RESPONSE TO MR NORTH INVESTIGATION REPORT

No	Recommendation	Accepted / Not accepted	Response	Responsible manager and target date for completion
1	If it has not already done so, HMP Whitemoor may wish to consider the benefits to be obtained from reviewing internal procedures and guidance for the management, recording and investigation under PSOs 1300, 2700 and 2750 of both prisoner on prisoner assaults and unexplained injuries. It may also be considered appropriate to reinforce any guidance with staff at the establishment in order to ensure an appropriate level of compliance.	Accepted	All assaults at HMP Whitemoor are immediately reported to the Orderly Officer and the majority, including all serious assaults, are then referred to the police. Prison managers are briefed on any assaults at the daily operational meeting. The prison has robust systems in place to ensure that incident reports, Mercury intelligence reports and injury to prisoner forms are completed following the incident. Every violent incident at HMP Whitemoor, including unexplained injuries, is the subject of a simple investigation by the custodial manager in charge of the respective area. The reports of these investigation are considered at the monthly Safer Custody meeting to identify learning. Wing managers and officers attend these meetings and provide feedback to staff in their respective functions. A weekly check of the residential units by the Safer Prisons Manager ensures compliance with these processes. Where the incident is particularly serious, or where the simple investigation identifies issues that require further exploration, the prison Governor will commission a further investigation in accordance with PSO 1300. Since the incident HMPPS has issued Prison Service Instruction (PSI) 15/2014 Investigations and learning following incidents of serious self-harm or serious assaults, which reinforces the requirement for prisons to conduct investigations in these circumstances.	Complete
2	If they have not already done so, NOMS and HMP Whitemoor should consider if current procedures and staff training provide for the full and accurate completion of official prison documents. Adequate audit and storage	Accepted	HMPPS issues Prison Service Instructions setting out the key features of operational policies. It is not possible or desirable for these to include detailed guidance on the completion of related documents, and Governors are required to ensure that staff are aware of their responsibilities in this regard. This is achieved through staff induction and training, for the most part delivered	Complete

arrangements should also be considered as part of any subsequent review. The investigation highlighted a high number of either incomplete, or missing, official prison records. HMP Whitemoor should consider the policy on retaining both draft and final copies of letters and ensure that a process is in place to readily differentiate between draft and final versions of documents.

locally at establishments. At national level, the Prison Officer Entry Level Training (POELT) is provided to all new entrant prison officers and includes material on the writing of reports and the use of official documents including: Assessment, Care in Custody and Teamwork (ACCT) documents, used to manage those at risk of self-harm or suicide; adjudication forms, injury to prisoner forms; use of force forms, Mercury intelligence reports and corruption prevention reports, prisoner property records and Person Escort Records (PERs).

HMP Whitemoor conducted a health check on the completion of F213s, gym observation books, segregation unit daily diary sheets, the recording of use of force in observation books, high security estate pre-transfer documents and control room logs for incidents. The completion of these documents continues to be reviewed through internal audit procedures.

Since the incident HMPPS has issued PSI 35/2014 Records, archiving, retention and disposal, which provides a framework for prisons to ensure that: records are retained for the right length of time and regularly reviewed; the destruction of records is properly documented; and historical records are preserved and transferred to the appropriate repository.

HMP Whitemoor now has an established document archive system. The processes in place are reviewed as part of the internal review procedure so the prison will identify any shortcomings and take remedial action.

A review of the central filing system for public correspondence was undertaken at HMP Whitemoor to ensure that it is clear which versions of letters are draft and which are final. No changes were identified to the already established processes for the business hub. However, it resulted in the arrangements for storing archived correspondence/documentation in the muniments store room being tightened up. New members of the business hub team are trained in public correspondence processes to ensure that they are aware of the importance of distinguishing between draft and final versions of letters.

			All managers have been reminded that the business hub holds copies of the official responses to all public correspondence, and	
			that they should label their own files clearly to distinguish	
			between draft and final versions. Routine reminders continue to	
			be given at the morning operational meetings and at senior	
			management team meetings.	
3	If it has not already done so, NOMS	Accepted	Since the incident, HMPPS has issued PSI 9/2014 Incident	Complete
	should consider the requirement, and		Management, which clarifies the command structure during	
	benefits to be gained, by reviewing how		serious incidents and provides guidance on resolving serious	
	it responds to managing serious		incidents with the minimum risk of harm to staff, prisoners,	
	prisoner on prisoner assaults or indeed		visitors and the public. National Operations Unit provides	
	other critical incidents. Whilst not		contingency plan templates to establishments to use as a guide	
	necessarily exclusive, this review		for formulating local contingency plans. These templates cover	
	should consider including issues such		the issues identified, including scene and evidence preservation	
	as command structure, scene and		and police referrals. Both the PSI and the contingency plan	
	evidence preservation, offender		templates are subject to continuous review, and prisons are	
	identification and management, plus		required to review their local contingency plans as part of the	
	timely investigations and referral to the Police. There should be absolute clarity		debrief process following any serious incident.	
	at any given time as to who is in			
	command of the prison should a critical			
	incident arise.			
4	If it has not already done so, NOMS	Accepted	A joint national protocol between NOMS (now HMPPS), the	Complete
	should consider the requirement to		police and the CPS on the handling of crimes committed in	'
	review, at both national and local		prison was published in February 2015. It provides guidelines	
	levels, protocols and procedures for		for joint working between prisons, police and the CPS to ensure	
	referring crimes that take place within		that, wherever possible and appropriate, those who commit acts	
	prisons to the Police, so that all		of violence or commit other serious crimes in prison are	
	organisations are clear around what is		punished through the courts rather than by the internal prison	
	expected of them and the service that		disciplinary system. An inter-departmental Crime in Prison Board	
	will be provided in return.		has been established to monitor the implementation of the	
			protocol, to set priorities for further work and to commission the	
			development of guidance to assist local police/prison/CPS in	
			prioritising and managing crime in prison.	
5	If it has not already done so, NOMS	Accepted	PSO 1700 Segregation provides that a prisoner will be returned	HMPPS Security
	should consider reviewing PSO 1700		to normal location on the basis of a decision by a segregation	Group
	relating to segregation. Any such		review board which will determine whether the prisoner can go	
	review should consider including policy,		directly to normal location, whether there should be a phased	Autumn 2019
	procedural guidance and a risk		return to normal location or whether the prisoner should transfer	
	assessment matrix for the occasions		from segregation to a High Supervision Unit. Revised guidance	

6	when prisoners return to main wings from Segregation outside of the main Segregation Review Board process. If it has not already done so, NOMS	Accepted	on the review and authorisation of segregation was issued in September 2015 in response to the findings of a Supreme Court Judgment. This recommendation will be considered as part of a comprehensive review of segregation policy which commenced in late 2017. HMPPS, with the support of the Crime in Prison Board, is	HMPPS Security
	may wish to consider reviewing its policies and procedures relating to the seizure, recording, retention and continuity of seized items, particularly in respect of critical incidents or where items are likely to be used as evidence in subsequent criminal proceedings.	·	reviewing internal policies and processes for preserving evidence. This includes working closely with other parts of the criminal justice system to develop better training for our staff who are collecting evidence.	Group Summer 2018
7	NOMS may wish to consider whether the introduction and use of bespoke bound notebooks would be appropriate for use by personnel engaged in the management of serious or critical incidents. Similar documents are in use in other organisations for the purpose of recording, in one place, notes, thought processes and subsequent decisions.	Accepted	An exercise is under way to provide costings for appropriately sized notebooks, with a view to providing them or all establishments.	HMPPS National Operations Unit Summer 2018
8	If it has not already done so, staff at HMP Whitemoor may wish to consider reviewing local procedures for the early notification of significant incidents or events to the Independent Monitoring Board.	Accepted	Informing the IMB is part of the contingency plan for all serious incidents at HMP Whitemoor. The contingency plans have all been reviewed since the incident in 2008 and continue to be reviewed on a regular basis.	Complete
9	Independent Monitoring Boards across NOMS may wish to consider the merits or otherwise of visiting prisoners whilst they are temporarily resident in external settings such as hospitals. This could be particularly relevant if a prisoner is absent from the prison for a protracted period of time.	Not accepted	The role of Independent Monitoring Boards is to monitor the day-to-day life in their local prison or removal centre and ensure that proper standards of care and decency are maintained. Visiting prisoners whilst they are temporarily resident in external settings, such as hospitals, is not within the legislative remit of IMBs.	n/a
10	If it has not already done so, HMP Whitemoor may wish to consider reviewing current arrangements in	Accepted	HMP Whitemoor conducted a review of the effectiveness of the system for providing prisoners with access to razor blades. HMP Whitemoor manages prisoners' access to razor blades	Complete

	relation to prisoners' access to razor blades. The prison should be satisfied that any arrangements for access also provides for an appropriate level of protection from harm for both staff and other prisoners.		according to the location of the prisoner: for example in the segregation unit prisoners are allowed razor blades in possession when in patrol state, and staff control the issuing of them on a one for one basis. In other areas of the prison, prisoners may be permitted two razors in possession at any time. HMP Whitemoor has also introduced enhanced searching to reduce the opportunity for bladed weapons to be carried out of the residential wings. At national level, HMPPS has instructed the Governors of all closed prisons to ensure that an appropriate local risk assessment has been conducted on the process for managing razor blades.	
Public Scrutiny	There should be a further stage to the independent investigation into the serious assault on Mr North because there are three matters on which evidence was conflicted and/or where there was a discrepancy or uncertainty: • The authenticity of the copied entry in the personal notebook belonging to the governor who decided to return Mr North to normal location; • Inconsistent evidence given by the governor who was involved in the decision to move Mr North out of the segregation unit and recorded his thought process in the missing notebook; and • Inconsistencies around who was part of the decision-making process to move Mr North from the segregation unit. There are also three systemic issues which related to the way in which NOMS manages documentation, evidence/intelligence and serious	Not accepted	The Secretary of State for Justice gave careful consideration to the investigator's recommendation, and to Mr North's submissions in support of it. However, it was decided that the State's obligations under Article 2 ECHR have been met by Mr Bradford's thorough and effective investigation into the circumstances of the serious assault on Mr North, and that the publication of the detailed investigation report, alongside the response to its recommendations will facilitate a sufficient degree of public scrutiny. A public hearing was not arranged for the following reasons: The investigator did his utmost to explore fully the issue of the missing notebook and a separate prison investigation was also commissioned to locate it and to try to establish the authenticity of the copied entry that was provided as evidence. The accepted position from all investigations is that the notebook is missing and further exploration of this issue is unlikely to elicit a different conclusion as to the authenticity of the copied entry. The conflicts, discrepancies and uncertainties around the evidence concern the process surrounding the decision to return Mr North to the normal regime. That evidence has been tested by the investigator and it is unlikely that a public hearing would be able to elicit any further information. Article 2 requires an investigation of the circumstances leading up to the serious assault. It does not require the investigation to explore how such an incident would be	n/a

 incidents that should be explored at a public hearing, which concern: How NOMS completes, manages and stores official documentation. How NOMS identifies, manages and records evidence / intelligence in support of risk assessments when there is a possibility of a prisoner being the subject of an attack or is otherwise under threat. How NOMS, via a proportionate response, manages the scene, secures evidence, identifies attackers and liaises with the police when a prisoner has received injuries as a result of having been assaulted. 	managed now. It is accepted that there were failures relating to the three systemic issues identified in the investigation report, and action to address these recommendations has been taken (see recommendations above).
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