to facilitate the preparation of food) encouraged prisoners to develop independent living skills and supported their sentence progression.
- 4.9 Most prisoners surveyed were positive about living conditions, particularly in relation to cleanliness. The exception was feedback from those living on B wing who were much more negative than the rest of the prison. Prisoners were also negative about their access to their stored property, with only 12% saying they could access it promptly, compared to 25% at similar prisons. Although there was a system in place for prisoners to be issued with their property at the weekend, it relied on staff to facilitate the scheme, who were often redeployed.
- 4.10 B wing consisted of three units of former dormitory accommodation that had been divided into cells. These were so small they could not accommodate standard prison furniture, so prisoners had no space to sit at a desk. Most concerning was the positioning of the toilet directly next to the head of the bed. Prisoners repeatedly complained that 'they lived in a lavatory'. Ventilation was poor, leading to the formation of black mould on exterior walls in some cells. Condensation ran down the walls, despite windows being left open. Some cells were so cold that prisoners had insulated them with cardboard. We considered these cells to be unfit for use.



B wing cell



Mould in cell



Cardboard insulation

- 4.11 Access to cleaning materials across all wings was good and regular management checks reviewed cleanliness and equipment levels. All wings had their own laundry facilities, but most had domestic machines which due to high usage regularly broke down. Most prisoners chose to wear their own clothes but there was sufficient prison clothing available for those who needed it and a weekly kit exchange process worked effectively.
- 4.12 Access to showers was good and most were in good condition and afforded sufficient privacy. Showers on B wing were in a poor state and required refurbishment.

Residential services

- 4.13 Prisoners were significantly more negative about the food than at similar prisons. The food we saw and sampled seemed to be of reasonable quality; prisoners could pre-select from a range of menu choices, including an option for special and religious diets. The quantity of food was adequate if every prisoner took all the elements of the meal provided. The exception to this was the meagre breakfast packs, which were still not issued the day they were supposed to be eaten. Meals were served much too early at around 11.15am for lunch and 4.15pm for the evening meal. Some meal services were chaotic and we saw poor levels of supervision, with some staff choosing to stand by and ignore poor behaviour in meal queues and at serveries.
- 4.14 The kitchen user group provided a forum to discuss the food on offer, but meetings were held inconsistently. Catering staff carried out a prisoner survey every six months, although there was little evidence that this led to any change.

- 4.15 Most prisoners had the option to eat together if they did not want to eat their meals in their cells. Prisoners from B wing could eat their meals in a large, supervised and well-used communal eating area. All residential units now had limited self-catering facilities such as toasters, microwaves and a small grill; these were popular and well used.
- 4.16 The main kitchen, all serving areas and food trolleys were clean. Too few prisoners working in the kitchens and in food service on the wings had undertaken any basic food hygiene training, although we were encouraged by advanced plans to reintroduce a NVQ catering qualification.
- 4.17 Most prisoners and far more than at comparator prisons said that the contracted prison shop supplied the things they needed and that they could access catalogues for external purchases. The ordering process was efficient and staff supervised the issuing of goods well to reduce the opportunity for bullying. Newly arrived prisoners could order from an abridged list for immediate issue but could wait up to 10 days for their first full order, which was too long.

Prisoner consultation, applications and redress

- 4.18 In our survey, 63% of respondents said that they were consulted, but only a third of those said that this had led to change.
- 4.19 The regular consultation events that were held on residential units were effective and enabled prisoners to raise concerns with staff and managers. Responses were prompt and, where practical, resulted in positive change.
- 4.20 The deputy governor chaired a monthly consultation event, known locally as the rehabilitative culture (RC) forum. This was well attended and provided prisoners with an overview of progress against the prison's priorities, such as discussion of safety or offender management. However, it was at this meeting that some actions took too long to address and more needed to be done to communicate the outcomes and changes following the RC forum. For example, a simple issue raised about incentives took over three months to be dealt with, and the action was marked as complete without attendees being given further detail or informed of the outcome. Records were sometimes duplicated from meeting to meeting which undermined confidence in the process.
- 4.21 The governor held regular surgeries on residential wings which gave prisoners the opportunity to address concerns that staff were unable to deal with and put forward suggestions for improvement. This aided communication and informed the governor directly about key issues affecting prisoners.
- 4.22 In our survey, only 74% of respondents said that they found it easy to make an application which was significantly worse than at similar prisons. The application system was paper based and prisoners told us that, if answered at all, responses could be too slow, with inconsistent

responses to similar issues. Leaders had taken very recent action to trial an electronic logging system on two units to improve accountability, but staff told us that this only amounted to an Excel spreadsheet and did not provide any greater benefit than the existing arrangements.

- 4.23 There had also been insufficient oversight of the complaints process and many prisoners told us that they lacked confidence in the system. This was reflected in our survey, where significantly fewer prisoners than at the last inspection (28% compared with 48% in 2016) said that they had been treated fairly, while just 20% said that their complaints were answered within seven days, which was worse than at similar prisons.
- 4.24 The complaints that we reviewed did not always evidence a full exploration of the issues raised. Some easily resolvable issues involved prisoners being merely directed to other processes, such as the application system, which led to frustration. There was also evidence of complaints going unanswered and, in some cases, they went missing. Leaders had taken recent action to address these issues, including the appointment of a dedicated member of staff to oversee the process. This had led to some early evidence of improvement.
- 4.25 There was no dedicated legal services provision, but prisoners had access to legal textbooks in the library and the HMPPS Access to Digital Justice Equipment scheme gave prisoners access to computer equipment to help them manage ongoing cases. Professional visitors, such as solicitors, could book face-to-face meetings with their clients and video-conferencing suites enabled good access for prisoners to attend court appearances virtually.

Fair treatment and inclusion

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), or those who may be at risk of discrimination or unequal treatment, 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.

- 4.26 Leaders had identified inclusivity as an establishment priority. Clear efforts had been made to understand and address the negative perceptions of black prisoners highlighted in numerous previous reports. However, there were still gaps in the work that, if filled, would make it much more likely that all prisoners received fair treatment.
- 4.27 Leaders listed a broad range of forums designed to understand and address the needs of prisoners with protected characteristics, but

during 2023 many of these had been cancelled due to the cross deployment of staff, with some limited recovery during the autumn.

- 4.28 The equality team initiated a wide range of cultural events that were well received by prisoners. These included a successful Black History Month, an Autism Awareness day led by PE staff, plus additional events to raise awareness and celebrate diversity across the prison.
- 4.29 The governor had taken personal responsibility for work to understand and address the negative perceptions of ethnic minority prisoners that had been identified at both our previous inspections and scrutiny visit. There were now regular meetings with these prisoners that were co-chaired by the governor and a prisoner. These forums had pre-set topics for discussion that were chosen by prisoners, actions were clearly identified, and evidence of progress recorded. Prisoners from ethnic minority backgrounds told us that they now felt more confident in raising a query or challenging negative perceptions and it was clear that improvements were being made.
- 4.30 In early 2023, work was carried out to understand why black prisoners were less likely to disclose mental health and self-harm issues. This resulted in some simple yet consequential changes such as amendments to wording in prison documentation. Very recent work by the prison psychology team to understand the experiences of prisoners from ethnic minority backgrounds had also led to a series of recommendations to help leaders consider further improvements.
- 4.31 Care for older and disabled prisoners was very good and better than we usually see. There was an effective social care advocate system (see paragraph 4.66) run by a full-time member of staff from the Carers Federation, a registered charity. Advocates were trained to assist other prisoners who needed help with daily life such as collecting meals or cleaning cells. The SCA was a paid position and prisoners received training in City and Guilds' Independent Advocacy (Level 2) to support their role. Some prisoners were also trained by PE staff as wheelchair handlers, which was a highly valued service and gave prisoners with mobility issues access to a wider regime.
- 4.32 The use of pendant alarms, to safeguard prisoners with low mobility after a fall, had lapsed since the last inspection and presented a considerable risk (see paragraph 4.67).
- 4.33 The number of prisoners over 50 had increased since our last full inspection. In our survey this cohort continued to report more positively across a range of indicators. Prisoners could access the older prisoners' activities and learning (OPAL) centre, a welcoming facility similar to a drop-in centre for older people found in the community. The centre provided a good timetable of activities, including games, quizzes, films and music lessons. OPAL was well led by peer advocates and supported by external links with Age UK and SSAFA, the armed forces charity. There were also additional OPAL sessions in the gymnasium with appropriate age-related activities on offer.

- 4.34 Support for younger prisoners was negatively impacted by a lack of consultation and some told us that they felt there were too few activities targeted at their age group. Some prisoners had been able to complete the Choices and Changes toolkit (see paragraph 6.33) and there had been a well-attended young persons' event in recent months, but more needed to be done to understand and meet the needs of younger prisoners.
- 4.35 In our survey, prisoners with mental health issues reported more negative experiences in several areas, including their perception of safety and their ability to relax on the wings. Work was progressing to support this group and we found good support from the mental health team and the recently appointed neurodiversity lead.
- 4.36 At the time of the inspection, there were around 25 transgender prisoners and support for this group was reasonably good. We were provided with examples of inappropriate comments by some prisoners that were unchallenged by staff, but most prisoners in this cohort felt safe at Whatton. Through consultation, transgender prisoners had highlighted a lack of confidence to use the sports facilities. PE staff had responded positively to this and arranged a bespoke session for the group to attend.
- 4.37 The Whatton equality action team (WEAT) meeting now met monthly with both prisoners and senior leaders, including the governor, in attendance. The WEAT reviewed useful data, but in most cases, only for the previous month which meant that trends over time were not always considered. There were also examples where identified issues did not result in actions to improve outcomes.
- 4.38 There had been improvements in the oversight of discrimination incident report forms (DIRFs), including external scrutiny by both a member of the Independent Monitoring Board and more recently the Zahid Mubarek Trust (a charity working to reduce racial inequality in prisons). Prisoners told us they now had more confidence in this system.
- 4.39 Leaders at Whatton encouraged innovative solutions to raise awareness and demonstrate their commitment to equality and fair treatment. For example, a transgender prisoner had delivered a presentation at a recent full staff briefing to discuss her experiences and podcasts by prisoners from protected groups were promoted on the prison television and radio channels.

Faith and religion

- 4.40 In our survey, significantly more prisoners than at similar prisons said their religious beliefs were respected.
- 4.41 The chaplaincy facilities were welcoming. There was a large multi-faith area for religious services and several smaller rooms that were used for groups and individual support.

- 4.42 The managing chaplain was a member of the leadership team and, despite some vacancies in the chaplaincy, faith provision was delivered consistently. For example, there was a vacancy for a Buddhist minister, so arrangements were in place for prisoners to attend the multi-faith area and participate in online services.
- 4.43 The chaplaincy was integral to daily life in the prison, providing pastoral care, supporting charitable events and making sure that religious festivals were celebrated. Chaplains also assisted prisoners who did not receive visits to maintain links with the outside world via letters and visits through the volunteering organisation New Bridge.

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.

- 4.44 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 found there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 4.45 Practice Plus Group (PPG) was the lead provider of health care services at Whatton. Partnership working and governance arrangements mostly provided effective oversight of health care delivery and we found strong leadership and a culture of support for staff. A recent health needs analysis had identified patient need and current risk appropriately. Most provision was meeting patient need with some exceptions. This mostly concerned medicine management and support for prisoners with drug and alcohol problems (see paragraph 4.84).
- 4.46 Health services were delivered seven days a week, though not at night. All clinical activity, including medicine administration, was delivered from the central health care centre which was an extremely busy area with inherent physical constraints that limited its long-term viability as a health environment. This mainly related to the poor fabric of the building, damp and the available space. However, most clinic rooms were being maintained and cleaned to a reasonable standard and were multi-purpose to make best use of space.
- 4.47 We saw tangible evidence of a positive reporting culture and shared learning being used to improve care. Recommendations and actions stemming from serious incidents and death in custody reports were appropriately considered, responded to and monitored, though some agreed audit activity had not been systematically embedded in the audit cycle. Furthermore, the local risk register did not wholly reflect

current concerns and data could be better leveraged by leaders to drive forward necessary improvements.

- 4.48 Patient engagement and consultation were real strengths. Every wing had two representatives and we were able to speak to many of these committed and well-supported prisoners who were proving to be a valuable resource to improve communication and promote health initiatives (see paragraph 4.53).
- 4.49 Training and development opportunities for staff were generally positive, with no gaps in the required mandatory elements. Staff were actively supported to develop their skills, said they felt well supported and we saw evidence of regular constructive contact. Clinical supervision arrangements appeared less regular and monitoring needed to improve to offer better assurance that qualitative patient contacts were consistent. Clinical records were generally of an appropriate standard and the interactions with patients that we observed were professional and respectful.
- 4.50 Response arrangements in the event of a medical emergency were good and clinical staff were appropriately trained. Prison staff, who were responsible for out-of-hours support, appeared confident and felt they had the skills to respond to a crisis if required. Resuscitation equipment was strategically located, appropriately resourced and regularly checked.
- 4.51 Patient concerns and complaints were well managed and patients had access to a senior leaders' clinic where issues could be dealt with on a face-to-face basis. This process reduced patients' need for recourse or making a formal complaint. The content of written responses was generally adequate, but they were usually handwritten and did not always indicate how patients could escalate any unresolved concerns.

Promoting health and well-being

- 4.52 There was a collaborative approach to health promotion, with the health care team supporting various prison-led campaigns. PPG had a programme of health promotion activities linked to national campaigns that were highlighted in a regular patient newsletter. The newsletter also provided useful information about the service and included waiting time comparators between HMP Whatton and the community.
- 4.53 There were two health care prisoner representatives dedicated to each wing who were trained and helped to update health promotion boards across the prison, as well as signposting and supporting patients to complete applications and collect feedback. A regular and well-attended patient forum facilitated by health care provided opportunities to disseminate information and communicate concerns.
- 4.54 Telephone interpreting services were available for health appointments when needed and health information could be translated, but this was not well advertised.

- 4.55 Immunisations and vaccinations were offered and good progress had been made in enhancing uptake. Preventative screening programmes, including retinal screening, bowel screening and aortic abdominal aneurysms, were available. Video consultation was available for various health clinics including dietetics. A leaflet had also been developed to assist those wanting to stop vaping, which was a good initiative.
- 4.56 Sexual health was managed via the GP, with support from the nursing team who had experience in this area. Some patients attended the local community services. Barrier protection was available.
- 4.57 Blood-borne virus testing was offered at the initial health care screening. Any patients needing treatment were seen and treated appropriately.

Primary care and inpatient services

- 4.58 An appropriate range of primary care services were available, with reasonable waiting times for most provision, which included physiotherapy, optometry, foot care and occupational therapy. Most patients we spoke to told us they were generally happy with the service provided by health care. Health care and the prison had worked hard to reduce the high number of cancelled appointments. While the 'no access' visit numbers had reduced, the 'did not attend' numbers remained high, in part due to appointment slips not being passed to patients by wing staff, an issue which remained unresolved.
- 4.59 A GP was available from Monday to Friday, with an advanced nurse prescriber all week. The wait for a routine GP or advanced nurse practitioner appointment was between four to five weeks, but it was encouraging to see that patients were given a date and time for their appointment rather than just being added to a waiting list. Urgent appointments were available on weekdays and at weekends telemedicine was available.
- 4.60 New arrivals received comprehensive primary and secondary screening. This included an assessment of their physical and mental health and referrals to other health professionals within the required timeframe. Prison and health care staff shared information about patient risk appropriately. We saw evidence that staff obtained consent from patients during these and subsequent contacts.
- 4.61 An effective system for managing health care appointments was in place. Applications for appointments were triaged promptly and both telephone and face-to-face triage were used to allocate appropriate care more effectively.
- 4.62 Medical equipment was found to be in good order and in date or calibrated to confirm that it was operating as intended. We found some unsecured medical oxygen bottles, but the provider was responsive when we brought this to their attention and made sure that the situation was resolved.

- 4.63 Patients with long-term conditions received timely care. However, there was no clinical lead for long-term conditions. These patients were regularly invited for review. Most care plans for such patients were personalised and of reasonable quality. The department had allocated clinicians to each long-term condition and liaised effectively with the GP and advanced nurse practitioner.
- 4.64 Patients had access to secondary care. The administration team monitored and chased referrals to make sure that patients who had waited too long to access appointments, particularly following cancellations by the hospital, were brought to the attention of the respective specialist service.

Social care

- 4.65 Social care arrangements worked well. Identification and responsiveness to need were good with effective leadership and on-site support available from an occupational therapist and the local authority social worker. A clear, well-established memorandum of understanding existed, and we saw no evidence of unmet need.
- 4.66 Personal care support was provided by a small team of care assistants, supervised by a nurse, who all offered very good care. This was mostly focused on A8 wing, though demographic indicators suggested demand was likely to increase and A7 wing was starting to house a similar population. Services would need to plan for this and expand the excellent, supplemental support delivered by the well-trained and well-supervised social care peer advocates.
- 4.67 However, the absence of an appropriate alarm call system meant that vulnerable prisoners had limited ability to summon support, particularly at night, which was a tangible risk. Some prisoners experiencing mobility or incontinence issues also had to travel to the central medicines administration hub, where long waits and delays were commonplace. A new access system to try to improve this had been introduced but it was too early to gauge its effectiveness.

Mental health

- 4.68 Most mental health services were provided by PPG. The service was well led and there had been improvements to address previous staffing issues which had enhanced the range of support available. The service operated seven days a week with a duty worker assigned to respond quickly to any acute distress including where an ACCT had been opened. The team had adopted a robust referral and triage system which was closely monitored by the service lead. This meant that prisoners arriving at Whatton with ongoing needs were picked up early and any referrals, including those made directly by prisoners, were reviewed systematically.
- 4.69 Psychiatry sessions had reduced in the short term but input was appropriately prioritised and based on acute need and risk. Clinical records reviewed showed timely and in-depth assessments followed by

regular and meaningful patient contacts. Around 100 prisoners were using services and nine patients with severe and enduring mental ill-health were subject to close monitoring and support, akin to the provisions of the Community Mental Health Framework.

- 4.70 The range of support was still developing and broadening, but included talking therapies for lower intensity needs, as well as more intensive support such as cognitive behavioural therapy and therapeutic support for patients who were self-harming. Though this activity was not fully embedded, the trajectory and clear leadership observed provided some assurance this support would be maintained and developed further. For example, the health care and prison teams had identified a venue that would enable group work to occur routinely.
- 4.71 A psychology-led intellectual and developmental disability service was delivering effective work enabling prisoners to access offender management programmes and bespoke offending-related work. In addition, the Acorn service was part of the offender personality disorder pathway (a national resource working with prisoners convicted of sexual offences). Both these services made valued and important contributions to the prison's core function. However, access to Acorn was not always given priority in the prison regime, which led to some curtailments in activity and some inevitable frustrations as a result.
- 4.72 Very few prisoners had required a transfer to hospital under the Mental Health Act and those who did were all transferred within the expected guidelines. The team provided daily input to the care and separation unit (CSU) and were an accessible resource to support prisoners located on the unit with complex presentations.
- 4.73 Transfer and release planning arrangements were well organised and provided the necessary links and communication with other prisons and community providers where appropriate.

Support and treatment for prisoners with addictions and those who misuse substances

- 4.74 PPG provided both clinical and psychosocial support for patients with addiction problems. The team contributed to the prison drug strategy group but there were few tangible actions stemming from this and no substance misuse training was available for officers.
- 4.75 Opiate substitution therapy (OST) prescriptions were continued or reviewed by the non-medical prescriber and all prisoners receiving treatment were seen by the psychosocial worker within five days.
- 4.76 At the time of the inspection, 17 patients (approximately 2% of the population) were prescribed methadone, the only OST available, which limited patient treatment options. The numbers needing treatment were steadily increasing so this restriction needed to be addressed.
- 4.77 Monthly joint reviews for all patients on OST had recently commenced with a non-medical prescriber (NMP) newly designated to substance

misuse services and the psychosocial worker. Reviews consisted of updating care plans and ensuring each patient had baseline clinical observations, urine testing and clinical opiate withdrawal scale (COWS) assessments completed.

- 4.78 The psychosocial worker had a caseload of 105 patients, which was unmanageable. Patients were not given dates for follow-up appointments and were reviewed on an ad hoc basis. Not all patient records we reviewed had recovery plans and none had been audited; these deficiencies needed urgent attention from managers. PPG had recently appointed a new part-time psychosocial worker to improve support.
- 4.79 The peer worker scheme worked well with three motivated workers seeing all new prisoners, signposting access into the service and handing out harm minimisation booklets. The peer workers also worked with patients under their care using in-cell books and were supervised weekly by the psychosocial worker.
- 4.80 Any patients reported of suspected illicit drug use were followed up by the psychosocial worker or the peer workers and were encouraged to engage with the service.
- 4.81 There was one gym group on offer. However, it was unstructured, open ended and had no evaluation process. We were told that SMART recovery groups were planned but another facilitator was required before this could commence. Alcoholics Anonymous meetings took place every two weeks.
- 4.82 Joint working with prison and community services supported prisoners who were on release and Naloxone (a drug to manage substance misuse overdose) could be issued to those on release following training in its use.

Medicines optimisation and pharmacy services

- 4.83 Medicines were supplied by an external provider in a timely manner. Local pharmacy and medicine administration services were provided from a central pharmacy hub in the health care centre led by pharmacy technicians, with evening and weekend medicines administration provided by nurses. Pharmacy services were resilient but under resourced and struggled to keep up with demand. A pharmacist supported the health care team two days a week but operational pressures meant there was limited opportunity to screen prescriptions clinically or undertake medicine reviews. Prisoners could request an appointment with the pharmacist but this rarely happened. The three pharmacy technicians' time was absorbed managing and administering medicines and they rarely had time to complete or assist with any other activities, meaning the skills of the team were not being fully used.
- 4.84 There were regular, well-attended medicines management meetings and the prescribing of some abusable medicines was monitored. The prison had recently implemented a safer prescribing forum, but the

pharmacist was not routinely invited and no strategy was in place to reduce the number of prisoners prescribed high-risk medicines, such as codeine-based pain medicines. The pharmacy suitably managed controlled drugs and had a robust process for ordering and managing repeat prescriptions, with any errors recorded and reviewed.

- 4.85 Prescribing and administration were recorded on SystmOne (electronic clinical records). There was an in-possession medicines (IP) policy in place and approximately 95% of prisoners were prescribed medicines IP. IP risk assessments were routinely completed at reception and these were recorded on SystmOne, but risk assessments were not routinely reviewed after 12 months, as per the policy, with approximately 250 overdue at the time of inspection. In some records seen, prisoners' IP status was also not accurately recorded. IP medicines were labelled appropriately, and secure storage was provided in most cells so prisoners could store their medicines securely. Impressively, the CSU had secure lockers outside cells which enabled IP access to be continued if considered appropriate.
- 4.86 Administration of not-in-possession (NIP) medicines was supervised twice a day, commencing at 8am and 4.30pm. The sheer volume of prisoners attending to collect both IP and NIP medicines meant that the morning session often lasted until approximately 11.30am. This routinely involved long queues and waits in the corridor for periods of up to an hour or more. Though queues were managed by officers, the volume of congregating prisoners was too large to enable proper supervision, which increased the risk of bullying and illicit trading and posed substantial risks for the prison.
- 4.87 An emergency stock of medicines was accessible and a clear record of any medicines supplied was maintained. Records were regularly reconciled against SystmOne to complete the necessary administration process. A suitable stock of medicines was available in the pharmacy to treat minor ailments without a prescription which were provided from stock against an agreed minor ailments protocol.

Dental services and oral health

- 4.88 The quality of dental provision provided by Time for Teeth was good, with prompt access and acceptable waiting times. Waiting times for examination and treatment was a maximum of six weeks at the time of the inspection. Dental clinics were available on four days a week, with a combination of dental examinations and treatment undertaken by a therapist or dentist.
- 4.89 Patient notes were contemporaneous with treatment plans. This strategy was followed until treatment was complete. Patients could access all dental services expected as an NHS patient.
- 4.90 The dental suite was clean and well maintained. The adjoining room was a decontamination room with all equipment infection, prevention and control compliant. Staff we spoke to felt supported and undertook mandatory training and supervision.

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 recreational and social activities which support their well-being and promote effective rehabilitation.

- 5.1 During our visit to Whatton we observed a busy and thriving community. Time out of cell was good for most prisoners and leaders provided a wide range of enrichment activities to supplement time in formal education and work. Prisoners valued their access to a variety of recreational activities that helped them to develop important social and practical skills and improve their well-being (see paragraph 5.30).
- 5.2 The majority of prisoners were in full-time employment and unlocked for around 10 hours on days when they had an evening association period, which was usually twice a week. Part-time workers, unemployed and retired prisoners received a minimum of around four and a half hours each day. Exceptions included some prisoners on C wing who had free access within their living area for most of the day and those on the basic regime level who usually remained in cell for 23 hours each day.
- 5.3 In our roll checks we found less than 20% of prisoners locked in cells. Around 57% were off wing in purposeful activity and 11% were working on the wing. Others were retired, unemployed or not needed at work. Most prisoners left on wing were due to be unlocked for a domestic period soon after our roll checks.
- 5.4 The regime ran to time with most prisoners arriving promptly at work or education. However, further movement off the wing was delayed for up to an hour while staff tried to reconcile the roll. This resulted in delays and many missed appointments which created considerable levels of frustration among both staff and prisoners. Leaders were urged to find a more efficient way to provide assurance that the overall roll of the prison was accurate.
- 5.5 Physical education facilities were excellent and included outside pitches, a large sports hall, a well-equipped cardiovascular room and a weights room.
- 5.6 A very enthusiastic staff group delivered a well-designed programme that maximised use of the facilities and took into consideration the diverse needs of the population.

- 5.7 There were strong connections to other functions within the prison such as health care and substance misuse support services. The prison had maintained links with external sports teams who visited to play football matches against the prison team.
- 5.8 Data monitoring was good, and the staff were able to show attendance from across the prison and where they had adapted delivery to motivate non-attenders.
- 5.9 The library was an excellent resource and was easy to access. All prisoners visited the facility as part of their induction. A well-trained library orderly explained and promoted the services on offer.
- 5.10 All wings were allocated regular sessions to provide library access. Where there were (rare) closures, measures were taken to maximise attendance and extend sessions to compensate.
- 5.11 As one of 13 prisons in the Suffolk Library Group, the prison had good access to a wide range of stock.
- 5.12 A series of literacy promotion events were held throughout the year, but overall the focus of the reading strategy was too narrow and it was not sufficiently integrated into daily life.

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:	Requires improvement
Quality of education:	Requires improvement

Behaviour and attitudes: Good

Personal development: Requires improvement

Leadership and management: Requires improvement

- 5.14 Leaders and managers provided prisoners with an appropriately broad curriculum. At the previous inspection, senior leaders had undertaken a full review of the curriculum. Since then, the leadership team had changed considerably and the majority of managers had been appointed in the last six months. The new teams in education, industries and careers information, advice and guidance (CIAG) had all made progress in improving the provision. Their plans were ambitious, but the impact on prisoners was yet to be fully realised.
- 5.15 The ambition of senior leaders was to ensure that prisoners could gain qualifications that would give them the skills that strengthened their job opportunities on release. Senior leaders had produced a new prison-wide needs analysis that was thorough and identified where improvements were needed. The recommendations resulting from the needs analysis focused well on realigning the curriculum to ensure that it was fit for purpose. However, many actions were at an early stage of implementation and it was too soon to judge the effectiveness and impact on prisoners.
- 5.16 Leaders and managers had developed a prison-wide reading strategy but were slow to implement it. The education provider had implemented a strategy, but this was limited to prisoners who attended education. They provided a phonics-based reading programme, but only a few prisoners were participating. A book corner in education encouraged prisoners to read more and review the books that they had read. These activities, while positive, were too narrow in their impact on much of the population.
- 5.17 Reading was not promoted effectively at work and across the prison. A high proportion of prisoners had been screened to identify their levels in reading, which indicated a high level of need for reading support. However, too few prisoners had accessed any support to address their needs. Leaders and managers had commissioned a reading specialist to provide support across the prison, but they were not yet in post.
- 5.18 Twenty Shannon Trust mentors (a charitable organisation that provides peer-mentored reading plan resources and training to prisons) supported 18 emergent readers. This was only addressing a very small proportion of those requiring support. Most mentors did not hold peer mentor qualifications to support and develop their mentoring skills. They had received informal training, but this was not accredited. A Shannon Trust coordinator, who had recently started at the prison, had ambitious plans to develop and extend the reading scheme further.
- 5.19 The education and skills provider, People Plus, offered a range of courses that provided progression opportunities for prisoners. However, the current provision was under-utilised and class sizes were

small and not filled to capacity. Prison leaders had worked well with managers to plan appropriate changes to the curriculum, specifically to the number of spaces in different subjects and the frequency of courses, in preparation for the annual delivery plan review in April 2024. They supported some prison industries well by providing qualifications in them. Staff were appropriately qualified and experienced. Managers used the results of their quality assurance activities well to provide targeted professional development for staff. Training opportunities were frequent and most teachers and instructors applied their knowledge well.

- 5.20 There were sufficient activity places for the population. The allocations process was efficient and a high proportion of prisoners were in activities, particularly in industries. Unemployment rates were low. Around 8% of the population were long-term unemployed and this included those that were refusing work or had been removed from their activity due to discipline issues. Local pay rates were equitable and did not act as a disincentive to attending education.
- 5.21 In education, most staff sequenced learning well to ensure that prisoners made good progress. Prisoners were highly motivated and valued the support they received from staff. A small number of prisoners who received individual tuition in English on their accommodation units made good progress, quickly increased in confidence and were proud of their achievements. The business and finance courses gave prisoners the opportunity to progress from basic to advanced levels. Prisoners developed a wide range of skills to support self-employed opportunities on release. Prisoners with prior experience of running their own business said the course added structure and filled in the gaps of their prior knowledge. Prisoners on Open University and distance learning courses received good support.
- 5.22 In industry workshops, prisoners developed valuable skills and could describe how they applied them. For example, in recycling, prisoners could accurately differentiate between the types of paper and plastic that could, or should not, be recycled. Most industry workshops offered qualifications and most instructors used a progress booklet effectively to record and develop prisoners' employment related skills. However, too few prisoners working in the staff mess, the prison kitchens and on the wing serveries were qualified in food safety to ensure that they understood how to carry out their duties safely. Similarly, too many wing cleaners were not qualified in their role, although they had been coached by other more experienced wing cleaners. A high proportion of those that took a qualification in education and at work achieved. Prisoners were invited to an event attended by senior leaders to receive their certificates and celebrate their success.
- 5.23 Too few prisoners in industry workshops, who had identified learning difficulties or disabilities, had their support needs met or had support plans in place. There were a few examples where instructors had identified prisoners who needed support and they made adaptations. In education, most prisoners were supported well. However, in a minority of instances, teachers did not identify prisoners' needs and as a result,

some found the content of the lesson difficult to follow and made slow progress. Instructors and staff had had neurodiversity training to help them understand the specific needs that those with learning difficulties and/or disabilities present.

- 5.24 Leaders and managers provided a calm and orderly environment for prisoners to work and learn in. This contributed well to enable prisoners to focus and engage with their learning, training, or job role. Attendance was good. Prisoners were mostly punctual, arrived ready to work on their given tasks and were productive. Unauthorised absences were swiftly followed up. Prisoner behaviour was calm and respectful.
- 5.25 Prisoners felt safe while in education and in industries. Prisoners at work and in vocational training understood and used personal protective equipment appropriately.
- 5.26 Effective collaboration between prison, education and CIAG staff ensured that appropriate education and employment pathways were identified for new arrivals based on their starting points and sentence restrictions. Prisoners who had recently arrived and experienced the induction process spoke highly of the process and the support and guidance they received to help them into education and work activities that met their needs and goals. However, too many prisoners who had been at the prison prior to the new CIAG contractor starting, still did not have an initial CIAG meeting to discuss their career plans and goals.
- 5.27 The prison had recently established 10 career pathways. Staff shared this information with newly arrived prisoners during their inductions and during a follow-up CIAG session. However, too many prisoners, particularly those who had been at the prison for some time, had little awareness of these or how their allocated activity matched to their long-term plans or goals. Prisoners had access to the virtual campus (prisoner access to community education, training and employment opportunities via the internet), but used it mainly to develop their IT skills.
- 5.28 As a training prison, the focus was on education and work. However, senior leaders recognised that as a number of prisoners were released from HMP Whatton, more was needed to prepare prisoners for resettlement and had successfully made appropriate changes to support these prisoners. CIAG staff provided prisoners who were due for release with effective support to help them prepare for potential employment on release. Prisoners who chose to engage participated in a pre-release programme which supported them well to prepare a curriculum vitae, disclosure letter and meet with a Department for Work and Pensions adviser to access job interviews in their local area.
- 5.29 Employer engagement was insufficient. A recently opened recycling workshop and a warehousing company offered prisoners employment opportunities on release, but these jobs and release opportunities were only available to those prisoners working in these areas. The prison had advanced plans to run an employer fair to generate more employment opportunities for prisoners.

- 5.30 Most prisoners respected individual differences. Prisoners who identified as female were integrated well into workshops and felt accepted as part of the team. The education department and the prison equalities team provided prisoners with a good range of enrichment activities and events. These included mental health awareness, Asian Heritage Month, Black History Month and disability awareness. Events were well attended. Prisoners who attended increased their confidence and gained a good awareness of what it means to be a responsible member of society. However, managers did not keep accurate records of who attended or identify those prisoners who did not engage, to better target future events.
- 5.31 Staff did not promote fundamental values of tolerance and respect routinely. Prisoners in education and prison industries had only a very superficial awareness about how they could recognise risks they could face from people who had extremist views or the steps they could take to protect themselves. Prisoners could not recall any input or teaching by staff to help develop their understanding.
- 5.32 Prisoners from different backgrounds and/or with protected characteristics could engage in regular equalities forums. Prisoners who attended found these valuable. They learned about the reasons why certain decisions were taken and believed that any concerns they had would be taken seriously.
- 5.33 Prisoners who were past retirement age or who had been assessed as medically unfit for work could engage in an appropriate range of social activities which supported their mental well-being. However, sessions were routinely stopped well short of the allocated running time.

Section 6 Preparation for release

Preparation for release is understood as a core function of the prison. 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 understands the importance of family ties to resettlement and reducing the risk of reoffending. The prison promotes and 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 Prisoners did not yet have in-cell telephones, although communal phones were available on the wings and most prisoners reported being able to use the phone daily.
- 6.2 The current provision of social visits met the needs of the population, but as Whatton accommodated prisoners from all over the country, it was hard for some families to visit regularly.
- 6.3 In our survey, only 16% of respondents said that social visits started or finished on time, and we saw this first-hand on the session we observed. This was very frustrating for visitors who had travelled long distances and extremely disappointing for prisoners who relied on these visits to keep them motivated. Leaders were aware of this problem and made assurances that it was being addressed. It was positive that leaders, including the governor, met families every fortnight to discuss their experience of visits.
- 6.4 The visits hall had been refurbished and offered a welcoming environment. A good range of refreshments, including homemade cakes, were available for visitors to purchase at very reasonable prices. This facility was well used.
- 6.5 In our survey, only 16% of respondents said they were able to use the video calling facility in the last month. There were four booths for secure video calls (see Glossary) which were available three days every week. While the facility looked impressive, many prisoners reported difficulties using the service. In one complaint from a prisoner about a technical problem regularly experienced during video calls, the prison's response recommended that the complainant should report his issue to the call provider, not the prison, which was dismissive and impractical (see paragraph 4.23).

- 6.6 Furthermore, in our survey, significantly more prisoners than in similar prisons reported problems with sending and receiving mail. During our inspection, the system appeared to be efficient with no visible backlog of mail in the post room, but we encouraged leaders to investigate these negative perceptions.
- 6.7 PACT (Prison Advice and Care Trust) had recently taken back delivery of the contract for family services from a company they had previously sub-contracted to. PACT's new provision was still too limited with no targeted family interventions on offer. At the time of our inspection, a recruitment drive was underway and we were told of good plans to support future family work.
- 6.8 Much valued family days were delivered every quarter and we were told of plans to provide events for prisoners who did not receive any social visits.



Visits hall



Video calling booth

Reducing reoffending

Expected outcomes: Prisoners are helped to change behaviours that contribute to offending. Staff help prisoners to demonstrate their progress.

- 6.9 Most prisoners at Whatton were serving long-term sentences of more than four years, 12% were serving a life sentence and 16% had an indeterminate sentence for public protection (see Glossary).
- 6.10 The strategy for reducing reoffending had recently been reviewed and was based on a needs analysis of the population (conducted at the end of 2022), which looked at criminogenic factors and likelihood of reoffending. A regular and reasonably well-attended committee meeting reviewed work related to the different pathways to reduce reoffending. This provided a good opportunity for collaboration between teams and produced some clear actions to address issues raised.
- 6.11 The offender management unit (OMU) was led by experienced managers, both of whom provided good oversight and support for the team.
- 6.12 The team, however, had suffered considerable staff shortages for some time and had been operating at approximately 60% capacity. In response to this, OMU staff had understandably prioritised the completion of parole reports and attendance at oral hearings, but the delivery of other core tasks had been adversely impacted.

- 6.13 The level of contact between prisoners and their prison offender managers (POMs) was insufficient. Many prisoners waited several months before an introduction to their POM and others referred to long periods without any contact. One prisoner told us that he had been allocated five POMs since 2019 and had only met two of them.
- 6.14 Despite the limited face-to-face contact, the POMs we interviewed showed an impressive level of knowledge of their cases and a good insight into the public protection issues they presented.
- 6.15 Due to the nature of their offending, almost all prisoners at Whatton had a sentence plan, most containing objectives that focused on the completion of programmes or other risk reduction work. Despite this, many prisoners said they had not received a copy of their plans and were unaware of their content. We conducted a thorough review of 20 cases; these contained appropriate targets but progress to complete them was slow.
- 6.16 Most of the OASys (offender assessment system) assessments that we reviewed were of a reasonable standard, and some were excellent, particularly those prepared at key points of the sentence, such as before parole hearings or release. The OMU had made a concerted effort to address a backlog of initial assessments, although not all were completed on time, sometimes due to factors outside the prison's control. Similarly, some reviews were late or had not been completed at key junctures in line with national guidance, such as completion of a programme or transfer from another prison.
- 6.17 One prisoner we interviewed had objected to the fact that an unproven allegation had been copied from a previous assessment. The POM accepted the prisoner's comment and took steps to address this at the oral hearing; this demonstrated fairness and good procedural justice.
- 6.18 In some cases, the unavailability of POMs was mitigated by good quality key work. In one case we reviewed, a key worker demonstrated good knowledge of the offending behaviour programme a prisoner was participating in. The prisoner was experiencing challenging feelings as he progressed through the course and the key worker was able to talk to him about them. Another prisoner said that his key worker had 'moved heaven and earth' to relocate him to a single cell and as a result he now felt able to cope with the difficulties associated with his programme work.
- 6.19 However, this was not a consistent picture and some prisoners had little or no contact with their key worker. In other cases key workers were changed so often that there was no opportunity for the prisoner to develop a working relationship with an individual. The prison was focused on improving key work and was aware that more needed to be done to improve consistency.
- 6.20 At the time of our inspection 137 prisoners were serving indeterminate sentences and were located throughout the prison. The psychology team provided oversight of this group by conducting quarterly audits,

rating each one in relation to barriers or obstacles preventing progression. We were told that this then led to progression panels and meetings to discuss ways to support this group. Despite this, we found limited evidence that prisoners who were significantly beyond their parole tariff date were being assisted to address key risk areas which would improve their chances of a positive parole outcome.

- 6.21 Good efforts had been made to reduce a vast backlog of re-categorisation applications. Decisions were defensible and usually related to the need to complete risk reduction work before a progressive transfer. Transfers to open conditions had been managed well, with minimal delays. During the previous 12 months, over 100 transfers to category D (lower risk) prisons had taken place and only three were awaiting transfer, all of whom had been booked to go within the next week.

Public protection

Expected outcomes: Prisoners' risk of serious harm to others is managed effectively. Prisoners are helped to reduce high risk of harm behaviours.

- 6.22 Over 80% of the population were assessed as presenting a high or very high risk of harm. All prisoners had convictions for sexual offences, so public protection was particularly important.
- 6.23 Two staff members were dedicated to public protection work. There were good processes to make sure that the files for all newly arrived prisoners were screened, with a case summary compiled and put in a shared location to enable relevant staff to access risk-based information.
- 6.24 All prisoners were subject to multi-agency public protection arrangements (MAPPA) on release and were included on ViSOR (the dangerous persons database). MAPPA levels were not always confirmed six months before release, which potentially undermined work to prepare some prisoners for their return to the community. The prison made a written contribution to MAPPA meetings through MAPPA F forms. The quality of most of these was reasonably good. We saw some good examples that included both information and analysis of behaviour and outcomes in custody, which would be helpful to the MAPPA in preparing a risk management plan for release. Other MAPPA Fs, however, included too much detail copied and pasted from other records, with less analysis of the relevance of the information to inform future management of the individual.
- 6.25 The risk management plans included in OASys were generally comprehensive and covered both the period in custody and factors that would need to be considered when the prisoner was due for release.
- 6.26 The release of high-risk prisoners was discussed in a monthly risk management meeting. Attendance at the meeting was not always good and some actions took too long to complete.

- 6.27 Prisoners who required mail and telephone monitoring were identified on arrival and processed efficiently. Cases were reviewed in the monthly interdepartmental risk management team meeting. Intelligence from call monitoring was appropriately shared and it was positive to see that calls in a foreign language were translated.
- 6.28 However, at the time of inspection only nine prisoners were being monitored, which seemed low considering the nature of offending and risk of harm presented by Whatton prisoners. We also had sight of intelligence derived from internal security procedures, such as random cell searches, some of which were of a very concerning nature. This was not routinely shared with the public protection unit or the OMU, which undermined processes. In cases where intelligence was shared, it was often done several days after the event, which did not allow for a timely response.

Interventions and support

Expected outcomes: Prisoners are able to access support and interventions designed to reduce reoffending and promote effective resettlement.

- 6.29 Whatton was a national provider of accredited programmes for prisoners convicted of sexual offences and many prisoners transferred from establishments around the country to complete courses. However, sizeable staffing shortfalls and delays in training facilitators had affected programme delivery.
- 6.30 The range of accredited interventions offered were appropriate for the population. Interventions to address the likelihood of reoffending and risk of harm were specifically targeted at sexual offending. They included accredited treatment programmes for high- and medium-risk offenders as well as others that covered thinking skills, anger and violence management, self-regulation and general attitudes.
- 6.31 While prisoners were assigned to accredited programmes in line with national instructions, the programmes team was considerably under-resourced and had to prioritise prisoners coming up to parole or release, meaning many waited long periods, sometimes years, to commence an accredited intervention. This was particularly difficult for those who had transferred to Whatton, sometimes moving a great distance away from families, for the sole purpose of completing a relevant intervention. This was a source of frustration among prisoners and delayed their progress through their sentence.
- 6.32 Prisoners who denied their offences could only access two programme spaces on the Horizon course (a psychological intervention for medium-risk sexual offenders) which limited effective intervention with these prisoners. Furthermore, due to staffing constraints, very limited one-to-one work was completed by POMs with those either waiting to start a programme or following completion to support learning.

- 6.33 The prison offered a wide range of non-accredited interventions designed to improve prisoners' social skills and address offending behaviour. Several younger prisoners had been assessed using a maturation tool and went on to complete the Choices and Changes toolkit to support their maturational development. One-to-one support from psychologists, although reduced due to staffing constraints, was provided in some cases. The Acorn project maintained its rigorous therapeutic work with prisoners who had problematic personality disorder. This work was carried out within a clinical structure supported by NHS governance and supervision (see paragraph 4.71).
- 6.34 Those who had been able to start or complete a programme were generally very positive about the experience. One gave examples of how he was putting into practice the 'great eight' skills that he had learned. Another described how he had valued doing the Horizon programme as this prepared him for talking about his offending on the Healthy Sex Programme. One long-term prisoner described the Acorn project as 'brilliant' saying that he finally had help in understanding the roots of his anger and how to manage it.
- 6.35 An emerging punitive approach to behaviour management (see paragraph 3.40) was causing anxiety for some prisoners. For some, their sexual offending was linked to low self-esteem, difficulties forming appropriate adult relationships and early experience of trauma. Appropriate accredited programmes and other therapeutic interventions were important in helping prisoners deal with unhealthy thoughts and compulsions in a more constructive way. One man described how the course he was on had taught him ways of distracting himself from inappropriate thoughts which had previously triggered his self-harm – he used television and computer games as distraction tools. Although his behaviour was good, he was terrified that any infringement of prison rules would result in him losing these coping mechanisms, which was counterproductive.

Returning to the community

Expected outcomes: Prisoners' specific reintegration needs are met through good multi-agency working to maximise the likelihood of successful resettlement on release.

- 6.36 Despite not being a designated resettlement prison, around 10 prisoners were released into the community each month. Leaders had used local funds to pay for a resettlement coordinator who organised support for prisoners.
- 6.37 Prisoners were supported as and when necessary to apply for recognised identification documents and open bank accounts, and could receive advice on finance, benefits and debt.
- 6.38 Where required under the OMiC model (see Glossary), responsibility for a prisoner's case was handed over from the POM to the community

offender manager (COM) at the appropriate time. Prisoners due for release were made aware of their licence conditions and had met their COM through a video call. However, some prisoners had experienced frequent changes of COM. One prisoner said that he had had three COMs in three months: one had written his parole report; another attended the hearing; and a third was due to provide an updated review for the Parole Board.

- 6.39 Most prisoners were released to approved premises. Although nobody had been released without some form of accommodation, only around a quarter were released to sustainable accommodation in the last 12 months.
- 6.40 Not enough was done to assist prisoners to secure employment on release. Over the previous 12 months only six prisoners were in employment in the first few weeks following release.

Section 7 Progress on recommendations from the last full inspection report

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 2016, reception and first night arrangements were welcoming and kept prisoners safe. Induction covered all key elements. Prisoners felt safe. Levels of violence were low and systems for managing violent behaviour had improved. Self-harm had increased and the quality of case management documentation was mixed but most prisoners in crisis felt well cared for. Security procedures were sound and well applied. The number of adjudications had increased and they were well managed. Governance of the use of force had improved. The use of segregation had increased but stays were short and prisoners were treated well. There was a reasonable substance misuse service but the substance misuse strategy was weak. Outcomes for prisoners were good against this healthy prison test.

Recommendations

Prisoners who are on assessment, care in custody and teamwork (ACCT) case management should have current care maps with clear measurable individual targets that are regularly reviewed and should receive a robust post-closure interview that explicitly records progress.

Not achieved

Investigations of serious acts of self-harm should identify lessons learned and the safer custody meeting should consistently explore and address the reasons for the continuing high rates of self-harm to reduce the number of incidents.

Not achieved

Prisoners should be allowed to wear their own clothes, apart from in exceptional risk-assessed circumstances.

Achieved

There should be an up-to-date substance misuse strategy based on a robust needs analysis that addresses supply reduction and treatment for substance misuse, including diverted medication and alcohol. This strategy should be under regular review by the drug and alcohol meeting.

Not achieved

Prisoners with substance misuse needs should have easy access to mutual aid support.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2016, residential areas, even the physically poor B wings, were exceptionally clean. Cells on B wings were cramped and overcrowded. Prisoners complained about poor access to their property. Relationships between staff and prisoners were very positive and consultation with prisoners was extensive. Some aspects of equality work remained underdeveloped and the quality of discrimination complaint investigation was often poor. Faith provision was good and the chaplaincy was well integrated in the prison. The quality of responses to complaints was mostly good and the staff-prisoner review group contributed to confidence in the system. Health care provision was good and waiting times for treatment were reasonable. There was a good range of mental health provision. Food was of good quality. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

Cells on B wing should be enlarged and the toilet moved away from the bed and appropriately screened. The wing showers should be sufficiently screened and private.

Not achieved

There should be equality impact assessments and action plans to address inequalities identified by equality monitoring. All submitted discrimination incident reporting forms (DIRFs) should be fully investigated and subject to internal and external quality control.

Achieved

Recommendations

Prisoners' property should be available within a reasonable time when requested.

Not achieved

The consultation forums for protected characteristics groups should have a set agenda and be minuted to ensure that the Whatton equality action team can monitor progress of ongoing actions.

Achieved

There should be more discussion and data analysis with prisoners from a black and minority ethnic background to establish why they feel disadvantaged and what can be done to alleviate their concerns.

Achieved

The prison should regularly review all outstanding complaints as part of its quality assurance and monitoring process, including those referring to prisoners' previous establishment.

Not achieved

Emergency resuscitation equipment should be available in all residential blocks, kept in good order and checked regularly.

No longer relevant

Social care arrangements for individual prisoners should be subject to accelerated review if locally indicated.

Achieved

Reception health screening should be confidential and not rely on self-completed prisoner questionnaires.

Achieved

Patients should have prompt access to nurse triage without the need to involve a prison officer.

Achieved

Prisoners receiving in-possession medicines should have a prompt risk assessment against each medicine to ensure that potentially tradable medications are correctly managed and the daily supply of medication should be better organised and controlled.

Not achieved

Prisoners should be able to access adequate pain relief while waiting for an urgent dental appointment.

Achieved

The prison should consult widely on its shop goods list to ensure the diverse needs of prisoners are addressed.

Achieved

Purposeful activity

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

At the last inspection, in 2016, time out of cell was generous and few prisoners were locked up during the working day. The number of activity places had increased but there had been no detailed needs analysis. The quality of teaching, learning and assessment was outstanding. The behaviour and application of learners was exemplary, success rates were high and attendance was well managed. The library was well stocked and well run but use was poorly monitored. There was a well-equipped gym with a good range of provision. Outcomes for prisoners were good against this healthy prison test.

Recommendations

Senior managers should complete a detailed educational and training needs analysis of the whole population to ensure that the provision meets the needs of all groups of prisoners and to support future development plans.

Achieved

The education and training provision should be extended to include higher level learning and more subjects to meet the needs of those serving longer sentences or with higher prior academic attainment.

Achieved

Teachers in vocational training and work should promote the development of prisoners' English and mathematics skills more effectively.

Partially achieved

Library staff should collect data on library usage to identify if particular groups of prisoners are not benefiting from library services and activities and take appropriate action.

Achieved

Senior managers should analyse the available data on PE activities to monitor the participation by all groups of prisoners and take appropriate action.

Achieved

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.

At the last inspection, in 2016, the resettlement strategy was centred on offender management and appropriate resettlement services had been commissioned to meet the needs of the population. Too many prisoners arrived without an offender assessment system (OASys) assessment, creating a backlog. The quality of offender management was consistently good and delivery of sentence plans was facilitated by cooperative working. Public protection arrangements were mostly good. Too many indeterminate sentence prisoners were frustrated by delays in accessing interventions. Reintegration and resettlement services were being developed. Provision of social visits was good. The range of offending behaviour programmes was appropriate and they were supported by a prison-wide approach. Outcomes for prisoners were good against this healthy prison test.

Recommendations

There should be a clear process for resolving differences between prisoner risk assessments and their suitability for interventions and this should be known by all staff who need to use it.

Achieved

The effectiveness of resettlement services should be monitored and evaluated.

Achieved

Prisoners' OASys assessments should be formally reviewed following a significant event, including completion of an accredited programme.

Not achieved

The prison should assure itself that all prisoners have a confirmed MAPPA level before their release.

Not achieved

Men due for release should be reviewed by health services staff to ensure that any health needs are met and that they receive suitable advice.

Achieved

Prisoners should be able to wear their own clothes on visits.

Achieved

Recommendations from the scrutiny visit

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

The national recovery framework should set out minimum standards but give governors the autonomy to deliver a fuller regime at a faster pace if they judge it safe to do so.

No longer relevant

The prison should introduce robust measures to identify vulnerable prisoners and social isolators to ensure that these prisoners receive appropriate supervision and support.

Achieved

Managers should actively seek to understand and address the negative experiences of black prisoners.

Achieved

HMPPS should work with government to ensure that there is sufficient appropriate accommodation, especially in approved premises, for released prisoners who need such accommodation for reasons of public protection and their own safe resettlement.

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, 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.

Preparation for release

Preparation for release is understood as a core function of the prison. 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.

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 outlines the priority and key concerns from the inspection and our judgements 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 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
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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.

Family days

Many prisons, in addition to normal visits, arrange 'family days' throughout the year. These are usually open to all prisoners who have small children, grandchildren, or other young relatives.

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.

MAPPA

Multi-agency public protection arrangements: the set of arrangements through which the police, probation and prison services work together with other agencies to manage the risks posed by violent, sexual and terrorism offenders living in the community, to protect the public.

Offender management in custody (OMiC)

The Offender Management in Custody (OMiC) model, which has been rolled out in all adult prisons, entails prison officers undertaking key work sessions with prisoners (implemented during 2018–19) and case management, which established the role of the prison offender manager (POM) from 1 October 2019. On 31 March 2021, a specific OMiC model for male open prisons, which does not include key work, was rolled out.

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 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.

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