Report on an unannounced inspection of

HMP Whitemoor

by HM Chief Inspector of Prisons

13–23 October 2025

Contents

Introduction

Located in March, Cambridgeshire, Whitemoor is a high-security prison for category A and B adult male prisoners. Nearly all were serving sentences exceeding ten years, with over three-quarters serving an indeterminate sentence. A significant number of individuals, some 80%, were assessed as presenting a very high risk of serious harm, and at the time of the inspection, of the 455 men being held, over a third were category A status, evidencing the very great risk and complexity being managed by the prison. Whitemoor also operates a special facility, holding a small number of some of the most disruptive men currently in custody in the country. This is part of a wider system of similar units which we inspect separately, so is not referred to in in this report.

Overall, this was a positive and encouraging inspection. In particular, outcomes when assessed against our healthy prison test, safety, were found to be ‘good’, whilst in our tests, respect and preparation for release, they were assessed as ‘reasonably good’. In all three tests, this marked an improvement on the assessments we made when we last inspected in 2022. Only in purposeful activity (PA) was there no improvement, outcomes being again assessed as ‘poor’.

The daily routine and regime were found to be inadequate, primarily, we were told, due to staffing shortfalls and a high level of absence across all grades. This had resulted in critical work – including education, skills provision, hospital appointments, and suspicion drug testing – not being delivered consistently. These issues were also symptomatic of wider systemic challenges, including recruitment and retention difficulties, which were forecast to worsen in the coming months. Compounding this inconsistency in delivery, there were insufficient activity spaces in education, skills, and work to meet the needs of the population, while for those who had actually been allocated, attendance remained low. As a consequence, we found that too many prisoners were locked up during the working day.

The inspection also identified other concerns. For example, while the rate of use of force at Whitemoor was below average among dispersal prisons, the use of PAVA was disproportionately high compared to other similar establishments. Standards of cleanliness were inconsistent, with little accountability and motivation among staff to enforce good practice. Waiting times for external health appointments were too long, and often cancelled due to a lack of officer escorts, and there were significant delays in transferring patients to secure hospital beds under the Mental Health Act.

Despite these challenges, we observed much that was positive in the prison. The governor and deputy governor were visible and approachable, demonstrating a clear understanding of the prison’s strengths and weaknesses and a commitment to improving the culture and delivering their vision for Whitemoor. Progress has been made in developing staff skills and supporting well-being, with investments in training, coaching, and mentoring. Strong leadership in safety and offender management was evident, and effective

partnerships with key providers and stakeholders contributed to a generally ordered, secure, and settled establishment.

Whitemoor was an improved prison, doing a difficult job reasonably well. We leave the jail with a number of priorities and concerns that we have identified and which we hope will assist further improvements.

Charlie Taylor
HM Chief Inspector of Prisons
December 2025

What needs to improve at HMP Whitemoor

During this inspection we identified 13 key concerns, of which four 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. **The daily routine and regime were inadequate.** We were told this was due to staffing shortfalls and high absence levels across all grades. Critical work, including the provision of education and skills, hospital appointments and suspicion drug testing, was not delivered consistently**.**

2. **There were insufficient activity spaces in education, skills and work to meet the needs and aspirations of the entire population.**

3. **Attendance across education, skills and work was too low.**

4. **Limited interventions and a lack of purposeful activity made it difficult for prisoners to demonstrate a reduction in risk.** Too few were able to progress in their sentence (repeat concern).

Key concerns

5. **An allegation by a member of staff that they had been racially victimised by three colleagues had not been dealt with promptly or effectively.** Leaders had not done enough to understand the experiences of Black staff at Whitemoor.

6. **While the rate of use of force at Whitemoor was below average amongst the five dispersal prisons, the use of PAVA (see Glossary) was almost as high as at the other four prisons combined.**

7. **Leaders did not set or maintain sufficiently high standards of cleanliness.** There was little accountability, and staff lacked the motivation to enforce good standards. Cleaning equipment was often in poor condition and held in dirty cupboards; materials regularly ran out; and there were no regular inspections by wing leaders.

8. **Prison leaders had limited insight as to the experience of ethnic minority and Muslim prisoners at the prison.**

9. **Waiting times for external health appointments were too long and were frequently cancelled due to a lack of officer escorts.** Access to internal health appointments and medicines were also affected.

10. **There were significant delays in assessing and transferring patients to secure hospital beds under the Mental Health Act.** One patient had waited 18 months despite undergoing multiple assessments.

11. **Access to the dentist was delayed due to the limited number of sessions and missed appointments.** Some patients waited up to 50 weeks for routine treatment.

12. **Leaders offered a curriculum that was too narrow and restricted.** It did not enable prisoners to develop skills and gain recognition for their learning in subjects and vocations at a level that met potential future career aspirations.

13. **Prisoners did not have suitable opportunities to develop a sound understanding of fundamental British values and the risks related to radicalisation and extremism.**

About HMP Whitemoor

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

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection
Prisoners held at the time of inspection: 455
Baseline certified normal capacity: 500
In-use certified normal capacity: 458
Operational capacity: 458

Population of the prison
- Nearly all prisoners were serving over 10 years.
- 76% were serving indeterminate sentences.
- Over 80% had been assessed as presenting a high or very high risk of serious harm.
- 58% were recorded as having a disability or learning difficulty.
- 15% were under 26.
- 20% were foreign nationals.

Prison status (public or private) and key providers
Public

Physical health provider: Northamptonshire Healthcare NHS Foundation Trust
Mental health provider: Northamptonshire Healthcare NHS Foundation Trust
Substance misuse treatment provider: NHS – Phoenix Futures
Dental health provider: NHS – Prisoner Centred Dental Care Limited

Prisoner Education Service core education provider: PeoplePlus Group
Escort contractor: Serco

Prison group/Department
Long-term high security estate

Prison Group Director
Hannah Lane

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

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

help them develop a more settled and acceptable pattern of behaviour. The unit was not included in this inspection.

Short description of residential units
A to C wings – main residential units. One C wing spur is designated as the psychologically informed planned environment (PIPE; see Glossary).
D wing/Fens unit – a therapeutic unit holding up to 70 prisoners with personality disorders, working in partnership with Cambridge and Peterborough Foundation Trust to deliver one-to-one and group therapy.
Segregation unit – 18 cells.
E wing/Bridge unit – 12 cells, a reintegration wing for prisoners leaving the segregation unit.
Health care unit – in-patient facility with nine bed spaces.
F wing – the close supervision centre (CSC); not included in this inspection.

Name of governor and date in post
Aidy Jones, August 2024

Changes of governor since the last inspection
Ruth Stephens, from October 2019 to May 2024
Bill Newton, from May to August 2024

Independent Monitoring Board chair
Jim Milne

Date of last inspection
December 2022

Section 1 Summary of key findings

Outcomes for prisoners

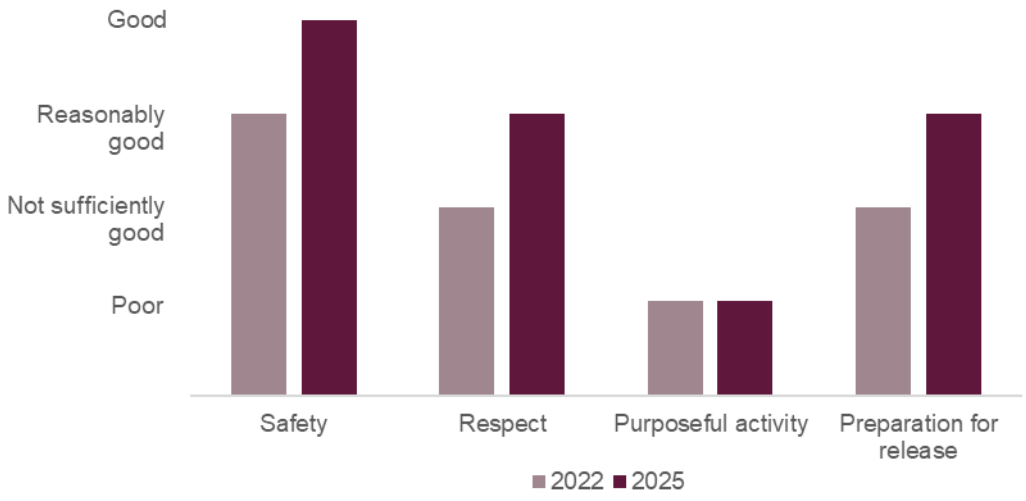
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.2 At this inspection of Whitemoor, we found that outcomes for prisoners were:

- Good for safety
- Reasonably good for respect
- Poor for purposeful activity
- Reasonably good for preparation for release.

1.3 We last inspected Whitemoor in December 2022. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Whitemoor healthy prison outcomes 2022 and 2025



Progress on priority and key concerns from the last inspection

1.4 At our last inspection in 2022 we raised 12 concerns, five of which were priority concerns.

1.5 At this inspection we found that six of our concerns had been addressed, one had been partially addressed and five had not been addressed. Only one of the priority concerns had been addressed. For a full list of progress against the concerns, please see Section 7.

Notable positive practice

1.6 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.

1.7 Inspectors found one example 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.

Example of notable positive practice		
a)	The kitchen manager worked closely with the Fens unit to help prisoners with food phobias that were often related to other mental health problems. Meals were prepared separately, cooked and heat-sealed in individual packs, which helped reduce anxieties about tampered food.	See paragraph 4.12

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 Whitemoor was fulfilling its role as a high security prison; the establishment was ordered, secure and settled.

2.3 The governor and deputy governor were visible and approachable. They understood the strengths and weaknesses of the prison and were committed to delivering their vision to improve the culture and build a community that encouraged positive change.

2.4 The governor also had a clear rehabilitative ambition to be more responsive to individual need, creating opportunity for prisoners to develop, learn and effectively engage. Although progress was being made, critical work, including the provision of activity, education and skills, hospital appointments, and suspicion drug testing, was not delivered consistently.

2.5 Staff shortfalls, compounded by high levels of sick absence and staff on restricted duties, were forecast to get worse in the coming months. Even with detached duty staff and overtime, the day often started with only 74% of the officers needed to deliver a full daily routine.

2.6 Staff recruitment and retention were on the prison's risk register, and leaders were exhausting all available options to help address staffing shortfalls. Nationally, the Ministry of Justice had launched an engagement strategy, including promotions on social media and local billboards, to attract staff into the long-term and high-security estate (LTHSE) ahead of a new round of national recruitment being launched in January 2026.

2.7 Leaders also recognised and were responding to the need to develop the skills and capability of their staff and support their well-being, having identified development needs in leaders at all levels. A learning and capability lead had been appointed, and a health and well-being manager recruited. In addition, monthly training days were in place and leaders had invested in formal coaching and mentoring initiatives.

2.8 Strong leadership in safety and offender management was evident, but leaders in residential areas were not sufficiently accountable for maintaining good standards of cleanliness in their areas.

2.9 Leaders had forged some effective partnerships with other key providers and stakeholders. The local Gov Facility Services Limited team (see Glossary) was proactive in responding to issues within their remit and good collaboration with local and national police teams helped to keep the prison safe.

2.10 It was concerning that an allegation by a member of staff that they had been racially victimised by three colleagues had not been dealt with promptly or effectively. Leaders were receptive to our suggestions about how they could do more to understand the experiences of Black staff at Whitemoor.

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 An average of three to four new prisoners arrived at Whitemoor each week. Most had transferred from other establishments in the LTHSE.

3.2 Reception procedures were swift, and most prisoners spent less than two hours in reception. Staff conducted a confidential interview with each prisoner to explore potential safety issues and vulnerability, the details of which were shared with staff on the wing the prisoner was assigned to on their first night.

3.3 Prisoner's property had to be checked by security staff before being delivered to the wing, which meant delays of several weeks for some.

3.4 The prison did not have a designated first night unit due to the small number of new arrivals, and prisoners were located to cells across the site wherever there were spaces. There was insufficient oversight of this, and some prisoners were placed in cells that had not been properly cleaned or had missing items, such as a working telephone.

3.5 In our survey, far fewer respondents than at similar prisons said that they had received an induction to the prison (65% versus 77%). Leaders did not track delivery of the programme to ensure prisoners were properly informed. This was compounded by the absence of formal peer support which would help prisoners to navigate their new environment (see paragraph 3.40).

3.6 Leaders had developed a credible plan to improve the experience of prisoners in their early days which was being implemented in the coming months.

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 In our survey, significantly fewer prisoners reported feeling unsafe than at similar prisons (21% versus 34%). We found the prison to be calm and well controlled. Levels of assaults had been reducing for the last two years and were lower than the average for the LTHSE.

3.8 Systems to monitor violence were effective. Leaders carried out regular reviews of data to identify trends and inform improvement strategies which were driven through the weekly safety intervention meeting (SIM; see Glossary) and a well-attended multi-disciplinary strategic safety meeting that took place monthly.

3.9 The challenge, support, and intervention plan (CSIP) process was broadly effective in managing both the perpetrators and victims of violence. Reviews were timely and targets were set to improve behaviour, although these were often too generic to address deeper issues. Staff on residential units were able to identify prisoners subject to CSIP, and the men we spoke to understood the process and what was expected of them.

3.10 In our survey, too few prisoners thought that good or bad behaviour was managed well or that the prison's culture motivated them to behave well. The Incentives Policy Framework (IPF) scheme was largely ineffective, offering too few meaningful rewards to encourage positive behaviour. Over 75% of the population were on the higher level of the scheme, although case notes showed that poor behaviour was not always sufficiently challenged or reflected in IPF levels. Managers were aware of this and were due to undertake a review of the process.

3.11 There were some incentives that clearly motivated prisoners to behave, including good opportunities to cook their own meals, participate in periodic enrichment events, and attend family days. However, there was insufficient drive from some wing staff to motivate prisoners to engage in education and work or other activities to support their progression. Prison offender managers (POMs) were, however, more proactive in this role.

3.12 There was an ongoing investigation into an alleged murder at the close supervision centre (CSC), which is located within the perimeter of the prison. The CSC operates under a distinct administrative framework that oversees the CSC system nationwide. Although physically located within individual prisons, HM Inspectorate of Prisons inspects them collectively and separately from their host establishments, meaning they do not influence the findings of the inspectorate for those prisons. See inspection report: Close supervision centres – HM Inspectorate of Prisons.

Adjudications

3.13 The volume of adjudications had reduced since the previous inspection. Violence, disobedience, and possession of unauthorised items were consistently the most common charges.

3.14 Most hearings took place on residential units with punishments being largely forfeiture of privileges and/or loss of association time. Where cellular confinement was imposed, we were satisfied that sufficient oversight and monitoring was in place.

3.15 There had been a sustained drive to reduce a significant backlog of adjourned hearings from over 600 to around 200, but too many charges were still repeatedly adjourned or discontinued, which undermined the efficacy of the adjudication process.

Use of force

3.16 Use of force levels were similar to other comparable prisons. Most force was low-level, and pain-inducing techniques were not often used. About 10% of all recorded force related to one prisoner to prevent serious self-harm; usually his attempts to cut his own throat.

3.17 About 90% of spontaneous incidents were at least partly recorded on body-worn video camera, and leaders continued to encourage all officers to activate their devices to ensure greater coverage. In the footage we reviewed the use of force was justified and there was some evidence of good de-escalation. Leaders now monitored the completion of post-incident interviews, which had increased.

3.18 Oversight of the use of force was reasonably good. A range of data and all uses of PAVA were reviewed at the monthly use-of-force committee. Leaders had appropriately referred one incident to a team of subject matter experts in HM Prison and Probation Service (HMPPS) for further advice which led to a formal investigation into staff conduct.

3.19 However, in the last year, PAVA (see Glossary) had been used on prisoners 32 times at Whitemoor, compared to 36 times at the other four category A prisons combined. Although each incident was scrutinised by managers, they had not identified that it was such an outlier compared to similar prisons in relation to the use of PAVA, which represented a missed opportunity to explore wider issues, such as staff confidence and culture, more robustly.

3.20 The use-of-force committee did not routinely review the use of the unfurnished accommodation in the segregation unit. The prison had recorded 19 uses in the previous year, which was high. We also found two examples where it had been used but not recorded, which meant there was no managerial authorisation or documented checks on prisoners' welfare.

Segregation

3.21 The use of segregation remained broadly similar to levels found at the last inspection, but the average duration of stay had reduced significantly; from over 80 days to around 40. The unit continued to manage some of the most complex and challenging individuals in the LTHSE, many of whom had spent extended periods in segregation units across multiple establishments. All such prisoners were subject to

management and support plans, and the prison had successfully reintegrated several of them back onto normal location.

3.22 Despite some good efforts by leaders, the segregation unit often reached capacity, and prisoners had to be located in alternative locations, usually in the adjacent Bridge unit or health care inpatient unit.

3.23 Oversight of the segregation unit had improved, with the segregation monitoring and review group now meeting quarterly and reviewing a broad range of relevant data. Segregation reviews were regular and well attended. Reintegration planning supported the return of approximately one-third of segregated prisoners to normal location. The majority of prisoners were transferred to other high security prisons, often to their segregation units, reflecting a wider systemic problem across the estate.

3.24 While most segregation cells were reasonably clean, communal areas of the unit were grubby and poorly maintained. The regime remained very limited, typically consisting of daily exercise and, on most days, access to a shower. The introduction of in-cell telephony was a positive development that helped mitigate some of the isolation experienced by those held in segregation.

Segregation cell

3.25 The Bridge unit adjacent to the segregation unit continued to be an effective intervention, diverting prisoners from prolonged isolation and supporting their transition back into the mainstream population. Prisoners we spoke to on the unit were able to articulate their journey, often through years of seclusion, into an environment where they were developing the skills to progress and associate safely with others.

3.26 A small number of complex prisoners with behavioural issues were being held on the health care inpatient unit. Most were receiving a decent regime in a calm and supportive environment, but their presence made it more difficult for the unit to fulfil its clinical purpose. (see paragraph 4.54).

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.

3.27 Whitemoor continued to hold some of the most serious offenders in the country, many of whom were serving long or indeterminate sentences. Nearly 80% of the population presented a high or very high risk of harm, of whom 35% were category A.

3.28 Physical and most procedural security measures were proportionate to the high level of risk posed by Whitemoor's population. However, the prison's approach to determining the number of staff required to unlock prisoners remained inflexible and limited the delivery of the regime. A new staffing profile was due to be introduced shortly, and leaders were hopeful this would address the issue to some extent.

3.29 Collaboration with the police and other crime prevention agencies was excellent and helped to manage the significant threats posed by organised crime groups and extremist prisoners.

3.30 Leaders demonstrated a clear understanding of their key threats and had strategies in place to manage them. These were informed by a steady flow of good quality intelligence.

3.31 A daily triage meeting prioritised intelligence reports and identified actions to mitigate emerging threats, for example, around 60% of intelligence-led cell searches retrieved contraband, which contributed to the safe environment we found. However, it was disappointing that despite intelligence identifying the need for over 200 suspicion drug tests, only 35 had been completed in the previous six months. Managers told us this was largely due to the frequent redeployment of testing staff to other duties.

3.32 Leaders had responded quickly and effectively to weaknesses in window security, which had made it difficult for drones to deliver

packages through this route. Indeed, the use of drones to traffic contraband had become a relatively rare occurrence.

3.33 In our survey, 31% of prisoners said it was easy to obtain illicit drugs at Whitemoor. This was significantly fewer than at similar prisons but remained a concern. The mandatory drug testing (MDT; see Glossary) random positive rate remained relatively low at around 13%, with cannabis being the most frequently detected substance.

3.34 There was generally good collaborative working between the security department and the substance misuse service provider. The prison's drug strategy was developing but required greater focus on the factors driving demand for drugs at Whitemoor, such as a poor regime and a perceived lack of sentence progression. The strategy document was largely a catalogue of definitions and did not clearly identify issues likely to arise at Whitemoor, nor include clear strategies and actions to tackle them.

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

3.35 There had been one self-inflicted death at Whitemoor since the last inspection. The Prisons and Probation Ombudsman had not made any recommendations for the prison. Leaders had conducted their own quick-time learning exercise following the death and suggested some reasonable actions, although these were not added to the safety action plan, and it was not possible to confirm if they had been completed. There was a promising strategy to reduce future incidents, and governance arrangements to drive progress were improving.

3.36 The rate of self-harm had been reducing over the previous 12 months and was lower than at the time of last inspection; it was also the lowest among similar prisons. Figures were also skewed by three prisoners who represented 44% of the incidents recorded. These prisoners had been transferred out to specialist units and the rate of self-harm had dropped noticeably since. There were few incidents that required hospital treatment, but there had been three incidents where a prisoner had almost succeeded in taking their own life. Staff had to use force 22 times on one prisoner to stop his concerted attempts to take his own life (see paragraph 3.16).

3.37 Records indicated that prisoners had been placed in anti-ligature clothing five times in the previous 12 months, but we also found several uses that had not been recorded. Leaders responded promptly to this

feedback to raise staff awareness about the proper use and documentation of such measures.

3.38 In our survey, of those respondents who said they had been on an assessment, care in custody and teamwork (ACCT; see Glossary) at Whitemoor, only 39% said they felt cared for. We spoke to all 10 prisoners who were on an ACCT at the time of the inspection, and only half of those who agreed to speak with us said they felt well supported. Others stated that there was no discernible benefit to being on an ACCT, other than staff periodically looking through the door flap at them. A few said that staff promised things during review meeting but then failed to deliver on these, which increased their frustration.

3.39 Some of the ACCT documents we reviewed were of a reasonable standard, with new actions added to the care plans following case reviews. However, in the majority there was little evidence of meaningful support by wing staff and key workers to resolve issues that were increasing anxiety, such as helping them to secure employment.

3.40 The prison had sufficient Listeners (see Glossary) who were trained and supported by the Samaritans. The team provided good support during the day, but evidence suggested they had not been deployed during the night for some time. On Saturdays, two Listeners were allocated to Fens, a specialist unit for prisoners diagnosed with a personality disorder (see paragraph 4.69), where they provided additional support to some of the most vulnerable prisoners. However, Listeners no longer visited new arrivals (see paragraph 3.5) or attended the strategic safety meeting, which limited leaders' ability to understand the issues that contributed to self-harm.

Protection of adults at risk (see Glossary)

3.41 The prison had published a local safeguarding policy which gave appropriate guidance to staff on issues, such as identifying and responding to abuse and neglect. However, other than initial prison officer induction, staff at Whitemoor had not received any additional training on safeguarding. The prison did not have effective links with the Local Safeguarding Adults Board, which was a missed opportunity to learn from and connect with the experience of community partners in the NHS, local authority and police.

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 In our survey, 66% of prisoners said that staff treated them with respect and 64% said they had a member of staff they could turn to if they had a problem, which was similar to comparator prisons.

4.2 Relationships on specialist wings, such as Fens and the Bridge units, were very good, but on general wings less so. The interactions we observed were generally relaxed, but several prisoners expressed frustration that some staff were disengaged and failed to help or deal with their requests. This had led to an over-reliance on already stretched application and complaint systems (see paragraph 4.19). Staff did not do enough to enforce high standards of cleanliness or encourage proactive engagement in the prison regime.

4.3 The key worker scheme (see Glossary) was in place and operating reasonably well. In our survey, 89% of respondents knew who their key worker was and the prisoners we spoke to said they were helpful. Key work contact had increased since our last inspection, although around a third of all prisoners still did not have a monthly contact session. The quality of key work that we saw on specialist wings was good, with a focus on therapy and progression. However, there was no quality assurance of key work taking place on general wings, where sessions were less structured with little focus on encouraging prisoners to engage and progress in their sentence.

4.4 The number of peer supporters had increased and there was good training and support in place for most roles. Peer work was, however, underdeveloped in some key areas of the prison, including early days and residence, which was a missed opportunity for prisoners to contribute to their community and develop skills that might demonstrate a reduction in their risk.

Daily life

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

Living conditions

4.5 Living conditions had improved since the last inspection, and some wings were cleaner. However, standards were still inconsistent across the prison, and some communal areas including staircases and landings had ingrained dirt that required deep cleaning.

B wing landing

4.6 Cells we inspected were generally clean and free of graffiti, and many had been decorated by occupants. Most were equipped and furnished appropriately, we saw no broken or missing furniture. A workshop had recently opened that repaired damaged cell furniture, which was a good initiative.

A wing cell

4.7 In our survey, only 65% of respondents said they could get cell cleaning equipment once a week compared to 80% at similar prisons. Many cleaning cupboards were dirty, and equipment was in a poor state of repair. Staff told us they regularly ran out of basic cleaning items, such as bin bags, detergent, and cleaning cloths, and would have to wait several days before stocks were replenished.

B wing cleaning cupboard

B wing cleaning cupboard

A small number of showers had been refurbished but too many were dirty and in poor condition with broken tiles, mould, rusting pipes and a lack of privacy. There was little accountability or motivation by staff to enforce better standards and no evidence that leaders on the wings carried out regular inspections.

C wing communal shower (left), and sluice sink in refurbished shower (right)

4.8 Laundry facilities on wings were good with industrial style washing machines and dryers that could be used by each prisoner once a week. Fresh bedding was not available for weekly exchange as it was in many other prisons, and prisoners struggled to wash prison bedding along with their clothes.

4.9 Due to the many regime closures, access to stored property often took many weeks and continued to be the largest source of complaints (see paragraph 4.19).

4.10 We observed cell bells ringing without answer for extended periods. The prison did not routinely monitor response times, although leaders had plans in place to rectify this.

Residential services

4.11 In our survey, only 22% of prisoners said the food was good, which was similar to comparator prisons. Many prisoners told us they did not

eat the meals served by the prison, opting instead to spend their wages on food from the canteen.

4.12 The portion sizes and quality of meals we observed during the inspection were reasonable. Over 80% of meals were cooked using fresh ingredients, which was better than we have seen elsewhere. There were very few alternative diets needed, but the kitchen worked closely with the Fens unit to help prisoners with phobias around contaminated food that were often related to other mental health problems. Kitchen staff prepared, cooked and heat-sealed their meals in separate containers.

4.13 The main prison kitchen was reasonably clean, with adequate equipment and storage facilities, although paint was peeling off the ceiling. Cleanliness on wing serveries was variable as officers did not always supervise meal service adequately. As a result, servery workers did not always wear the correct personal protective equipment; basic hygiene practices, such as temperature checks, were not performed consistently; and we found food left in serveries overnight, which attracted vermin.

4.14 There were good self-catering facilities on wings, and most were reasonably clean, but some ovens and grills had ingrained dirt which required deep cleaning. Prisoners greatly valued the opportunity to cook their own food.

4.15 The prison shop sold a wide range of items and the few reimbursements necessary were processed quickly. There was a good range of catalogues that prisoners could buy from, but reception closures often meant they had to wait about six weeks to receive their purchases. Arrangements for newly arrived prisoners to buy grocery and vape packs were reasonable.

Prisoner consultation, applications and redress

4.16 A prisoner consultation group was held monthly, chaired by the governor. Prisoners who attended told us there had been some meaningful changes, for example to clothing parcels and photos on visits, but they also expressed frustration at the perceived lack of action in addressing other persistent issues. Minutes from the meetings were no longer distributed, which meant other prisoners were unaware of any positive outcomes following consultation.

4.17 Community meetings took place on the Fens and Bridge units, as well as on the psychologically informed planned environment (PIPE) unit, but leaders on general wings did not hold forums to give prisoners the opportunity to raise and potentially resolve common wing issues.

4.18 Application forms were available on the wings, and a database tracked responses, but there was no quality assurance in place and in the last three months only 15% of applications had been processed. Many prisoners told us they had little confidence in the applications system, so they opted to use the complaints system instead.

4.19 Complaints had increased by about a third since the last inspection and remained the highest of all comparator prisons. Most complaints were about property, residential issues, and staff. Oversight of the system was good, and most responses were timely; those we reviewed were polite and mostly addressed the issues raised. Quality assurance processes were in place but in the last 12 months the prison had received 911 appeals against findings and only 7% had been upheld; prisoners told us they had little trust in the appeal process.

4.20 In our survey, only 22% of respondents said it was easy for legal representatives to attend legal visits, which was significantly worse than comparator prisons. Legal visits ran two mornings a week, but demand was high and waiting times to book a visit was about eight weeks.

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.

4.21 Efforts to promote fair treatment had been prioritised by leaders since our last inspection and there had been marked improvements. There remained, however, some gaps, and the response to the needs of some groups, including Muslim and older prisoners, was very much a work in progress.

4.22 Work was coordinated by an equalities manager who worked within the safety team. Unlike at our last inspection, prison leaders were systematically interrogating data related to many aspects of prison life to identify instances of differential treatment. This was being followed up with further exploration and action. Prisoner equality representatives now attended the meetings where this analysis took place, but there was a lack of systematic communication about findings and responses to the wider population.

4.23 A custodial manager was leading work with the 14% of prisoners who were under 26. As well as ensuring that the prison's policies and processes were in line with national standards, he also liaised with other functions to ensure suitable provision for young prisoners. Positively, this was firmly based on consultation with the prisoners themselves. Initiatives had included gym competitions, a dedicated family visit day and a targeted mental health programme. During recent consultation, young prisoners had expressed concern that incarceration had limited their development in practical life skills, so a programme was being developed to address this.

4.24 We learned that 58% of prisoners were recorded by the prison as having a disability or learning difficulty. Provision for those with physical disabilities was reasonable and evacuation plans for disabled men were appropriately administered. A disability liaison officer within the safety team worked with health care and residential staff and the occupational health service of Cambridgeshire County Council to ensure that prisoners' needs for aids, adaptations and other support were being met. Arrangements were in place to provide a social care package from the community (see paragraph 4.59) while others were provided with support for non-personal care needs (such as collecting meals). Arrangements in this respect remained informal, and there was still no trained peer support scheme in place.

4.25 Work with prisoners with hidden disabilities was being led by a neurodiversity manager who had been appointed since our last inspection. She was leading a prison-wide strategy to provide appropriate support, focusing on helping staff across the prison to understand the needs of these prisoners, and ensuring that information was shared between departments.

4.26 Nearly 20% of prisoners were foreign nationals. A specialist member of staff was overseeing work in this area and was providing good support, assisted by prisoner representatives. She liaised closely with external agencies, such as the Home Office and embassies, and organised Home Office 'surgeries' for prisoners. Telephone interpreting services were well promoted and used appropriately. The range of materials available in the library was, however, too limited and not specifically targeted to the language needs of the population (see paragraph 5.10), and there was a restriction on many foreign language DVDs and CDs. Limitations of the secure social video calls provision (see paragraph 6.5) had a particularly adverse effect on foreign national prisoners.

4.27 There was considerable overlap between ethnic minority and Muslim prisoners. Leaders had limited insight into the experiences of either group as there had been very little consultation undertaken with them. In our survey, the responses of both groups were more negative than other prisoners in several areas, including their treatment by staff. During our inspection, many ethnic minority and Muslim prisoners we spoke to felt that staff had little insight into their culture or religion.

4.28 Muslim prisoners were particularly frustrated about regime restrictions that had been imposed in the summer which had adversely impacted on the opportunity to perform ablutions before Friday prayers. However, just prior to our inspection the governor had issued a new notice acknowledging the importance of ablutions before prayers and a commitment to prioritise showers on Fridays for Muslim prisoners.

4.29 Although 15% of prisoners were over 50, there had been limited consultation with older prisoners. Our survey revealed more negative responses from this age group in several areas, including a higher instance of bullying by other prisoners. Provision for older prisoners was limited; there were gym sessions for the over 40s and occasional coffee mornings.

4.30 There had been 114 discrimination complaints (discrimination incident reporting forms or 'DIRFS') submitted in the first nine months of the year, which was less than half the number that we saw at our previous inspection. The prison appropriately screened ordinary complaints to identify if they contained a discriminatory element, in which case they would be redesignated as a DIRF. Earlier in the year, leaders had commissioned the Zahid Mubarek Trust (ZMT; see Glossary) to quality assure the DIRFs it had received in the previous year, and they concluded that most had not been dealt with to an acceptable standard. Leaders had commissioned ZMT to undertake training for managers in the investigation of, and response to, DIRFs. ZMT had also trained a cohort of highly motivated prisoner equalities advocates, which had been completed just before our inspection. Leaders had plans to utilise these advocates to quality assure a sample of future DIRFs, but they were also well placed to support the prison's work to promote fair treatment in other ways.

Faith and religion

4.31 Faith provision was reasonable. A spacious and bright chapel was used for Christian services and larger meetings, while two other multi-faith rooms were used for worship for smaller faith groups as well as classes and meetings.

4.32 Muslim prisoners worshipped together in the sports hall. Although this was not ideal, it was the most appropriate space large enough for the numbers and allowed this group to pray together.

4.33 The Chaplaincy team was not at full strength having long-term vacancies for an Imam and a Catholic priest, both of which were in the process of being recruited. This left the team stretched, and there were few classes being held. The chaplaincy was not as involved in other aspects of prison life as we sometimes see, and it was apparent that many of the staff on the units lacked insight into its role.

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.

4.34 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

4.35 A well-led health team provided a high standard of care overall, and governance arrangements and oversight were broadly good; however, there were some notable gaps. The local delivery board meeting

between prison and health services had not been in place for some time and had negatively delayed progress on improving patient access to health services. There was a lack of officers to ensure patients could access secondary care appointments within community equivalent time scales, and some patients encountered delays in treatment because of this. Access to internal appointments had also been affected (see key concern 9, What needs to improve at Whitemoor).

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

4.37 Health care staff were identifiable and approachable on the wings. Staff training and appraisals were completed in line with the providers' policy. Mandatory training compliance levels were good at 93%. Staff benefited from regular supervision and reported adequate support from both their peers and managers. There were few vacancies, and a long-standing mental health position had recently been filled. A broad range of policies, procedures and guidelines had recently been reviewed by the head of health care and were easily accessible to guide staff.

4.38 Health providers used SystmOne (the electronic medical record system) to manage patients, although Phoenix Futures continued to use manual records concurrently for care plans and risk assessments. This adversely affected the quality of some patients' notes. Record-keeping varied, and some records included inappropriate non-clinical information or had missing information.

4.39 The risk register was reasonable but lacked enablement-related risks, particularly regarding access to hospital appointments in the community, although leaders did update the risk register during our inspection. A range of audits and incident investigations were in place resulting in action plans that were focused on using learning to improve care. This information was disseminated in daily briefings, emails, handovers and meetings.

4.40 Medicines management had improved from the last inspection and was satisfactory. The health care centre was inviting, clean and had an appropriate range of consulting and treatment rooms. Infection prevention and cleanliness were consistently satisfactory.

4.41 Emergency resuscitation equipment was strategically sited in the prison and subjected to regular documented checks. Staff were appropriately trained and deployed to respond to collapsed patients. However, only 24 prison officers were in date with first aid training.

4.42 Health care complaints and concerns were managed effectively. There were complaints forms and boxes on the wings. Responses to complaints were dealt with promptly.

Promoting health and well-being

4.43 Despite the absence of a joint prison-wide health promotion strategy, the health provider followed the national health promotion calendar and obtained literature and resources for patients. Information was displayed in health care but was limited on wings. Although not routinely printed, information could be provided in alternative languages upon request.

4.44 Health champions were in place and provided with appropriate supervision and training, however, the high security of the prison limited the activities they were able to undertake to support health care. Diabetes training was planned for health champions to enable them to support their peers.

4.45 A nurse was allocated to lead on sexual health and received specialist training to support this role. Patients could access sexual health services in a timely manner and were referred to external specialist services as required.

4.46 Patients could access health screening and vaccination programmes at a level equivalent to that in the community. Multi-agency plans were in place to manage communicable disease outbreaks, but there had not been any outbreaks in the 12 months prior to the inspection.

Primary care and inpatient services

4.47 A stable primary care team offered a full range of clinics with reasonable waiting times led by an impressive GP. However, appointments were regularly cancelled and rebooked due to a limited availability of operational staff to escort prisoners to clinics.

4.48 The very low number of new arrivals received prompt initial and secondary screening, and all receptions were offered a GP appointment, which was good. Consent was sought to obtain clinical records from patients' community GP. Medicines were continued appropriately following a patient's arrival to the prison.

4.49 Patients completed paper applications to see health staff using forms available on wings. Applications were collected daily and triaged by a clinician to identify any urgent need. Patients were booked in to appropriate clinics and could access urgent care from a nurse or GP on the same day.

4.50 There was no waiting list to see the GP, and appointments were available on the following day during the inspection. The long-term GP worked full time and had excellent knowledge and oversight of patients, offering a flexible approach to ensure the prison regime did not significantly impact patients' treatment.

4.51 Nurses each held responsibility for a long-term condition and received specialist training for this. Long-term condition clinics were scheduled regularly, and patients had up-to-date comprehensive care plans to inform their treatment.

4.52 There was insufficient prison escort resource to ensure patients could access external secondary care appointments within community equivalent time scales. Some patients experienced a delay in treatment because of this.

4.53 A pathway was in place for patients requiring palliative care, and a specialist nurse and consultant who worked regionally visited the prison regularly to offer support where required. We saw examples of personalised and dignified care for patients nearing the end of life and good access to local hospice services. A low number of patients were released, but those who were had a review by a clinician before departure to support continuity of care in the community.

4.54 The inpatient area was a nine-bedded unit, including a constant-watch cell, managed by HMPPS. Admissions were based on operational needs, which sometimes conflicted with clinical priorities. However, at the time of inspection, both complex care prisoners and clinical patients were co-located and well supported, engaging positively with the unit's regime and with each other. A jointly developed operational policy was recommended to clarify the unit's purpose, admission criteria, and emergency protocols.

4.55 The inpatient environment was clean and therapeutic, with a sensory room and garden area that were used regularly. A consistent team of officers provided compassionate care, and prisoners reported feeling safe, with strong staff relationships. Patients had clear admission documentation and care plans which were reviewed daily by nurses, with weekly GP visits.

Social care

4.56 The prison and Cambridgeshire local authority had made no progress in formulating a formal written agreement on how social care would be delivered in the prison. This had led to some unsuitable referral practices, but this had been picked up and mitigated by the occupational therapist. We saw a good range of assessments, including a sensory assessment option.

4.57 Referrals were logged by a prison disability liaison officer and complex cases discussed at the local SIM meeting. staff were working on improving the quality of the data to increase oversight of access and waiting times as it was not always clear how long people had waited for assessments or equipment.

4.58 A domiciliary care provider visited the prison weekly to provide care, which was good. One patient told us he had a care plan, but that attendance could be inconsistent.

4.59 In most cases, patients who arrived on transfer who needed social care arrived with a care package, although one patient had recently arrived from a secure unit with an inadequate handover.

4.60 New posters had been placed in wing offices to promote the referral pathway to address a general lack of understanding among staff.

4.61 There were no trained and supervised peer support workers, and we found prisoners who informally supported other prisoners with activities, which carried some risk to the individuals and the prison.

Mental health

4.62 The mental health team (MHT) had recently reached full staffing levels, consisting of nursing, psychiatry and psychology professionals. The team provided services Monday to Friday, 8am to 5pm, and supported 35 patients.

4.63 Patients were able to self-refer and were seen within the standard time frames. Prison staff knew how to refer and said that the team were responsive. The psychologist offered training for prison staff, although attendance levels had been poor.

4.64 A weekly team meeting took place to discuss new referrals, assessment outcomes and ongoing patient care; however, patient discussions were not recorded on SystmOne, which presented a risk.

4.65 A stepped care model was in place, providing patients with a range of evidenced-based one-to-one support and self-directed interventions. The psychologist ran a young adults group, with outcomes showing increased engagement in further therapy. In addition, trauma-informed approaches and eye movement desensitisation reprocessing (EMDR) were offered.

4.66 The psychiatrist attended one day per week but devoted a significant amount of time completing various reports. There was an advanced nurse practitioner who worked the same day each week and was prescribing for some of the more medication-stable patients, which was good.

4.67 Annual physical health checks systems were in place, although 15 patients' checks were overdue at the time of the inspection. We were assured that this was being addressed now the team was fully staffed.

4.68 Seven patients were cared for under the Care Programme Approach (CPA; see Glossary). Clinical records we viewed were clear and demonstrated the use of risk assessments, and all had care plans. Risks were also appropriately shared with the prison. We saw kind and caring interactions with patients.

4.69 The prison had several specialist functions for prisoners likely to meet the diagnostic criteria for personality disorder, including the Fens unit and the PIPE (psychologically informed planned environment), both of which were part of the OPD pathway (see Glossary). These were delivered by the prison in partnership with Cambridgeshire and Peterborough NHS Foundation Trust (Fens), and HMPPS Psychology Services (PIPE). The MHT supported prisoners on the psychologically informed planned environment unit (PIPE) if required.

4.70 At the time of inspection three patients were waiting to be transferred to mental health hospitals under the Mental Health Act. Waiting times significantly exceeded national guidelines. One patient had been waiting since April 2024 and the other two since July 2025, which was unacceptable. The team identified considerable challenges in transferring patients requiring high-security hospitals beds, which were limited.

4.71 The MHT supported patient transfers to other prisons and liaised with the receiving teams to arrange continuity of support.

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

4.72 Substance misuse services delivered safe clinical care and a good range of psychosocial interventions, including group sessions.

4.73 The well-led integrated substance misuse team (ISMT) was fully staffed. Drug strategy meetings took place throughout the year and ISMT actively participated in meetings with security, safety, and other drug strategy colleagues.

4.74 Team members attended ACCT reviews for patients on their caseload, including primary care and mental health reviews, demonstrating effective joint working. Five patients received opiate substitution therapy (OST), prescribed by the GP in accordance with national guidelines. Reviews occurred every three months, jointly with psychosocial case managers supporting positive patient recovery. Annual physical health checks for OST patients ensured safe prescribing.

4.75 Clinical reviews were conducted jointly with recovery workers and the prescribing GP. Six prisoners had been trained as recovery champions; they met regularly and received supervision from a recovery worker. One recovery champion we spoke to demonstrated strong peer mentoring skills and had clearly received thorough training.

4.76 The ISMT supported around 120 patients through group therapy and one-to-one sessions. Groups included acupuncture, confidence-building, and craving management. However, the prison regime occasionally disrupted group schedules and space availability. Patients could attend Narcotics Anonymous and Alcoholics Anonymous fellowship meetings once a week, supported by peer mentors.

4.77 Not all care plans and risk assessments were stored on the electronic health record; this was in part due to the lack of computer terminals. This practice was inefficient and meant that not all staff were sighted on care.

Medicines optimisation and pharmacy services

4.78 Medicines were dispensed and delivered to the prison in a safe and timely fashion by an external pharmacy. A range of stock was kept for

urgent use and records were kept, providing an audit trail. A local policy enabled the health care team to supply simple painkillers. However, there were no patient group directions in place, which would be a useful tool to enable a wider range of medicines to be supplied or administered.

4.79 Medicines were appropriately stored in administration rooms. There were suitable processes for the transportation of medicines throughout the prison. Processes to review medication were not tight enough to ensure excess stock was removed. Some of the cabinets used to store medicines in administration rooms did not meet British Standards, and this had not been identified as a potential risk.

4.80 Administration of not-in-possession medicines occurred three times a day. A night-time administration dose could be facilitated for patients where it was deemed clinically necessary. Officer supervision was adequate, and ID cards were checked. However, the lack of prioritisation of this task by officers meant it took too long.

4.81 There were systems to record, identify, and refer patients who did not attend to collect their medicines. Compliance checks were routinely undertaken to identify potential concerns. Patients who were being transferred or released were provided with a minimum of 28-days' supply to ensure medicine continuity.

4.82 Prescribing and administration were both completed on SystmOne. In-possession risk assessments and medicine reconciliation were completed within designated timescales upon reception. We learned that 88.6% of the population were able to receive their medicines as in-possession. Risk assessments were kept up to date.

4.83 The pharmacy team was well integrated with the rest of the health care department. Prescribing trends of tradeable medicines were monitored and discussed as part of regular medicine management meetings. The overall prescribing of tradeable medicines was found to be low. Clinical checks of prescriptions were carried out by a pharmacist. On-site prescribers undertook opportunistic medicine reviews with patients during appointments, but structured medication reviews and prescribing audits had yet to be carried out as a regular activity to help underpin the medicine optimisation work and demonstrate patient outcomes.

Dental services and oral health

4.84 Prison-centred dental care provided good quality care, but access was poor. In our survey, only 11% of prisoners said it was easy to see the dentist.

4.85 Appointments were consistently cancelled due to patients not being escorted to the health centre, and the low number of sessions available meant that many patients waited too long for an appointment. All complaints related to poor access. The GP provided some urgent prescribing as required.

4.86 At the time of our inspection, 35 applications were waiting to be triaged by the dental nurse. We were assured that those in pain were prioritised, but the waiting time was up to nine weeks, which carried risks.

4.87 The wait for a routine appointment was a further 19 weeks and another 29 weeks for treatment. Some treatments were commenced at the initial assessment appointment. Six additional sessions were being added to the schedule during our inspection following the recruitment of an additional dentist. This was expected to mitigate some of the risks.

4.88 A full range of NHS treatments was available for the long-term population, and patient records were sufficiently detailed. The clean and well-managed surgery did not have a separate decontamination room in line with good practice. Staff training records were all up to date and regional oversight was in place. Equipment was serviced at regular intervals and emergency medicines were available.

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 According to the published regime, prisoners on the main units in full-time work could be out of their cells for eight-and-a-half hours a day, those in part-time activities for around six hours, and unemployed prisoners were unlocked for around three hours. At the weekend most prisoners were scheduled to be out of their cells for five-and-a-half hours.

5.2 In practice, staff shortfalls meant that leaders were administering a rolling programme of regime shutdowns which left prisoners locked up longer and more frequently. Although leaders made efforts to make these shutdowns predictable, they were a source of disruption to many aspects of prison life and created much frustration among prisoners and staff trying to deliver important services.

5.3 In our roll checks, 39% of prisoners were locked up during the core working day. Only 36% of prisoners were engaged in any kind of purposeful activities.

5.4 Prisoners had good access to outdoor exercise and reasonable opportunities to associate with one another. On the general wings these activities took place during evening sessions which had been protected from shutdowns. Prisoners on the specialist wings, however, did not have the same opportunities and they were often locked up in the evenings.

5.5 Prisoners on the specialist units had access to a wide range of enrichment activities including art classes, craft sessions, quizzes and a well-being group. The enrichment offer for prisoners on general wings was too narrow but included a book group in the library and occasional one-off events, such as a visiting theatre production.

5.6 Gym facilities at the prison were reasonable, consisting of a well-equipped weights and cardio room and a large sports hall. There were also exercise machines on most of the units. Prisoners' gym entitlement was dependant on their level on the incentives scheme and ranged from four sessions a week for those at the enhanced level to one session for those at the basic level.

5.7 Staffing constraints meant that gym sessions were sometimes cancelled or downsized. In the latter instance, the number of prisoners attending was reduced and access to the sports hall removed.

5.8 At the time of the inspection, the gym did not offer any qualifications, although the plan was to introduce these when the staffing levels increased.

5.9 The small library was centrally located near the residential units. Most prisoners could only visit it during weekday evenings, with each unit having a slot on a different day. Prisoners complained about poor access to the library, although staff were exploring ways to increase opening hours to address this.

5.10 In our survey, only 28% of prisoners said the library had a wide enough range of materials to meet their needs compared to 51% last time we inspected and 62% in similar prisons. The small facility held a limited stock and there were few titles in foreign languages (see paragraph 4.26). The limitations of the library were mitigated to a small extent by the availability of books in some classes and workshops.

5.11 The library did play an important role in promoting literacy, hosting Shannon Trust (see Glossary) reading sessions each afternoon and facilitating a reading group. The librarian and Shannon Trust coordinator were working closely with other functions to implement the prisons' reading strategy.

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.

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

Overall effectiveness: Inadequate

Quality of education: Requires improvement

Behaviour and attitudes: Inadequate

Personal development: Requires improvement

Leadership and management: Inadequate

5.13 Since the previous inspection, leaders had introduced several processes and initiatives to improve on the weaknesses found at the last inspection. While they had successfully addressed our concerns about careers, information, advice and guidance, and support for prisoners with learning difficulties and/or disabilities, they had been unable to resolve the other two concerns we had.

5.14 Prison leaders had suitable oversight of the strengths and areas for improvement in the education, skills and work provision. Leaders worked closely with their education provider, PeoplePlus, to improve the quality of their teaching and training. They met regularly with PeoplePlus managers to review prisoners' progress and held them accountable where agreed actions were not met. The governor met regularly with leaders and managers responsible for education, skills and work, who had comprehensive improvement plans in place. However, most of the actions had not been implemented fully and did not therefore have a positive impact on the quality of their education, skills and work provision.

5.15 There were insufficient activity spaces for the entire prison population to take part in education, skills and work activities. Almost all spaces within education were part-time. In industries, workshops were not running at full capacity due to reduced regime and staff shortages. This meant that not all prisoners could take part in their allocated activity.

5.16 The allocation process was suitable, and most prisoners were allocated to activities quickly. However, there were still waiting lists in a few high-demand areas in education and industries, such as English, laundry and textiles. Some prisoners had been waiting too long and were not always allocated to activities that met their needs and aspirations. Consequently, many prisoners did not participate well in their allocated activities and attendance to education and industries remained low. Despite spaces being available across education, skills and work, too many prisoners were unemployed.

5.17 The curriculum offer, though revised, was still limited and restricted to a small number of subjects. Since the previous inspection, leaders had started to offer qualifications in vocational training areas. They had increased the number of spaces in distance learning and Open University courses for prisoners who wanted to do higher level courses. However, in too many cases, leaders ran the planned curriculum at a reduced timetable which did not meet prisoners' needs. For example, courses such as arts and graphics ran for only six months in the year,

and English lessons took place only in the mornings. Furthermore, some of the courses, including employability skills, understanding enterprise and painting and decorating, were no longer running or had not yet started.

5.18 There were still insufficient opportunities for prisoners to gain qualifications and develop a variety of skills within industries. For example, there was no industry-standard learning or training available to those working in textiles or upcycling workshops. Prisoners did not have a wide range of experiences to develop skills essential for their next steps. The Virtual Campus and information and communications technology (ICT) offer was insufficient and limited to a small number of prisoners on ICT and distance learning or Open University courses. This did not meet the needs of the population as it curtailed prisoners' chances to develop their digital skills.

5.19 In too many work areas, such as wing cleaning and laundry, prisoners were under-occupied and completed tasks that were not challenging enough for them. Leaders had recently introduced 'progress in work' booklets in the workshops. However, instructors had not started using these consistently to monitor prisoners' progress or capture any knowledge and skills prisoners developed. Consequently, prisoners did not have a clear understanding of how they could benefit from the knowledge and skills they gained in these areas.

5.20 Across education, skills and work, prisoners with a learning difficulty and/or disability (LDD) received suitable additional support specific to their needs. Staff completed appropriate assessments for prisoners with LDD. In most instances, teachers and instructors received information on prisoners' needs and their support plans. Prisoners knew of their support plans or had been advised of strategies they could use to manage their needs. Prisoners with LDD achieved as well as those without.

5.21 In the few instances where qualifications were offered, teachers and instructors structured courses effectively, which enabled prisoners to learn and make suitable progress. The prisoners who attended their education and skills activities developed valuable new knowledge, skills and behaviours. For example, in mentoring, teachers used discussions and examples from everyday life effectively to explain the importance of body language and active listening in communication. In the upcycling workshop, instructors used demonstration skilfully to teach prisoners how to use different tools and electric equipment correctly. Prisoners used saws, measuring equipment and a wide range of joinery tools well to create different wooden objects.

5.22 Staff at PeoplePlus planned and sequenced the curriculum in a logical manner which enabled prisoners to build on previous learning and deepen their understanding of what is taught. For example, in art lessons, teachers taught prisoners how to create still life drawings using a range of media such as pencil, watercolour, chalk and biro before they moved on to more complex genres. In mathematics, prisoners learned basic mathematical topics, such as simple fractions

and ratios at the start of their courses. They then moved on to more challenging concepts of measurement, geometry, probability and graphs later in their studies. As a result, prisoners build their skills incrementally over time.

5.23 Across the education provision, teachers used questions and quizzes well to check prisoners' understanding and build on the knowledge they recalled. They consistently marked and assessed work well and provided helpful feedback to prisoners. Consequently, prisoners produced work of expected or, in many cases, good standards.

5.24 In education, prisoners were taught by teachers who were suitably qualified and/or trained to teach. In functional skills English and mathematics, teaching was of a suitable standard. Prisoners were taught well by subject specialists. The number of prisoners who achieved their functional English and entry level mathematics qualifications was high. However, achievement in mathematics levels 1 and 2 was poor.

5.25 Most prisoners across the education, skills and work provision completed their courses and achieved their qualifications. However, too many prisoners did not complete their qualifications in time, and while staff supported them, their progress was often delayed by staff shortages and timetable changes. Most prisoners were in industries and work areas where staff did not record their learning and progress consistently.

5.26 The reading strategy was well promoted across the prison. Prisoners had access to multiple opportunities to read and improve their reading skills. For example, prisoners could join reading groups or take part in Storybook Dads (see Glossary) activities. They could access monthly book reviews, reading challenges and competitions, such as Flash Fiction and Six-Word Story. Prisoners who were emerging readers benefited from support to develop their reading through suitably trained Shannon Trust reading mentors. In addition to the main library, prisoners also had access to books in their classes and workshops. Staff, including teachers, instructors and prison officers were trained in phonics to support prisoners with reading on the wings. They also held a reading celebration event to recognise prisoners' progress across different reading levels.

5.27 Prisoners behaved well in learning, work and on the wings. They felt safe in education and industries. The prisoners who attended their education, skills and work activities showed respect and had positive attitudes to learning. They learned and worked in environments that were calm and orderly. Prisoners had positive relationships with their teachers, instructors and, in most cases, with the prison staff.

5.28 Overall attendance across education, skills and work was too low. It was particularly poor across industries and work. While leaders' actions have had some positive impact on attendance in education, and this had improved from previous years, it was still not high enough and remained below leaders' set expectations. Many prisoners lacked

motivation to attend their allocated activities and refused to take part in them. In other cases, attendance was further affected by conflicting activities and appointments.

5.29 The few prisoners attending education, skills and work were punctual and arrived at their activities within the allocated time. Leaders had a suitable pay policy in place which had been revised recently to further incentivise attendance, participation and progress within education, industries and work. They had also introduced awards to celebrate and recognise positive behaviour and attitudes across education, skills and work. Some staff used the incentives and earned privileges scheme suitably to reinforce high expectations around attendance and punctuality. However, these changes had not yet had a positive impact on actual attendance.

5.30 Since the previous inspection, leaders had taken effective action to develop clear progression pathways. They highlighted different opportunities available to prisoners inside HMP Whitemoor and noted relevant opportunities outside the prison. At prisoner induction, the information and support that staff offered in relation to making choices was effective. Prisoners received a timely induction and most took part in careers, information, advice and guidance (CIAG) sessions. Staff set suitable targets for prisoners relevant to their sentences and reviewed personal learning plans regularly. Those who had a few years left before release received timely CIAG and were suitably supported to prepare for life on release or employment.

5.31 Leaders offered some suitable enrichment activities which focused well on the personal, social and emotional development of prisoners. However, the range of enrichment activities was not broad enough. Prisoners who attended these activities, such as motivation and building self-esteem sessions and arts workshops, benefited from these activities, which were focused on developing resilience, self-esteem and reflective thinking.

5.32 Leaders did not ensure that prisoners had suitable opportunities to develop their knowledge and understanding of wider topics such as fundamental British values of tolerance and respect and risks related to radicalisation and extremism. While staff in education embedded these topics in the curriculum, staff in industries and work did not. Consequently, most prisoners lacked knowledge and understanding of how these topics could impact their lives inside and outside of the prison.

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 The prison now had a strategy in place to guide its work with children and families. The focus was on visits rather than the wider range of family work we often see in other prisons, such as courses to help dads develop relationships with their children.

6.2 There had been an increase in the provision of visit sessions since our last inspection, which now took place two afternoons during the week and every weekend afternoon, meeting the needs of the long-term population.

6.3 The national charity Ormiston Trust staffed the visitor centre and provided snacks and refreshments during visit sessions. The visitor centre needed redecoration, and the visits hall was drab and uninviting, although there were advanced plans to address both. Supervision of visits was inobtrusive, and visitors we spoke to were positive about their experience and reported respectful treatment by staff.

6.4 There was an imaginative programme of all-day family visits, which was valued by prisoners. These visits were scheduled on Thursdays, which limited the attendance of school-age children, except in school holidays. It was also the same day that ordinary visits were scheduled to take place, meaning that the latter were cancelled.

6.5 Secure social video calls were available, but the provision was not well promoted by the prison and staff were not profiled to supervise sessions. This led to a reliance on informal arrangements to accommodate a video call and contributed to a high cancellation rate.

6.6 Telephones had been installed in all cells since our last inspection, which was positive.

Reducing reoffending

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

6.7 Most prisoners at Whitemoor presented a high risk of harm to others and many were serving long sentences, often convicted of serious violence.

6.8 The oversight and coordination of work to reduce reoffending was led by the head of reducing reoffending. There were regular meetings to discuss outcomes across some of the resettlement pathways and an action plan to drive improvement. However, the plan was unwieldy, and data was not used effectively to measure performance in the various resettlement areas.

6.9 The offender management unit (OMU; see Glossary) was well led by a visible, supportive head of offender management delivery, employed by the probation service. Their open-door approach to management, regular supervision for team members, and adoption of reflective practice sessions, was driving up standards in the department.

6.10 As expected for a high-risk population, the OMU team consisted mostly of probation-employed prisoner offender managers (POMs). Each POM carried a high caseload of up to 70 prisoners, but the team worked collaboratively and supported each other well to manage this. The team also included two prison-employed POMs, but they were too often redeployed to other areas of the prison to cover shortfalls.

6.11 Despite the restrictions on the regime (see paragraph 5.2), which had until recently impacted access, the amount of face-to-face contact between POMs and prisoners on their caseload was much better than at the last inspection. Prisoners we spoke to were positive about their experience, describing POMs as approachable and responsive. The OASys (see Glossary) reports we reviewed were generally of a good standard, reflecting effective management oversight and robust quality assurance.

6.12 Key work was developing; POMs were encouraging key workers to focus on sentence plan objectives, but this was in its early stages, and more consistency was needed to strengthen its impact on progression.

6.13 There were 11 prisoners serving an indeterminate sentence for public protection (IPP; see Glossary), and all were significantly beyond their tariff period. The prison held IPP panels every two months, which were attended by OMU and psychology staff. Each prisoner was discussed at this meeting to track their progress and maintain oversight of this complex group, some of whom inevitably felt stuck in the system.

6.14 The prison made sure that all necessary documentation was available for parole board hearings. There had been 10 parole hearings in the

previous 12 months, which had resulted in two prisoners being released.

6.15 Reviews of prisoners' security classification were carried out promptly and the decisions we reviewed were based on appropriate evidence. However, a lack of offending behaviour programmes limited opportunities for some prisoners to demonstrate a reduction in risk, particularly those convicted of drugs and weapons offences. This often prevented them from progressing to a lower security classification. Whitemoor had re-categorised 26 prisoners from B to C in the last year.

6.16 Category A prisoners had to be referred for re-categorisation by the prison to a national team. In the last year, 134 category A prisoners applied for recategorisation; of these, 13 were recommended by the establishment, but only seven were approved by the board.

6.17 Some probation-employed POMs felt there was limited understanding of the extensive training they receive on assessing and managing risk and that this lack of awareness resulted in insufficient weight being given to their professional judgement. This was particularly pertinent around security classifications where they felt their judgement was sometimes overlooked.

6.18 Over the previous year, there had been a significant increase in the number of progressive transfers for prisoners who had been successfully re-categorised.

Public protection

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

6.19 Most prisoners at Whitemoor were high risk and therefore fitted the criteria for management on release under Multi-Agency Public Protection Arrangements (MAPPA; see Glossary).

6.20 Public protection arrangements were reasonable. Prisoners were screened on arrival and appropriate restrictions were implemented when necessary; for example, child contact restrictions. However, the communication of this information across departments was not consistent. For instance, discrepancies were identified due to the use of separate information recording systems by different departments, rather than a shared live spreadsheet. As a result, records of authorised and unauthorised contacts were not always synchronised.

6.21 The number of individuals subject to offence related monitoring had reduced significantly since the last inspection, with only two prisoners identified by POMs for monitoring at the time of this inspection. However, the monitoring team working in security was only aware of one of these two cases, indicating a breakdown in communication and raising concerns that one prisoner's communications may not have been appropriately monitored.

6.22 The monitoring team also listened to a random selection of calls for 5% of the population, which provided an additional safeguard against prisoners making inappropriate contact by phone.

6.23 The monthly risk management meeting provided sufficient oversight of prisoners approaching their parole window and those subject to MAPPA arrangements. However, the records of these meetings were poor and did not capture discussions and outcomes effectively.

6.24 Contributions to MAPPA meetings by POMs were of good quality and demonstrated an appropriate understanding of the factors driving prisoner's behaviour. Risk management plans were well reasoned, balancing custodial and community measures. The plans clearly identified the risks to be managed and how these would be monitored.

Interventions and support

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

6.25 In line with national arrangements, Whitemoor had started to deliver the new HMPPS offending behaviour interventions 'Building Choices'; an accredited cognitive-behavioural programme designed to address common criminogenic needs associated with reoffending. The course had both moderate and high-intensity versions depending on the risk assessment of participants.

6.26 The high intensity programme had commenced in September 2025 with eight prisoners enrolled, and the medium intensity was scheduled to start in January 2026 with the same capacity.

6.27 The on-site programmes team also delivered two non-accredited courses; one of which was aimed at encouraging motivation and another for preparing prisoners for group work. A small number of individuals (three and nine) had completed these courses in the last year.

6.28 A team of psychologists and trainees were assigned to individual residential wings to provide consultancy services and support. This arrangement enabled prison staff, particularly those working in specialist units such as segregation and Bridge, to access expert advice in managing complex behaviours. Seven prisoners had benefitted from direct one-to-one work in the last 12 months.

6.29 POMs deliver tailored programmes on a one-to-one basis. The local psychology team delivered a Healthy Identity intervention for up to three TACT (Terrorism Act 2000) prisoners per year.

6.30 The overall number of prisoners participating in formal rehabilitative or accredited interventions remained low and there were none specifically for prisoners convicted of drugs or weapons use.

6.31 Other teams in the prison delivered some non-accredited interventions: two POMs delivered Choices and Changes – a maturation toolkit for young adults aged 25 and under – and the Shannon Trust supported prisoners with literacy (see paragraphs 5.11 and 5.26).

Specialist units

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

Offender personality disorder units, including psychologically informed planned environments

6.32 Whitemoor offered more intense and long-term interventions by way of specialist units, such as the psychologically informed planned environment (PIPE) unit for prisoners who have successfully completed treatment programmes. The PIPE unit encouraged consolidation of treatment gains and allowed prisoners to put their learning into practice.

6.33 Stays in the PIPE unit typically ranged from six months to two years, though some remained longer. The offer included a range of evidence-based interventions, including structured sessions, socially creative activities, one-to-one key work, and monthly community meetings, delivered by clinical staff and officers.

6.34 At the time of reporting, 30 prisoners resided on the unit and there was no waiting list. The unit was worn and needed to be cleaner, but there was limited access to cleaning supplies (see paragraph 4.7). The group room did not provide an adequately therapeutic environment and was also used for storage. Staff shortages continued to disrupt the operation of the unit, with PIPE officers frequently being redeployed. This led to missed key work targets, cancelled sessions, and reduced supervision. Despite these challenges, some prisoners valued the supportive community ethos.

Therapeutic communities

6.35 The Fens unit based on D wing housed prisoners likely to meet the diagnostic criteria for personality disorder and were at high risk of violent/sexual offending.

6.36 The treatment programme, delivered by a multi-disciplinary team including psychologists, psychotherapists, psychiatrist and prison officers, lasted for a period of up to three years.

6.37 At the time of inspection there were 69 prisoners on the unit. Each benefitted from a one-page behaviour plan and underwent one-to-one and group therapy.

6.38 In contrast to the PIPE unit, Fens was well maintained, clean and welcoming.

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.

6.39 Release from Whitemoor was uncommon; two prisoners were due to be released in eight and eleven weeks and reported limited help with right-to-work documents and banking because no funded resettlement service was in place. This highlighted an opportunity to develop a process for the small number of prisoners approaching release.

Section 7 Progress on concerns from the last inspection

Concerns raised at the last inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2022, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Priority concerns

There were no priority concerns raised in the area of safety.

Key concerns

There were no key concerns raised in the area of safety.

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2022, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Priority concerns

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

Key concerns

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

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

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

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

Purposeful activity

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

At the last inspection, in 2022, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Priority concerns

Much reduced time out of cell contributed to dirty conditions and limited prisoner access to health care, key work and offender management.
Not addressed

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

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

Key concerns

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

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

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 2022, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Priority concerns

Limited interventions and a lack of purposeful activity made it difficult for prisoners to demonstrate a reduction in risk, and too few were able to progress in their sentence.
Not addressed

Key concerns

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

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 concerns 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 6, 2023) (available on our website at Expectations – HM Inspectorate of Prisons (justiceinspectorates.gov.uk)). Section 7 lists the concerns raised at the previous inspection and our assessment of whether they have been addressed.

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:

Martin Lomas	Deputy Chief inspector
Deborah Butler	Team leader
Nadia Syed	Inspector
David Owens	Inspector
Chris Rush	Inspector
Dawn Mauldon	Inspector
Paul Rowlands	Inspector
Alicia Grassom	Researcher
Emma King	Researcher
Tareek Deacon	Researcher
Phoebe Dobson	Researcher
Tania Osborne	Lead health and social care inspector
Gift Kapswara	Health and social care inspector
Lynn Glassup	Health and social care inspector
Chris Barnes	General Pharmaceutical Council inspector
Dayni Johnson	Care Quality Commission inspector
Saher Nijabat	Ofsted inspector
Darryl Jones	Ofsted inspector
Diane Koppit	Ofsted inspector
Dionne Walker	Offender management inspector

Appendix II Glossary

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find.

ACCT
Assessment, care in custody and teamwork: case management for prisoners at risk of suicide or self-harm.

Care Programme Approach (CPA)
A package of care, including a care-coordinator and care plan, for people with mental health problems.

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 social visits, arrange ‘family days’ throughout the year. These are usually open to all prisoners who have small children, grandchildren, or other young relatives.

Gov Facility Services Limited (GFSL)
Part of the Ministry of Justice, GFSL provides maintenance, cleaning and project services to prisons in the South of England, ensuring prison infrastructure is safe and functional.

Indeterminate sentence for public protection (IPP)
Given to offenders who posed a significant risk of serious harm to the public. Although the IPP sentence was abolished in 2012, thousands of people subject to such a sentence are still in prison.

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.

Listener
Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

Mandatory drug testing (MDT)
Enables prison officers to require a prisoner to supply a urine sample to determine if they have used drugs.

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 assessment system (OASys)
Assessment system for both prisons and probation, providing a framework for assessing the likelihood of reoffending and the risk of harm to others.

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.

Offender management unit (OMU)
The aim of offender management units in prisons is to try to rehabilitate people so they are less likely to offend in the future.

The OPD pathway
This is a set of psychologically-informed services operating across criminal justice and health, underpinned by a set of principles and quality standards.

PAVA
Pelargonic acid vanillylamide. Incapacitant spray classified as a prohibited weapon by section 5(1) (b) of the Firearms Act 1988.

PIPE
Psychologically informed planned environment. PIPEs are specifically designed living areas where staff specially trained in psychological understanding aim to create a supportive environment that can facilitate the development of prisoners with challenging offender behaviour needs.

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).

Safety intervention meeting (SIM)
A multi-disciplinary safety risk management meeting, chaired by a senior manager.

Secure social video calling
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.

Shannon Trust
Charity that supports people in prison to learn to read.

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).

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

Storybook Dads
Enables prisoners to record a story for their children.

Temporary presumptive recategorisation scheme (TPRS)
A scheme intended to tackle overcrowding, which requires governors to fast-track prisoners to open establishments without the usual restrictions. Restrictions apply for certain categories of offences. TPRS was introduced in March 2023.

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.

Zahid Mubarek Trust
An Independent national charity founded in 2009 by the family of 19-year-old Zahid Mubarek, who was murdered by his racist cellmate at Feltham Young Offender Institution.

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.

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

This publication is available for download at: Our reports – HM Inspectorate of Prisons (justiceinspectorates.gov.uk)

Printed and published by:
HM Inspectorate of Prisons
3rd floor
10 South Colonnade
Canary Wharf
London
E14 4PU
England