

Report on an announced inspection of

# **HMP Frankland**

4 – 8 February 2008

by HM Chief Inspector of Prisons

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# Introduction

Frankland is a high security dispersal prison, holding over 700 prisoners convicted of serious offences, including 80 prisoners in a separate unit for those judged to be dangerous and to have severe personality disorders (DSPD). It has been assessed as one of the Prison Service's high-performing prisons. Unfortunately, this inspection identified that the prison was drifting in some key areas, most worryingly in relation to safety, which is a crucial and difficult area in this type of prison.

Frankland holds some extremely challenging prisoners: those with affiliations to gangs or a history of extreme violence, those convicted of serious sexual offences, a few with convictions for terrorist offences, and some with severe personality disorders. These groups contain prisoners who are dangerous, but also prisoners who are vulnerable. A robust violence reduction strategy, supported by effective staff-prisoner relationships, is essential in order to prevent, monitor and deal with overt or covert bullying, which can have serious consequences for order and control as well as prisoners' safety. This was not in evidence at Frankland. There was little management analysis of data on bullying and intimidation, or of incidents of self-harm.

The small proportion of black and minority ethnic prisoners felt especially unsafe, and Muslim prisoners in particular were seeking sanctuary in the segregation unit: some, but not all, because of the nature of their offence. There had been serious incidents of prisoner on prisoner violence. Positive drug tests were high for a prison with such high levels of physical security: reaching 28% on the two wings holding the general population. Compounding this was the fact that there was over-prescription of opiate-based medication, providing further opportunities for bullying and intimidation.

Relationships in general between staff and prisoners were variable, with little active personal officer work, even though the population was relatively static. On the vulnerable prisoner wing and on the DSPD wing in particular, relationships were better, but they were noticeably more distant on the wings holding the general population. Applications and complaints were not well dealt with. Responses from black and minority prisoners were worse on a range of survey questions than those of white prisoners, and they were also over-represented in all disciplinary procedures: use of force, segregation and adjudications. Understanding of, and knowledge about, Muslim prisoners was particularly weak, and there was insufficient management scrutiny of race issues in general. It was also disappointing, given the prison's relatively elderly population, that some good work on disability had been discontinued, following the departure some months ago of the disability liaison officer, and the failure to find a replacement.

Other aspects of prisoner care were better. Health services were in general good, although a new day care provision to support mentally ill prisoners was much-needed. Accommodation was well-maintained, and exceptionally good on the DSPD unit. On that unit, too, there were excellent multidisciplinary relationships, which maintained stability, and innovative work was carried out among some extremely challenging and vulnerable prisoners. There were, however, concerns that delays in assessments were leading to some frustrations among that group.

Frankland was also performing reasonably well on purposeful activity, with a clear strategic plan and good links between learning and sentence planning. Education was of good quality and engaged over 60% of the prisoners. There were, in theory, sufficient work and training places for all prisoners, although some workshops were closed because of building work. In those that operated, however, there were good standards and the opportunity to gain good

skills, although relatively few were formally accredited. For years, however, the prison had been reporting an unfeasible average of 9.5 hours out of cell per prisoner per weekday: in reality, this was closer to 6.25 hours, although all prisoners had daily association and outdoor exercise.

Resettlement work at the prison was disappointing, with an outdated strategy and insufficient management attention. For most prisoners at Frankland, resettlement necessarily focused on reducing risk with a view to progressive moves through the prison estate in the course of long sentences. This was undermined by a significant backlog of OASys assessments, so that only about a third of the required sentence plan boards could be held. Support for life and indeterminate-sentenced prisoners – more than half the population – was poor. A voluntary organisation, NEPACS, provided good support for visiting families, but the prison as a whole did little to support and encourage family contact. Drug services were satisfactory, and public protection work with the few men released directly from the prison was strong.

High security prisons require constant and vigorous management in order safely to contain and work effectively with their challenging populations. Frankland's population had become even more challenging recently, with increases in gang affiliations and the arrival of a small number of convicted terrorists. It is unfortunate that this coincided with the absence of the governor for some months, and the resulting drift that was observable at this inspection needs urgently to be reversed. The role of residential staff is critical, and the effective management techniques learned in the DSPD unit need to be built upon and transferred to other units and to other challenging and diverse groups of prisoners. This is particularly important and urgent as the prison expands to over 1,000 prisoners – far more than any dispersal prison has so far been required to hold.

Anne Owers  
HM Chief Inspector of Prisons

June 2008

# Fact page

## **Task of the establishment**

High security category A/B dispersal.

## **Brief history**

Frankland was the first purpose-built dispersal prison (high security training prison for sentenced prisoners). In 1998, the prison expanded with the opening of two new houseblocks, F and G wings, creating over 200 additional places. A new unit for dangerous and severe personality disorder (DSPD) prisoners opened in May 2004. An additional 120 single cell unit for ordinary location prisoners is due to become operational by December 2008. Following this, conversion of existing television rooms in A, B, C and D wings will provide 48 additional single cells for vulnerable prisoners.

## **Prison Service operational area**

Directorate of High Security

## **Number held**

722 at 1 December 2007

## **Certified normal accommodation**

732

## **Operational capacity**

749

## **Last full inspection**

3–7 March 2003

## **Description of residential units**

All cells are single occupancy.

A, B, C and D wings accommodate vulnerable prisoners, each with a capacity of 108. A wing is for enhanced prisoners and D1 landing serves as the induction landing for vulnerable prisoners. E wing is a single landing on the first floor above what is now the video conference suite. It has 15 single cells and is used for category A remand prisoners. It is also used for certain prisoners previously held in segregation and to assess certain prisoners received from other segregation units. F and G wings have a capacity of 122 and 88 respectively. Both accommodate ordinary location prisoners. G wing holds and provides the induction programme for new receptions to F and G.

The DSPD is a self-contained unit accommodating 80 prisoners in four separate and identical units, each of 20 spaces. All cells are safer custody. The unit has its own multi-faith room, sports hall, fitness suite, library and canteen. Its healthcare facility has separate dentist's and optician's rooms, while the education suite comprises an art, IT and general classroom. The DSPD has an all-weather sports area, a horticultural area and greenhouse.

Healthcare has 10 single cells and two wards with capacity for four and three prisoners respectively.



# Healthy prison summary

## Introduction

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HP1 All inspection 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. The criteria are:

<b>Safety</b>	prisoners, even the most vulnerable, are held safely
<b>Respect</b>	prisoners are treated with respect for their human dignity
<b>Purposeful activity</b>	prisoners are able, and expected, to engage in activity that is likely to benefit them
<b>Resettlement</b>	prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

**- performing well against this healthy prison test.**

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

**- performing reasonably well against this healthy prison test.**

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns.

**- not performing sufficiently well against this healthy prison test.**

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.

**- performing poorly against this healthy prison test.**

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.

## Safety

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HP3 Reception procedures were satisfactory but the area was cramped and dirty. First night procedures and induction were underdeveloped. Bullying was not actively challenged by staff and case management of those at risk of self-harm was not sufficiently robust. There had been three recent serious security incidents, which were

subject to investigation. Some segregation unit cells were not fit for purpose and black and minority ethnic and Muslim prisoners were over-represented in segregation and the use of force. The overall use of force was not high but many taped records could not be found. A relatively low mandatory drug testing rate masked high levels of illegal use of drugs in some parts of the prison. The prison was not performing sufficiently well against this healthy prison test.

- HP4 There were few movements in and out of the prison. For security reasons, category A prisoners were not given notice of moves but category B prisoners transferred at short notice were not notified until the morning of the move, giving them no time to prepare and causing delays in reception. Interactions between staff and prisoners in reception were appropriate but the building was inadequate and cramped and holding rooms were small, bare and dirty.
- HP5 Most prisoners felt safe on their first night but first night procedures were underdeveloped and inconsistent. Vulnerable prisoners had dedicated first night cells but arrangements for prisoners on ordinary location were less structured. Most, but not all, new arrivals were seen by an induction officer on the first night. Prisoners were not routinely able to make a telephone call on arrival.
- HP6 A two-week rolling induction programme included some poorly presented and sometimes out of date prison information. Specialists contributed individual sessions about their areas but much of the induction time was spent locked up.
- HP7 Responses in our survey about feelings of safety were generally similar to other high security prisons, although more said they had experienced victimisation by other prisoners. Black and minority ethnic prisoners felt less safe than others. Prisoners on Westgate unit<sup>1</sup> felt less safe but this appeared to be more about their situation than bullying or intimidation. There was a standard anti-bullying and violence reduction strategy overseen by a well attended violence reduction strategy group. This received a lot of data but there was little in-depth analysis and it was not clear that the strategy sufficiently covered the manifestation of violence and intimidation in an increasingly complex population. The anti-bullying strategy was mainly observational monitoring after prisoner complaints rather than staff actively challenging observed behaviour on the wings. The strategy was only rarely used for the general population. Support for victims was limited.
- HP8 In 2007, there had been 341 reported incidents of self-harm but there had been no investigations into the more serious incidents to see whether lessons could be learned. There were 27 men being monitored under the assessment, care in custody and teamwork (ACCT) procedures. Initial assessments were mostly good but care maps were too general and objectives were not specific to individuals. The quality of care varied considerably. The level of engagement on Westgate unit was positive and dynamic but elsewhere was often merely observational. Reviews were regular but rarely multidisciplinary. Listeners felt reasonably supported but not in all parts of the prison.
- HP9 The exigencies of a high security prison did not unduly affect the regime despite the presence of many building contractors. Two recent serious security breaches and one incident of disorder were being investigated. Around 450 security incident reports were submitted monthly and dealt with appropriately. Intelligence on gangs and

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<sup>1</sup> The unit for dangerous and severe personality disordered (DSPD) prisoners.

extremists was carefully monitored and an extremist monitoring unit was about to be set up. However, there was a lack of a service-wide strategy to manage this population, some of whom were held in segregation with no clear exit strategy.

- HP10 The segregation unit was cramped with poor facilities. Some cells without appropriate furniture were unsuitable for use. The regime was regimented and inadequate and prisoners did not get daily showers or telephone calls. Exercise was limited and kit was changed only once a week. Files did not record positive interactions with prisoners. Inappropriate segregation-to-segregation unit transfers within the high secure estate still took place. There was little awareness of possible psychological deterioration for prisoners who had been segregated for a long period and little active planning to return to ordinary location. Black and minority ethnic and Muslim prisoners were over-represented in the segregation unit.
- HP11 Formal disciplinary procedures were not overused and adjudications were generally well conducted with consistent punishments. However, some records did not indicate the level of inquiry we would expect before a guilty verdict.
- HP12 Use of force was not high and most appeared to have been properly authorised and conducted, but better monitoring was needed. Few video records of planned incidents for the previous 12 months could be found. One incident where a naked man was removed from healthcare to the segregation unit had been poorly and unprofessionally handled. The special cells were not used much but were grim.
- HP13 Clinical services for drug users were limited but so was demand. The positive mandatory drug testing rate for the previous six months was 6.25% but this masked considerable variation between units. On G and F wings, the random positive rate was in the region of 28%. The figures provided for the drug strategy group were not broken down by wing and there was little strategic management of this difference. Facilities for testing were satisfactory and the weekend target was generally met but the pattern of random testing was too predictable.

## Respect

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- HP14 The quality of relationships between staff and prisoners varied considerably and there was little active personal officer work. Accommodation was generally good and the prison was kept clean. Prisoners were dissatisfied with the food but appreciated being able to cook their own. Applications and complaints were not well managed. There was little active work on wider diversity issues. Structures to manage race matters were in place but more senior management attention to this was needed to ensure equality of outcomes for black and minority ethnic prisoners and Muslims. Health services were reasonably good. The prison was performing reasonably well against this healthy prison test.
- HP15 Relationships between staff and prisoners varied significantly between wings. They appeared reasonably good on the vulnerable prisoner wings and very good on Westgate unit. Interactions on F and G wings, which held the general population, were noticeably more distant. Staff sometimes used inappropriate banter with

prisoners. Significantly fewer prisoners than the comparator<sup>2</sup> in our survey were positive about personal officers. Most knew their personal officer but few said the scheme had much real meaning. Personal officer entries in wing files were regular but mechanistic. Most were simply observations about behaviour and showed little awareness of the personal and individual circumstances of prisoners or their resettlement needs.

- HP16 The living accommodation was generally of a good standard and was exceptionally good on the Westgate unit. However, toilets were not effectively screened and some had no screens at all. All the wings were clean and well kept. Prisoners had no problems with access to laundry, kit change and showers but these provided only limited provision. While there were sufficient telephones, not all could be used in private.
- HP17 Prisoners expressed considerable dissatisfaction with the quality and quantity of food and 70% in our surveys said the food was bad or very bad. Although the quality of the food we sampled was generally satisfactory, some was inedible. Prisoners appreciated the opportunity to cook for themselves in wing kitchens. Prisoners were also unhappy with the service and prices in the shop. Few black and minority ethnic prisoners were satisfied that the shop stocked an appropriate range of goods.
- HP18 There was no diversity policy and the target for staff diversity training had not been met. There was a disability strategy but no disability liaison officer and some previous good work was at risk of being undermined. Some adjustments had been made to meet the needs of older and less mobile prisoners on one landing of B wing but others were missed. There were no care plans on the wings. There was little recognition of the particular needs of gay or bisexual men and some said they experienced abuse from other prisoners. Good support had been given to gender dysphoric prisoners.
- HP19 About 14% of prisoners were from black and minority ethnic backgrounds but the staff group was overwhelmingly white. Black and minority ethnic prisoners reported little overt racism, but in our survey and in groups they were significantly more negative than white prisoners across a range of indicators. Monitoring showed that minority ethnic groups were over-represented in segregation, use of force and on the basic regime but this was not being addressed. Race equality action team meetings were well attended and consultation with prisoner representatives was good. Racist incidents were reasonably well investigated but too many originated from the segregation unit and senior managers' scrutiny was inadequate. Some efforts had been made to promote racial equality and diversity but there was little understanding about Muslim issues. Half the black and minority ethnic prisoners were Muslim and many believed they were victimised because of their religious beliefs.
- HP20 There were 50 recorded foreign national prisoners, some of whom also claimed British nationality. One immigration detainee had been held since the end of 2006 pending an asylum appeal. Specific arrangements for foreign nationals were recent and there was no separate forum for foreign nationals or needs analysis. There was little use of translation and no clear assessment of language need. All foreign national prisoners were allowed monthly telephone calls abroad. Immigration issues were a major concern for foreign national prisoners but the first planned surgery had had to

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<sup>2</sup> The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments.

be cancelled following an incident in the prison. There was no independent immigration advice service.

- HP21 There was an active chaplaincy team and major faiths were covered but there was no Mormon chaplain or Pagan leader. The chapel and multi-faith rooms were suitable but washing facilities for Muslim prayers were poor. The chaplaincy ran a prison visitor scheme but some prisoners waited a long time because of the need for security clearances.
- HP22 The incentives and earned privileges policy was up to date. The aim was to encourage its use as an alternative to adjudications for more minor matters but this had had little effect. There were few meaningful differentials in the scheme between standard and enhanced. Some enhanced prisoners were paid higher differential pay rates than others and access to additional benefits was dependent on location. Men on the basic level were not always allowed a radio or reviewed weekly.
- HP23 Arrangements to allow general applications to be tracked had just been introduced but many specific applications were not covered. Application and complaint forms were readily available. A detailed database was not used routinely to monitor trends in complaints and many were answered late. Confidence in the complaints system was undermined by wing staff emptying complaints boxes.
- HP24 Prisoners had few problems contacting legal advisers and booking legal visits but many visits took place in the domestic visits area, which jeopardised confidentiality. Some men complained that there had been delays in receiving legally privileged correspondence and that some had been opened.
- HP25 Healthcare services were generally good, although staffing levels were low. A health needs analysis was underway to inform future provision. Primary care services were good, with effective chronic disease management but only limited health promotion. Initial access to the dentist was good but there were delays for follow up treatment. An over-reliance on locum doctors for GP services caused some difficulties, including a high level of opiate prescribing. Prisoners received good support from the mental health team and MIND National Association for Mental Health). The in-patient unit was a good environment and patients were well cared for but not all were there for clinical reasons. There were no day care facilities to provide therapeutic activity for in-patients or prisoners from the wings. Liaison with the primary care trust was good and the trust provided good clinical and managerial support.

## Purposeful activity

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HP26 Time out of cell was over-reported. Workshop closures had reduced the number of activity places and the average amount of time prisoners were locked up was more than we would expect. The education provision was good and responsive to need. Workshops provided good training but there was too little formal recognition of skills acquired. Opportunities to access the library varied but usage was reasonable. Physical education provision was good. The prison was performing reasonably well against this healthy prison test.

HP27 Frankland had reported an unvarying 9.5 hours time out of cell on weekdays for some years but this was not possible. We found around one third of prisoners locked in their

cells during the day and estimated that the average time unlocked was actually around 6.25 hours. All prisoners had regular association each day. A period of exercise in the open air was also provided daily.

- HP28 There were good strategic objectives for learning and skills, with a clear plan about how to expand the range of activities and a strong focus on continuous improvement. Individual learning plans were linked to sentence planning where possible and prisoners received information and guidance on induction, which was routinely shared with offender supervisors. Allocation to work and education was equitable, although there were waiting lists. Education was well managed and delivered, with an appropriate range of courses and achievement. Just over 60% of the prisoners attended some form of education and classroom efficiency was approximately 80%. Tutors had worked effectively with psychologists on Westgate unit to develop courses that supported treatment.
- HP29 Some workshops were closed because of building work so there were temporarily not enough work places. There were good commercial standards and skills development in the workshops and prisoners developed an appropriate work ethic. Formal accreditation was available only in the furniture and charity workshops and although most workshops had well developed structured training, skills developed were not formally recognised. Prisoners in work could attend four education classes without loss of pay but the pay structure disadvantaged prisoners in full-time education.
- HP30 The library was small but the space was well utilised. There was no network connection to the main library site, which meant that too much librarian time was spent on administration. Access was good for vulnerable prisoners in full time education but others had to rely on only 30-minute sessions during association periods. Nevertheless, in our survey, 52%, similar to the comparator, said they went to the library at least once a week. There was an appropriate stock of books, including legal materials and Prison Service Orders.
- HP31 Physical education (PE) facilities were very good, including a good standard of cardiovascular and free weights equipment, but only Westgate unit had outside facilities. The sports hall ran a range of activities, with some accredited programmes with good achievements. There were good participation rates in PE and effective links with healthcare, with remedial programmes and a range of courses to promote healthy living.

## Resettlement

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- HP32 The resettlement strategy was out of date and too little management attention had been paid to taking it forward. There were significant backlogs with offender assessment system (OASys) and sentence plans and many prisoners waited too long for post-programme assessments. Insufficient attention was paid to the specific needs of lifers. Public protection arrangements were satisfactory. Relatively few men were released from Frankland but reintegration needs were dealt with individually. Visits facilities were satisfactory but more focus on helping prisoners maintain contact with families was needed. Westgate unit operated generally positively but some waited too long for formal assessment. Drugs services were satisfactory. The prison was not performing sufficiently well against this healthy prison test.

- HP33 The resettlement strategy was out of date and needed revision. A directorate-wide needs analysis was underway, which would help inform the strategy. The resettlement policy committee had not met for over six months and had recently been replaced by a reducing re-offending management meeting. This had met only once in January and was just beginning to review the strategy.
- HP34 Over 200 prisoners were in scope for the offender management model but all other prisoners were also allocated an offender supervisor. Probation officers interviewed prisoners within seven days of arrival and, in more complex cases, a probation officer offender supervisor was allocated. The quality of recently completed OASys assessments we looked at was generally good but there had been previous problems. A significant backlog of about 70 not initiated and over 300 out-of-date assessments affected prisoners' allocations to programmes. In our survey, significantly fewer prisoners than at other high security prisons said they had a sentence plan. Only about 22 sentence plan boards were held each month when the figure should have been nearer 70.
- HP35 All prisoners with less than a year to their release date were allocated a probation officer offender supervisor, part of whose task was to ensure good public protection arrangements were in place for release. General arrangements in the prison for safeguarding children and other risk management issues were satisfactory. However, the public protection policy was five years old and in need of updating to reflect current procedures.
- HP36 Dedicated support for lifers was under-resourced, with just one senior officer lifer manager. There were no lifer meetings, no lifer liaison officers and no lifer days. Despite having an allocated offender supervisor, life-sentenced prisoners found it difficult to get answers to their queries. Indeterminate-sentenced prisoners were not prioritised for programmes before tariff expiry and were disaffected because of their lack of progression.
- HP37 Without an up to date needs analysis, it was not clear that the provision of programmes matched need. A range of sex offender treatment programmes (SOTPs) and enhanced thinking skills (ETS) courses were delivered to a high standard but a number of prisoners had been drafted in from HMPs Holme House and Durham to complete SOTPs, which suggested a need to review the extent of its provision in a high secure setting. It was unacceptable that over 100 prisoners were waiting for overdue assessments following completion of SOTP. There were indicators of a need for interventions addressing violent offending and emotional management.
- HP38 Relatively few prisoners were released from Frankland each year and reintegration needs were appropriately assessed individually. Most were released to approved accommodation and some help with budget and money management was given as part of a pre-release course run by education.
- HP39 The programme in the Westgate unit for men diagnosed as dangerous and with severe personality disorders was continually monitored and evaluated. The assessment and treatment model was well resourced and supported by effective multidisciplinary work, including education and PE. Clinical and disciplinary decisions were well integrated. A complementary regime allowed prisoners to undertake quality activities when not in assessment or treatment. While there was positive staff-prisoner engagement and active conflict resolution, there was a need to improve communications to deal with some misunderstandings among prisoners. Almost half

the men in the unit were waiting for assessment, some for up to two years. Although a period of orientation was necessary, this length of wait caused significant frustration and disaffection, particularly for lifers. Follow-up work for those who moved on from the unit was very good.

- HP40 A visitors' centre run by NEPACS provided good support for prisoners' families. Visitors said they were well treated, although they had major problems parking and visits did not start at the published time. There were four separate comfortable visits rooms and all were well supervised. Other than visits, there was little to support contact with families, no identified lead for the children and families pathway and no special children and family days. Some work with families took place on Westgate unit.
- HP41 The drug strategy covered key areas but was not based on an analysis of needs and had no annual objectives. The in-house counselling, assessment, referral, advice and throughcare (CARAT) team was well integrated with the Focus programme. A good drugs programme was also run on Westgate unit. The provision appeared generally appropriate but there was little for those with alcohol problems. There was reasonable individual provision but no group work other than the two drugs programmes. Voluntary drug testing operated effectively mostly through compliance compacts.

## Main recommendations

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- HP42 A violence reduction and anti-bullying strategy to address the manifestation of bullying in a high secure setting should be developed. Staff should be trained in the strategy and be confident to operate it on all wings.
- HP43 A service-wide strategy should be agreed to inform and assist staff effectively to engage with and support Muslim prisoners.
- HP44 The suicide prevention management team should take action to ensure that prisoners at risk of self-harm are well supported and that the strategy appropriately reflects the particular vulnerability of prisoners on the DSPD programme.
- HP45 A full review of the segregation unit should be carried out to improve the operation of the unit, the treatment of prisoners, the delivery of the regime and the standards of cells and furniture.
- HP46 Personal officers should actively engage with their prisoners, get to know their personal circumstances and sentence planning needs and complete entries in wing files to build up an accurate account of a man's time at Frankland.
- HP47 The consistent over-representation of black and minority ethnic prisoners in areas such as use of force, adjudications, segregation and the basic level of the incentives and earned privileges scheme should be investigated and addressed.
- HP48 Sufficient work and education places should operate to keep all men active for most of the working day.

- HP49 An up to date resettlement strategy should be agreed based on a needs analysis and linked to the high security estate strategy.
- HP50 All prisoners should have up to date OASys sentence plans reviewed annually at a multidisciplinary sentence planning board.



# Section 1: Arrival in custody

## Courts, escorts and transfers

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### Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement prisoners' individual needs are recognised and given proper attention.

- 1.1 Escort vehicles were clean and adequately equipped. Some journeys were long and vehicles were delayed getting in and out of the prison. There were also some delays in escort staff getting necessary paperwork before transferring prisoners. Some prisoners were not given enough notice of a move.
- 1.2 The main external escort service was provided by GSL, although all category A escorts were carried out by prison staff and vehicles. The escort vans inspected were clean and suitably equipped. There were on average four to six movements through reception each day.
- 1.3 Prisoners arrived from many different prisons and some had long journeys. GSL escort staff told us that longer journeys were now usually broken by a night stopover at another prison. Reception was staffed from 7.30am to 7.30pm. Prisoners rarely arrived after 7.30pm but this sometimes happened, usually for category A security moves, and either reception staff would stay late or night staff would cover.
- 1.4 GSL staff described generally good relationships with prison staff but said there were sometimes delays in obtaining the necessary documentation for prisoners being transferred following re-categorisation from B to C, and this happened during the inspection. GSL staff also said they were often delayed at the prison gate for up to 30 minutes and that this situation had recently got worse due to the major building work taking place at the prison.
- 1.5 Category B or C prisoners were usually given at least 24 hours notice of transfer. However, some were not told until the day of transfer, which did not give them time to inform family and friends. They could take their property and valuables with them within reason and any left behind were sent on. There were restrictions on how much property category A prisoners could carry with them, which they found inconvenient and had led to property going missing.
- 1.6 All prisoners were handcuffed between reception and the escort van but were handcuffed during escort only when indicated as necessary by risk assessment. If necessary, prisoners could be given a meal and appropriate clothing before transfer or court appearance.

### Recommendations

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- 1.7 All appropriate documentation should be completed and made available to escort staff on their arrival at the prison to avoid delays in transfers.
- 1.8 Delays in escort vehicles entering and leaving the prison should be minimised.
- 1.9 Category B and C prisoners should be notified of transfers at least 24 hours in advance or as soon as the prison is informed of the move.

## First days in custody

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### Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

1.10 Reception was cramped and badly designed but prisoners were treated appropriately. Holding rooms were dirty and in poor condition and there was no private room for healthcare interviews. Most prisoners felt safe on their first night but, apart from the vulnerable prisoner wings, prisoners were allocated a cell wherever one was available. First night assessment interviews were too basic and not always done. New arrivals could shower on their first night but were not offered a free telephone call. The rolling induction programme started the day after reception but the materials were poorly presented and sometimes out of date. Induction was too long and prisoners spent too long locked up with nothing to do.

### Reception

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- 1.11 All relevant information was exchanged when prisoners arrived at the prison. A cell-sharing risk assessment and disability questionnaire were completed and any safer custody issues, including whether the prisoner was vulnerable, addressed. All relevant information was passed to first night staff. Reception staff treated new arrivals appropriately and aimed to minimise delays but, as elsewhere in the prison, did not usually address them by their first name or title and surname (see section on staff-prisoner relationships).
- 1.12 The number of new arrivals at any one time was generally low but the reception area was cramped, making it difficult to separate those coming in and those going out and risking the passing of contraband. Prisoners had to be strip-searched in the same room where they were being held if more than three or four new arrivals were being dealt with at the same time. Lack of space also meant property was often stored in communal areas. A metal detecting 'Boss' chair was located in the middle of the main reception area. Healthcare staff saw new arrivals but did not have a dedicated room and sometimes had to interview prisoners in communal areas.
- 1.13 The four functional holding rooms were very small. They were not cleaned regularly and some were dirty. There was no information displayed and nothing to keep prisoners occupied. Meals and drinks were available and prisoners were routinely given bedding and canteen materials. Smokers were offered a smoker's pack but there was no equivalent pack for non-smokers.
- 1.14 There was no information or support for non-English speakers.

### First night

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- 1.15 In our survey, 77% of prisoners, significantly higher than the comparator, said they had felt safe on their first night. Vulnerable prisoners were located in one of six clean but shabby first night cells that were directly opposite the induction room where trained staff were available to

provide first night induction work. Prisoners spent between four and five days in these cells before moving to a permanent location. Other prisoners were allocated to any available cell on F or G wing. They were supposed to be seen by an induction officer on their first night but this did not always happen, particularly if a prisoner arrived late or when induction officers were off duty. Information provided was very basic and safer custody and individual needs were not explored in sufficient depth. In our survey, prisoners were less positive than the comparators about the information and support they received on their first night.

- 1.16 Most prisoners could shower on their first night but they were not offered a free telephone call. Induction officers said they would contact a prisoner's family or friends on request. Listeners were able to support prisoners on their first night if needed.

## **Induction**

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- 1.17 Induction started on the first working day after reception and included a talk by an induction officer and sessions by specialists and other staff. Designated induction staff were provided on D wing for vulnerable prisoners and G wing for others. The information provided was relevant but not consistent across the two wings. Some of the materials used were poorly presented and out of date. New arrivals were allocated personal officers and told how to access employment, education and programmes.
- 1.18 Induction was scheduled to last two weeks but staff said it could take even longer. Prisoners complained that they were locked up for long periods with nothing to do.

## **Recommendations**

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- 1.19 Reception should be refurbished and extended to allow a more efficient flow of prisoners coming in and going out of the prison and provide dedicated space for strip searches, the Boss chair and healthcare interviews.
- 1.20 Holding rooms should provide a welcoming and clean environment and contain relevant information to occupy new arrivals.
- 1.21 Non-smokers should be offered reception packs.
- 1.22 Reception staff should have clear guidelines about how to communicate with non-English speaking prisoners and access to translated materials.
- 1.23 First night cells for vulnerable prisoners should be fully equipped, bright and welcoming.
- 1.24 All prisoners should be interviewed in private on their first night and given relevant information about the prison, and an in-depth assessment of their initial needs made and communicated to night staff.
- 1.25 All new arrivals should be offered a free telephone call.
- 1.26 A core consistent induction programme should be completed more quickly and should fully occupy prisoners, with relevant information effectively presented.



# Section 2: Environment and relationships

## Residential units

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### Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

2.1 All cells were single and appropriately furnished but a recent practice of keeping doors locked open left prisoners vulnerable to theft. The design of the older wings made them difficult to supervise. In-cell toilets were not adequately screened. Prisoners could comment on the facilities through wing consultation meetings. There were sufficient telephones but not all provided sufficient privacy. Prisoners could wear their own clothes but there were difficulties in obtaining property from reception. There was good access to laundry and showers but showers had limited privacy. The prison was clean and well maintained.

### Accommodation and facilities

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- 2.2 Vulnerable prisoners were accommodated on A to D wings, each holding up to 108 prisoners. The stairwells were blind spots, unobserved by staff and not covered by cameras and general sight lines were poor. The general population was located on the newer F and G wings, holding 120 and 88 prisoners respectively. Prisoners with mobility difficulties were held on B1 spur where hand rails, a stair lift and a telephone for hearing impaired prisoners were provided. Westgate unit (the dangerous and severe personality disorder unit) held up to 80 prisoners in four identical units.
- 2.3 All cells were single and, along with communal areas, in good condition. Accommodation on Westgate unit was particularly good. Cells were adequately furnished with a table and chair, small wardrobe, shelving, television, lockable cupboard and a kettle. Each had an in-cell toilet.
- 2.4 Prisoners did not have cell keys. Following a recent hostage incident, officers locked open doors after unlock to prevent them being slammed shut from the inside. Some prisoners complained that as a result property had been stolen from their cells and they felt unsafe as cells were open to all.
- 2.5 All wings had well equipped and properly supervised association areas. Every landing had its own prisoner kitchen and all prisoners could cook for themselves (see section on catering).
- 2.6 Prisoners were consulted about residential facilities and a prisoner representative from each wing attended monthly consultation meetings. Meeting minutes were displayed on wing notice boards alongside a range of information about regimes and services.

### Telephones and mail

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- 2.7 There were sufficient telephones. Telephones on A to D wings were in booths but those on F and G wings were not, so calls could not be made in private. Prisoners complained about the high cost of making calls. All telephone numbers were checked and approved before being

added to a prisoner's account. Prisoners knew that, with some exceptions, calls were monitored.

- 2.8 Prisoners were allowed one free letter a week and could receive and send as many others as they could afford. Locked post boxes on all wings were emptied daily except on Sundays. All incoming and outgoing post was read by four operational support grade officers. Outgoing mail was posted within 24 hours but delivery of incoming post was sometimes delayed if a lot of post was received or any of the censors had to work elsewhere. In our survey, 47% of prisoners in the main prison said they had problems sending or receiving post. Post of prisoners identified as posing a significant risk was copied and sent to security. The censors had received some training on public and child protection issues and in identifying risk factors.

### **Clothing and possessions**

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- 2.9 All prisoners were able to wear their own clothes. Prison-issue clothing, including shoes, was provided if necessary. No clothing or other items could be brought in on visits.
- 2.10 The facilities list dated November 2006 stated that 'no uniform style shirts, polo shirts or jumpers in black, white or navy blue' were allowed. However, many prisoners complained about inconsistent advice from officers about what clothing was acceptable. Some had been allowed to order certain items only to have them banned subsequently because they could be adapted to look like officers' uniform.
- 2.11 Many prisoners also complained about difficulties in accessing their property stored in reception. We saw one application form dated 18 December 2007 that did not arrive in reception until 4 February 2008, by which time the prisoner concerned had been transferred elsewhere.
- 2.12 Every wing had a laundry and prisoners could wash their clothes weekly. Sheets and bedding were exchanged weekly.

### **Hygiene**

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- 2.13 All cells and communal areas were clean and prisoners could get cell cleaning materials easily. Some complained that only a mild cleaning fluid was available and that there was no disinfectant for toilets.
- 2.14 All prisoners ate in their cells but the toilets were not adequately screened from the rest of the cell and some could not be used in private. Prisoners could shower daily and communal toilets and showers were generally clean, although there was some damage to the ceilings in F wing due to inadequate ventilation. Showers were separated by a screen but open at the front. Shower recesses also contained baths but these were unscreened and could not be used in private.

### **Recommendations**

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- 2.15 Cameras should be installed on the stairwells on A to D wings.
- 2.16 Cell doors should not be locked open.
- 2.17 All telephones should be in booths to provide privacy.

- 2.18 Prisoners' calls should be charged at the cheapest possible national rate.
- 2.19 Incoming post should be received by prisoners within 24 hours of arrival.
- 2.20 Prisoners should be able to have clothing and footwear handed in on visits.
- 2.21 The facilities list should be revised in consultation with prisoners, with clear guidelines on the style and colour of clothing allowed.
- 2.22 Prisoners should be able to get their stored property within one week of making an application.
- 2.23 All toilets should be effectively screened.
- 2.24 Prisoners should be able to take a shower or bath in private.

### Housekeeping point

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- 2.25 The shower recesses with water damage should be refurbished.

## Staff-prisoner relationships

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### Expected outcomes:

Prisoners are treated respectfully by all staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

2.26 Relationships between staff and prisoners varied significantly between wings. They appeared reasonably good on the vulnerable prisoner wings and very good on Westgate unit but were more distant on the general location wings. Staff were usually friendly towards prisoners but sometimes used unprofessional and inappropriate banter.

2.27 In our main survey, 66% of prisoners said most staff treated them with respect and 67% had a member of staff they could turn to for help if they had a problem. Both results were similar to the comparators. Responses about being treated with respect were similar across most groups of prisoners, including black and minority ethnic prisoners. Vulnerable prisoners were significantly more positive than others about having someone to support them, but only 42% of main location prisoners said this was the case. Responses to questions about victimisation by staff were generally better than the comparator, except about victimisation because of sexuality (see section on diversity). More prisoners than the comparator said staff spoke to them most of the time during association, although about a third said staff rarely spoke to them. Vulnerable prisoners were more positive than other prisoners about this.

2.28 A measuring the quality of prison life (MQPL) exercise in March 2007 had produced mixed results. One score for relationships with staff was neutral while the other indicated negative perceptions. The score for fairness fell close to the bottom of the range. Written comments about staff were mostly negative, with references to some being uncaring and unhelpful and not treating prisoners as individuals. Positive comments included that staff were not petty and

were generally fair. Our own discussions with prisoners reflected some of these points. Few said relationships with staff were positive but some acknowledged that most staff were reasonable and often more willing than at other prisons to be flexible. The point about not being seen as an individual was often repeated. Prisoners were very positive about relationships with teachers and workshop staff.

- 2.29 Relationships between staff and prisoners varied considerably across the wings. Interactions on Westgate unit were very good. The unit was well staffed and positive engagement with the men there was an integral part of the ethos and the therapeutic environment. Interactions on the vulnerable prisoner wings were reasonably good, relaxed and friendly, although we heard some inappropriate, if well-meant, banter. We also heard anecdotal accounts of unprofessional jokes by officers. Relationships on the general location wings did not appear as good and staff were noticeably more disengaged.
- 2.30 A number of staff throughout the prison tended to congregate in groups in offices or on the landings rather than regularly patrolling and building relationships with prisoners. The relatively low levels of use of force and formal disciplinary proceedings did not suggest that staff were heavy handed and they were generally relaxed in their approach. We saw a good example of officers being tolerant and de-escalating a confrontational situation with a prisoner.
- 2.31 Most prisoners were addressed by their surnames alone, although there was occasional use of first names. A number of staff said they got to know prisoners very well as they usually remained at Frankland a long time. This was not reflected in written records (see section on personal officers).
- 2.32 Regular prisoner consultative committee meetings were held, usually monthly. The meetings were well recorded with clear action points and responsibilities that were followed up at subsequent meetings. Most of the matters dealt with were relatively minor domestic issues and some prisoners commented that there was no real discussion about the major issues affecting them.

## Recommendations

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- 2.33 Prisoners should be addressed by their first name or surname and title.
- 2.34 All residential officers should interact regularly and appropriately with prisoners.
- 2.35 The prisoner consultative committee should include time for wider discussions on matters of concern to prisoners such as relationships with staff, safety issues and resettlement and progression matters.

## Personal officers

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Expected outcomes:

Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

- 2.36 Prisoners were less positive about personal officers than in other high security prisons. Most knew their personal officer but few said the scheme had much meaning. Personal officer

entries in wing files were regular but mechanistic and showed little in-depth knowledge of prisoners.

- 2.37 There was no formal personal officer policy document but a paper for staff outlined the responsibilities of the scheme and the role of the personal officer and gave some useful guidance about personal officer contributions to history sheets. Few of the officers we spoke to seemed aware of the guidance, although we did find some copies in history sheets, usually in files of more recent arrivals. The guidance was undated. It appeared from some of the content to be some years old but was clear, concise and helpful. None of the officers we spoke to had received any specific personal officer training at Frankland.
- 2.38 In our survey, significantly fewer prisoners than the comparator said they had met their personal officer in their first week or that they found their personal officer helpful. Vulnerable prisoners were more positive, although still lower than the comparator, and those on Westgate unit showed no significant difference. Perceptions about personal officers on the ordinary location wings were much poorer than in other parts of the prison. All the prisoners we spoke to said they knew their personal officer but most said the scheme meant little to them. A minority described their relationship with their personal officer as very good.
- 2.39 Prisoners on Westgate unit had an allocated key worker rather than a personal officer. Key workers performed the same function as personal officers but were also expected to complete the additional reports required on that unit. Staffing levels on the unit allowed one officer to act as a single key worker for each prisoner and the arrangement worked well.
- 2.40 Personal officers were expected to complete entries in prisoners' history sheets. Most wing files contained regular entries backed up by management checks, although few managers commented on the quality of entries. One senior officer, however, had identified an unacceptable comment about a prisoner in one entry and indicated that he or she had spoken to the officer responsible. Very few entries mentioned family issues, sentence plan targets or suggested any real depth of personal engagement. Many were repetitive and mechanistic. This was disappointing in a prison with a low staff-prisoner ratio where personal officers were rarely responsible for more than three prisoners on their wings and where prisoners stayed a long time. Officers said most entries were completed at weekends. On G wing, history sheets were kept locked in a cupboard in a small anteroom with the snooker equipment and kitchen tools, so it was unlikely that officers would make active ongoing entries.
- 2.41 It was possible that the poor written entries belied a good knowledge of the prisoners and some concern for their care, which went unrecorded. In one of the very few entries that mentioned family, a prisoner's wife had died and the prisoner expressed a wish to visit her body in the chapel of rest rather than attend the funeral. The personal officer reported this in his entry but there was no subsequent mention that this had been arranged, or anything about the prisoner's reaction to his wife's death or that the personal officer had spoken to him about it. Although not recorded on the history sheet, we later learned that arrangements had been made for the man to attend the chapel of rest.
- 2.42 None of the files examined identified any special needs, even on B1 landing, which was a specific allocation for older prisoners.

## Recommendation

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- 2.43 Men with specific care needs such as older prisoners and those with disabilities should have regularly monitored care plans as part of their wing files.

## Housekeeping point

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- 2.44 Personal officers should be reminded of the existing guidance on their role and responsibilities.

# Section 3: Duty of care

## Bullying and violence reduction

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### Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

- 3.1 There was a standard anti-bullying and violence strategy. Information on incidents of violence and related behaviour was reported monthly but required closer analysis. Prisoners subject to anti-bullying measures were monitored but this was observational only and management checks were inadequate. However, the strategy was used almost entirely for vulnerable prisoners and the failure to identify and deal with bullying and intimidation among the general population was a major weakness.
- 3.2 The safer custody manager's role had initially been part time, with a shared responsibility for healthcare. It was now nominally full time but the current manager undertook other principal officer duties two days a week, backed up by a senior officer for two days. The safer custody team was based in the healthcare department, where prisoners on a constant watch were held.
- 3.3 The violence reduction strategy and policy had been updated in January 2007 and covered key aspects of violence reduction and anti-bullying. An action plan had been developed but did not include specific annual objectives with defined timescales.
- 3.4 The anti-bullying policy was widely publicised. Information was displayed on all wings and included in the induction programme. A biennial survey on the nature and extent of bullying was undertaken and included questionnaires for prisoners and staff. The last published survey in August 2006 was based on information compiled in January 2005 and was out of date. A further survey had been undertaken in January 2007 but the results had yet to be analysed. Prisoners being released and staff leaving the prison were also asked to complete a survey and the results were relayed to the monthly violence reduction strategy group meeting.
- 3.5 Violence reduction strategy group meetings were well attended by a multidisciplinary range of staff. A safer custody report included all incidents of assault, violence-related adjudications, racist incidents and unexplained injuries. This information was evaluated monthly, often with reference to the previous month and some, but not all, figures were compared against the previous three months. Figures were not evaluated quarterly or biannually so only extreme clusters were identified.
- 3.6 All wings had identified anti-bullying liaison officers but they acted only as a link between the wing and the safer custody office and did not undertake specific work with identified bullies or victims. A staff awareness training programme developed through the psychology department was due to be rolled out in the month following the inspection.
- 3.7 Given the relatively sophisticated population, it was not clear that there were sufficient systems to ensure that intimidation and bullying were effectively managed. In our main survey, just over

half of all prisoners, similar to the comparator, said they had felt unsafe at some point. Responses from black and minority ethnic prisoners were significantly worse than white prisoners. Some Muslim prisoners convicted of terrorist offences had been subject to violent attack, and other Muslims felt threatened and had sought protection in the segregation unit. Prisoners on Westgate also felt less safe but this appeared to relate more to their situation than violence or intimidation on their wings. Twenty-one per cent of prisoners in the main prison said they felt unsafe at the time of the survey. The prevalence of opiate-based medication increased the likelihood of bullying and more in our survey said they had been victimised because of drugs.

- 3.8** Forty-nine anti-bullying logs had been opened in 2007. Two, a stage one and a stage two, were open during the inspection. Only one of the 49 cases in 2007 had been on the ordinary location wings and D wing (vulnerable prisoners) had significantly more (17) than other wings. This indicated an unwillingness to identify and challenge bullying and intimidation among the general population. In our survey, almost a third of main location prisoners on F and G wings said they felt unsafe, twice as many as vulnerable prisoners. Reasonable attempts were made to investigate bullying allegations appropriately and to establish clear evidence to support claims. However, nearly all bullying logs had been opened based on a report from the victim and none based on staff observations or information supplied by them. Little or no action was taken if a victim refused to name his assailant. Although prisoners said bullying was not rife, some believed that particular bullies would continue to intimidate, safe in the knowledge that victims were too fearful of reprisals to raise concerns.
- 3.9** The anti-bullying strategy included three stages: stage one involved basic monitoring; stage two involved continued monitoring and a demotion to basic regime; and stage three meant the bully was moved to the segregation unit and required to undertake anti-bullying work through the psychology department. Of the 49 cases in 2007, 43 were stage one and six had progressed to stage two so no one had taken part in an intervention. Most stage one logs were closed within a fortnight and there were rarely any indications of ongoing problems or continued bullying. Staff and prisoners believed that, as monitoring was generally observational, prisoners merely stopped bullying until they were removed from anti-bullying procedures. No post-bullying reviews were undertaken. Management checks were made and recorded in files but simply indicated that the correct procedures had been followed rather than commenting on quality.
- 3.10** Stage two of the strategy operated differently on Westgate unit, which used the unit's re-engagement programme. This could operate for up to five weeks but was usually much shorter. It included observations from staff, regular reviews from a multidisciplinary team and support and encouragement to engage positively with the unit's therapeutic regime. Some prisoners were also subject to a brief version of this programme after stage one had been completed.
- 3.11** Victim logs had been developed and victims were monitored for a minimum of two weeks but there was little active support.

## Recommendations

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- 3.12** Specific annual strategic objectives should be identified in the violence reduction strategy with a timescale, and be monitored by the safer custody group throughout the year.

- 3.13 The safer custody group should commission an annual safer custody survey that addresses prisoners' and staff views and makes specific developmental recommendations.
- 3.14 Violence reduction and anti-bullying procedures should operate effectively throughout the prison and should not rely on victims reporting bullying and intimidation.
- 3.15 The violence reduction strategy should include measures to ensure the personal safety of Muslim prisoners threatened because of their offences or for other reasons.
- 3.16 Violence reduction and anti-bullying data and statistics should be monitored and evaluated quarterly and annually to identify patterns and trends.
- 3.17 Anti-bullying training should be undertaken by all staff.

### Housekeeping point

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- 3.18 Anti-bullying logs should be subject to management checks that include quality evaluations.

## Self-harm and suicide

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### Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.19 Incidents of self-harm and the number of prisoners subject to assessment, care in custody and teamwork (ACCT) procedures were quite high, with the Westgate unit disproportionately represented. There were no investigations into serious incidents. Information collated monthly was not analysed for trends and patterns and management checks did not include effective assessments of quality. Review meetings were not sufficiently multidisciplinary. The quality of interaction and care for prisoners at risk varied and not all men were given sufficient support. Listeners were reasonably supported.
- 3.20 Suicide and self-harm issues were well integrated into wider safer custody matters and information discussed and covered by the bimonthly suicide prevention management team also fed into the safer custody and violence reduction committee. A suicide prevention advisory committee had also been formed, attended by prisoner Listeners, and minutes from these bimonthly meetings were a standing item at the management meetings.
- 3.21 The suicide and self-harm policy document included an action plan, which had last been updated in September 2007. This did not detail how identified objectives were to be met or in what timescales. Objectives that had been achieved were retained on the action plan, which appeared more of a checklist than a strategic plan.
- 3.22 In 2007, 188 ACCT documents were opened. While high, this marked a steady decline over the previous few years and a 30% reduction since 2004. There had been 341 actual self-harm

incidents and almost 40% occurred on the Westgate unit. Most of the others were on the vulnerable prisoner wings and only seven incidents (2%) occurred on the ordinary location wings. Twenty-seven prisoners were on open ACCT documents during the inspection. Monthly statistical reports were collated and included information on the location and type of incident, multiple incidents and time of incidents along with an outline of cases opened and closed. This was interrogated at the suicide and self-harm management meeting but, other than the numbers of ACCT documents opened, the information was not collated or evaluated regularly to establish patterns or trends.

- 3.23 Initial assessments in ACCT documents sampled were reasonably comprehensive and focused on appropriate issues. However, care maps were often vague and when specific objectives were set they usually related to a practical activity, such as making contact with a family member, rather than dealing with underlying causes. Prison staff, including personal officers, were rarely given a specific role. The quality of recorded engagements varied. In the main, prison staff mostly observed prisoners, who said contact was usually limited to checking they were okay. Engagement on Westgate unit was more positive.
- 3.24 ACCT reviews were held at appropriate intervals but were rarely multidisciplinary, even when other departments were actively involved with the prisoner. The safer custody team kept an up to date log of all prisoners on an ACCT document and included the date of the next review. All staff could view the log on the intranet but this was not widely known. Times of reviews were not included on the log and meetings were often convened at relatively short notice. Prisoners we spoke to did not know the date of their next review, even when this was the next day. There were no examples of family involvement.
- 3.25 Management checks covered procedures but there was no evaluation of the quality of engagement or support as a means of improving practice. The suicide prevention advisory group reviewed some cases for quality control but there was no mechanism to ensure that guidance identified was subsequently implemented.
- 3.26 There had been two serious incidents of self-harm in 2007. Both were reported at the November meetings of the suicide and self-harm management group and the safer custody violence reduction group but there had been no investigations to ensure that any lessons were learned.
- 3.27 There were 12 Listeners. The Listener suite was in the healthcare department and appropriately furnished and managed. A Listener stayed in the suite every night and, when support was required, a second Listener also attended. There were no Listeners based on Westgate unit but they had access to the suite. Listeners were generally well supported by the Samaritans and some parts of the prison but said their role was not always taken seriously. A presentation outlining their work put together in the summer had not yet been used to raise staff awareness.

## Recommendations

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- 3.28 **An annual suicide prevention strategic action plan should be developed that includes developmental objectives for the year against an agreed timetable.**
- 3.29 **Assessment, care in custody and teamwork care maps should be SMART (specific, measurable, achievable, realistic and time-bound) and should be reviewed in all assessment, care in custody and teamwork reviews.**

- 3.30 Where appropriate, families of prisoners subject to assessment, care in custody and teamwork should be informed and involved in the support of the prisoner.
- 3.31 Assessment, care in custody and teamwork reviews should be multidisciplinary and the reviews should be planned, with dates and times circulated to all relevant parties.
- 3.32 The suicide and self-harm advisory group should ensure that assessment, care in custody and teamwork documents are monitored for quality and that guidance from this is incorporated into practice development.
- 3.33 All serious incidents of self-harm should be quickly investigated and an action plan developed and reviewed through the self-harm management group to ensure that any necessary lessons are learned.

## Diversity

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**Expected outcomes: All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support.**

3.34 There was no diversity strategy but a disability strategy had been updated in 2006. Almost a third of prisoners considered themselves to have a disability. There was no dedicated disability liaison officer and some previous good work was at risk of being eroded. Provision for prisoners with disabilities was reasonably good on B wing but patchy elsewhere. Although staff were aware of prisoners with physical disabilities, there were no care plans. Nothing was done to support gay or bisexual prisoners and few staff had received any diversity training.

3.35 In our surveys, 29% of prisoners, against a comparator of 19%, said they had a disability. Identified disabilities ranged from dyslexia to mental illness and a range of physical impairments. Eight per cent said they were gay or bisexual. Fifty-seven prisoners were over the age of 60 and the oldest was 80. There was no diversity policy for prisoners. There was a strategy, dated 2006, for managing prisoners with specific needs and disabilities. This covered legal and ethical objectives and detailed operating guidelines about reception, access to activities and regime and a list of facilities currently available. There was no needs analysis.

3.36 There was no disability liaison officer. The previous post-holder had moved to other duties but many staff referred disability issues to him and he dealt with what he could. The post had been advertised several times but without success.

3.37 Information on disability was collected at reception. Most was disclosed by prisoners on a questionnaire and the space where the reception officer could identify any perceived needs was rarely completed. The questionnaire answers were entered on a database in the sentence planning office. This held information on around 30% of the population, although it was not clear that all the information was up to date. The data included information on type of disability and facilities and support required. The database was accessible only to staff in the sentence planning team and little was done with the information.

3.38 There were some good arrangements for individual prisoners with disabilities. The ground floor landing on B wing was used predominantly for prisoners with mobility problems and older prisoners. Facilities included a wheelchair lift to the association area and servery, an

evacuation chair, adapted cooking aids and shower chairs in the recess. Prisoners on the landing said staff were helpful and aware of their needs. An association room had been converted into a workshop, providing employment and company for up to nine men unable to attend work off the wing. The gym provided several sessions for older and disabled prisoners and these were well attended. Outside exercise was difficult due to the stepped walkways. Several older prisoners attended a 'reminiscence' group run by the education department but numbers were declining.

- 3.39 Rates of pay for retirement were good, although many prisoners of retirement age chose to carry on working. Retired prisoners on A wing (the enhanced wing) were unlocked for most of the day but this was not usual elsewhere and was subject to staff discretion.
- 3.40 A designated nurse from healthcare was responsible for liaising with B wing about special needs and older prisoners. In September 2006, healthcare staff had commissioned an Age Concern survey of current practice and exploring the possibility of working inside the prison. The local branch had offered to come in regularly to examine the extent and usefulness of the provision but this had not yet taken place.
- 3.41 Elsewhere in the prison, provision for disabled and older prisoners was patchy. Staff were mostly aware of prisoners with visible physical problems and all wings had an evacuation plan listing those who required extra help. There were no care plans and no adjustments on the wings. Four designated disabled cells on Westgate unit were mostly used for prisoners without a disability. There was no particular provision on ordinary location wings. Without a disability liaison officer, there was no central point for information and some prisoners said their needs were not being met and that it was difficult to get a decision about items they needed.
- 3.42 There was some provision for gender dysphoric prisoners, with special consideration about clothes and possessions. Staff and prisoners were said to be tolerant. However, little was done to support gay or bisexual prisoners. Gay prisoners reported a more negative experience, stating that many prisoners were intolerant and that some staff turned a blind eye to homophobic name-calling. Prisoners said staff were unwilling to tackle this behaviour directly, although they would take action if the prisoner was prepared to report the abuse in writing. One prisoner had complained through the racist incident reporting system after being advised to do so by staff. Significantly more than the comparator in our survey said they had been victimised by staff because of their sexuality. Only 20% of staff had received any diversity training.

## Recommendations

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- 3.43 The prison should produce a diversity strategy that addresses all areas, including disability, age and sexual orientation.
- 3.44 A disability liaison officer should be appointed and given sufficient time and support to carry out the duties effectively.
- 3.45 A disability needs analysis should be carried out.
- 3.46 Prisoners with recognised disabilities should have residential care plans carried out in conjunction with healthcare staff.
- 3.47 Homophobic name-calling and abuse should be vigorously challenged by staff and dealt with under the violence reduction strategy.

- 3.48 Information collected from reception about disability should be available to all staff working with prisoners and routinely analysed.
- 3.49 Older retired prisoners or those with disabilities who are unable to work should be unlocked during the core day consistently across all wings.
- 3.50 All staff should receive diversity training.

## Race equality

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### Expected outcomes:

All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected.

3.51 Black and minority ethnic prisoners accounted for 14% of the population but staff were overwhelmingly white. Prisoners reported little overt racism but were negative about many important areas of prison life. Black and minority ethnic prisoners were over-represented in segregation, use of force and on basic regime, but this was not being addressed. The race equality action team met regularly but there were some gaps in attendance. Racist incident report forms were dealt with effectively by a full-time race equality officer but senior management scrutiny was lacking. Consultation with prisoner representatives was good but race impact assessments did not consult the wider prisoner community. Data was well organised. Many black and minority ethnic prisoners, half of whom were Muslims, said they had been victimised by staff and other prisoners because of their religious beliefs.

### Race equality

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- 3.52 Black and minority ethnic prisoners accounted for 14% of the population. Staff from minority ethnic backgrounds accounted for less than 2% of staff in contact roles. Prisoners we spoke to reported little overt racism but some sensed an underlying racism on the part of staff and other prisoners. In our survey, black and minority ethnic prisoners reported more negatively than white prisoners across a wide range of important indicators including treatment in reception, canteen, incentives and earned privileges and victimisation by staff and other prisoners. Notably, 21%, compared to 4% of white prisoners, said they had been subject to use of force. They were more positive about education, access to the gym and confidence in the complaints system.
- 3.53 Muslim and non-Muslim prisoners did not report animosity between different religions but some tension was evident. Two Muslim prisoners had been suspended from Friday prayers for 'security reasons'. A number of Muslim prisoners were held in segregation and the security department monitored those known to hold 'radical Islamic' views. Muslim prisoners were disaffected about being prevented from praying together communally. Almost half of black and minority ethnic prisoners were Muslim and in our survey significantly more black and minority ethnic prisoners than white prisoners said they had been victimised by staff and other prisoners because of their religious beliefs.
- 3.54 Race equality was managed by a full-time principal officer supported by an administrative grade assistant race equality officer. Both were committed and proactive. Consultation arrangements were very good and the team met with a large group of race equality prisoner representatives monthly. The meetings included staff representatives from the residential

wings who acted as the liaison point for race issues, although some were unclear about their role. Prisoner representatives also held an organised and minuted meeting to discuss issues among themselves that were taken to the race equality action team (REAT). Most issues related to practicalities such as canteen and religious provision. Prisoner representatives were widely consulted on issues such as induction and the cultural awareness programme and had carried out their own survey of prisoner perceptions in March 2007, which had been discussed at the REAT. Photographs of race relations representatives and the REAT team were displayed throughout the establishment but this did not include wing staff representatives, an issue that had been raised repeatedly by the REAT and prisoner representatives.

- 3.55 The REAT was reasonably attended, although the security, healthcare and safer custody departments were conspicuous by their absence. The REAT included representatives from South Tyneside Race Equality Council who had been actively involved in the prison, although this had diminished recently due to sickness. Prisoner representatives attended all REAT meetings and spoke positively about their involvement. The race equality officer (REO) maintained good contact with external advisers and he or his assistant had attended a number of external forums and events in 2007, including two visits to other establishments to look at good practice and Prison Service conferences.
- 3.56 Monitoring information was well organised but it was not clear what, if any, action had been taken about significant areas of concern. Throughout 2007, black and minority ethnic prisoners had been over-represented in all areas of good order including adjudications, the segregation unit, use of force and those on basic. In 10 of the previous 12 months, segregation had been flagged under 'take action' on race monitoring. Many of the prisoners involved were Muslims. The REAT had noted this imbalance but there had been no management discussion about the cause or how to address it.

### **Managing racist incidents**

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- 3.57 Three hundred racist incident report forms (RIRFs) had been received in 2007, about a third of which originated from the request and complaints system where prisoners had indicated they believed their complaint had a racist element. Few were judged to have a racist element and the reason why so many prisoners used this route had not been discussed. Staff suggested prisoners believed complaints would be dealt with more quickly under the race agenda. A disproportionate number of race complaints (four of 23 received in 2008 and 51 of the 304 received in 2007) originated from the segregation unit. Although some were from the same prisoner, this had not been properly investigated.
- 3.58 Most reported incidents were relatively minor, although there were a number of complaints about racial abuse between prisoners and some accusing staff of racist treatment of prisoners. Two-thirds involved staff incidents with prisoners. Most complaints were not upheld. The REO carried out most investigations, although some were passed to senior officers or other department managers. Most complainants were seen in person and given either written or verbal feedback. One complaint in 2008 had been referred to the police. Mediation was not used.
- 3.59 Senior managers had not signed any RIRFs since October 2007 and those that had been signed before that contained no comment or feedback. There was little evidence of any involvement at a Directorate level, although the race equality coordinator for the high security estate visited occasionally and had some involvement with race impact assessments. Management of race issues was largely devolved to the REO and his assistant. Some RIRFs had been quality checked by the South Tyneside Race Equality Council and more recently by

the governor responsible for race in the prison, but no feedback had been provided to the REAT.

- 3.60 We were told that some staff were reluctant to submit RIRFs. Staff diversity training had slipped, with only 20% trained against a target of 30%. The prison had been waiting for the new diversity training package, which had been delayed at Prison Service headquarters. It was possible that this contributed to the lack of awareness among some staff about the reporting process and race incidents in general. Most staff on the REAT had been trained for their role.
- 3.61 The assistant REO kept a log of prisoners identified as involved in racist activity. This was available to all staff through a shared database. Fourteen prisoners had been identified, some whose crimes were racially motivated and others with links to racist organisations. They were held on ordinary location on racially mixed wings. The REO had received one complaint from a prisoner about this. Although there was little evident tension, there had been animosity and attacks on Muslim prisoners convicted of terrorism offences, and subsequently a serious incident involving groups of black and minority ethnic and white prisoners. Prisoners and staff said most prisoners wanted to 'keep their heads down' and not attract any trouble.

### **Race equality duty**

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- 3.62 Race impact assessments had been undertaken for 12 areas and two of these were complete. The remainder were at the review stage but were not yet assessed as completed. Most impact assessments had been completed with prisoner race representatives, who had received some training in 2006, but the wider prison population was not involved. Impact assessments in the areas of good order, use of the segregation unit and adjudications had identified that black and minority ethnic prisoners were over-represented. The review of these impact assessments was overdue.
- 3.63 The prison had marked black history month with some educational displays. A main diversity event was planned for March, with music, talks and an exhibition from the Anne Frank Trust. A representative from the Damilola Taylor Trust planned to attend.

### **Recommendations**

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- 3.64 Senior managers should regularly scrutinise racist incident report forms and provide feedback about investigations.
- 3.65 Racist incident report forms should be subject to external quality checks and feedback given to the race equality action team.
- 3.66 Race impact assessments should include consultation with the wider prisoner community rather than just prisoner race representatives.
- 3.67 The new diversity training package for prison staff should be implemented without delay.
- 3.68 Race monitoring should include data about faith affiliation.
- 3.69 Staff race representatives should be given a job description and detailed briefing about their role.

- 3.70 Interventions to deal with racist behaviour should be introduced and should include, where appropriate, mediation between the complainant and subject of the complaint.

### Housekeeping point

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- 3.71 Photographs of prison staff race representatives should be displayed on each unit.

## Foreign national prisoners

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### Expected outcomes:

Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the specific needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.

- 3.72 Fifty prisoners were recorded as foreign nationals. A foreign national liaison officer had been appointed only three months previously and most issues were addressed through the race equality action team. All foreign national prisoners were able to make a free monthly call to their home country. There was no needs analysis and little use of translation services. A planned immigration surgery had been cancelled and there was no independent immigration advice service. One immigration detainee had been held for an exceptionally long time.
- 3.73 There were 50 recorded foreign national prisoners, although 10 said they were UK citizens who were born overseas. There was one detainee who had been held since the end of 2006 pending asylum appeal and travel documentation. Around 20 nationalities were represented. Foreign national prisoners said they felt isolated and uncertain about their immigration status. Most had legal representatives, although these were generally concerned only with criminal matters rather than immigration status. There were no links with any independent agencies such as the Immigration Advisory Service.
- 3.74 Arrangements for foreign national prisoners were fairly new and the foreign national liaison officer (FNLO) had been in post only three months, receiving about one day a week for this work. The administrative clerk had received no specific training but had been doing the job for some time, maintained good records and had good links with the criminal and casework division of the Border and Immigration Agency (now the UK Border Agency). A recent planned surgery with immigration staff, which was anticipated to involve 38 prisoners, had been cancelled for operational reasons and was yet to be rescheduled.
- 3.75 The foreign national strategy covered relevant areas but was out of date and did not include an action plan. There had not been a needs analysis. The extent of language need, for example, was not known. Most, but not all, foreign national prisoners had a good understanding of English and many were involved in education courses. The FNLO had asked prisoners willing to interpret to put their names forward but had received virtually no interest. Few staff with language skills expressed a willingness to translate. A professional interpreting service was sometimes used but mostly for security and the translation of incoming and outgoing letters for censorship. Some material, including racist incident report forms and requests and complaints, had been translated but otherwise little information was available in languages other than English. We were told that the visiting information booklet had also been translated but this was not available in the visitors' centre.

- 3.76 All foreign national prisoners were offered a separate telephone account to call abroad and all, irrespective of whether or not they received visits, could make a free monthly telephone call.
- 3.77 There were no dedicated foreign national prisoner representatives and the role was undertaken by race relations representatives, some of whom were foreign nationals. There was no separate committee but race equality action team meetings included a report on foreign national issues and addressed areas such as property (for example, newspapers and CDs from overseas suppliers).

## Recommendations

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- 3.78 The foreign national policy should be revised based on an up to date analysis of the needs of foreign national prisoners, including language skills, and should contain an action plan.
- 3.79 A multidisciplinary foreign nationals committee should be established to ensure the needs of foreign nationals are met and oversee the implementation of the policy.
- 3.80 Links with independent immigration advisory groups should be established.
- 3.81 Regular surgeries with the UK Border Agency should be held.
- 3.82 Accredited translation and interpreting services should be used for prisoners who do not understand English well whenever matters of accuracy or confidentiality are a factor.
- 3.83 Foreign national prisoners coming into the prison should routinely be asked if they are willing to interpret for other prisoners. This information should be held on a database along with an up to date list of all languages spoken.

## Applications and complaints

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### Expected outcomes:

Effective application and complaint procedures are in place, are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

3.84 Application and complaints forms were readily available. Not all applications could be tracked because of multiplicity of forms. Complaints were not routinely analysed for trends and many were answered late or not at all. Prisoners' confidence in the complaints system was undermined by wing staff emptying the complaints box.

3.85 Application forms were readily available on the wings. A new form in triplicate had been introduced for general applications to facilitate the tracking of responses but many of the most common issues for applications, such as telephones, mail and property, had their own separate application forms. There were up to 29 different forms in the large sets of pigeonholes for them on each wing. In our survey, more than the comparator, just over half, thought that applications were dealt with fairly but most prisoners we spoke to said they had little confidence in the system.

- 3.86 Complaint forms were easily obtained and between 300 and 450 complaints were made each month. Detailed records were kept by the complaints clerk but the information was not routinely analysed for trends. The way that the information was recorded would have made this difficult. Many prisoners, for example, complained to us about the canteen. The database indicated only around 1% of complaint forms received related to this area, although many more had been referred to the canteen supplier and not recorded as canteen complaints. Prisoners considered to be submitting too many complaints were discussed at a meeting between administration and wing staff and could be designated 'serial complainers'. They were then restricted to submitting one complaint a day.
- 3.87 As in other high security prisons surveyed, few believed complaints were sorted out fairly. One of the reasons was that wing staff emptied complaints boxes and telephoned the details through to the complaints clerk, who assigned a serial number before collecting the paperwork from the wing later in the day. This gave prisoners little confidence that their complaints would not be tampered with or would be considered objectively. The exception to this practice was Westgate unit, where complaints were faxed through to the clerk.
- 3.88 Most complaint forms examined had been answered on time, although a practice of sending brief initial replies, such as advice to take up the matter with a landing officer, had just stopped. Few replies were addressed personally to the prisoner. The records showed that a significant number of complaints (between eight and 73 a month in the last eight months of 2007) had been answered late. Between two and 33 a month had not received a reply at all. As many as a third of these appeared to be confidential access complaints. Some confidential complaints to the area manager could have received replies directly but the complaints clerk could not confirm this with the briefing and casework unit, which managed the process for the high security estate. Up to five confidential complaints to the governor each month had not received a reply.
- 3.89 There were new procedures to improve the management of complaints. A daily list of outstanding complaints was produced for the morning meeting and complaints were scanned and emailed to the relevant functional head for reply. If the complainant ticked the relevant box on the form, the emails were copied to safer custody or the race equality officer.

## Recommendations

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- 3.90 Complaints should receive a reply in three working days or 10 days in exceptional circumstances.
- 3.91 Complaints boxes should be opened daily by an administrative member of staff.
- 3.92 Complaint replies should be quality assured by managers to ensure that they are personally addressed, respectful and address the issues raised.
- 3.93 Complaints should be routinely analysed by type, including those passed to other departments.
- 3.94 A system should be established to ensure that all complaints sent outside the prison are tracked and responded to.

## Legal rights

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### Expected outcomes:

Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.

3.95 Legal services were well publicised and the library contained a stock of relevant material. Prisoners appealing their conviction or sentences could not get a laptop computer unless they arrived with one from another prison. Prisoners complained that legal mail was sometimes opened in their absence. Prisoners had little problem contacting solicitors but many legal visits took place in the domestic visits hall, which was insufficiently confidential.

3.96 The work of legal services officers was well publicised on wing notice boards. Foreign national prisoners said it was difficult to get legal advice on immigration issues as there were no local specialist solicitors. An area of the library was set aside for legal research. This included a well-stocked cabinet of relevant laws and Prison Service policies and a computer terminal and printer. A 10 pence charge was levied for all but the first three sheets of any printing. The internet connection did not work but library staff could obtain any requested legal publications. Access to the library was less good from the wings where the few remand prisoners and most appellants were located, but library staff took applications to reserve the legal study area for a whole session in the morning or afternoon.

3.97 Prisoners who were appealing their case could not get laptop computers unless they had one with them on arrival. This had been discussed repeatedly by the senior management team but no conclusion had been reached. The restriction caused considerable frustration among prisoners dealing with large volumes of documents who were well aware that other prisons took a different approach.

3.98 In our survey, significantly more prisoners than the comparator said their legal correspondence had been opened in their absence. In some cases, this appeared to have happened simply because of different views as to what constituted acceptable labelling. There also appeared to be some inexplicable and unacceptable delays in the delivery of legal correspondence. Legal action by one prisoner on this issue had recently resulted in a compensation award in an out of court settlement.

3.99 Prisoners reported no problems in arranging legal visits but many of these took place in the domestic visits area, which did not provide proper confidentiality.

## Recommendations

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3.100 Rules relating to legally privileged correspondence should be communicated to staff and prisoners and adhered to.

3.101 Computers should be allowed in possession for prisoners pursuing legal cases in accordance with Prison Service guidelines.

3.102 Suitable facilities should be provided to allow private legal visits.

## Substance use

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### Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

3.103 Clinical services for substance misuse were limited, as was demand, but there were appropriate protocols for services. Links between the counselling, assessment, referral, advice and throughcare service and healthcare were established but clarification of respective roles was needed. The random mandatory drug testing rate was relatively low overall but this masked significantly higher levels on some wings.

### Clinical management

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3.104 In our survey, fewer prisoners reported having alcohol or drugs problems when they arrived at Frankland and there was little demand for clinical provision. In the previous 12 months, three prisoners had been subject to a methadone detoxification programme, three to a bupronorphine (subutex) programme and 12 to a lofexidine (britlofex, non-opiate) course. There was a range of appropriate protocols and procedures relating to treatment, expected behaviour and level of engagement. A specialist GP from HMP Durham provided one session a week and could extend this if the need arose.

3.105 Maintenance and/or detoxification using methadone or bupronorphine was usually reserved for prisoners held on remand or transferred under the integrated drug treatment system (IDTS). Frankland was not funded for the full IDTS programme or the clinically enhanced programme offering just clinical maintenance, but it was acknowledged that such prisoners might be transferred there and it was necessary to develop the protocols and systems to accommodate such an eventuality.

3.106 Prisoners requesting a detoxification programme once at Frankland were usually given lofexidine. It was also expected that the prisoner would have contact with and support from the counselling, assessment referral, advice and throughcare (CARAT) team and there was an agreed flowchart of the process to support this. However, the CARAT team voiced some frustration over their role as 'advocates' for prisoners and the difficulties they perceived in engaging with healthcare. It was not clear what their role was actually to be. No specific psycho-social programme had been developed for those receiving clinical input.

### Drug testing

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3.107 The overall random positive mandatory drug testing (MDT) rate for the previous six months was 6.25% but this disguised considerable variation across wings, with 28% on the ordinary location wings in the previous three months compared to 3% in the rest of the prison. The MDT rate was reported to the strategy group only as an overall figure rather than by wing and this meant no specific strategic approach was being taken to manage this level of misuse.

3.108 Over 80% of all positive MDT tests were for opiates. Most random testing took place in the first two weeks of each month, which was too predictable.

- 3.109 The positive rate for suspicion testing was relatively low, with only 11 of 28 tests (39%) in the same period being positive. We were told that there had been problems in the timescale for suspicion testing and that until a few months previously there had often been delays between the submission of a security information report and actual testing, reducing the likelihood of a positive test or resulting in tests being abandoned. Figures on this were not collected and the extent of the problem was not clear. The current log indicated that such difficulties had been largely resolved.
- 3.110 The security management of drugs was reasonably good. In the previous 12 months, there had been 103 substance misuse finds, 30 of which were alcohol, 28 illicit medication and 45 illegal drugs. Approximately two-thirds had been on the ordinary location wings. In our main survey, 40% of prisoners, significantly higher than the comparator of 24%, said illegal drugs were easy or very easy to get at Frankland. Despite the disparity in MDT rates, men on the vulnerable prisoner wings were more likely to say it was easy to get drugs in the prison.

## Recommendations

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- 3.111 The role of the CARAT team and healthcare staff should be clarified and agreed within a joint protocol.
- 3.112 Prisoners subject to clinical support should have joint care plans developed by the CARAT service and healthcare and include, where appropriate, specific psycho-social support.
- 3.113 Mandatory drug testing figures should be collated by wing to inform a strategic approach to supply reduction.
- 3.114 Random drug testing should be undertaken in a random pattern to reduce the risk of prediction.



## Section 4: Health services

### Expected outcomes:

Prisoners should be cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive in the community.

4.1 Prisoners had access to a wide range of clinical services. There was good support from the primary care trust and a health needs analysis was underway to inform future health provision. Staffing levels were low given the complexity and diversity of prisoners' health needs. Chronic disease management was good but health promotion limited. High use of opiate medication increased the likelihood of bullying. In-patients were well cared for in pleasant surroundings but some prisoners were inappropriately placed in healthcare beds for non-clinical reasons. Mental health services were good, with excellent support from MIND, but there were no day care facilities. Initial access to the dentist was good but ongoing treatment took some time.

### General

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- 4.2 There was excellent collaborative working between County Durham Primary Care Trust (PCT) and the prison. The PCT commissioned health services for Frankland and three other prisons in the area. An innovative prison health development manager was the driving force for implementing change within the cluster.
- 4.3 A health needs analysis was due to be completed imminently. In the interim, an 'improving health supporting justice' consultation document was regularly reviewed at the prison health partnership board. The prison governor was a strong advocate for healthcare and regularly attended the partnership board. The acting head of healthcare was a member of the senior management team and the partnership board. Prisoners were able to access equitable NHS services while in prison.

### Environment

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- 4.4 The healthcare centre was a single storey building and divided into three discrete areas: primary care, administration and in-patients. All areas were well decorated and clean.
- 4.5 The primary care area had a large entrance foyer and four small waiting rooms monitored by closed-circuit television cameras, although two were broken. Waiting prisoners were supervised by officers based in the foyer office. The seating areas were bare and unwelcoming and only limited health promotion information literature was available. Treatment and consulting rooms were appropriately furnished and all areas allowed a good level of privacy. An electronic patient management system was used and due to be upgraded. The pharmacy was secure with secure cupboards for stock, although some was kept on top of cupboards rather than inside them. Some loose medicines were found elsewhere in the pharmacy. The dental surgery was large and bright with plenty of natural light. The standard of equipment was good but there was no amalgam separator fitted to the dental unit and no one knew whether the compressor was checked regularly.
- 4.6 The in-patient area was large, clean and tidy. The PCT had introduced a no smoking policy throughout healthcare and there had since been a dramatic drop in the number of prisoners

admitted. Smokers were offered smoking cessation support. The reduced numbers held in healthcare meant that the number of beds did not reflect need. There were 18 beds in 10 single cells and two four-bed dormitories. One of the dormitories was due to be converted into a day care centre. All beds were on the certified normal accommodation. All cells were a good size and had screened in-cell sanitation. Televisions and kettles were available.

- 4.7 The association room was well equipped and pleasant. Kitchen and laundry facilities were provided and all were in good condition. Ablution areas were satisfactory and both dormitories were suitable for patients with disabilities.
- 4.8 Wing treatment rooms were being introduced. Those on A, B and D wings were small but adequate, although they had no telephones or computers. All were clean and tidy. Medicines were kept in locked cabinets but the one on B wing was too small and several loose tablets were found inside.
- 4.9 There was no dedicated healthcare area in reception so prisoners were interviewed in an open area, which was unacceptable. There were plans to move the reception screening process to the wing-based treatment rooms once these were fully equipped.
- 4.10 Health promotion was managed by a PCT nurse specialist but there was little evidence of active health promotion education in the department or on the wings.
- 4.11 A trained nurse had responsibility for older people but was unable to provide the commitment previously given by one of the healthcare support workers (HCSW), who had left and not yet been replaced. Over 100 prisoners were over the age of 55.

### **Clinical governance**

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- 4.12 With the existing and proposed prisoner numbers and their complex mental and physical health needs, staffing levels were low. The acting head of healthcare was an I grade RMN who had been at the prison some time. He had established excellent relationships with other departmental heads and was strongly supported by the governor. There were 15.5 E grade whole time equivalent registered nurses, five of whom were registered mental health nurses (RMNs) and the rest were registered general nurses (RGNs). Some had additional professional qualifications and some were prison officers. Five HCSWs completed the nursing team. Regular use was made of the PCT nurse bank. The skill mix was good but RMNs did not work exclusively in that specialty. Two qualified nurses were on duty at night.
- 4.13 There were no permanent GPs but a tendering process to employ some was well advanced. Four locum GPs provided seven sessions a week but lack of continuity and prescribing regimes were of concern. Access to see the GP was good and there were no undue delays. A full-time pharmacist and technician provided all pharmaceutical support.
- 4.14 A principal officer and two discipline officers supported the health team in a temporary initiative. This was an extremely positive move not only because of the excellent support to clinical staff but also because it gave prisoners in healthcare daily access to prison support and meant that patients' queries about prison matters could be answered without undue delay.
- 4.15 Clinical supervision was supported but uptake was very poor. Good continuing professional training was provided. Five nursing staff were nurse prescribers. Staff could access any nursing course at the University of Teeside under an agreement with the university and the PCT. Morning staff meetings took place daily and included the GPs and dentist. Formal staff meetings were held monthly and minutes were taken.

- 4.16 All prisoners over the age of 55 were offered a well man assessment designed to identify physical or psychological problems. Specialist health equipment was provided by the PCT. Emergency equipment was being reviewed to supply all wing treatment rooms with defibrillators. The current equipment was fit for purpose and checked after use and as part of a weekly checking procedure.
- 4.17 Clinical records were securely stored and well organised and managed by the administrative staff using tracer cards. Notes were well maintained and entries were of a good standard.
- 4.18 Despite the many long stay prisoners, there was no dedicated healthcare forum where prisoners could discuss general healthcare issues with a senior health worker. Complaints were dealt with initially by the administrative manager, who was also the patient advice and liaison service (PALS) manager, who held weekly PALS clinics. Prisoners' complaints were discussed with the PCT PALS manager and, if necessary, prisoners could forward their complaints directly to the PCT chief executive.
- 4.19 There were good links with external NHS facilities such as the Health Protection Agency and other health providers. New arrivals were asked to sign an information-sharing protocol allowing sharing with relevant health and social care agencies.

### **Primary care**

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- 4.20 Responses in our main survey about the overall quality of healthcare were not as positive as the comparator but prisoners reported it was easy to see all health professionals. Prisoners were positive about the quality of care from doctors but not about pharmacy and nursing staff. Vulnerable prisoners and prisoners on Westgate unit were more likely than others to rate the overall quality of healthcare as good.
- 4.21 A nurse assessed all new receptions and completed an initial health screening. However, facilities were unsatisfactory so only a cursory assessment was done and any concerns were followed up in healthcare the same day. A secondary health assessment was carried out within 24 hours and covered all aspects of physical and mental health. Problems were noted and, where appropriate, prisoners were referred to specialists. Only prisoners with a clinical need or requesting it saw the doctor. All prisoners received a comprehensive PCT-produced booklet on healthcare services.
- 4.22 Out of hours cover was provided by emergency care practitioners from the local ambulance service and staff said this worked satisfactorily. Visiting health professionals included a chiropodist, physiotherapist and optician. Apart from 11 weeks for the optician, waiting lists were reasonable. A high number of prisoners failed to attend for appointments. In January 2008, 20% of booked appointments for the GP were not taken up and figures for the physiotherapist, chiropodist and dentist were similar. The administrative manager circulated the figures to wings every month in an effort to improve this. Consultants from local hospitals came in and there were plans to increase this and to reduce escorts to outside hospitals. There were often unreasonable delays in getting specialists through the security system to see patients.
- 4.23 A health promotion specialist from the PCT provided some support but there was very little health promotion material displayed in healthcare or on the wings. Management of prisoners with communicable diseases was good and immunisations including Hepatitis B and the flu vaccine were offered. Condoms and other barrier protection were available through healthcare.

- 4.24 Prisoners with chronic diseases were managed well. A dedicated nurse was compiling registers following a review of all clinical records that had identified 240 prisoners with chronic disease. All new prisoners identified as having a chronic disease were seen by the GP. Several prisoners were diabetics or had respiratory disease. Additional expertise was provided by visiting nurse specialists.
- 4.25 Access to healthcare was by application or speaking to wing nurses. The wing nurse initiative was relatively new and was still experiencing a few teething problems. Prisoners could use a general or healthcare application form but the availability of two forms caused some confusion. Completed forms were handed to wing staff for onward transmission. The system was not confidential and there was no clear audit trail. We were told that dedicated lockable healthcare boxes were waiting to be installed. Administrative staff processed all healthcare application forms and prepared lists for all clinics. Appointment slips or notifications of placement on a waiting list were sent to prisoners on the wings.
- 4.26 There were no formal triage algorithms. Prisoners were assessed by a variety of health staff with varying levels of experience, which meant there was no single pathway to assess patients. However, work was underway to adapt an established triage system to meet the needs of the prison.
- 4.27 Prisoners in the segregation unit were seen daily by a member of healthcare.
- 4.28 There were excellent palliative care protocols and the prison worked closely with the local palliative care consultant, who provided strong support for prisoners nearing end of life.

## **Pharmacy**

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- 4.29 The PCT was reviewing pharmacy services across the cluster. Pharmacy staff were responsible for checking pharmacy stock regularly, although records to support regular checks were limited.
- 4.30 Prisoners held their medication in possession (IP) subject to a documented IP risk assessment that was under review. Prisoners could reorder their medication. The pharmacist delivered IP medication to prisoners on the wings from the treatment rooms, which allowed an opportunity to raise any concerns or queries. Medicines were delivered in unlocked canvas bags, which was a security risk. An out of hours cupboard was available to nursing staff when the pharmacy was closed.
- 4.31 Standard prescription and administration charts were used and doctors either wrote directly on the chart or used a printed label that was adhered to it. Using printed labels did not comply with the requirement that prescription must be permanent and indelible. The pharmacist held ad hoc minor ailment clinics and nurses could supply a number of homely remedies. The pharmacist also provided a 'while you wait' dispensing service to prisoners attending GP clinics.
- 4.32 Medications were administered at 8am, 11.30am and 3.30pm. Night staff administered night medication by placing it under the prisoners' doors rather than giving it directly to them. This was secondary dispensing, which was wrong and potentially dangerous.
- 4.33 The level of opiate prescribing was high. About 150 prisoners were receiving opiate-based medication and there was the potential for prisoners to be bullied for it. More in our survey than the comparator said they had been victimised by other prisoners because of drugs. There was no structured approach to pain management and cell searches by healthcare staff suggested

that a significant proportion of medication, legitimately obtained, was finding its way on to the illicit market.

- 4.34 Patient group directives were being compiled and a PCT formulary was available. Prescription charts were generally completed appropriately but there were some gaps in the administration sections.
- 4.35 The cluster medicine and therapeutic committee met regularly and the head of healthcare and the pharmacist were members.

### **Dentistry**

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- 4.36 A dentist was contracted to provide four sessions a week. The waiting list was about eight weeks for an initial assessment and six weeks for follow up treatment. This meant that a full course of treatment could take between six months and a year to complete.
- 4.37 There was no dental triage system to identify urgent cases. Emergencies were seen at the next clinic. The failure to attend rate was unacceptably high and the prison regime prevented other patients from being called forward, which wasted a valuable resource. Wherever possible, the dentist provided ongoing treatment for patients who did attend. There was a protocol for the out of hours management of dental emergencies.
- 4.38 The quality and range of oral health products was very poor and limited. Health promotion was limited.
- 4.39 Dental records were well maintained and a brief note was added to the clinical record. There was little communication between the dental team and the rest of the health team.

### **In-patients**

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- 4.40 Prisoners admitted to healthcare direct from reception had their prison induction programme delivered in healthcare. In-patients had a good regime and were well cared for. They were offered daily showers and a change of clothes. Time out of cell was good and any problems with canteen or pay were quickly resolved. Access to library and the gym was very good and prisoners unable to attend education or the library were seen by a representative from those areas. A pleasant garden area was adjacent to the department. Lists of those who would need assistance in an evacuation were displayed in the office. There were good quality care plans for all patients.
- 4.41 Between six and eight patients were there during the inspection, although at least two were there for non-medical reasons. This was unacceptable and placed additional workloads on an already overstretched workforce.
- 4.42 There was no facility to eat out of cell but this was planned. The diverse nature of many patients meant it was not always possible to allow them to associate together but this was done when possible. Patients who were able to could go to the visits hall; otherwise visitors were brought to in-patients.
- 4.43 There were no formal ward rounds for in-patients and the GP was simply asked to attend when necessary. There was no regular follow up of patients or multidisciplinary meeting.

- 4.44 Patients discharged back to the wings all had a discharge support plan that was discussed with the patient and wing staff.

### **Secondary care**

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- 4.45 NHS appointments were managed by administrative staff who liaised with local external NHS facilities. Two patients were allowed out each morning and two each afternoon. One additional prisoner went out three times a week for dialysis. Between October 2007 and January 2008, 14% of planned appointments had been cancelled due to lack of escort staff. Discussions were taking place to reduce the number of external appointments and allow operational managers to decide who could attend outside hospitals. This was unacceptable.

### **Mental health**

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- 4.46 Mental health provision was good but could have been improved by ensuring that the mental health nurses employed on generic duties were released to work exclusively with mental health patients. The prison mental health team was employed by the PCT and comprised a band G team leader, a band 6 Gateway community psychiatric nurse (CPN) and a band 5 RMN. Two of the nurses were qualified in cognitive behaviour therapy. A part-time administrative coordinator supported the team. Two forensic CPNs from the community mental health team held two sessions each at the prison. They concentrated on prisoners with serious mental disorders and complex mental health needs. A forensic psychiatrist and a forensic clinical psychologist each held two sessions a week. It was estimated that about 80% of prisoners had some form of personality disorder. Significant work was done by MIND workers who were in the prison for five sessions a week. They provided specialist counselling, including sexual abuse and bereavement, and worked with individual clients or groups. There was no day care provision to support prisoners with mental illness.
- 4.47 The Gateway CPN offered all prisoners over the age of 55 an opportunity to undergo a well man check. This included physical, depression and dementia screening as well as a memory test. Specialist books were provided to help prisoners deal with specific mental health issues.
- 4.48 Referrals to the team were from any member of staff and prisoners could self-refer. Referrals were normally seen within five days or earlier if necessary. There were about 120 prisoners on the primary care team's workload, the majority with some form of personality disorder. The team visited the segregation unit daily and had excellent working relationships with segregation staff. Care plans and daily logs were kept for patients in the unit. The team attended all relevant meetings, such as multi-agency public protection arrangement meetings, to ensure that prisoners' health was included in their overall management.
- 4.49 Whenever possible, the team delivered mental health training for staff but this was often difficult due to workload. A weekly meeting with the visiting psychiatrist gave the team the opportunity to discuss patients.

### **Recommendations**

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- 4.50 The waiting room area closed-circuit television cameras should be maintained in working order.
- 4.51 An active health promotion strategy should be agreed and regularly monitored.

- 4.52 All beds in healthcare should be removed from the certified normal accommodation.
- 4.53 The number of beds in in-patients should be reviewed and excess beds removed to allow better use of accommodation, including the provision of a day care facility.
- 4.54 Prisoners should be admitted to healthcare only on medical grounds.
- 4.55 In-patients should be able to eat communally out of their cells.
- 4.56 The medicine cabinets in B wing treatment room should be made larger to ensure that medicines are stored in an orderly and safe way.
- 4.57 Telephones and electronic patient management systems should be installed in all wing treatment areas.
- 4.58 A dedicated healthcare support worker should be appointed to support older prisoners.
- 4.59 A full staffing and skill mix review should be undertaken to ensure that sufficient appropriately qualified nursing staff are available to provide a range of services to meet the healthcare needs of prisoners.
- 4.60 Registered mental nurses should be employed predominantly on mental health duties and be used as generic workers only in exceptional circumstances.
- 4.61 Permanent discipline officers should be deployed to support healthcare functions.
- 4.62 A specific health forum for prisoners should be introduced to provide an opportunity for wing representatives to speak directly to a senior healthcare worker.
- 4.63 Extra optician time should be provided to reduce the waiting list.
- 4.64 The high level of prisoners failing to attend healthcare appointments should be investigated and steps taken to reduce non-attendees.
- 4.65 Visiting consultants should not have unnecessarily lengthy delays in accessing patients in healthcare.
- 4.66 The healthcare application system should be overhauled and simplified. Secure boxes should be placed on all wings to ensure confidentiality and safe-keeping of applications.
- 4.67 Formal documented triage algorithms should be used to ensure consistency and continuity of care and advice given to prisoners.
- 4.68 Medicines should be transported to treatment rooms in secure containers.
- 4.69 Formal documented GP ward rounds should be introduced.
- 4.70 Security procedures should not restrict prisoners' attendance at external health appointments.
- 4.71 Loose tablets should not be held as stock in any medicine cabinets.

- 4.72 All prescriptions should be legally written and include the quantity and date prescribed and be signed by the prescriber. They should be permanent and indelible.
- 4.73 The responsible pharmacist should have professional control of the stock supplied and a dual labelling system should be introduced.
- 4.74 Regular out of date checks should be done on all medicines.
- 4.75 Secondary dispensing should stop.
- 4.76 In-possession medication should be based on patient needs and determined by clinicians.
- 4.77 The pharmacist should introduce pharmacy-led clinics and medication reviews.
- 4.78 A step-wise approach to pain management, such as the WHO analgesic ladder, should be introduced. The clinical need and rationale for the use of opioid analgesics and adjunct therapy should be clearly documented for each patient and periodically reviewed.
- 4.79 Prescribing data should be used to demonstrate value for money and to promote effective medicines management.
- 4.80 An amalgam separator should be fitted to the dental unit.
- 4.81 Dental triage should be introduced.
- 4.82 A system should be introduced to allow the dentist to call up patients when others fail to attend.
- 4.83 The time interval between dental treatment appointments should be reduced.

### Housekeeping points

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- 4.84 The compressor should be checked and maintained regularly.
- 4.85 Prescription and administration charts should be completed in full.
- 4.86 The range of oral health products available for prisoners to buy should be extended.

### Good practice

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- 4.87 *The well man assessment offered to prisoners over 55 gave them the opportunity to have a full mental and physical check up.*
- 4.88 *The collaborative working between the prison and local palliative care agencies ensured that prisoners at end of life were cared for appropriately.*
- 4.89 *The 'while you wait' pharmacy service for prisoners encouraged them to take responsibility for their own care.*

# Section 5: Activities

## Learning and skills and work activities

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### Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

- 5.1 Learning and skills had good strategic direction and staff had established good links with the other functions in the prison. Prisoners were given information and guidance on induction, which was routinely shared with offender supervisors. Education was well managed, with comprehensive quality assurance systems. Teaching was good. Punctuality was generally good. Workshops were of commercial standards, with meaningful work and good skills development. Workshops where accreditation was not available provided structured training but this was not linked to qualifications. The library supported a range of activities. It was small but offered an adequate range of books and reference material. Access for some prisoners was limited.
- 5.2 A well developed strategic plan for learning and skills had a clear direction and a strong focus on continuing improvement. There were 635 education and training places, when all were in use. The development plan had identified objectives linked to the expansion of the range of activities to meet the increase in prisoner population. Good links had been established between learning and skills and the other functions of the prison. Learning and skills tutors had worked closely and effectively with psychologists in Westgate unit to develop tailor-made courses that supported and helped the treatment programmes for prisoners with dangerous and severe personality disorders (see section on Westgate unit).
- 5.3 All prisoners could have an initial literacy and numeracy assessment test. Those who had completed these at previous establishments and whose results could be obtained did not have to re-sit tests unnecessarily. Prisoners had individual learning plans, which in most cases had good links to sentence planning.
- 5.4 Prisoners were given information, advice and guidance on induction. Staff routinely shared their findings with offender supervisors and this usually informed the allocation process. There was understanding of prisoners' needs and prisoners were fully involved in the process. Allocation to work and education was equitable, although most courses and workshops had waiting lists. Most prisoners took part in other activities while waiting for a place on their chosen course. Prisoners attending education were paid less than those in work.
- 5.5 Education classes were provided by Newcastle College. The education provision was well managed, with comprehensive quality assurance systems. The range of courses was appropriate, ranging in some areas from entry level to GCSE A level and Open University. A skills for life policy met the literacy and numeracy needs of prisoners. Courses at entry level, levels 1 and 2 adult literacy and numeracy and the key skills of communication and application of numbers were available to all prisoners. About 60% of prisoners attended education at some time during the week. Education took place at different locations and could be accessed

by prisoners in segregation and the hospital wing. Vulnerable and ordinary location prisoners had broadly equal access to a similar range of activities.

- 5.6 Education classes were mainly offered part time and ran throughout the week. There were 236 places in morning and afternoon sessions, with classes running from 8.45am to 11am and from 2.45pm to 3.45pm. There were no evening or weekend classes. Classrooms were small but appropriate for learning. Classroom efficiency was approximately 80%.
- 5.7 Teaching was good. Experienced teachers worked well to support learners. Achievement of qualifications was at least satisfactory and in most cases good, particularly in personal development courses. Staff absences were covered so that classes took place consistently. Most of the 32,400 contracted hours were successfully delivered. Punctuality was generally good. English for speakers of other languages (ESOL) provision was underdeveloped but education staff worked hard to encourage prisoners to engage in learning to support their language needs. Tracking and monitoring of learners' progress was well developed and the information used to inform curriculum planning and performance management. Mutual respect between prisoners and tutors helped create a positive learning environment. Learners' work was celebrated and displayed.

## **Work**

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- 5.8 The range of workshops included furniture production, assembly and repairs to spectacles and wheelchairs, and production of large print texts. Prisoners working in the kitchen could follow accredited programmes in industrial cleaning for catering. Prison workshops provided 164 places, with a further 80 places available in workshops operated by the education contractor. The brickworks and assembly workshops were closed for refurbishment and some prisoners had therefore been unable to work. Work was meaningful with good skills development. Prisoners worked to recognised quality standards and produced work of a high commercial standard. Many quality assurance procedures were carried out by prisoners. Prisoners developed improvements in their self-esteem and confidence and a good work ethic.
- 5.9 Accreditation was available only in the furniture and charity workshops. Other workshops offered structured training but this was not linked to achieving a qualification, and skills developed remained unrecognised. There were plans to introduce work skills accreditation in most areas. Instructors and trainers worked well with prisoners and there was a high level of mutual respect. Many workshops offered potential for embedded learning but literacy and numeracy support was not integrated into some. Tracking and monitoring of learners' progress was mostly satisfactory and short-term target-setting was good but long-term targets were not sufficiently specific.

## **Library**

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- 5.10 The library was provided by Durham county council and located in the vulnerable prisoner education area. It was run by trained staff, including one full-time and several part-time librarians to cover the day, evening and weekend opening hours. A smaller facility on Westgate unit opened two afternoons a week.
- 5.11 The main library was on the first floor and inaccessible to prisoners with mobility difficulties. Vulnerable prisoners had good access and could use it to support their studies while attending classes. Other prisoners could use the library for only 30 minutes one evening a week. Just over half of prisoners in our survey said they used the library once a week, which was similar to other high security prisons. A library service was provided for prisoners in healthcare and

the segregation unit. A standard induction was provided to all prisoners. There had been no network connection since July 2007, which meant too much librarian time was spent on administration. There was no indication when this would be resolved.

- 5.12 The library was small, with little room for displays and study. Despite this, it provided an adequate range of books and reference material, including legal books and Prison Service Orders. There was an arrangement to provide foreign language books through a rental service and access to all county library stock. A good range of CDs was available. Work had been done to support teachers by providing topic-based materials to develop key skills assignments.
- 5.13 The library supported a range of activities including reading groups, black history and adult learner week, chess tournaments and exhibitions. An exhibition on local mining had been supported by artefacts from the local museum and exhibited externally.

## Recommendations

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- 5.14 Refurbished workshops should open as soon as possible to provide a full range of activities to prisoners.
- 5.15 Skills developed in workshops where no accreditation is available should be recognised.
- 5.16 The pay structure should not disadvantage prisoners attending education.
- 5.17 Literacy and numeracy support should be extended to all workshops.
- 5.18 Network access should be provided urgently in the library so that a full range of services can be reinstated.
- 5.19 Prisoners should have equal access to the library and allowed to use it effectively to support educational study.

## Physical education and health promotion

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Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 5.20 A good range of physical education courses and recreational activities was provided. Some accredited courses were available at levels 1 and 2 and achievement rates were good. Facilities were good but there were no outside facilities except for prisoners on Westgate unit.
- 5.21 There was a good range of courses and recreational activities. Two-thirds of ordinary location prisoners and almost all prisoners on Westgate unit, which had its own facility, used the gym regularly. All prisoners could have at least two sessions a week except unemployed prisoners who had one session a week. There were dedicated sessions for kitchen workers, older prisoners and prisoners in healthcare. Segregated prisoners could use two cardiovascular machines.

- 5.22 Facilities on Westgate unit were very good and included a modern sports hall, a well equipped fitness room, a classroom and an all-weather outdoor pitch. Facilities in the main prison were good and included a large sports hall and a gym with a good range of cardiovascular machines and free weights. An additional fitness room for ordinary location prisoners also contained a range of cardiovascular machines. There were no outdoor facilities for the main prison. Both the main gym and the additional fitness room had a classroom for teaching theory and adequate showering facilities.
- 5.23 Programmes on Westgate unit were closely linked to prisoners' treatment plans. The gym in the main prison ran a range of courses to meet prisoners' needs, including courses for older prisoners, a sports clinic for people with injuries, medical conditions or weight problems and courses to assist in tackling drugs. The gym also ran an accredited sports leadership course at levels 1 and 2 and achievement rates were good.
- 5.24 All prisoners were given an appropriate health assessment. Records were kept of induction and any injuries or accidents, of which there had been few in the previous year. Staff had developed links with healthcare, enabling two way referrals and good communication. Physical education staff on Westgate unit were well integrated into the work of the units. In the main prison, staff had undertaken a survey of users to identify what they liked and what they thought could be improved. This was due to be extended to the whole population though the prison magazine.

## Recommendation

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- 5.25 Outside physical recreation facilities should be provided for the main prison.

## Faith and religious activity

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### Expected outcomes:

All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall, care, support and resettlement.

- 5.26 The chaplaincy team was active. Most faiths were catered for. Most prisoners felt well supported but this was less so on Westgate unit. Ritual washing facilities for Muslims were poor. Many black and minority ethnic prisoners, half of whom were Muslim, said they had been victimised by staff and other prisoners because of their religious beliefs. Some prisoners waited a long time to be allocated a prison visitor.
- 5.27 The active chaplaincy team was led by a full-time coordinating chaplain, three other full-time chaplains and 12 volunteers. There was no administrative support. Most faiths were catered for but there was no Mormon chaplain or Pagan leader. Fourteen pastoral visitors, including one Mormon, supported the chaplains and the team met formally every three months. A chaplain visited all wings including segregation and healthcare daily. One chaplain was the lead for Westgate unit. The chaplains were involved in management meetings, including suicide prevention and the race equality action team. They were involved in assessment, care in custody and teamwork (ACCT) reviews only if they had direct involvement with the prisoner concerned.
- 5.28 The chapel was bright and well maintained. A multi-faith room adjacent to the chapel was used for Friday Muslim prayers and other non-Christian meetings. Washing facilities comprised only

one sink in the chaplaincy kitchen and another in the chaplaincy toilet. A second, larger room with appropriate washing facilities was due to open in September 2008 and would be used for Muslim prayers. The Westgate unit had its own multi-faith room.

- 5.29 A range of separate services was held in the chapel and multi-faith room for vulnerable and ordinary location prisoners. Roman Catholic mass was held only twice a month but was due to be celebrated weekly. Groups for Jehovah's Witnesses, Buddhists, Sikhs and Quakers met regularly and an Alpha course and bible study group ran weekly. The multi-faith room was also used for regular meetings of the Listeners, Independent Monitoring Board, Alcoholics Anonymous, race equality group and prisoner consultative committee. Similar services and groups were held on Westgate unit but Roman Catholic mass was celebrated there only monthly.
- 5.30 A chaplain saw all new arrivals and prisoners were given a leaflet detailing the chaplains available and the times of services and groups. Details of services and groups were also displayed on wings. Lists of prisoners' religious affiliation were circulated weekly to all wings. Once registered, prisoners included on the list did not have to apply to attend services, although some wing staff believed Muslim prisoners had to apply weekly to attend Friday prayers. Nearly 60% in our main survey said their religious beliefs were respected, which was significantly more than the comparator. Sixty-three per cent said they could speak to a leader of their faith in private if they wanted to. The figures among vulnerable prisoners were significantly higher in both areas. Prisoners on Westgate unit were much less positive. It was not clear why Westgate unit prisoners could not worship with others.
- 5.31 Muslim prisoners had been stopped from holding communal prayers in cells, on spur landings, in association areas and on exercise yards. The chaplaincy team had not been consulted about this decision, which had caused some animosity among Muslim prisoners. One of two prisoners who had been suspended from Muslim prayers because of security concerns had challenged the Muslim chaplain's authority. Almost half of black and minority ethnic prisoners were Muslim and more than the comparator in our survey said they had been victimised by staff and other prisoners because of their religious beliefs and fewer said they were able to speak to a religious leader in private.
- 5.32 Chaplains undertook a range of pastoral duties and were involved immediately when a prisoner or a prisoner's family member was near to death or had died. The team was involved in plans for a cultural awareness and diversity week in March 2008. One chaplain managed the prison visitors scheme. This offered about 13 visitors but not all had been fully security cleared to visit category A prisoners. Twenty prisoners were waiting to be allocated a visitor, some for up to a year. The chaplains could refer prisoners to counsellors from MIND, although there was a three-month waiting list. One chaplain was a trained counsellor.

## Recommendations

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- 5.33 **Chaplains and leaders of all major faiths should be included in the chaplaincy team as required to meet the faith needs of prisoners.**
- 5.34 **Appropriate washing facilities, approved by the Muslim chaplain, should be provided for Muslim prayers.**
- 5.35 **Wing staff should be made aware that Muslim prisoners do not have to make written applications to attend Friday prayers.**

- 5.36 All Roman Catholic prisoners should be able to attend weekly mass.
- 5.37 Chaplains and senior managers should address the poor perception held by prisoners on Westgate unit.
- 5.38 Chaplains should be consulted by senior managers in all matters regarding faith and religious activity.
- 5.39 There should be enough prison visitors to meet prisoner demand.

### Housekeeping points

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- 5.40 Administrative support should be provided for the chaplaincy team.
- 5.41 A second toilet should be available in the chapel area.

## Time out of cell

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### Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

- 5.42 There was no system to measure time out of cell, which had been over-reported as 9.5 hours for some years. The true figure was nearer six. Exercise was short but consistent, although take-up was low and the stepped exercise yards on A to D wings could not be used by all prisoners. Association was regular.
- 5.43 There was no system for monitoring time out of cell. For at least the previous eight years, the prison had recorded 9.5 hours on weekdays and seven hours at weekends. This ignored the fact that the core day allowed only a maximum of nine hours out of cell as well as any operational variations. Several wings did not follow the published core day and had introduced additional 15-minute lock-ups. On Westgate unit, which was furthest from the gate, staff locked up 30 minutes earlier in the evenings to allow them time for an end of day debrief before they went off duty.
- 5.44 We checked twice during the inspection and found over a third of prisoners locked in their cells during the core day. Temporary workshop closures accounted for about 40 prisoners and the remainder reflected the formal unemployment of 80 prisoners and the fact that 120 of the 635 education and training places were unused. Together with the variations in the core day, this suggested a more accurate average figure for time out of cell of about six hours and 15 minutes.
- 5.45 Some prisoners complained that they were unlocked late and this was also reflected in comments made by prisoners in the measuring the quality of prison life report in March 2007 and minutes of the prisoner consultative committee meetings in August and December 2007.
- 5.46 Exercise was offered daily and rarely cancelled but take-up was low, with often only about six prisoners out of over 100 on a wing as taking exercise. No outdoor clothing was provided. Exercise usually lasted for 30 to 40 minutes. The yards on A to D wings, where prisoners were free to come and go, had raised stepped areas that were inaccessible to wheelchair users and

difficult for others with mobility difficulties. The yards on F and G wings were away from the wings so prisoners had to start exercise at the beginning of the period and could return only at intervals of 15 minutes.

- 5.47 Prisoners had association every weekday evening and during the day at weekends. Association rooms contained pool and table tennis tables and dart boards and were properly supervised.

## Recommendations

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- 5.48 Prisoners should spend at least 10 hours out of their cells on weekdays.
- 5.49 The daily routine should be consistent and adhered to across the prison.
- 5.50 Time out of cell should be accurately recorded.
- 5.51 The stepped exercise yards on A to D wings should be replaced by a flat surface.
- 5.52 Prisoners should have the opportunity for at least one hour of exercise in the open air daily.
- 5.53 Warm weatherproof clothing and shoes suitable for all weather conditions should be provided for outside exercise.



# Section 6: Good order

## Security and rules

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### Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

- 6.1 There had been three recent serious incidents, including security breaches. These had been investigated and immediate action points had been addressed. A high number of security information reports were received and managed effectively. Dynamic security was poor on F and G wings. Rules were explained at induction but were not displayed on residential wings. Categorisation issues were dealt with adequately, although a number were held up because of sentence planning delays.
- 6.2 Major building work was taking place to construct a new wing. There were lots of contractors on site but this was well managed and the security issues raised did not impinge on the general regime of the prison.
- 6.3 There had been three serious incidents in the last three months: an escape from outside hospital, a significant disturbance on a residential wing and a breach in accounting for prisoners that included a category A prisoner. These had been investigated by governors external to the prison and immediate action points had been addressed. Prisoners in our groups suggested that staff intimidation and the lack of interaction and activity led to boredom and, in some cases, incidents. We did not see any intimidation but the limited interaction, particularly on F and G wings, did not enhance dynamic security. In our survey, only 16% of prisoners on F and G wings said staff spoke to them most of the time on association compared with 36% elsewhere in the prison.
- 6.4 In January 2008, 492 security information reports (SIRs) had been submitted, with a total of 2,758 in the previous six months. Intelligence unit staff ensured that all information was disseminated to the relevant parties. Funding had recently been granted to establish an extremist monitoring unit (EMU). A number of Muslim prisoners, including some convicted of terrorist offences, were in the segregation unit for their own protection without a clear exit strategy. The intelligence unit monitored the activities of other subversive groups such as those with gang connections.
- 6.5 There was a good local searching strategy and the prison met the required searching targets. There was no evidence that searches were carried out inappropriately. Prison rules were explained to prisoners at induction but were not displayed on residential wings.
- 6.6 There had been nine assaults on staff and 17 assaults on prisoners in the previous six months and in our survey 36% of prisoners in the main prison, significantly more than the comparator, said they had felt threatened or intimidated by other prisoners.

## Categorisation

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- 6.7 Most prisoners were category B, with four category C prisoners and 171 category A. Category A prisoners were discussed monthly at the local advisory panel and recommendations for consideration of recategorisation submitted to the category A section at Prison Service headquarters. Appeals were rarely upheld and only four decisions in the previous three years had been overturned. The prison population management unit organised transfers but finding places was difficult. Categorisation reviews for other prisoners were behind schedule and 86 prisoners had not had a review due to delays in sentence planning. However, 170 prisoners had been recategorised from B to C in the previous year and moved from Frankland.

## Recommendations

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- 6.8 Efforts should be made to improve dynamic security, particularly on F and G wings.
- 6.9 Categorisation reviews should take place on time.
- 6.10 Local rules should be displayed on residential wings.

## Discipline

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### Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

- 6.11 Adjudications were generally adequately conducted and punishments appeared consistent but some records did not indicate sufficient inquiry. Standardisation meetings took place quarterly. Use of force was not high and incidents appeared to have been dealt with professionally, although the conduct of one removal was unprofessional. It was unacceptable that video records of many planned interventions could not be found. The segregation unit was cramped and some cells were unsuitable for use. Prisoners were not receiving their full entitlements. Staff ran the unit in a regimented way with minimal interaction. Black and minority ethnic prisoners were over-represented in segregation.
- 6.12 There had been 490 adjudications in the previous six months and 72 had been dismissed. Most were for possession of an unauthorised article and disobeying lawful orders. Prisoners often waited too long in an unfurnished cell in the segregation unit before being brought into the hearing. Adjudications took longer than necessary to process due the regimented and risk adverse way that staff carried out their duties. Segregation unit staff referred to prisoners by surname alone, although the adjudicator used their title and surname.
- 6.13 Prisoners were encouraged to participate in the adjudication process but were not given paper and a pen to take notes. They could question the officers giving evidence and were advised about legal assistance. Records of completed hearings indicated that some charges were not fully investigated before a verdict was reached and some could have been dealt with more appropriately through the incentives and earned privileges scheme. There was no quality checking system to ensure that charges were justified or appropriate for adjudication. Prisoners were informed in writing of the punishment and made aware of the appeals process.

Prisoners found guilty of substance misuse were routinely referred to the counselling, assessment, referral, advice and throughcare team.

- 6.14 Adjudication standardisation meetings took place quarterly and adjudicators referred to the published tariff. The independent adjudicator dealt with serious offences, which averaged six at each visit. One adjudication where the charge had been referred to the police had been ongoing since July 2007 but neither the prisoner nor the adjudicating governor knew what was happening.

### **Use of force**

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- 6.15 There had been 58 use of force incidents in the previous six months, which was not excessively high. Ethnicity and location of incidents were monitored but the control and restraint coordinator did not scrutinise incidents and ensure that all were dealt with correctly.
- 6.16 Many video records of planned intervention were missing. Only those to February 2006 and five tapes from 2007 could be found. This was unacceptable. The governor responsible thought the tapes were stored in the segregation unit but staff there thought they were with security. Most of the incidents we were able to view had been dealt with professionally. However, one unlabelled tape showed a naked prisoner being moved from the healthcare centre under restraint following little effort to de-escalate the incident. The prisoner, who was not given any cover or footwear, was subsequently taken outdoors to move him to the segregation unit, which was disrespectful and unprofessional.
- 6.17 One prisoner complained that he had been restrained and moved to the segregation unit because he had refused to attend an adjudication. The records confirmed that this had been authorised by a senior officer. This was inappropriate. Handcuffs were used and authorised by managers when prisoners were moved long distances. In use of force records, the certifying officer had usually been involved in the incident.
- 6.18 The special cell had been used 19 times in the previous six months. Use of the cell was properly authorised but it was unclear whether prisoners were left with any clothing. Conditions were grim and observation into the cells was poor. Prisoners spent an average of 2.75 hours in the cell. Healthcare staff were involved in removals and assessed a prisoner's condition when placed in special accommodation.

### **Segregation unit**

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- 6.19 The segregation unit was almost full, with 21 prisoners on good order or discipline (GOOD), two serving cellular confinement punishments, one on rule 53 pending adjudication and two on protection who worked as cleaners on the unit. This left only two spaces. Two special cells were available and the prison also had use of two CSC cells.
- 6.20 The unit was cramped and there were disused washing machines at the entrance. The exercise yard, which was split into two caged areas, was very dirty. The regime was poor. Showers, telephone calls and use of the cardio-vascular room were not available daily and exercise was limited to 30 minutes. At least five occupied cells contained only cardboard furniture, were poorly ventilated and unsuitable for use. Only two cells had electricity. Prisoners who had batteries could borrow a radio but otherwise none was supplied.

- 6.21 Black and minority ethnic prisoners were over-represented in the segregation unit and those held for good order or discipline. This included Muslim prisoners who had been attacked because of their offence.
- 6.22 Prisoners were strip-searched on arrival in the segregation unit and were given prison-issue clothing. Segregation was properly authorised but reviews were not completed correctly. Healthcare did not attend all reviews and prisoners complained that they were not always invited to the board. One manager said 'if we are going to sign them on again we just do it and inform them later'. The Independent Monitoring Board had signed to agree with the outcome of a review without the board taking place. There was little evidence of active planning to return to ordinary location.
- 6.23 We spoke to prisoners who had been held in the segregation unit for over three months. No psychological assessment had taken place to measure any deterioration in their mental state. Prisoners were moving from segregation to segregation within the high security estate and one prisoner had been transferred from Frankland to another segregation unit just before the inspection.
- 6.24 Staff working in the unit had been approved by the governor but not all had received specific training. Some had worked on the unit for over four years. Unit files did not record positive interactions with prisoners. One member of staff was out of date with basic control and restraint training. Unit staff referred to prisoners by their surnames alone and operated the unit in a regimented way with minimal interaction. During the governor's rounds, he had to ask staff to step aside from the doorway if a prisoner wanted to speak to him. In most cases, the issues raised by prisoners with the governor were minor and should have been dealt with by segregation unit staff. During exercise period, staff again stood in the doorway and did not interact with prisoners. In-cell education was available.
- 6.25 The dirty protest policy had last been reviewed in 2004.

## Recommendations

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- 6.26 An appropriate holding area for prisoners awaiting adjudications should be provided.
- 6.27 A more relaxed environment should be provided for prisoners attending adjudication, with better staff interaction.
- 6.28 A quality checking system should be put in place to ensure that disciplinary charges are justified and to advise whether they should be dealt with instead through the incentives and earned privileges scheme.
- 6.29 Adjudicating governors should fully investigate charges and possible defences before reaching a verdict.
- 6.30 Prisoners should be kept informed of progress when charges are referred to the police.
- 6.31 All incidents of use of force, including taped interventions, should be reviewed to ensure they are legitimate and appropriately conducted.
- 6.32 Prisoners should not be moved to the segregation unit naked or without footwear.

- 6.33 Force should not be used to require attendance at adjudications, which in such circumstances should take place in the absence of a prisoner.
- 6.34 The person certifying the use of force paperwork should be independent of the incident.
- 6.35 Records of use of special accommodation should specify what clothing the prisoner is left in.
- 6.36 All records of use of force, including video tapes, should be logged, recorded and accessible. This should be regularly audited.
- 6.37 Prisoners should not automatically be strip-searched when entering the segregation unit and should be allowed to wear their own clothes.
- 6.38 Segregation review boards should be multidisciplinary with at least healthcare representation. Prisoners should be invited to the boards and any refusal to attend should be recorded.

### Housekeeping points

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- 6.39 Prisoners should be issued with stationery at adjudication.
- 6.40 The segregation unit dirty protest policy should be reviewed.
- 6.41 Any broken items such as washing machines should be removed and the exercise yard cleaned.

## Incentives and earned privileges

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### Expected outcomes:

Incentives and earned privileges schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

- 6.42 The incentives and earned privileges (IEP) policy document was up to date. A focus on its use instead of adjudication for minor matters had had little effect. There were few differences between standard and enhanced levels and some anomalies in what enhanced prisoners could receive. Contrary to the policy, basic level prisoners were not reviewed weekly or allowed a radio.
- 6.43 Information about the IEP scheme was given at induction and displayed on wings. Staff and prisoners appeared to understand the scheme, although there was some confusion about what was available at each level. The policy document was up to date and readily available but lengthy and complicated.
- 6.44 There was little to motivate prisoners to achieve enhanced level, although adherence to sentence planning targets was considered when decisions were made about progression. Many enhanced level prisoners were paid different rates to those on standard for the same work, rather than a standard bonus for all enhanced prisoners which would have been acceptable. They could benefit from a range of facilities and opportunities but some depended

on where they were located. Only enhanced prisoners on A and F wings, for example, could buy a quilt.

- 6.45 Prisoners were given warnings in writing and for appropriate reasons and could appeal decisions. Managers had been trying for several months to increase use of the scheme to manage poor behaviour as an alternative to adjudications but there had been no increase in the number of prisoners on basic level. Contrary to the policy, prisoners on basic were not always reviewed weekly or given a radio.

## Recommendations

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- 6.46 An abridged version of the incentives and earned privileges policy should be made available to staff and prisoners. This should clearly outline the process and what is available at each level.
- 6.47 The difference between the standard and enhanced privilege levels should be increased to provide clear incentives to progress.
- 6.48 Enhanced level prisoners should not be paid more than standard level prisoners for doing the same work, but should receive a financial bonus unrelated to their pay.
- 6.49 Enhanced level prisoners should have access to the same facilities and opportunities regardless of their location.
- 6.50 Basic level prisoners should be reviewed weekly and have a radio.

# Section 7: Services

## Catering

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### Expected outcomes:

Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

- 7.1 The kitchen was clean and well maintained. Food under the required temperature was not always returned to the kitchen. Food was eaten in cell with unscreened toilets. All prisoners could self-cater. Many prisoners were dissatisfied with the quantity and quality of food.
- 7.2 The kitchen was clean, properly equipped and well managed. Food was stored and prepared correctly and the kitchen was regularly visited by an environmental health officer. The catering manager had a budget of £1.92 per prisoner per day. Twenty prisoners from F and G wings were employed. Some worked throughout the week while others attended part-time education. They had an afternoon off at weekends and could make use of extra gym sessions. All prisoners and staff working in the kitchen were appropriately dressed and prisoners completed health and hygiene training but could not follow catering national vocational qualifications. A large new kitchen able to cater for up to 1,200 prisoners was about to open.
- 7.3 Food was taken to individual wing serveries in heated trolleys. The five caterers employed in the kitchen visited the serveries regularly to check procedures. Serveries were clean and staff and prisoners working at them were properly dressed. Wing senior officers completed a daily food comment sheet, which included checks on food temperature, quantity and presentation, and these sent to the kitchen manager weekly. The reverse of the comments sheet could be used for other comments. Some wing staff said they wrote food comments down on behalf of prisoners, while others said prisoners could write their own comments. The forms were not freely available to prisoners at meal times and few contained written comments. Some vulnerable prisoners complained that food was tampered with but there was no evidence for this and in our survey vulnerable prisoners were more positive than others about the food. Trolleys for the vulnerable prisoner wings were identifiable but the area was monitored by closed-circuit television and supervised by kitchen staff
- 7.4 Wing staff said any food under the required temperature was returned to the kitchen. However, we saw several dishes for an evening meal that were too cold and none was returned. There were no facilities to eat communally and prisoners ate in their cells with poorly screened toilets.
- 7.5 Medical and religious diets were catered for and halal food was stored, prepared and served in individual foil containers. Halal certificates were displayed at the serveries and the Muslim chaplain regularly checked the kitchen and serveries.
- 7.6 Prisoners chose their meals in advance from a four-week menu cycle. The published menu indicated meals suitable for vegetarians, vegans, Muslims and 'ordinary diets'. Low-fat choices were also highlighted. Choices were made two weeks in advance. New arrivals could wait up to three weeks before receiving their chosen meals and in the meantime simply waited at the end of the queue to choose from what was left. Breakfast of cereal, toast and preserves was served at 8am, lunch at 11.30am and the evening meal at 5pm or 4pm at weekends.

- 7.7 Many prisoners complained that they were not allowed seconds. There was no established system for this and the approach was inconsistent across wings. Notices on some wings stipulated how many slices of bread prisoners could have at each meal but we saw some prisoners taking whole loaves without being challenged by staff.
- 7.8 In our main survey, only 12% of prisoners said the food was good and 70% said it was bad. No prisoners on Westgate unit said the food was good. There were annual food surveys but the response was often poor. The most recent survey, in January 2008, had seen 87 returns, with 17 saying the food was good and 39 that it was poor. The remainder said it was adequate or reasonable. The food we sampled was mostly satisfactory apart from some inedible potatoes. A menu of foods from different countries was planned for a cultural week in March.
- 7.9 All prisoners could self-cater and each landing had a kitchen equipped with two cookers, a microwave, a toaster, a fridge, a freezer and a work area. The domestic cookers were being replaced by more durable commercial cookers. All kitchens were clean during the day but some were left untidy and dirty at night. Prisoners could have their own pots and pans or could borrow them. Cooking utensils such as tin-openers and knives were kept in wing offices and signed in and out to individual prisoners. Fridges and freezers were unlocked but there was little apparent theft. Most were clean and well maintained, although some on F wing were grubby and freezers were thick with ice. Prisoners had drinking water and kettles in their cells.

## Recommendations

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- 7.10 National vocational qualifications in catering should be available to prisoners working in the kitchen.
- 7.11 Food trolleys for the vulnerable prisoner wings should not be identifiable.
- 7.12 Food comment books should be freely available to prisoners.
- 7.13 Wing staff should be aware of the required food temperature before serving.
- 7.14 A consistent and fair system for serving seconds and bread should be introduced.
- 7.15 Food should be returned to the kitchen when not at the required temperature.
- 7.16 Lunch should not be served before noon and the evening meal not before 5pm.
- 7.17 Prisoners should be able to eat together.
- 7.18 Managers should engage with prisoners to improve satisfaction with the food.

## Housekeeping points

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- 7.19 Newly arrived prisoners should not have to wait weeks to receive their meal choices.
- 7.20 Wing kitchens should be thoroughly cleaned after use.
- 7.21 Fridges should be regularly cleaned and the freezers regularly defrosted.

# Prison shop

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## Expected outcomes:

Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely, from an effectively managed shop.

- 7.22 Prisoners could use the shop weekly. There was a large number of products but black and minority ethnic prisoners were dissatisfied with the range. The canteen list and catalogues were not freely available to all prisoners and a 50 pence charge was made for each catalogue order. Prisoners had little confidence in the consultative arrangements.
- 7.23 Some 610 products were provided by Aramark, the outside contractor responsible for the shop. These included products for prisoners' self-catering, including tinned groceries, basic health supplements, fresh fruit and vegetables and frozen products. There was a store room in the prison and orders were bagged up on the premises. Mistakes in orders could therefore often be rectified quickly.
- 7.24 Prisoners were given order forms indicating available funds each Friday. These were collected on Saturdays and the orders in clear sealed bags delivered to prisoners in association areas on identified evenings. Wing staff supervised the movement of small groups of prisoners to collect their orders.
- 7.25 Each wing had a dedicated canteen notice board where special offers and changes to the list were displayed but not the full canteen list. Many prisoners complained that they had to pay 10 pence for a copy of the list. Copies were provided in some, but not all, wing offices and the rules on making them available to prisoners were applied inconsistently on different wings. In our survey, significantly more prisoners than the comparator said the shop sold a wide enough range of products to meet their needs but the figure dropped to only 13% among black and minority ethnic prisoners, compared to 65% of white prisoners. Prisoners also complained about shop prices, which were based on the recommended retail price. There were few non-branded cheaper options.
- 7.26 Significantly fewer prisoners than the comparator said they had been able to use the shop within 24 hours. Depending on their day of arrival, prisoners could wait a week or more to receive their first canteen order.
- 7.27 Twenty-three different catalogues were available. Many prisoners complained that catalogues were not held centrally and were difficult to get hold of. On some wings, they were held by prisoner representatives while on others they seemed to remain with whoever had them last. Prisoners also said orders were often delayed. Prisoners were charged a 50 pence administration fee for each order. Some prisoners found it difficult to buy specific religious items, although it was agreed during the inspection that orders for any religious items not available through catalogues could be made to the chaplaincy, who would liaise about any security implications before placing the order. Newspapers and magazines could be ordered through the library.
- 7.28 Surveys were carried out twice yearly but many prisoners felt their comments were ignored. There were quarterly canteen meetings attended by the principal officer in charge of the kitchen and canteen, the Aramark manager based in the prison, an Aramark operational manager, members of the Independent Monitoring Board and chaplaincy team and prisoner representatives from all wings. No senior manager attended. Minutes from October 2007 did

not indicate any real discussion with prisoners about their needs or views. Some agenda items were not discussed due to a lack of time.

## Recommendations

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- 7.29 Black and minority ethnic prisoners should be consulted specifically about the suitability of items on the canteen list.
- 7.30 All prisoners should have access to the prison shop within 24 hours of arrival.
- 7.31 The canteen list should be displayed prominently on all wings.
- 7.32 Prisoners should not have to pay an administration fee on catalogue orders.
- 7.33 Consultation with prisoners should include senior prison managers and meetings should allow enough time to deal with all agenda items. Minutes should include action taken or proposed in response to topics raised by prisoners.

## Housekeeping point

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- 7.34 Catalogues should be held in a central point and available to all prisoners.

# Section 8: Resettlement

## Strategic management of resettlement

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### Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

- 8.1 The resettlement strategy was out of date and not based on a needs analysis. Too little management attention had been paid to taking the strategy forward.
- 8.2 The resettlement strategy was out of date, with little reference to the offender management model, and the attached resettlement action plan was no longer relevant. The strategy was not based on a needs analysis and there was no clear link with either the north-east area or the high security prisons' strategies. A high security needs analysis was pending and would inform a new strategy.
- 8.3 Resettlement meetings had been suspended five months before our inspection as it had been acknowledged that they were not driving the strategy forward. A new reducing reoffending meeting had been established but only one introductory meeting had taken place so no progress had yet been made.

### Recommendation

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- 8.4 The reducing reoffending meeting should meet regularly to oversee the development of the resettlement strategy.

## Offender management and planning

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### Expected outcomes:

All prisoners have a sentence or custody plan based upon an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved with drawing up and reviewing plans.

- 8.5 There were significant backlogs with offender assessment system (OASys) assessments and sentence plans. Public protection arrangements on release were satisfactory but internal procedures needed attention. There was insufficient focus on the specific needs of lifers.
- 8.6 There were 237 prisoners officially in scope for offender management, although Frankland had chosen to allocate an offender supervisor to all prisoners. However, only one of a random sample of 11 offender management files had a record of contact with the prisoner and this was just one entry from the previous six months. Four of the files contained an up to date OASys assessment, suggesting that more than the recorded contact had actually been made.
- 8.7 Sixteen officer offender supervisors, including two allocated to Westgate unit, mostly had between 40 and 50 prisoners on their caseload. They formed a dedicated staff group but still

worked operational shifts and their hours were regularly used to backfill vacancies in the regime. Between January and December 2007, 3,239 hours had been lost in this way. Five probation officer offender supervisors took on cases that were within a year of release as well as indeterminate public protection (IPP) prisoners. They worked closely with offender managers on release arrangements, including multi-agency public protection arrangements (MAPPA).

- 8.8 Only 338 prisoners had a completed and up to date OASys and 376 (289 lifers and 87 determinates), including prisoners on Westgate unit, should have had one but did not. Most were out of date but 69 (60 lifers and nine determinate-sentenced prisoners) had no initial OASys assessment. This affected their ability to begin programmes (see section on resettlement pathways). Priority for completing OASys was given to those with imminent parole reviews, followed by those with no OASys at all. In our survey, significantly fewer prisoners than the comparator said they had a sentence plan, had been involved in the development of their sentence plan or were able to achieve sentence planning targets.
- 8.9 Managers acknowledged inexperienced staff and lack of training had resulted in poor quality OASys assessments. A 2.5 day training session had been arranged to address this, and assessments were now supervised by a senior officer with 10% quality checked by the senior probation officer. The quality of more recent OASys was good, although specific staff were not named when setting targets and no targets related to maintaining contact with people outside.
- 8.10 Prisoners with an outdated or no OASys did not have annual sentence planning targets or boards. On average, 22 boards were held each month against a projected need of 70 when all plans were up to date. The board we observed was good, with targets carried through beyond release, although it was held in the wing senior officer's office, which was not a suitable venue as it was subject to interruptions. Offender managers attended one in three boards. Video conferencing was not used for offender management and managers said the increasing demand for interview room space threatened the delivery of offender management work and interventions. There were plans for a dedicated board room and more interview rooms.
- 8.11 A probation officer interviewed all prisoners within seven days of arrival, highlighted areas of need and, where necessary, made referrals to the inter-department risk management team.
- 8.12 As with other more complex cases, recalled prisoners were routinely allocated a probation officer offender supervisor. However, there was no additional support for the nine recalled prisoners and they were not prioritised for interventions. Recalled prisoners said they were given little information about the recall process. One recalled prisoner said he had been called up for what he thought was a probation interview that turned out to be his hearing.

### **Public protection**

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- 8.13 The public protection policy had not been updated for five years and did not include the management of prolific and priority offenders (PPOs) or changes resulting from the 2003 Criminal Justice Act. Fortnightly public protection meetings were well attended and thoroughly considered individual prisoners coming up for release. Safeguarding children meetings were supposed to take place monthly but only four had been held in the previous 13 months. Agenda items included discussion of applications for contact with children and child-related security information reports. Inter-departmental risk management team meetings were also supposed to be monthly but only five had been held in the same period. These dealt with harassment cases, individual prisoners causing a concern and reviewed high risk new receptions and updated on PPO prisoners.

## **Indeterminate-sentenced prisoners**

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- 8.14 Support for lifers was under-resourced. There were 452 indeterminate-sentenced prisoners, including 64 with indeterminate public protection (IPP) sentences, but minimal staffing allocated to lifer management. The lifer manager was a senior officer who also carried out operational duties as well as being responsible for other significant tasks such as the supervision of OASys reports. His role was not covered and we saw a box file of unanswered applications that had accumulated during a recent three-day absence. The clerk who covered lifers also covered several other desks.
- 8.15 Four per cent of staff had completed lifer training in the last three years but none had additional responsibilities and no lifer-related duties were detailed in their appraisals. There were no lifer liaison officers. Lifers said it was difficult to get answers to their questions and this was reflected in the prisoner consultative meeting minutes. Prisoners were frustrated about this and wanted specific lifer meetings. No such meetings or lifer days were held. All lifers were allocated an offender supervisor.
- 8.16 An information booklet available to lifers on application included details of courses offered at other prisons but not of courses available in the high security estate. We were told that it was routinely given to lifers on induction but induction staff were unaware of it and were instead issuing a misleading and out of date lifer information booklet.

## **Recommendations**

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- 8.17 Offender supervisors should have regular contact with prisoners.
- 8.18 There should be a clear strategy to tackle the OASys backlog that is monitored by an action plan and overseen by a senior manager.
- 8.19 Prisoners who do not have a completed OASys should not be prevented from completing offending behaviour programmes.
- 8.20 Sentence planning targets should specify which staff are identified to help prisoners achieve them.
- 8.21 Sentence planning targets should include encouragement to maintain contact with family and pro-social support outside.
- 8.22 Sentence planning boards should be held in appropriate rooms free from interruption.
- 8.23 There should be a specific strategy for managing and supporting recalled prisoners.
- 8.24 The public protection policy should be revised and updated.
- 8.25 More support should be provided for life-sentenced and indeterminate-sentenced prisoners, with trained lifer liaison officers on each wing who are able to advise lifers on aspects of their sentence, and occasion lifer events in which all lifers are able to participate.
- 8.26 A senior manager should chair regular lifer meetings with prisoner representatives and minutes should be made available to all lifers.

- 8.27 Safeguarding children and inter-department risk management team meetings should take place monthly in line with the terms of reference.

## Housekeeping point

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- 8.28 The up to date lifer information booklet should be sent to all prisoners who have not yet received one and should routinely be given to lifers on induction.
- 8.29 The lifer information booklet should include details of programmes offered in high security prisons.

## Resettlement pathways

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### Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

- 8.30 Relatively few prisoners were released each year and reintegration needs were individually assessed. Education and work allowed prisoners to develop good skills but pre-release information was too general. Continuity in healthcare provision in the community was mostly poorly planned but better for those with mental health problems. The drug strategy covered most key areas but was not based on a needs analysis. There were good programmes, but insufficient group and alcohol work. There was not enough focus on helping prisoners retain contact with families. It was not clear that programmes provision matched need. Prisoners saw lack of progression as a real concern and many had become disaffected as a result. Too many prisoners were waiting for post-programme assessments. Westgate unit operated positively but some waited too long for the formal assessment stage.

## Reintegration planning

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### Accommodation

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- 8.31 Accommodation for prisoners being discharged was arranged through liaison between the seconded and outside probation and offender manager. There were no other accommodation services. Probation dealt with any outstanding accommodation issues on arrival. Between January and December 2007, 48 prisoners had been discharged and most went to approved premises. Four had 'no fixed address'.
- 8.32 One prisoner was due to be released within four months and had arranged formal resettlement support on release, including accommodation. This was important as he had substance misuse problems and a personality disorder but he needed to move to a prison near his home area several months before release to take advantage of the support arrangements. We were given no reasonable explanation why a move could not take place within a reasonable timeframe. This risked jeopardising his resettlement.

## Recommendation

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- 8.33 Prisoners due for release should be transferred nearer to their home area within sufficient timeframes for them to take advantage of any planned pre-release support arrangements.

### **Education, training and employment**

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*For further details, see Learning and skills and work activities in Section 5*

- 8.34 Prisoners were able to develop good skills capable of improving their employability. Links had been established between learning and skills and the sentence planning function. Learning and skills staff had a good understanding of the needs of prisoners serving long sentences and how best to develop their skills in preparation for release or transfer within the secure estate.
- 8.35 Prisoners within two years of release could go on a preparation for release course that included units in budgeting and money management, personal development, assertiveness and preparation for work. Information, advice and guidance on opportunities to continue with education and training on release were given by education before release but this was general rather than specific to individual prisoners. Between April 2007 and January 2008, only three prisoners had entered employment on release against a target of nine.

## Recommendation

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- 8.36 Information, advice and guidance prior to release should meet the specific needs of individual prisoners.

### **Mental and physical health**

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- 8.37 There was no clear strategy to ensure that, where appropriate, healthcare was successfully transferred to external health providers and few links between healthcare and others were involved in a prisoner's resettlement.
- 8.38 Anyone being released on medication was seen by the GP and given up to five days supply. Staff were unsure what to do to if a prisoner had no GP and prisoners were not advised how to register with one.
- 8.39 The prison mental health team contacted community teams before a prisoner under its care was released to ensure continuity of care. Teams were invited into the prison to meet the prisoner and discuss future care.

## Recommendation

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- 8.40 A discharge policy should be introduced that includes a health check and provides information on how to access external health agencies.

### **Finance, benefit and debt**

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- 8.41 The education department's 10-week pre-release course (see section on education, training and employment) covered budget and money management. Nineteen prisoners had attended the course since April 2007 and five were currently on it.

- 8.42 An exit interview with a probation officer took place within 10 working days of release and prisoners were given basic details about benefits and helped to make a first appointment at a benefits agency. There was no assistance with setting up a bank account before release.

## Recommendation

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- 8.43 Prisoners should receive assistance with setting up a bank account before release.

## Drugs and alcohol

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- 8.44 The prison drug strategy group met monthly with generally good representation and a comprehensive monthly report. The strategy was up to date and covered most important areas but was not based on a needs analysis and did not include strategic objectives.
- 8.45 Each month, the counselling, assessment, referral, advice and throughcare (CARAT) team collected key information but only on new clients. Men transferred from other prisons with a completed assessment were not included so the full range of need of CARAT clients could not easily be determined.
- 8.46 The CARAT team consisted of one part-time and four full-time workers and a supervisor, all directly employed by the prison. Some also facilitated the Focus rehabilitation programme. The team had a caseload of about 200, of which 78 were active and the rest suspended, where contact was infrequent and limited to care management. The team offered a reasonable range of one-to-one work focused on issues identified in care plans. A number of structured one-to-one sessions had been developed but there was no specific programme. Prisoners assessed as having more intensive treatment needs were usually referred to the Focus programme. CARAT files indicated a generally well managed service, with cases regularly reviewed by the team supervisor.
- 8.47 The CARAT team did not deliver any group work as an alternative to, or reinforcement of, the Focus programme. A discussion group had been undertaken previously specifically for prisoners who did not meet the Focus criteria, but this had folded. The team planned to deliver a range of short group work programmes developed by the national drug programme delivery unit (NDPDU) when scheduled accommodation moves took place. The lack of a needs analysis meant it was unclear whether these short programmes were appropriate to the population. Approximately 80% of CARAT clients were located on F and G wings and many had well-entrenched substance misuse histories for which more intensive programmes might have been more appropriate.
- 8.48 Westgate unit had its own dedicated drugs work team. This was a satellite of the CARAT service and contained a number of staff who had previously been CARAT workers, including the team supervisor. The principle was to incorporate drugs work into the wider therapeutic ethos and programme while still using CARAT procedures. Thirteen officers were involved in running a small number of sessions a week. All client sessions were delivered on a 2:1 ratio. The Westgate team had 18 active and 37 inactive cases.
- 8.49 The Westgate drug team and the main CARAT team met quarterly to share practice and develop treatment options. Both supervisors received clinical supervision from a chartered psychologist. As part of an initiative for all drug teams across the high security estate, all drug workers were supported by the prison to complete specific training and assessment in line with the drug and alcohol national occupational standards (DANOS). The programme was delivered through the Open University and supported by the Federation of Drug and Alcohol

Practitioners (FDAP). While positive, the initiative was new and there were some concerns about how officers on Westgate unit, working on drugs issues only infrequently, would be able to complete the assessment.

- 8.50 The Focus rehabilitation programme was a 62-session group work package delivered over six months and had been developed exclusively for the high security estate. The programme had already achieved its target of 18 starts for the year and anticipated 16 completions. Along with the dual CARAT/Focus facilitators, the Focus team had a treatment manager and three other part-time facilitators, including one who was dual-trained in the sex offender treatment programme. The Westgate drug team had developed its own 49-session rehabilitation programme, the Iceberg programme. Only two Iceberg programmes were run each year with up to five prisoners on each. The programme had been adapted specifically for prisoners on Westgate unit. It had not yet received national accreditation but it had been approved under Prison Service Order 4350 (effective regimes). The unit had just finished its third programme.
- 8.51 Alcohol treatment was relatively limited, although the CARAT service and Focus worked with prisoners with alcohol-only issues. There was no alcohol strategy. Where alcohol problems were identified, the CARAT 'audit' tool was completed but these were not collated to establish the extent of alcohol misuse. An alcohol awareness programme was included in the NDPDU package due to be implemented later in 2008. A brief assessment of some prisoners engaging with the CARAT service suggested a possible need for a more intensive programme than alcohol awareness.
- 8.52 The CARAT team had developed appropriate protocols to link prisoners being released to drug intervention programme teams. All CARAT clients being released were interviewed and given information and advice about drug overdose and where to get help. A checklist was used to ensure that all issues were covered but there was no means of ensuring the consistency of the message given.
- 8.53 Voluntary drug testing (VDT) was available across the prison, including Westgate unit. Within the target of 410 compacts and 615 tests were both voluntary and compliance tests, each with their own compacts. The vast majority were compliance as all prisoners on enhanced status had to agree to compliance testing. On Westgate unit, VDT was linked to a reward scheme based on certificates.

## Recommendations

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- 8.54 The drug strategy should be informed by an annual needs analysis and include an alcohol strategy and annual development objectives that are monitored through the strategy group.
- 8.55 The CARAT team should deliver a range of group work that meets the needs of the prisoner population as an alternative and supplement to Focus.
- 8.56 A comprehensive and consistently delivered pre-release package should be implemented by the CARAT service.

## Children and families of offenders

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- 8.57 There was no allocated lead manager to develop and champion the pathway and the outdated resettlement strategy contained only two paragraphs about 'family and community ties'. While it acknowledged that families played an important role in effective resettlement, there was little

other than statutory entitlements to visits, correspondence and telephone contact. There were no links with the wider community and no action plan to meet any agreed objectives.

- 8.58 In our survey, only 12% of prisoners, against a comparator of 24%, said they had received information about visits on arrival, although more said they actually received a visit in their first week. Visits were booked through a dedicated telephone number that was open only two hours each weekday morning and afternoon. The number given in the prisoners' information booklet was incorrect. Some visitors complained that it was difficult to get through. We got through on our third attempt in 10 minutes but there was no opportunity to leave a message if the line was busy or closed.
- 8.59 Vulnerable prisoners had two-hour visits on weekdays and at weekends, ordinary location prisoners had 1.75 hours on weekdays and 2.5 hours at weekends, and prisoners on Westgate unit had 1.5 hours on weekdays and 1.75 at weekends. There were no evening visits, family or children's days. Standard prisoners got two visiting orders a month and enhanced prisoners three. They also received one privilege visiting order that could only be used on weekdays. One visiting order could be exchanged for two privilege visiting orders. Enhanced level prisoners could exchange unused visiting orders for extra letters or telephone credit. Prisoners and visitors complained about the loss of Wednesday visits and the decision about this appeared to have been made without any consultation with them or North East Prison After-Care Society (NEPACS) staff.
- 8.60 Parking was difficult for visitors as most spaces, including disabled parking bays, were used by prison staff. The prison was expanding its size with no additional car parking space so this position was likely to get worse. All visitors had to book in at the outside visitors' centre. This was managed by staff and volunteers from NEPACS and was open from 11am to 4pm. It was comfortable and welcoming, with good facilities including refreshments, although the pay telephone had been out of order for nearly a year. Visitors were given support and information and details of local and national support groups were displayed. NEPACS had received funding to develop a project for older children, giving them the opportunity to talk about any anxieties or difficulties. This was already running successfully at HMPs Low Newton and Durham but had been delayed at Frankland due to outstanding structural work in the visitors' centre. The centre manager met with a prison senior manager quarterly and said she received good support from members of the Independent Monitoring Board and chaplains.
- 8.61 Operational support grade (OSG) staff working in the visitors' centre photographed all visitors and scanned their fingerprint. These were stored and used each time visitors attended. First time visitors had to provide proof of identity but one of the OSGs incorrectly said that anyone without photographic identification would not get in. Most visitors said they were well treated but some complained about the poor attitude of a minority of OSGs in the visitors' centre. The only means of giving feedback was by talking to centre staff or making a formal complaint. There was no comments book.
- 8.62 Many visitors made long journeys to the prison but did not receive the full advertised entitlement because they were called in groups to the prison in order of arrival and it took up to 20 minutes to arrive in the visits hall. All visitors were x-rayed and given a rub-down search. Anyone indicated by the drug dog was offered a closed visit or could leave. No other intelligence was required. Visitors then waited to be escorted to the main prison.
- 8.63 Prisoners waited in holding rooms for their visitors to arrive. These were clean and supervised but contained nothing to help pass the time. There were separate visits rooms for ordinary location, vulnerable and high-risk prisoners and a small room for prisoners on Westgate unit. All rooms were well supervised and staff were aware of prisoners subject to public or child

protection procedures. Toys were provided in all rooms and a refreshment bar staffed by NEPACS was used by all visitors. Prisoners and visitors could use the toilets.

- 8.64 The closed visits booths were clean and out of sight. There were only two legal visits booths and many legal visits therefore took place alongside domestic visits (see section on legal rights).
- 8.65 Prisoners could apply for accumulated visits and were transferred to their chosen establishment quickly when spaces were available. Records showed prisoners going to HMPs Belmarsh and Wakefield within 12 and seven days of applications but many others waited several months. However, many were refused due to population pressures, which was frustrating for prisoners and their families.
- 8.66 Over 50% of prisoners were 50 miles or more away from their home area but there was little evidence that they were encouraged to maintain contact with families. Families were not invited or encouraged to participate in key aspects of prisoners' sentences, although we were told that some family work was taking place on Westgate unit.
- 8.67 In our survey, 39% of men said they had children and a number thought they would have a problem maintaining their relationships. No relationship or parenting courses were available, although the Family Man course and Story Sacks project had run in the past and were planned to run again. The Family Man course had run three times for about 35 ordinary location prisoners. Two specially trained staff ran the course over three weeks involving prisoners in a range of activities to develop and improve their personal abilities in regard to family relationships. The course culminated in a presentation to an invited audience of staff and prisoners' families. Story Sacks was managed by library staff and involved prisoners recording a story onto a CD to be sent with the book to their child. About 32 prisoners had taken part.
- 8.68 Prisoners were unable to undertake general relationship counselling with their immediate family. Prisoners who were carers were not identified and given additional free letters or telephone calls, as there was no provision for incoming calls from children or to deal with arrangements for them. There was no qualified family support worker to support prisoners in maintaining or rebuilding family ties or to provide advocacy on their behalf with partners, families, and statutory and community agencies such as social services or schools.

## Recommendations

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- 8.69 The children and families of offenders pathway should be led and developed by a named manager and should include an action plan to meet agreed targets.
- 8.70 Visitors should be able to book their next visits while at the prison.
- 8.71 There should be sufficient parking for visitors, including disabled bays reserved for visitors which should not be used by staff.
- 8.72 Visits should start at the published time.
- 8.73 Closed visits should be authorised only when there is a significant risk justified by security intelligence.
- 8.74 Visitors and prisoners should be able to give feedback on visits.

- 8.75 Prisoners should receive equivalent lengths of visits irrespective of their location in the prison.
- 8.76 Families should be invited to participate in key aspects of prisoners' sentences where appropriate.
- 8.77 Prisoners should be able to participate in interventions to improve parenting and relationship skills.
- 8.78 Prisoners should have the opportunity to undertake general relationship counselling with their immediate family.
- 8.79 Evening visits, family and children's days should be available to all prisoners.
- 8.80 Provision should be made for prisoners to receive incoming calls from children or to deal with arrangements for them, and identified carers should receive additional free letters and telephone calls.
- 8.81 A qualified family support worker should be employed to help prisoners maintain or re-build relationships with their children, partners and other family members.
- 8.82 All prisoners should be able to have accumulated visits within an acceptable timescale.
- 8.83 Work should be completed in the visitors' centre to allow the introduction of the youth project.

### Housekeeping points

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- 8.84 The correct number for the visits booking should be included in the prisoner information booklet.
- 8.85 The telephone in the visitors' centre should be repaired.

### Attitudes, thinking and behaviour

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- 8.86 Other than drug interventions (see section on substance use), there was a target to deliver 72 enhanced thinking skills (ETS) and 45 sex offender treatment programme (SOTP) completions. A range of SOTP programmes was available, including core, adapted, extended, better lives booster and healthy sexual functioning. Audit scores showed that programmes overall were delivered to a good standard. Waiting lists for SOTP programmes were mostly low but stood at one to two years for the healthy sexual functioning programme and about a year for ETS. In the previous year, the psychology department had also seen some prisoners individually, mostly relating to programmes or assessment for programmes. Prisoners were prioritised for programmes or assessments, where there was a waiting list, based on their non-parole (release) date. After this, prisoners were prioritised based on parole date or tariff but this did not always allow them to complete programmes in time to be considered for release on their tariff or parole date.
- 8.87 It was not clear that the provision of programmes matched need. In the previous year, 14 prisoners had transferred from nearby lower category prisons to complete SOTP programmes to help meet the programme's key performance target. A number of prisoners said there was a lack of opportunity to address offending related to violence or loss of emotional control. Limited

opportunities were available for prisoners to complete these in other high security establishments and none were available for vulnerable prisoners to complete violence-related offending. Prisoners believed this hindered their progression and many had become disaffected. A local business case to deliver the controlling anger and learning to manage it (CALM) programme was in progress. A high security needs analysis was underway and would be critical in informing programme delivery.

- 8.88 Over 100 prisoners were overdue a post-SOTP assessment report; a number had been waiting over two years and one prisoner had waited five years. Progression for these prisoners was often stalled until the outcome of the report was known and these delays were not acceptable. Delays in assessments also impacted on other departments, such as probation who had to write addendums to reports already written due to the passage of time. A further potential restriction on progression was that prisoners needed their OASys risk and need scores as part of the assessment for ETS and FOCUS. Those who had not completed OASys could not normally take part in programmes until it had been completed.
- 8.89 Diversity was not an agenda item on the tripartite management meetings, although some prisoners with diversity issues were supported through programmes.

## Recommendations

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- 8.90 After completion of the high security needs analysis, programme provision should be modified to match need.
- 8.91 All prisoners should have sufficient opportunities to complete programmes before their parole eligibility or tariff date.
- 8.92 Prisoners' progress should not be curtailed by excessive delays in post-treatment reports.
- 8.93 Diversity issues should be routinely discussed at the tripartite management meetings.



## Section 9: Westgate unit

- 9.1 The unit was a comprehensive and expensive facility that cost £95,000 per prisoner per year. It provided a decent quality environment for long-term prisoners with serious personality difficulties who were high risk of harm. The high complement of staff to prisoners meant that prisoners who would not normally interact positively with uniformed staff began to do so and to build up trust. The treatment, grounded in a supportive regime, promised to deliver change in time, although the end point was still some years away. The frustration was that assessments were repeated and there were long waits to begin treatment, and some of those identified as in need of treatment were not able to receive it. There was an impressive level of developmental and multidisciplinary work, well managed and supported, and officers were able to develop a high level of skill in working with difficult and challenging prisoners.

### Introduction

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- 9.2 Westgate unit was one of two prison sites providing assessment and treatment of dangerous prisoners with severe personality disorder (DSPD) alongside two special secure hospitals offering parallel treatment. There was a broad allocation of DSPD prisoners to either the Frankland unit, which worked in tandem with Rampton in the north, or Whitemoor unit, which worked alongside Broadmoor in the south. The treatment was experimental but grounded in the empirical literature of what works clinically with this group of prisoners. Each of the prisons and special secure sites operated a different treatment model but all strove to use a common set of assessment tools to measure the impact of treatment, which was subject to a national evaluation.
- 9.3 Opened in April 2005, Westgate was a completely self-contained new build unit providing accommodation for 80 prisoners. Accommodation consisted of four 20-bed units and central services that included a gym and sports hall, a healthcare centre with dental clinic, an education block and a multi-faith room. An outside area was landscaped to provide gardens where prisoner could sit and exercise and there were two greenhouses and several allotments where prisoners could work towards qualifications in horticulture and grow vegetables.

### The environment

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- 9.4 Prisoners wore and laundered their own clothes, cooked their own food, undertook cleaning and could play snooker and board games, often with staff. There were also arts and craft rooms on each unit. The units were clean, bright and cheerful, enjoying extensive light from a central atrium and having open communal areas with artwork where prisoners and staff could associate. This area contained sofas, tables and chairs and was used for some therapeutic work such as trauma counselling and any one-to-one work carried out in the sight but not the hearing of staff. Otherwise the unit operated a two-on-one policy, in which any individual engagement with a prisoner behind a door was with two staff of any discipline. This was for the protection of staff and prisoners and was appropriate.
- 9.5 There was a good relationship with the main prison. The governor supported its work and chaired a monthly strategy group that included the local senior managers and a representative from the central DSPD unit.

## **Referral**

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- 9.6 Prisoners were referred to the unit from other prisons, which had to complete a comprehensive assessment. Referral unit staff summarised the cases for a monthly referral panel. Here the decision was taken as to whether the prisoner was likely to fulfil the criteria for DSPD and offered a place for initial assessment.
- 9.7 An information leaflet was sent out to staff at the referring prison if a prisoner was accepted. No responsibility was taken for what was communicated to prisoners about the unit before they arrived, although they were written to informing them of the decision to admit them. This was in contrast with the openness demonstrated to prisoners and their legal representatives when on the unit and was a missed opportunity given the ambitious aims of the unit and its intended impact on the prisoners, which was bound to arouse their anxiety.

## **First night and induction**

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- 9.8 On their first night, prisoners were allocated an officer for any assistance they needed and use of the cell call bell was explained. A Samaritans telephone was available but there were no Listeners on the unit. For the first week, new prisoners worked through an induction programme where the routines of the unit were explained and they met staff from the different disciplines who contributed to the Westgate regime. Prisoners signed a compact setting out the unit's statement of purpose and the expected standards of behaviour. Induction was comprehensive and accompanied by a booklet about the unit but prisoners said they were mainly concerned and nervous about the assessment and treatment process and that this could not be allayed through the induction programme alone.

## **The living phase**

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- 9.9 While prisoners waited for their assessment, which could take up to two years, they took part in a 'living phase'. This provided a full regime of activities with two sessions each morning and afternoon, within a regime that provided just less than eight hours out of cell each weekday and just under seven hours at weekends. Activities included education, psychodrama, horticulture, gym, football, charity workshop, faith groups, guitars, yoga and arts and crafts. Labour sessions included cleaning, servery, education and physical education orderly positions.
- 9.10 Prisoners were paid 65 pence for each activity session and £2.50 for each labour session, of which there was a weekly limit of four. The programme of activities continued to complement sessions of assessment or treatment throughout a prisoner's stay on the unit so they were able to remain fully active while in therapy.

## **The good life and development scheme (GLAD)**

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- 9.11 All prisoners on Westgate unit were regarded as at the enhanced level of the prison IEP scheme but could earn credits through the GLAD scheme. Goals were set for each prisoner in each of nine life areas: healthy living, knowledge, excellence in work or play, self responsibility, inner peace, freedom from isolation, spirituality, happiness and creativity. These translated into aspects of life in the unit and all disciplines of staff were involved by certifying whether a goal set in their area had been achieved. After four weeks, the plan was reviewed and judged as exceeded, achieved or not achieved. A prisoner's performance earned rewards to the value of

£7.50, £5.00 or nil respectively. All prisoners had a GLAD plan even if they refused to engage with it. The purpose of the GLAD scheme was to provide reward rather than punishment as the latter has been demonstrated not to be effective with psychopathic personalities.

### **Anti-bullying**

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- 9.12 Those who disrupted the regime or bullied were subject to a recently introduced re-engagement programme. Technically, prisoners remained on enhanced but this was similar to a basic regime. The emphasis was on regaining a full regime rather than suffering punishment. This regime in week one offered only one session of activity and one session of association in addition to exercise and collection of meals. The second week allowed two sessions of activity and association, the third three and the fourth four until, on week five, the prisoner was restored to the main regime. A multidisciplinary team monitored the prisoner during this period.

### **Education and parallel therapy**

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- 9.13 The DSPD education and learning and skills staff worked within the multidiscipline team on Westgate unit. The aims and objectives of the work were well understood by tutors on the unit. Staff had taken part in training to develop more effective classroom strategies to support the overall treatment model. One teacher delivered the psycho-education module alongside a psychologist, a treatment facilitator and a principal officer. Another was training to deliver emotion modulation. The art teacher had delivered parallel art therapy through the art group and in conjunction with the mental health nurses.
- 9.14 The delivery of education and training modules was completely integrated within the treatment framework of the unit. A holistic approach had been developed that saw the delivery of accredited and non-accredited courses as part of the wider treatment of prisoners. A broad range of courses tailored to support the treatment of prisoners had been developed. These included courses in horticulture, ICT, literacy and numeracy, art, physical education, geography, history, languages and music. A range of individual projects was also available to help prisoners' personal development.

### **Assessment**

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- 9.15 There were 77 prisoners on the unit, of whom 38 were waiting for assessment, 10 were undergoing initial assessment to establish the presence of severe personality disorder and a link with risk, four were undergoing the Westgate initial treatment needs analysis programme (WITNAP), and 25 were undergoing treatment. As in other DSPD units, most prisoners were of white ethnic origin.
- 9.16 No prisoners had yet completed the three to five year treatment programme. Determinate sentenced prisoners who reached the end of their sentence before beginning or completing treatment were referred to Rampton. With the extent of the investment in the initial assessment and the subsequent WITNAP, it had been recognised that it was wasteful of resources to begin assessment with those who were not likely to remain on the unit to complete treatment. Usual practice had been to establish that the prisoner met the criteria and complete the individual treatment needs analysis before considering the best location for treatment. However, Rampton operated its own assessment for treatment and had no use for the Westgate treatment needs analysis. One prisoner undergoing the WITNAP had had withdrawn when it became clear that he would have to start the process again once he arrived at Rampton. Bimonthly meetings had been set up with Rampton staff to discuss these cases. Latterly, those

referred with a determinate sentence and limited time left to serve were referred directly to Rampton rather than beginning assessment in Westgate unit.

- 9.17 Another issue was Rampton's acceptance criterion that patients should constitute a grave and immediate danger, which excluded some of those who had been accepted at Westgate. Rampton's position was that some prisoners were not sufficiently dangerous to merit special secure conditions and that their severe personality disorder could be treated in a medium secure facility. This undermined the coherence of the DSPD project and misled, and arguably damaged, those prisoners whose expectations concerning their need for treatment were raised and then not met.
- 9.18 The initial assessment in Westgate also duplicated the assessment that preceded referral to the unit. A number of assessments, including the PCL-R and WAIS-R, were carried out before arrival as well as within the initial assessment. It was inappropriate to repeat assessments that purport to measure a lifetime condition which would not be expected to change within a short time period, and it threatened to undermine prisoners' trust in the process. Research indicates that the experience of assessment for those who are personality disordered can undermine trust in clinicians unless it is carried out collaboratively, with openness and transparency. Some care was taken to achieve this on the unit, so it was inappropriate to ignore this in the context of the pre-assessment and disrespectful to put prisoners through unnecessary repeat assessments.

### **Lifers**

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- 9.19 Of the 77 prisoners in the unit, 61 were lifers, 38 discretionary and 23 mandatory, and there were a further nine indeterminate public protection (IPP) prisoners. Seven were determinate sentenced. Of the 61 indeterminate sentenced prisoners, 35 were already over tariff, 25 of the discretionaries, eight of the mandatories and two of the IPPs.
- 9.20 The unit had initially accepted prisoners solely on the basis of the likely presence of criminogenic personality disorder without taking into account whether they were lifers or determinate-sentenced prisoners and how long they had left to serve. As the waiting list grew, some began to run out of time for treatment. Subsequently, fixed-term prisoners were prioritised over lifers as they had a fixed release date and, since January 2008, IPPs had begun to be prioritised in accordance with phase three of the offender management roll out. This meant that lifers were being overtaken by two groups of prisoners and many were very disgruntled. Some had little realistic chance of beginning assessment before at least two years had elapsed from the time of their arrival. Where possible, all lifers should be able to access offending behaviour work before tariff expiry, and the size of the waiting list and the high number over tariff was a cause for concern.

### **Treatment**

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- 9.21 Treatment was based on empirical evidence from the forensic psychological literature of what worked with serious offenders and was directed by a psychologist who coordinated the input of other disciplines. Monthly clinical management meetings maintained a high level of self scrutiny and a learning environment. Monthly steering group meetings were also held with the central DSPD team. Relationships between disciplines were good.
- 9.22 The treatment consisted of a series of modules grouped into progressively challenging treatment domains. The first psycho-ed domain developed awareness of personality disorder, boundaries and risk. The second developed skills in self-management, including thinking skills,

emotional regulation and handling conflict. A substance misuse programme was also included. No prisoners had progressed beyond this point but further domains included social and interpersonal competencies, attitudes and beliefs and, lastly, offending behaviour. The whole treatment process was expected to take up to five years to complete, with each stage consolidated by parallel therapy in other areas of prisoners' lives.

- 9.23 If a prisoner wanted to withdraw from a programme, a case management meeting was held. We were told that a certain amount of leeway was allowed and efforts made to re-engage the prisoner before returning them to the sending establishment with a full handover.

### **Sentence planning**

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- 9.24 A large backlog in completing OASys assessments and reviews had been reduced by the deployment of two dedicated staff working full time as offender supervisors, with a third just allocated. Twelve out of 75 were outstanding. Staff had written to the probation areas for all the prisoners and requested a named offender manager for each one. They had succeeded in all but three cases. This was appropriate for a group of prisoners who were identified as high risk, likely to need multi-agency public protection arrangements (MAPPAs) intervention on release and subject to detailed progression planning during their stay on the unit.
- 9.25 Offender supervisors completed lifer annual reviews. Most lifers were only set soft targets concerning compliance with the regime as they marked time waiting to make progress with their offending behaviour.

### **The progression unit**

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- 9.26 A positive aspect of Westgate unit was the role of probation staff in the progression unit. An individual progression portfolio was opened on each Westgate prisoner on arrival to document their progress through assessment and individual treatment modules. This integrated information from sentence planning, psychological assessment and the care programme approach (CPA) where this was in place. Progression case conferences were held at intervals and external links were maintained to ensure that case management continued beyond Westgate. Prisoners' legal representatives were sent copies of their reports. Progress was tracked electronically through a comprehensive database. Discussions were underway with the central team to extend the database to the other sites.
- 9.27 Three prisoners had been released into the community since the unit opened, two directly from the unit and one after transfer closer to his home area. For these prisoners, probation staff from the progression unit liaised closely with the home probation officer to provide a full briefing of the prisoner's risk and needs, and attended MAPPAs meetings in the area where the prisoner was released. After release, they continued to receive quarterly reports of progress. This ensured that the large amount of risk information collected on individual prisoners was made available to other practitioners with responsibility for managing risk, and was appropriate for a lifetime disorder with public protection implications.

### **Links**

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- 9.28 A small staff team led by a psychologist specialised in establishing, maintaining and strengthening links with families and significant others in prisoners' lives who were able to take an interest in them and encourage them to progress. Information about Westgate and the treatment process was sent out to families and they formally consented to being involved in prisoners' progress reviews. The team was set up after wide consultation and included the

provision of a prisoners' families' helpline that offered free and confidential support and information to anyone with a friend or family member in the unit. Progress reviews took place in the visits area if they were attended by a family member or a friend.

### **Staff training**

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- 9.29 Staff were trained in personality disorder, risk awareness, conditioning and manipulation, foundation skills in cognitive behaviour therapy, motivational interviewing, report writing and parallel therapy. They could also attend a staff assessment and development centre delivered by the central interventions unit (previously OBPU) to identify suitability for participation in group treatment, followed by specific training in problem solving, managing groups, maintaining motivation and commitment and communicating clearly (although there had been some delay in delivering these modules).
- 9.30 Regular staff briefings and debriefings before and after each morning and afternoon shift ensured that all staff were aware of live issues on the unit and built teamwork. Individual staff working as facilitators were also required to participate in occupational counselling from Care First every two months, and other unit staff every four months. At other times, a 24-hour telephone counselling service was available.

### **Healthcare**

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- 9.31 Primary care for prisoners was provided by Prison Service healthcare staff under a service level agreement (SLA) with the County Durham primary care trust (PCT). The unit also had a SLA with the Northumbria, Newcastle and North Tyneside Mental Health Trust for mental health support. Health services were provided between 7.45am and 7.30pm on weekdays and from 8am to 4.30pm at weekends.
- 9.32 The healthcare team was managed by a band seven registered general nurse (RGN) who was a nurse prescriber and was undertaking a nurse practitioner course at degree level. She was line managed by the clinical director of the unit who provided strong support to the team. Healthcare staff had established good relationships with the rest of the unit staff. The rest of the team consisted of four registered mental health nurses (RMNs), three learning disability nurses and two RGNs. All were band six nurses. Two of the RMNs and one RGN had been trained as nurse prescribers. Three nurses had been unavailable for duty for some considerable time and this was presenting difficulties in covering the unit during normal operating hours. An administrator provided support for 30 hours a week. The senior nurse attended daily senior management team meetings.
- 9.33 GP cover was for one session a week at the unit, although a GP was available to see prisoners at any other time when they were in the prison. A psychiatrist held four sessions a week.
- 9.34 All new receptions were given a full health screening and those with a clinical need were seen by the GP. A forensic mental health screening was undertaken by the RMN within 72 hours of arrival. Within a month, all prisoners were subject to an additional in-depth mental health assessment. All prisoners were on an enhanced care programme approach plan specifically devised for the unit. Patients were then allocated a specific community psychiatric nurse.
- 9.35 The unit used all the facilities, such as optical and physiotherapy services, in the main healthcare department but had its own dental service. Pharmacy was provided from the main

prison but there was no opportunity for prisoners to speak to pharmacy staff. Medicines were transported to and from the unit in locked bags.

- 9.36 The PCT medical director provided excellent support to the unit and staff could contact him direct for advice. This gave nursing staff the confidence to deal with any problems arising from operational issues. We were told that nursing staff often had difficulty in getting agreement for a patient to be taken out to hospital and eventually had to contact the medical director to put some pressure on operational staff.
- 9.37 Vaccinations and management of prisoners with long-term illnesses were good and nurses could allow prisoners one rest in cell day if they were feeling unwell. Prisoners reporting unwell were triaged using recognised triage systems and, where necessary, referred to the GP.
- 9.38 Unlike in the main healthcare department, RMNs were ring-fenced to mental health duties. They worked closely with the visiting psychiatrist and there were regular multidisciplinary case conferences at which all staff were expected to provide some input. The RMNs attended all MAPPA and other relevant meetings and healthcare was involved in all sentence planning meetings.

### **Integration**

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- 9.39 Prisoners did not leave the unit except for visits, which took place in a dedicated visits room in the main visits area. As there was no integration with the other wings, there was little reason for Westgate prisoners to participate in prison-wide consultative groups. There was instead a prisoners' consultative council for each unit in Westgate but prisoners and staff described these as less than effective. A new prisoners' forum had been planned for some months and was introduced during the inspection. The aim was to address broader communication issues within the units. This positive development should go some way to address some misperceptions and misinformation that had gained currency among prisoners in Westgate.

### **Staff-prisoner relationships**

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- 9.40 Somewhat surprisingly, our survey showed that Westgate prisoners felt significantly more victimised by staff and other prisoners and less safe in Frankland than prisoners in the main prison. Staff-prisoner relationships were seen to be very positive and this could only be attributed to the deep-seated distrust that many personality disordered people have for others, and to the vulnerability that prisoners spoke of in relation to the label of DSPD, which made them feel singled out and nervous of each other. Westgate prisoners were also fairly litigious and there was a steady stream of internal complaints and letters from solicitors. Managers ensured that prisoners were copied into the replies.
- 9.41 Despite the survey, prisoners appeared to enjoy close professional relationships with staff of all disciplines. A key worker scheme had recently been introduced and each prisoner had a named officer and a back up to complete reports on them. This was not the only source of help for prisoners. The high staff-prisoner ratio and continuity of staffing meant that prisoners and staff were well known to each other. Officers conscientiously completed a daily behaviour rating scale, making entries three times a day for each prisoner, and comments in history sheets were regular and showed a detailed knowledge of each prisoner.

## **Suicide and self-harm**

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- 9.42 Research shows that violent prisoners are more at risk of suicide than non-violent prisoners and rates of self-harm were high among Westgate prisoners. The treatment itself was also possibly destabilising and it was important that robust safeguards were in place. A number of self-inflicted deaths at HMP Whitemoor had involved prisoners on the DSPD unit there, but there had been no shared learning from these deaths or adjustment to the safer custody strategy at Frankland.
- 9.43 There were no Listeners on the unit but this was not inappropriate given the nature of the prisoners, their personality difficulties and the unit rule that there should be no one-to-one work. The prisoners could, however, use a Samaritans phone at any time and use the Listeners' suite in the main prison hospital.
- 9.44 Four prisoners were on open assessment, care in custody and teamwork forms, one of which had been open for the previous five months. The quality of entries was extremely high and it was evident that areas of concern were clearly identified and appropriate actions identified, implemented and monitored. Weekly reviews were reliably carried out. Prisoners were well supported on the unit.

## **Good order**

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- 9.45 Staff were keen to defuse and de-escalate outbursts of aggressive or disruptive behaviour and were skilled at doing so. It had been agreed that a member of staff faced with poor behaviour could place a prisoner behind his door for a period of time out, as long as this was notified to a senior officer as soon as possible and recorded in his history sheet. The senior officer and officer then unlocked the prisoner together to discuss the incident and attempted to resolve it without recourse to formal procedures.
- 9.46 If a Westgate prisoner was placed on report and lost associated labour as punishment, this was interpreted as loss of evening association rather than loss of activity in the day. In this way, order was preserved and prisoners experienced boundaries without their distrust of authority being reinforced or the ethos of treatment lost.

## **Recommendations**

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- 9.47 Prisoners should receive information about the unit and its goals before they arrive and be encouraged to discuss the allocation with their significant others at this stage.
- 9.48 The acceptance criteria between Westgate and Rampton should be reconciled and agreed.
- 9.49 The assessment process for Westgate should be reviewed with a view to eliminating duplication.
- 9.50 The size and balance of the assessment and treatment resource should be reviewed to ensure that there is a steady throughput of assessment into treatment for the number held on the unit.

## Good practice

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- 9.51 *The programme of activities continued to complement sessions of assessment or treatment throughout the prisoners' stay on the unit, so they could remain fully active while in therapy.*
- 9.52 *The progression unit continued to monitor prisoners after their release from Westgate and to receive quarterly reports of progress.*
- 9.53 *Prisoners' legal representatives were sent copies of their post-programme reports.*



# Section 10: Recommendations, housekeeping points and good practice

The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

## Main recommendations

To the governor

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- 10.1 A violence reduction and anti-bullying strategy to address the manifestation of bullying in a high secure setting should be developed. Staff should be trained in the strategy and be confident to operate it on all wings. (HP42)
  - 10.2 A service-wide strategy should be agreed to inform and assist staff effectively to engage with and support Muslim prisoners. (HP43)
  - 10.3 The suicide prevention management team should take action to ensure that prisoners at risk of self-harm are well supported and that the strategy appropriately reflects the particular vulnerability of prisoners on the DSPD programme. (HP44)
  - 10.4 A full review of the segregation unit should be carried out to improve the operation of the unit, the treatment of prisoners, the delivery of the regime and the standards of cells and furniture. (HP45)
  - 10.5 Personal officers should actively engage with their prisoners, get to know their personal circumstances and sentence planning needs and complete entries in wing files to build up an accurate account of a man's time at Frankland. (HP46)
  - 10.6 The consistent over-representation of black and minority ethnic prisoners in areas such as use of force, adjudications, segregation and the basic level of the incentives and earned privileges scheme should be investigated and addressed. (HP47)
  - 10.7 Sufficient work and education places should operate to keep all men active for most of the working day. (HP48)
  - 10.8 An up to date resettlement strategy should be agreed based on a needs analysis and linked to the high security estate strategy. (HP49)
  - 10.9 All prisoners should have up to date OASys sentence plans reviewed annually at a multidisciplinary sentence planning board. (HP50)

## Recommendation

to the Director General, NOMS

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### Race equality

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- 10.10 The new diversity training package for prison staff should be implemented without delay. (3.67)

**Courts, escorts and transfers**

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- 10.11 All appropriate documentation should be completed and made available to escort staff on their arrival at the prison to avoid delays in transfers. (1.7)
- 10.12 Delays in escort vehicles entering and leaving the prison should be minimised. (1.8)
- 10.13 Category B and C prisoners should be notified of transfers at least 24 hours in advance or as soon as the prison is informed of the move. (1.9)

**First days in custody**

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- 10.14 Reception should be refurbished and extended to allow a more efficient flow of prisoners coming in and going out of the prison and provide dedicated space for strip searches, the Boss chair and healthcare interviews. (1.19)
- 10.15 Holding rooms should provide a welcoming and clean environment and contain relevant information to occupy new arrivals. (1.20)
- 10.16 Non-smokers should be offered reception packs. (1.21)
- 10.17 Reception staff should have clear guidelines about how to communicate with non-English speaking prisoners and access to translated materials. (1.22)
- 10.18 First night cells for vulnerable prisoners should be fully equipped, bright and welcoming. (1.23)
- 10.19 All prisoners should be interviewed in private on their first night and given relevant information about the prison, and an in-depth assessment of their initial needs made and communicated to night staff. (1.24)
- 10.20 All new arrivals should be offered a free telephone call. (1.25)
- 10.21 A core consistent induction programme should be completed more quickly and should fully occupy prisoners, with relevant information effectively presented. (1.26)

**Residential units**

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- 10.22 Cameras should be installed on the stairwells on A to D wings. (2.15)
- 10.23 Cell doors should not be locked open. (2.16)
- 10.24 All telephones should be in booths to provide privacy. (2.17)
- 10.25 Prisoners' calls should be charged at the cheapest possible national rate. (2.18)
- 10.26 Incoming post should be received by prisoners within 24 hours of arrival. (2.19)

- 10.27 Prisoners should be able to have clothing and footwear handed in on visits. (2.20)
- 10.28 The facilities list should be revised in consultation with prisoners, with clear guidelines on the style and colour of clothing allowed. (2.21)
- 10.29 Prisoners should be able to get their stored property within one week of making an application. (2.22)
- 10.30 All toilets should be effectively screened. (2.23)
- 10.31 Prisoners should be able to take a shower or bath in private. (2.24)

### **Staff-prisoner relationships**

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- 10.32 Prisoners should be addressed by their first name or surname and title. (2.33)
- 10.33 All residential officers should interact regularly and appropriately with prisoners. (2.34)
- 10.34 The prisoner consultative committee should include time for wider discussions on matters of concern to prisoners such as relationships with staff, safety issues and resettlement and progression matters. (2.35)

### **Personal officers**

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- 10.35 Men with specific care needs such as older prisoners and those with disabilities should have regularly monitored care plans as part of their wing files. (2.43)

### **Bullying and violence reduction**

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- 10.36 Specific annual strategic objectives should be identified in the violence reduction strategy with a timescale, and be monitored by the safer custody group throughout the year. (3.12)
- 10.37 The safer custody group should commission an annual safer custody survey that addresses prisoners' and staff views and makes specific developmental recommendations. (3.13)
- 10.38 Violence reduction and anti-bullying procedures should operate effectively throughout the prison and should not rely on victims reporting bullying and intimidation. (3.14)
- 10.39 The violence reduction strategy should include measures to ensure the personal safety of Muslim prisoners threatened because of their offences or for other reasons. (3.15)
- 10.40 Violence reduction and anti-bullying data and statistics should be monitored and evaluated quarterly and annually to identify patterns and trends. (3.16)
- 10.41 Anti-bullying training should be undertaken by all staff. (3.17)

### **Self-harm and suicide**

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- 10.42 An annual suicide prevention strategic action plan should be developed that includes developmental objectives for the year against an agreed timetable. (3.28)

- 10.43 Assessment, care in custody and teamwork care maps should be SMART (specific, measurable, achievable, realistic and time-bound) and should be reviewed in all assessment, care in custody and teamwork reviews. (3.29)
- 10.44 Where appropriate, families of prisoners subject to assessment, care in custody and teamwork should be informed and involved in the support of the prisoner. (3.30)
- 10.45 Assessment, care in custody and teamwork reviews should be multidisciplinary and the reviews should be planned, with dates and times circulated to all relevant parties. (3.31)
- 10.46 The suicide and self-harm advisory group should ensure that assessment, care in custody and teamwork documents are monitored for quality and that guidance from this is incorporated into practice development. (3.32)
- 10.47 All serious incidents of self-harm should be quickly investigated and an action plan developed and reviewed through the self-harm management group to ensure that any necessary lessons are learned. (3.33)

### **Diversity**

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- 10.48 The prison should produce a diversity strategy that addresses all areas, including disability, age and sexual orientation. (3.43)
- 10.49 A disability liaison officer should be appointed and given sufficient time and support to carry out the duties effectively. (3.44)
- 10.50 A disability needs analysis should be carried out. (3.45)
- 10.51 Prisoners with recognised disabilities should have residential care plans carried out in conjunction with healthcare staff. (3.46)
- 10.52 Homophobic name-calling and abuse should be vigorously challenged by staff and dealt with under the violence reduction strategy. (3.47)
- 10.53 Information collected from reception about disability should be available to all staff working with prisoners and routinely analysed. (3.48)
- 10.54 Older retired prisoners or those with disabilities who are unable to work should be unlocked during the core day consistently across all wings. (3.49)
- 10.55 All staff should receive diversity training. (3.50)

### **Race equality**

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- 10.56 Senior managers should regularly scrutinise racist incident report forms and provide feedback about investigations. (3.64)
- 10.57 Racist incident report forms should be subject to external quality checks and feedback given to the race equality action team. (3.65)
- 10.58 Race impact assessments should include consultation with the wider prisoner community rather than just prisoner race representatives. (3.66)

- 10.59 Race monitoring should include data about faith affiliation. (3.68)
- 10.60 Staff race representatives should be given a job description and detailed briefing about their role. (3.69)
- 10.61 Interventions to deal with racist behaviour should be introduced and should include, where appropriate, mediation between the complainant and subject of the complaint. (3.70)

### **Foreign national prisoners**

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- 10.62 The foreign national policy should be revised based on an up to date analysis of the needs of foreign national prisoners, including language skills, and should contain an action plan. (3.78)
- 10.63 A multidisciplinary foreign nationals committee should be established to ensure the needs of foreign nationals are met and oversee the implementation of the policy. (3.79)
- 10.64 Links with independent immigration advisory groups should be established. (3.80)
- 10.65 Regular surgeries with the UK Border Agency should be held. (3.81)
- 10.66 Accredited translation and interpreting services should be used for prisoners who do not understand English well whenever matters of accuracy or confidentiality are a factor. (3.82)
- 10.67 Foreign national prisoners coming into the prison should routinely be asked if they are willing to interpret for other prisoners. This information should be held on a database along with an up to date list of all languages spoken. (3.83)

### **Applications and complaints**

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- 10.68 Complaints should receive a reply in three working days or 10 days in exceptional circumstances. (3.90)
- 10.69 Complaints boxes should be opened daily by an administrative member of staff. (3.91)
- 10.70 Complaint replies should be quality assured by managers to ensure that they are personally addressed, respectful and address the issues raised. (3.92)
- 10.71 Complaints should be routinely analysed by type, including those passed to other departments. (3.93)
- 10.72 A system should be established to ensure that all complaints sent outside the prison are tracked and responded to. (3.94)

### **Legal rights**

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- 10.73 Rules relating to legally privileged correspondence should be communicated to staff and prisoners and adhered to. (3.100)
- 10.74 Computers should be allowed in possession for prisoners pursuing legal cases in accordance with Prison Service guidelines. (3.101)
- 10.75 Suitable facilities should be provided to allow private legal visits. (3.102)

## **Substance use**

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- 10.76 The role of the CARAT team and healthcare staff should be clarified and agreed within a joint protocol. (3.111)
- 10.77 Prisoners subject to clinical support should have joint care plans developed by the CARAT service and healthcare and include, where appropriate, specific psycho-social support. (3.112)
- 10.78 Mandatory drug testing figures should be collated by wing to inform a strategic approach to supply reduction. (3.113)
- 10.79 Random drug testing should be undertaken in a random pattern to reduce the risk of prediction. (3.114)

## **Health services**

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- 10.80 The waiting room area closed-circuit television cameras should be maintained in working order. (4.50)
- 10.81 An active health promotion strategy should be agreed and regularly monitored. (4.51)
- 10.82 All beds in healthcare should be removed from the certified normal accommodation. (4.52)
- 10.83 The number of beds in in-patients should be reviewed and excess beds removed to allow better use of accommodation, including the provision of a day care facility. (4.53)
- 10.84 Prisoners should be admitted to healthcare only on medical grounds. (4.54)
- 10.85 In-patients should be able to eat communally out of their cells. (4.55)
- 10.86 The medicine cabinets in B wing treatment room should be made larger to ensure that medicines are stored in an orderly and safe way. (4.56)
- 10.87 Telephones and electronic patient management systems should be installed in all wing treatment areas. (4.57)
- 10.88 A dedicated healthcare support worker should be appointed to support older prisoners. (4.58)
- 10.89 A full staffing and skill mix review should be undertaken to ensure that sufficient appropriately qualified nursing staff are available to provide a range of services to meet the healthcare needs of prisoners. (4.59)
- 10.90 Registered mental nurses should be employed predominantly on mental health duties and be used as generic workers only in exceptional circumstances. (4.60)
- 10.91 Permanent discipline officers should be deployed to support healthcare functions. (4.61)
- 10.92 A specific health forum for prisoners should be introduced to provide an opportunity for wing representatives to speak directly to a senior healthcare worker. (4.62)
- 10.93 Extra optician time should be provided to reduce the waiting list. (4.63)

- 10.94 The high level of prisoners failing to attend healthcare appointments should be investigated and steps taken to reduce non-attendees. (4.64)
- 10.95 Visiting consultants should not have unnecessarily lengthy delays in accessing patients in healthcare. (4.65)
- 10.96 The healthcare application system should be overhauled and simplified. Secure boxes should be placed on all wings to ensure confidentiality and safe-keeping of applications. (4.66)
- 10.97 Formal documented triage algorithms should be used to ensure consistency and continuity of care and advice given to prisoners. (4.67)
- 10.98 Medicines should be transported to treatment rooms in secure containers. (4.68)
- 10.99 Formal documented GP ward rounds should be introduced. (4.69)
- 10.100 Security procedures should not restrict prisoners' attendance at external health appointments. (4.70)
- 10.101 Loose tablets should not be held as stock in any medicine cabinets. (4.71)
- 10.102 All prescriptions should be legally written and include the quantity and date prescribed and be signed by the prescriber. They should be permanent and indelible. (4.72)
- 10.103 The responsible pharmacist should have professional control of the stock supplied and a dual labelling system should be introduced. (4.73)
- 10.104 Regular out of date checks should be done on all medicines. (4.74)
- 10.105 Secondary dispensing should stop. (4.75)
- 10.106 In-possession medication should be based on patient needs and determined by clinicians. (4.76)
- 10.107 The pharmacist should introduce pharmacy-led clinics and medication reviews. (4.77)
- 10.108 A step-wise approach to pain management, such as the WHO analgesic ladder, should be introduced. The clinical need and rationale for the use of opioid analgesics and adjunct therapy should be clearly documented for each patient and periodically reviewed. (4.78)
- 10.109 Prescribing data should be used to demonstrate value for money and to promote effective medicines management. (4.79)
- 10.110 An amalgam separator should be fitted to the dental unit. (4.80)
- 10.111 Dental triage should be introduced. (4.81)
- 10.112 A system should be introduced to allow the dentist to call up patients when others fail to attend. (4.82)
- 10.113 The time interval between dental treatment appointments should be reduced. (4.83)

### **Learning and skills and work activities**

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- 10.114 Refurbished workshops should open as soon as possible to provide a full range of activities to prisoners. (5.14)
- 10.115 Skills developed in workshops where no accreditation is available should be recognised. (5.15)
- 10.116 The pay structure should not disadvantage prisoners attending education. (5.16)
- 10.117 Literacy and numeracy support should be extended to all workshops. (5.17)
- 10.118 Network access should be provided urgently in the library so that a full range of services can be reinstated. (5.18)
- 10.119 Prisoners should have equal access to the library and allowed to use it effectively to support educational study. (5.19)

### **Physical education and health promotion**

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- 10.120 Outside physical recreation facilities should be provided for the main prison. (5.25)

### **Faith and religious activity**

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- 10.121 Chaplains and leaders of all major faiths should be included in the chaplaincy team as required to meet the faith needs of prisoners. (5.33)
- 10.122 Appropriate washing facilities, approved by the Muslim chaplain, should be provided for Muslim prayers. (5.34)
- 10.123 Wing staff should be made aware that Muslim prisoners do not have to make written applications to attend Friday prayers. (5.35)
- 10.124 All Roman Catholic prisoners should be able to attend weekly mass. (5.36)
- 10.125 Chaplains and senior managers should address the poor perception held by prisoners on Westgate unit. (5.37)
- 10.126 Chaplains should be consulted by senior managers in all matters regarding faith and religious activity. (5.38)
- 10.127 There should be enough prison visitors to meet prisoner demand. (5.39)

### **Time out of cell**

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- 10.128 Prisoners should spend at least 10 hours out of their cells on weekdays. (5.48)
- 10.129 The daily routine should be consistent and adhered to across the prison. (5.49)
- 10.130 Time out of cell should be accurately recorded. (5.50)

- 10.131 The stepped exercise yards on A to D wings should be replaced by a flat surface. (5.51)
- 10.132 Prisoners should have the opportunity for at least one hour of exercise in the open air daily. (5.52)
- 10.133 Warm weatherproof clothing and shoes suitable for all weather conditions should be provided for outside exercise. (5.53)

### **Security and rules**

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- 10.134 Efforts should be made to improve dynamic security, particularly on F and G wings. (6.8)
- 10.135 Categorisation reviews should take place on time. (6.9)
- 10.136 Local rules should be displayed on residential wings. (6.10)

### **Discipline**

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- 10.137 An appropriate holding area for prisoners awaiting adjudications should be provided. (6.26)
- 10.138 A more relaxed environment should be provided for prisoners attending adjudication, with better staff interaction. (6.27)
- 10.139 A quality checking system should be put in place to ensure that disciplinary charges are justified and to advise whether they should be dealt with instead through the incentives and earned privileges scheme. (6.28)
- 10.140 Adjudicating governors should fully investigate charges and possible defences before reaching a verdict. (6.29)
- 10.141 Prisoners should be kept informed of progress when charges are referred to the police. (6.30)
- 10.142 All incidents of use of force, including taped interventions, should be reviewed to ensure they are legitimate and appropriately conducted. (6.31)
- 10.143 Prisoners should not be moved to the segregation unit naked or without footwear. (6.32)
- 10.144 Force should not be used to require attendance at adjudications, which in such circumstances should take place in the absence of a prisoner. (6.33)
- 10.145 The person certifying the use of force paperwork should be independent of the incident. (6.34)
- 10.146 Records of use of special accommodation should specify what clothing the prisoner is left in. (6.35)
- 10.147 All records of use of force, including video tapes, should be logged, recorded and accessible. This should be regularly audited. (6.36)
- 10.148 Prisoners should not automatically be strip-searched when entering the segregation unit and should be allowed to wear their own clothes. (6.37)

10.149 Segregation review boards should be multidisciplinary with at least healthcare representation. Prisoners should be invited to the boards and any refusal to attend should be recorded. (6.38)

### **Incentives and earned privileges**

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10.150 An abridged version of the incentives and earned privileges policy should be made available to staff and prisoners. This should clearly outline the process and what is available at each level. (6.46)

10.151 The difference between the standard and enhanced privilege levels should be increased to provide clear incentives to progress. (6.47)

10.152 Enhanced level prisoners should not be paid more than standard level prisoners for doing the same work, but should receive a financial bonus unrelated to their pay. (6.48)

10.153 Enhanced level prisoners should have access to the same facilities and opportunities regardless of their location. (6.49)

10.154 Basic level prisoners should be reviewed weekly and have a radio. (6.50)

### **Catering**

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10.155 National vocational qualifications in catering should be available to prisoners working in the kitchen. (7.10)

10.156 Food trolleys for the vulnerable prisoner wings should not be identifiable. (7.11)

10.157 Food comment books should be freely available to prisoners. (7.12)

10.158 Wing staff should be aware of the required food temperature before serving. (7.13)

10.159 A consistent and fair system for serving seconds and bread should be introduced. (7.14)

10.160 Food should be returned to the kitchen when not at the required temperature. (7.15)

10.161 Lunch should not be served before noon and the evening meal not before 5pm. (7.16)

10.162 Prisoners should be able to eat together. (7.17)

10.163 Managers should engage with prisoners to improve satisfaction with the food. (7.18)

### **Prison shop**

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10.164 Black and minority ethnic prisoners should be consulted specifically about the suitability of items on the canteen list. (7.29)

10.165 All prisoners should have access to the prison shop within 24 hours of arrival. (7.30)

10.166 The canteen list should be displayed prominently on all wings. (7.31)

10.167 Prisoners should not have to pay an administration fee on catalogue orders. (7.32)

- 10.168 Consultation with prisoners should include senior prison managers and meetings should allow enough time to deal with all agenda items. Minutes should include action taken or proposed in response to topics raised by prisoners. (7.33)

### **Strategic management of resettlement**

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- 10.169 The reducing reoffending meeting should meet regularly to oversee the development of the resettlement strategy. (8.4)

### **Offender management and planning**

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- 10.170 Offender supervisors should have regular contact with prisoners. (8.17)
- 10.171 There should be a clear strategy to tackle the OASys backlog that is monitored by an action plan and overseen by a senior manager. (8.18)
- 10.172 Prisoners who do not have a completed OASys should not be prevented from completing offending behaviour programmes. (8.19)
- 10.173 Sentence planning targets should specify which staff are identified to help prisoners achieve them. (8.20)
- 10.174 Sentence planning targets should include encouragement to maintain contact with family and pro-social support outside. (8.21)
- 10.175 Sentence planning boards should be held in appropriate rooms free from interruption. (8.22)
- 10.176 There should be a specific strategy for managing and supporting recalled prisoners. (8.23)
- 10.177 The public protection policy should be revised and updated. (8.24)
- 10.178 More support should be provided for life-sentenced and indeterminate-sentenced prisoners, with trained lifer liaison officers on each wing who are able to advise lifers on aspects of their sentence, and occasion lifer events in which all lifers are able to participate. (8.25)
- 10.179 A senior manager should chair regular lifer meetings with prisoner representatives and minutes should be made available to all lifers. (8.26)
- 10.180 Safeguarding children and inter-department risk management team meetings should take place monthly in line with the terms of reference. (8.27)

### **Resettlement pathways**

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- 10.181 Prisoners due for release should be transferred nearer to their home area within sufficient timeframes for them to take advantage of any planned pre-release support arrangements. (8.33)
- 10.182 Information, advice and guidance prior to release should meet the specific needs of individual prisoners. (8.36)
- 10.183 A discharge policy should be introduced that includes a health check and provides information on how to access external health agencies. (8.40)

- 10.184 Prisoners should receive assistance with setting up a bank account before release. (8.43)
- 10.185 The drug strategy should be informed by an annual needs analysis and include an alcohol strategy and annual development objectives that are monitored through the strategy group. (8.54)
- 10.186 The CARAT team should deliver a range of group work that meets the needs of the prisoner population as an alternative and supplement to Focus. (8.55)
- 10.187 A comprehensive and consistently delivered pre-release package should be implemented by the CARAT service. (8.56)
- 10.188 The children and families of offenders pathway should be led and developed by a named manager and should include an action plan to meet agreed targets. (8.69)
- 10.189 Visitors should be able to book their next visits while at the prison. (8.70)
- 10.190 There should be sufficient parking for visitors, including disabled bays reserved for visitors which should not be used by staff. (8.71)
- 10.191 Visits should start at the published time. (8.72)
- 10.192 Closed visits should be authorised only when there is a significant risk justified by security intelligence. (8.73)
- 10.193 Visitors and prisoners should be able to give feedback on visits. (8.74)
- 10.194 Prisoners should receive equivalent lengths of visits irrespective of their location in the prison. (8.75)
- 10.195 Families should be invited to participate in key aspects of prisoners' sentences where appropriate. (8.76)
- 10.196 Prisoners should be able to participate in interventions to improve parenting and relationship skills. (8.77)
- 10.197 Prisoners should have the opportunity to undertake general relationship counselling with their immediate family. (8.78)
- 10.198 Evening visits, family and children's days should be available to all prisoners. (8.79)
- 10.199 Provision should be made for prisoners to receive incoming calls from children or to deal with arrangements for them, and identified carers should receive additional free letters and telephone calls. (8.80)
- 10.200 A qualified family support worker should be employed to help prisoners maintain or re-build relationships with their children, partners and other family members. (8.81)
- 10.201 All prisoners should be able to have accumulated visits within an acceptable timescale. (8.82)
- 10.202 Work should be completed in the visitors' centre to allow the introduction of the youth project. (8.83)

- 10.203 After completion of the high security needs analysis, programme provision should be modified to match need. (8.90)
- 10.204 All prisoners should have sufficient opportunities to complete programmes before their parole eligibility or tariff date. (8.91)
- 10.205 Prisoners' progress should not be curtailed by excessive delays in post-treatment reports. (8.92)
- 10.206 Diversity issues should be routinely discussed at the tripartite management meetings. (8.93)

### **Westgate unit**

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- 10.207 Prisoners should receive information about the unit and its goals before they arrive and be encouraged to discuss the allocation with their significant others at this stage. (9.47)
- 10.208 The acceptance criteria between Westgate and Rampton should be reconciled and agreed. (9.48)
- 10.209 The assessment process for Westgate should be reviewed with a view to eliminating duplication. (9.49)
- 10.210 The size and balance of the assessment and treatment resource should be reviewed to ensure that there is a steady throughput of assessment into treatment for the number held on the unit. (9.50)

## **Housekeeping points**

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### **Residential units**

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- 10.211 The shower recesses with water damage should be refurbished. (2.25)

### **Personal officers**

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- 10.212 Personal officers should be reminded of the existing guidance on their role and responsibilities. (2.44)

### **Bullying and violence reduction**

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- 10.213 Anti-bullying logs should be subject to management checks that include quality evaluations. (3.18)

### **Race equality**

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- 10.214 Photographs of prison staff race representatives should be displayed on each unit. (3.71)

### **Health services**

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- 10.215 The compressor should be checked and maintained regularly. (4.84)
- 10.216 Prescription and administration charts should be completed in full. (4.85)
- 10.217 The range of oral health products available for prisoners to buy should be extended. (4.86)

### **Faith and religious activity**

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- 10.218 Administrative support should be provided for the chaplaincy team. (5.40)
- 10.219 A second toilet should be available in the chapel area. (5.41)

### **Discipline**

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- 10.220 Prisoners should be issued with stationery at adjudication. (6.39)
- 10.221 The segregation unit dirty protest policy should be reviewed. (6.40)
- 10.222 Any broken items such as washing machines should be removed and the exercise yard cleaned. (6.41)

### **Catering**

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- 10.223 Newly arrived prisoners should not have to wait weeks to receive their meal choices. (7.19)
- 10.224 Wing kitchens should be thoroughly cleaned after use. (7.20)
- 10.225 Fridges should be regularly cleaned and the freezers regularly defrosted. (7.21)

### **Prison shop**

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- 10.226 Catalogues should be held in a central point and available to all prisoners. (7.34)

### **Offender management and planning**

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- 10.227 The up to date lifer information booklet should be sent to all prisoners who have not yet received one and should routinely be given to lifers on induction. (8.28)
- 10.228 The lifer information booklet should include details of programmes offered in high security prisons. (8.29)

### **Resettlement pathways**

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- 10.229 The correct number for the visits booking should be included in the prisoner information booklet. (8.84)

10.230 The telephone in the visitors' centre should be repaired. (8.85)

## Good practice

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### **Health services**

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10.231 The well man assessment offered to prisoners over 55 gave them the opportunity to have a full mental and physical check up. (4.87)

10.232 The collaborative working between the prison and local palliative care agencies ensured that prisoners at end of life were cared for appropriately. (4.88)

10.233 The 'while you wait' pharmacy service for prisoners encouraged them to take responsibility for their own care. (4.89)

### **Westgate unit**

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10.234 The programme of activities continued to complement sessions of assessment or treatment throughout the prisoners' stay on the unit, so they could remain fully active while in therapy. (9.51)

10.235 The progression unit continued to monitor prisoners after their release from Westgate and to receive quarterly reports of progress. (9.52)

10.236 Prisoners' legal representatives were sent copies of their post-programme reports. (9.53)



## Appendix 1: Inspection team

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Anne Owers	Chief Inspector of Prisons
Michael Loughlin	Team leader
Monica Lloyd	Head of thematic
Susan Fenwick	Inspector
Joss Crosbie	Inspector
Hayley Folland	Inspector
Keith McInnis	Inspector
John Simpson	Inspector
Sean Sullivan	Inspector
David Redhouse	Guest inspector
Bridget McEvilly	Healthcare specialist
Martin Wall	Dentist
William Rial	Pharmacist
Stephen Miller	Ofsted
Julie Pamone	Ofsted
Phil Romain	Ofsted
Peter Brook	Ofsted
Laura Nettleingham	Researcher
Samantha Booth	Researcher

## Appendix 2: Prison population profile

### Population breakdown by:

(i) Status	Number of prisoners	%
Sentenced	709 + 4 Rx	99.3
Civil prisoners	Nil	Nil
Detainees (single power status)	1	0.1
Detainees (dual power status)		
Total	714	

(ii) Sentence	Number of prisoners	%
Less than 6 months	5 (RX & IS91)	0.7
6 months-less than 12 months	Nil	Nil
12 months-less than 2 years	1	0.1
2 years-less than 4 years	2	0.3
4 years-less than 10 years	63	8.8
10 years and over (not life)	191	26.8
Life	452	63.3
Total	714	

(iii) Length of stay	Number of prisoners	%
Less than 1 month	24	3.4
1 month to 3 months	28	3.9
3 months to 6 months	57	8
6 months to 1 year	94	13.2
1 year to 2 years	136	19
2 years to 4 years	191	26.7
4 years or more	184	25.8
Total	714	

(iv) Main offence	Number of prisoners	%
Violence against the person	357	50
Sexual offences	231	32.4
Burglary	10	1.4
Robbery	67	9.4
Theft & handling	Nil	Nil
Fraud and forgery	1	0.1
Drugs offences	14	2
Other offences	34	4.8
Civil offences	Nil	Nil
Offence not recorded/holding warrant		
Total	714	

(v) Age	Number of prisoners	%
21 years to 29 years	148	20.7
30 years to 39 years	203	28.4
40 years to 49 years	201	28.2
50 years to 59 years	105	14.7
60 years to 69 years	50	7

70 plus years	7	1
Please state maximum age	80 yrs	
Total	714	

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison	131	18.3
Between 50 and 100 miles of the prison	255	35.7
Over 100 miles from the prison	207	29
Overseas	50	7
NFA	71	10
Total	714	

(vii) Nationality	Number of prisoners	%
British	664	93
Foreign nationals	50	7
Total	714	

(viii) Ethnicity	Number of prisoners	%
White		
British	567	79.4
Irish	11	1.5
Other White	43	6
	3	0.4
Mixed		
White and Black Caribbean	9	1.3
White and Black African	3	0.4
White and Asian	3	0.4
Other Mixed	3	0.4
Asian or Asian British		
Indian	4	0.6
Pakistani	6	0.8
Bangladeshi	Nil	Nil
Other Asian	11	1.5
Black or Black British		
Caribbean	26	3.6
African	9	1.3
Other Black	11	1.5
Chinese or other ethnic group		
Chinese		
Other ethnic group	5	0.7
Total	714	

(ix) Religion	Number of prisoners	%
Baptist		
Church of England	260	36.4
Roman Catholic	141	19.75
Other Christian denominations		

Muslim	57	8
Sikh	2	0.3
Hindu	Nil	Nil
Buddhist	46	6.4
Jewish	7	.98
Other	66	9.2
No religion	135	18.9
Total	714	

## Appendix 3: Summary of prisoner questionnaires and interviews

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### Prisoner survey methodology

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A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence-base for the inspection.

#### Choosing the sample size

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The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 8 January 2008, the prisoner population at HMP Frankland was 715. The sample size was 132. Overall, this represented 18% of the prisoner population.

#### Selecting the sample

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Respondents were randomly selected from a LIDS prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Four respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. No interviews were conducted.

### Methodology

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Every attempt was made to distribute the questionnaires to each respondent individually. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- to seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

## **Response rates**

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In total, 118 respondents completed and returned their questionnaires. This represented 17% of the prison population. The response rate was 89%. In addition to the four respondents who refused to complete a questionnaire, four questionnaires were not returned and six were returned blank.

## **Comparisons**

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The following document details the results from the survey. All missing responses are excluded from the analysis. All data from each establishment has been weighted, in order to mimic a consistent percentage sampled in each establishment.

Presented alongside the results from this survey are the comparator figures for all prisoners surveyed in high security prisons. This comparator is based on all responses from prisoner surveys carried out in four high security prisons since April 2003.

In addition, a further comparative document is attached. This shows statistically significant differences between the responses of white prisoners and those from a black and minority ethnic group.

In all the above documents, statistical significance merely indicates whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading.



## Prisoner Survey Responses HMP Frankland 2008

**Prisoner Survey Responses** (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

### Key to tables

		HMP Frankland	High Security prisons comparator
	Any percent highlighted in green is significantly better than the high security prisons comparator.		
	Any percent highlighted in blue is significantly worse than the high security prisons comparator.		
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the high security prisons comparator.		
<b>SECTION 1: General Information (not tested for significance)</b>			
1	Number of completed questionnaires returned	118	480
2	Are you under 21 years of age?	0%	1%
3	Are you transgender or transsexual?	0%	1%
4	Are you sentenced?	100%	98%
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	18%	17%
6	If you are sentenced, are you on recall?	2%	5%
7	Is your sentence less than 12 months?	0%	0%
8	Do you have less than six months to serve?	6%	9%
9	Have you been in this prison less than a month?	2%	3%
10	Are you a foreign national?	3%	13%
11	Is English your first language?	93%	92%
12	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	13%	28%
13	Are you Muslim?	7%	11%
14	Are you gay or bisexual?	8%	4%
15	Do you consider yourself to have a disability?	29%	19%
16	Is this your first time in prison?	28%	32%
17	Do you have any children?	39%	49%
<b>SECTION 2: Transfers and Escorts</b>			
18a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	42%	46%
18b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	44%	48%
18c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	14%	18%
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	29%	20%
18e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	10%	9%
19	Did you spend more than four hours in the van?	31%	26%
20	Were you treated well/very well by the escort staff?	52%	58%
21a	Did you know where you were going when you left court or when transferred from another establishment?	59%	59%
21b	Before you arrived here did you receive any written information about what would happen to you?	10%	8%
22c	When you first arrived here did your property arrive at the same time as you?	72%	73%

**Key to tables**

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<b>SECTION 3: Reception, first night and induction</b>			
		<b>HMP Frankland</b>	<b>High Security prisons comparator</b>
23a	Did you have any problems when you first arrived?	71%	61%
23b	Did you have any problems with loss of transferred property when you first arrived?	24%	22%
23c	Did you have any housing problems when you first arrived?	5%	5%
23d	Did you have any problems contacting employers when you first arrived?	3%	2%
23e	Did you have any problems contacting family when you first arrived?	27%	30%
23f	Did you have any problems ensuring dependents were being looked after when you first arrived?	7%	6%
23g	Did you have any money worries when you first arrived?	18%	14%
23h	Did you have any problems with feeling depressed or suicidal when you first arrived?	17%	16%
23i	Did you have any drug problems when you first arrived?	5%	7%
23j	Did you have any alcohol problems when you first arrived?	1%	4%
23k	Did you have any health problems when you first arrived?	24%	23%
23l	Did you have any problems with needing protection from other prisoners when you first arrived?	13%	8%
24a	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	4%	16%
24b	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	2%	8%
24c	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	2%	6%
24d	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	34%	42%
24e	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	4%	12%
24f	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	9%	22%
24g	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	21%	28%
24h	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	13%	11%
24i	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	10%	10%
24j	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	36%	31%
24k	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	18%	27%
25a	Please answer the following question about reception: were you seen by a member of healthcare staff?	51%	66%
25b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	54%	58%
26	Were you treated well/very well in reception?	54%	54%
27a	Did you receive a reception pack on your day of arrival?	43%	35%
27b	Did you receive information about what was going to happen here on your day of arrival?	28%	30%
27c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	20%	27%
27d	Did you have the opportunity to have a shower on your day of arrival?	29%	32%

**Key to tables**

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<b>SECTION 3: Reception, first night and induction continued</b>			
27e	Did you get the opportunity to have a free telephone call on your day of arrival?	10%	24%
27f	Did you get information about routine requests on your day of arrival?	19%	23%
27g	Did you get something to eat on your day of arrival?	60%	61%
27h	Did you get information about visits on your day of arrival?	11%	24%
28a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	33%	35%
28b	Did you have access to someone from healthcare within the first 24 hours?	56%	65%
28c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	24%	21%
28d	Did you have access to the prison shop/canteen within the first 24 hours?	14%	21%
29	Did you feel safe on your first night here?	77%	66%
30	Did you go on an induction course within the first week?	69%	45%
31	Did the induction course cover everything you needed to know about the prison?	45%	42%
32	Did you receive a 'basic skills' assessment within the first week?	30%	22%
<b>SECTION 4: Legal Rights and Respectful Custody</b>			
34a	Is it very easy/easy to communicate with your solicitor or legal representative?	66%	61%
34b	Is it very easy/easy for you to attend legal visits?	58%	54%
34c	Is it very easy/easy for you to obtain bail information?	14%	19%
35	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	60%	55%
36a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	71%	74%
36b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	97%	97%
36c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	77%	84%
36d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	75%	76%
36e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	65%	52%
36f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	61%	61%
36g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	29%	24%
37	Is the food in this prison good/very good?	11%	18%
38	Does the shop/canteen sell a wide enough range of goods to meet your needs?	56%	45%
39a	Is it easy/very easy to get a complaints form?	86%	86%
39b	Is it easy/very easy to get an application form?	91%	91%
40a	Do you feel applications are sorted out fairly?	53%	49%
40b	Do you feel your applications are sorted out promptly?	48%	46%
40c	Do you feel complaints are sorted out fairly?	24%	21%
40d	Do you feel complaints are sorted out promptly?	23%	26%
40e	Are you given information about how to make an appeal?	37%	42%
41	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	27%	28%
42	Do you know how to apply to the Prisons and Probation Ombudsman?	58%	62%

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<b>SECTION 4: Legal Rights and Respectful Custody continued</b>			
43	Is it easy/very easy to contact the Independent Monitoring Board?	43%	44%
44	Are you on the enhanced (top) level of the IEP scheme?	55%	55%
45	Do you feel you have been treated fairly in your experience of the IEP scheme?	53%	48%
46a	In the last six months have any members of staff physically restrained you (C & R)?	6%	6%
46b	In the last six months have you spent a night in the segregation/care and separation unit?	16%	19%
47a	Do you feel your religious beliefs are respected?	56%	50%
47b	Are you able to speak to a religious leader of your faith in private if you want to?	63%	65%
48	Are you able to speak to a Listener at any time, if you want to?	60%	65%
49a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	68%	70%
49b	Do <b>most</b> staff, in this prison, treat you with respect?	66%	69%
<b>SECTION 5: Safety</b>			
51	Have you ever felt unsafe in this prison?	53%	52%
52	Do you feel unsafe in this establishment at the moment?	24%	20%
54	Have you been victimised (insulted or assaulted) by another prisoner?	38%	30%
55a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	15%	16%
55b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	11%	12%
55c	Have you been sexually abused since you have been here? (By prisoners)	2%	3%
55d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	5%
55e	Have you been victimised because of drugs since you have been here? (By prisoners)	6%	3%
55f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	3%	6%
55g	Have you ever been victimised because you were new here? (By prisoners)	4%	4%
55h	Have you ever been victimised because of your sexuality? (By prisoners)	4%	3%
55i	Have you ever been victimised because you have a disability? (By prisoners)	2%	1%
55j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	5%	4%
55k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	4%	8%
56	Have you been victimised (insulted or assaulted) by a member of staff?	35%	40%
57a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	17%	27%
57b	Have you been hit, kicked or assaulted since you have been here? (By staff)	6%	11%
57c	Have you been sexually abused since you have been here? (By staff)	2%	2%
57d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	9%
57e	Have you been victimised because of drugs since you have been here? (By staff)	1%	2%
57f	Have you ever been victimised because you were new here? (By staff)	5%	9%
57g	Have you ever been victimised because of your sexuality? (By staff)	3%	1%
57h	Have you ever been victimised because you have a disability? (By staff)	3%	7%
57i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	3%	6%

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<b>SECTION 5: Safety continued</b>			
57j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	11%	11%
58	Did you report any victimisation that you have experienced?	28%	23%
59	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	46%	39%
60	Have you ever felt threatened or intimidated by a member of staff in here?	39%	52%
62	Is it very easy/easy to get illegal drugs in this prison?	39%	24%
<b>SECTION 6: Healthcare</b>			
63	Do you think the overall quality of the healthcare is good/very good?	32%	36%
64a	Is it very easy/easy to see the doctor?	41%	17%
64b	Is it very easy/easy to see the nurse?	62%	40%
64c	Is it very easy/easy to see the dentist?	29%	13%
64d	Is it very easy/easy to see the optician?	27%	12%
64e	Is it very easy/easy to see the pharmacist?	28%	17%
65a	Do you think the quality of healthcare from the doctor is good/very good?	47%	42%
65b	Do you think the quality of healthcare from the nurse is good/very good?	52%	60%
65c	Do you think the quality of healthcare from the dentist is good/very good?	57%	44%
65d	Do you think the quality of healthcare from the optician is good/very good?	53%	46%
65e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	35%	47%
66	Are you currently taking medication?	59%	49%
67	Are you allowed to keep possession of your medication in your own cell?	51%	45%
<b>SECTION 7: Purposeful Activity</b>			
69a	Do you feel your job will help you on release?	23%	33%
69b	Do you feel your vocational or skills training will help you on release?	36%	39%
69c	Do you feel your education (including basic skills) will help you on release?	54%	54%
69d	Do you feel your offending behaviour programmes will help you on release?	42%	41%
69e	Do you feel your drug or alcohol programmes will help you on release?	32%	29%
70	Do you go to the library at least once a week?	52%	56%
71	Can you get access to a newspaper every day?	64%	54%
72	On average, do you go to the gym at least twice a week?	52%	50%
73	On average, do you go outside for exercise three or more times a week?	24%	34%
74	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	8%	9%
75	On average, do you go on association more than five times each week?	84%	83%
76	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	30%	23%

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<b>SECTION 8: Resettlement</b>			
<b>78</b>	Did you first meet your personal officer in the first week?	24%	37%
<b>79</b>	Do you think your personal officer is helpful/very helpful?	44%	54%
<b>80</b>	Do you have a sentence plan?	53%	75%
<b>81</b>	Were you involved/very involved in the development of your sentence plan?	28%	39%
<b>82</b>	Can you achieve all or some of your sentence plan targets in this prison?	32%	44%
<b>83</b>	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	21%	45%
<b>84</b>	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	32%	34%
<b>85</b>	Do you feel that any member of staff has helped you to prepare for release?	8%	10%
<b>86</b>	Have you had any problems with sending or receiving mail?	46%	46%
<b>87</b>	Have you had any problems getting access to the telephones?	25%	26%
<b>88</b>	Did you have a visit in the first week that you were here?	17%	15%
<b>89</b>	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	59%	63%
<b>90</b>	Did you receive five or more visits in the last week?	1%	0%
<b>91a</b>	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	26%	25%
<b>91b</b>	Do you think you will have a problem with finding a job following your release from this prison?	53%	48%
<b>91c</b>	Do you think you will have a problem with finding accommodation following your release from this prison?	47%	33%
<b>91d</b>	Do you think you will have a problem with money and finances following your release from this prison?	56%	49%
<b>91e</b>	Do you think you will have a problem with claiming benefits following your release from this prison?	41%	41%
<b>91f</b>	Do you think you will have a problem with arranging a place at college or continuing education following your release from this prison?	44%	43%
<b>91g</b>	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	18%	27%
<b>91h</b>	Do you think you will have a problem with accessing healthcare services following your release from this prison?	34%	24%
<b>91i</b>	Do you think you will have a problem with opening a bank account following your release from this prison?	47%	38%

**Key to tables**

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	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the high security prisons comparator.		
<b>SECTION 8: Resettlement continued</b>			
<b>92a</b>	Do you think you will have a problem with drugs when you leave this prison?	<b>6%</b>	<b>6%</b>
<b>92b</b>	Do you think you will have a problem with alcohol when you leave this prison?	<b>5%</b>	<b>4%</b>
<b>93a</b>	Do you know who to contact, within this prison, to get help with finding a job on release?	<b>13%</b>	<b>24%</b>
<b>93b</b>	Do you know who to contact, within this prison, to get help with finding accommodation on release?	<b>14%</b>	<b>24%</b>
<b>93c</b>	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	<b>10%</b>	<b>22%</b>
<b>93d</b>	Do you know who to contact, within this prison, to get help with claiming benefits on release?	<b>13%</b>	<b>26%</b>
<b>93e</b>	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	<b>12%</b>	<b>18%</b>
<b>93f</b>	Do you know who to contact within this prison to get help with external drugs courses etc	<b>19%</b>	<b>21%</b>
<b>93g</b>	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	<b>18%</b>	<b>27%</b>
<b>93h</b>	Do you know who to contact, within this prison, to get help with opening a bank account on release?	<b>18%</b>	<b>23%</b>
<b>94</b>	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	<b>62%</b>	<b>61%</b>



Key Question Responses (Ethnicity) HMP Frankland 2008

**Prisoner Survey Responses** (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		BME prisoners	White prisoners
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>15</b>	<b>100</b>
<b>4</b>	Are you sentenced? <b>(Not tested for significance)</b>	<b>100%</b>	<b>100%</b>
<b>10</b>	Are you a foreign national? <b>(Not tested for significance)</b>	<b>13%</b>	<b>2%</b>
<b>11</b>	Is English your first language? <b>(Not tested for significance)</b>	<b>74%</b>	<b>96%</b>
<b>13</b>	Are you Muslim? <b>(Not tested for significance)</b>	<b>46%</b>	<b>1%</b>
<b>17</b>	Is this your first time in prison? <b>(Not tested for significance)</b>	<b>39%</b>	<b>28%</b>
<b>21</b>	Were you treated well/very well by the escort staff?	<b>43%</b>	<b>53%</b>
<b>22a</b>	Did you know where you were going when you left court or when transferred from another establishment?	<b>47%</b>	<b>63%</b>
<b>24</b>	Did you have any problems when you first arrived?	<b>79%</b>	<b>70%</b>
<b>26a</b>	Please answer the following question about reception: were you seen by a member of healthcare staff?	<b>60%</b>	<b>49%</b>
<b>26b</b>	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	<b>47%</b>	<b>57%</b>
<b>27</b>	Were you treated well/very well in reception?	<b>35%</b>	<b>57%</b>
<b>30</b>	Did you feel safe on your first night here?	<b>60%</b>	<b>79%</b>
<b>31</b>	Did you go on an induction course within the first week?	<b>72%</b>	<b>71%</b>
<b>35a</b>	Is it very easy/easy to communicate with your solicitor or legal representative?	<b>67%</b>	<b>65%</b>
<b>37a</b>	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	<b>72%</b>	<b>72%</b>
<b>37b</b>	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	<b>100%</b>	<b>96%</b>
<b>37e</b>	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	<b>67%</b>	<b>64%</b>
<b>38</b>	Is the food in this prison good/very good?	<b>13%</b>	<b>11%</b>
<b>39</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	<b>13%</b>	<b>63%</b>
<b>40a</b>	Is it easy/very easy to get a complaints form?	<b>87%</b>	<b>86%</b>
<b>40b</b>	Is it easy/very easy to get an application form?	<b>85%</b>	<b>92%</b>
<b>41a</b>	Do you feel applications are sorted out fairly?	<b>53%</b>	<b>54%</b>

Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
41c	Do you feel complaints are sorted out fairly?	33%	23%
45	Are you on the enhanced (top) level of the IEP scheme?	33%	58%
46	Do you feel you have been treated fairly in your experience of the IEP scheme?	30%	56%
47a	In the last six months have any members of staff physically restrained you (C & R)?	21%	4%
47b	In the last six months have you spent a night in the segregation/care and separation unit?	35%	13%
48a	Do you feel your religious beliefs are respected?	50%	58%
48b	Are you able to speak to a religious leader of your faith in private if you want to?	54%	65%
50a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	58%	70%
50b	Do <b>most</b> staff, in this prison, treat you with respect?	70%	66%
52	Have you ever felt unsafe in this prison?	65%	51%
53	Do you feel unsafe in this establishment at the moment?	35%	22%
55	Have you been victimised (insulted or assaulted) by another prisoner?	43%	38%
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	21%	1%
56j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	14%	4%
57	Have you been victimised (insulted or assaulted) by a member of staff?	54%	34%
58d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	30%	4%
58i	Have you been victimised because of your religion/religious beliefs? (By staff)	8%	3%
60	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	54%	44%
61	Have you ever felt threatened or intimidated by a member of staff in here?	53%	38%
62	Is it very easy/easy to get illegal drugs in this prison?	33%	38%
64	Do you think the overall quality of the healthcare is good/very good?	35%	32%
65a	Is it very easy/easy to see the doctor?	40%	41%
65b	Is it very easy/easy to see the nurse?	50%	65%
70a	Do you feel your job will help you on release?	18%	24%
70b	Do you feel your vocational or skills training will help you on release?	36%	35%
70c	Do you feel your education (including basic skills) will help you on release?	70%	52%

## Key to tables

	Any percent highlighted in green is significantly better	<b>BME prisoners</b>	<b>White prisoners</b>
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
<b>70d</b>	Do you feel your offending behaviour programmes will help you on release?	25%	45%
<b>70e</b>	Do you feel your drug or alcohol programmes will help you on release?	16%	35%
<b>71</b>	Do you go to the library at least once a week?	60%	51%
<b>73</b>	On average, do you go to the gym at least twice a week?	67%	50%
<b>75</b>	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	0%	9%
<b>76</b>	On average, do you go on association more than five times each week?	87%	83%
<b>77</b>	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	26%	30%
<b>79</b>	Did you first meet your personal officer in the first week?	26%	25%
<b>81</b>	Do you have a sentence plan?	47%	54%
<b>91</b>	Have you had any problems with sending or receiving mail?	67%	42%
<b>92</b>	Have you had any problems getting access to the telephones?	33%	23%
<b>94</b>	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	28%	63%
<b>99</b>	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	47%	63%