

Report on an unannounced inspection of

HMP Frankland

by HM Chief Inspector of Prisons

22 February – 4 March 2016

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

Printed and published by:
Her Majesty's Inspectorate of Prisons
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30–34 Kingsway
London
WC2B 6EX
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Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Introduction

Frankland is the largest high security dispersal prison in the country. It holds more than 800 men, with most prisoners serving lengthy or indeterminate sentences for very serious offences. Just over a quarter are classified as category A prisoners and around half the population are vulnerable prisoners, kept separate because of the nature of their offence or other vulnerability. At our previous inspection in December 2012, the prison had sustained good progress, and this unannounced inspection indicated to us that this had been maintained.

There will always be significant potential for a serious incident in a prison like Frankland, but in our survey prisoners felt as safe as those in other dispersal prisons and we judged that the systems to manage safety were generally sound. Levels of violence were not high, although there had been a recent increase, which still needed to be fully understood. There was now CCTV coverage on three of the four vulnerable prisoner wings and this had improved both staff and prisoner perceptions of safety. Prisoners in distress generally received good support, and although there had been one self-inflicted death, the Prisons and Probation Ombudsman had not felt it necessary to make any substantive recommendations. Security arrangements were significant but proportionate to the risks that presented. However, the regime in the segregation unit was too restricted, especially for long-term residents. The support for men with substance misuse issues was generally good but the diversion of prescribed medications remained a significant problem.

The residential accommodation was clean and well maintained, even on the older units. Staff-prisoner relationships were mostly good, and the variety of new initiatives to develop this further and some useful consultation groups were encouraging. Equality and diversity work was recovering after a period of neglect, but the progress we had hoped to see after our previous inspection had not been made. In our survey, prisoners from minority groups still reported less positively than others across a range of indicators, although we did find some pockets of good support provided. The management of prisoner complaints had improved and was now good. Although prisoners complained about health care, despite some staffing shortages that were still having a significant impact on the standard of care, most outcomes were reasonable. Palliative care was a particular strength, but there were excessive delays in transferring prisoners to secure mental health facilities under the Mental Health Act, and some aspects of in-possession prescribing needed prompt attention.

Although around one-third of men were locked up during our checks, most prisoners had reasonable time out of cell and were engaged in purposeful activity during most of the working day. Managers had improved the processes for allocating and sequencing activities, and had worked hard to develop systems for prisoners to recognise their learning and record their progress. Most provision was of good quality, most learners achieved well, and behaviour in activities was generally good. The progress made was impressive.

Resettlement provision had been adversely affected by the introduction of 'dual-role' offender supervisors and by significant cross-deployment of staff. Offender supervisors no longer had the time to maintain regular contact with prisoners and there was a significant backlog of OASys (offender assessment) reviews. While some prison officer offender supervisors produced work as good as probation officers, others were much less confident and did not have the support and supervision necessary to improve their practice. The prison continued to deliver offending behaviour programmes that met the needs of the population. The few prisoners released directly from Frankland received good resettlement support. Many men were many hundreds of miles from their homes and, although visits provision was good, there was insufficient other support to help them maintain contact with their families and friends. The Westgate Unit continued to provide intensive support to men with personality disorders and was an example of good practice.

Overall, the outcomes for prisoners at Frankland were reasonably good or better. Staff managed considerable ongoing risk every day, while maintaining a safe and respectful regime in which prisoners had good learning opportunities. The governor had established a business plan, 'Moving forward with pride, principle and purpose', which aimed to help staff understand the needs of the long-term population and develop a rehabilitative culture. The consultative approach adopted was likely to help foster well-being and hopefulness, and to support prisoners' levels of motivation throughout long sentences. These were essential for the population held and, therefore, from our point of view very welcome initiatives.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

April 2016

Fact page

Task of the establishment

A high security prison for category A and B convicted and category A remand male prisoners.

Prison status

Public

Department

High security

Number held

22 February 2016: 792

Certified normal accommodation

844

Operational capacity

844

Date of last full inspection

December 2012

Brief history

Situated on the outskirts of Durham, HMP Frankland was the first purpose-built dispersal prison and opened in 1983. Additional prisoner accommodation was opened in 1998, 2005 and 2009.

Short description of residential units

There are seven wings, all with single cells and integral sanitation.

- A, B, C and D wings - the original wings, each holding 108 vulnerable prisoners
 - A wing holds enhanced prisoners
 - B1 landing holds older men and those with disabilities
 - D1 is for induction
- F, G and J wings - the newer wings, holding non-vulnerable prisoners
 - F wing has 120 places
 - G wing has 88 places (including 18 beds on G4 for men over 50)
 - J wing has 120 places
- Westgate unit - the three Westgate units, when fully operational hold 65 prisoners, with the psychologically informed planned environment (PIPE) unit holding an additional 21, making the total for Westgate, 86 places
- Health care - 13 places
- Segregation unit - 28 cells

Name of governor

Norman Griffin

Escort contractor

GEOAmey

Health service provider

G4S Forensic and Medical Services

Spectrum Community Healthcare CIC

Tees, Esk and Wear Valleys NHS Foundation Trust

Burgess Hyder

- primary care nursing
- GP and pharmacy services
- mental health services
- dental services

Learning and skills provider

Novus

Independent Monitoring Board chair

Tony Houldsworth

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

Safety prisoners, particularly the most vulnerable, are held safely

Respect prisoners are treated with respect for their human dignity

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

Resettlement prisoners are prepared for their release into the community and effectively helped to reduce the likelihood of reoffending.

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

Safety

S1 *Transfers to Frankland usually entailed long journeys but reception and early days support were good. Most prisoners had committed grave offences and presented significant risk but levels of violence were not high overall, although they had recently increased and some incidents were serious. Although many men had felt unsafe at some time, there was a good focus on keeping the establishment stable and secure. Good care was usually provided to prisoners in crisis. Security arrangements were proportionate, and the incentives and earned privileges (IEP) scheme was applied fairly. Disciplinary processes were well managed and use of force low, but too many staff incident records were incomplete. Staff-prisoner relationships in segregation were good, but some men had been segregated for long periods with a poor regime. Substance misuse support was good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S2 *At the last inspection in December 2012 we found that outcomes for prisoners in Frankland were reasonably good against this healthy prison test. We made 19 recommendations in the area of safety. At this follow-up inspection we found that 10 of the recommendations had been achieved, three had been partially achieved and six had not been achieved*

S3 Most prisoners had long journeys to Frankland. Reception staff dealt with new arrivals politely and made every effort to reduce their waits. All new arrivals were seen in private, risk assessments were thorough, and there was good attention to any concerns raised. Changes in the facilities list had restricted some items, which caused frustration among new arrivals, but staff managed this well. First night arrangements were adequate and prisoners were given sufficient information about what would happen next. Induction was thorough and prisoners received all the elements within a reasonable time.

S4 In our survey, many prisoners still said they had felt unsafe at some time. Overall levels of violence were not high but there had been some serious incidents. There was a good awareness of the risks in the vulnerable prisoner population as well as other challenges to good order. CCTV was now installed on three of the four vulnerable prisoner wings, which provided some additional reassurance. A violence diagnostic tool provided focus for discussion of incidents. The data showed a recent increase in the number of assaults, and this needed a clearer analysis to understand the underlying reasons and how to address them. There were investigations into the more serious incidents, but these were not quality assured to ensure that learning points were clearly identified. Lower level problematic behaviour was managed through the IEP and a three-stage violence reduction strategy – this was being relaunched to improve its use and support for victims.

S5 There had been one self-inflicted death since our last inspection. The prison was taking action to address issues raised after deaths from natural causes. Levels of self-harm were low and occurred mainly among a small number of prisoners in the vulnerable prisoner wings, segregation, health care and the Westgate Unit (which treated prisoners with complex personality disorders). The standard of care for prisoners at risk of self-harm was usually good, and most assessment, care in custody and teamwork (ACCT) case management documents were of a reasonable standard. Assessments were done promptly, and reviews included attendance from the mental health team, and occasionally the chaplaincy and offender supervisors. Eleven prisoners had been placed on constant supervision in the last year - most for short periods and none in segregation. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) felt well supported

by managers but not by all officers. There was an officer reluctance to use Listeners, particularly at night, which could increase risks.

- S6 There had been some progress in developing a local safeguarding adults policy for prisoners at risk because of their age, disability or health. There was regional coordination between prisons to improve links with the local safeguarding adults board, but no local lead manager for this work.
- S7 There were effective security procedures to manage the population, who included some of the most dangerous and challenging prisoners in the prison system. Procedural and physical security was proportionate to the high risk population; dynamic security was effective with a good flow of information. Intelligence analysis was excellent, objectives were relevant and security meetings well attended. Risk assessment systems were comprehensive and the prison was not risk averse when allocating prisoners to activities. There was some evidence of new psychoactive substances (NPS)² entering the prison, but there were good intelligence and robust security measures to tackle this. Diversion of prescribed medication remained a problem, especially for the vulnerable prisoner population. The mandatory drug testing (MDT) positive rate was 2.4%, mainly for Subutex (buprenorphine) and opiate-based medication, but there was still some slippage in suspicion drug testing.
- S8 The IEP scheme was well organised and applied fairly. Adjudications had risen since our last inspection but were well managed and generally proportionate. Use of force had reduced by almost half, and the special cell was used rarely. Collection and analysis of data had improved, and in the cases we reviewed force was justified and de-escalation was evident. However, much use of force paperwork for the current year had not yet been completed, which was poor. The segregation unit environment was clean but there was no in-cell electricity and the exercise cages were grim. The average length of stay had almost doubled since our last inspection, and a significant number of prisoners had lengthy stays. The regime was inadequate, particularly for long stay residents who spent too much time locked in their cells. Not all segregated prisoners were offered daily telephone calls, although this was addressed during the inspection. Segregation unit staff were very knowledgeable about the prisoners held, and showed a desire to improve the regime offered.
- S9 Prisoners could easily access a wide range of good quality, recovery-focused substance misuse services, which were now provided by Lifeline. Interventions were impressive and included an active peer mentoring scheme on all wings. Support for prisoners on the Westgate Unit was organised separately and also very good. Demand for clinical treatment was low. Prescribing was based on individual need and care was well coordinated, although first night prescribing was inconsistent.

² New drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.

Respect

*S10 Living conditions for prisoners were generally good. Staff were polite, and the new initiatives to promote a 'rehabilitative culture' were impressive. Equality and diversity work was developing but minority groups remained more negative about many key outcomes. Faith provision was good. Complaints were well managed. Legal services were adequate overall. Health care was reasonable, but some aspects of in-possession medications arrangements were poor, and there were some excessive delays in getting transfers to secure mental health beds; mental health provision was otherwise good. Prisoners were negative about the food but valued the chance to self-cater. Prison shop arrangements were reasonable. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S11 At the last inspection in December 2012 we found that outcomes for prisoners in Frankland were reasonably good against this healthy prison test. We made 21 recommendations in the area of respect. At this follow-up inspection we found that 15 of the recommendations had been achieved, one had been partially achieved and five had not been achieved.

S12 All wings were in good decorative order, clean and generally well maintained. All prisoners lived in single cells. Furniture in the cells was in reasonable condition, and cleaning materials were generally available. However, sheets were often stained and occasionally ripped, and while lockable cupboards were provided not all had keys.

S13 As at the last inspection, the quality of relationships between staff and prisoners was good overall, and most personal officer work was good. A new initiative to promote a more 'rehabilitative culture', which emphasised progression, had recently been introduced. While not yet fully embedded with all staff, some personal officers were actively engaged in supporting prisoners to progress. The prison made good efforts to consult, listen and act on feedback from prisoners.

S14 There were weaknesses in the strategic management of equality and diversity work, but there was a commitment to improve structures. The monitoring of equality data had improved. Most responses to discrimination incident reporting forms (DIRFs) were adequate, and there was an internal quality assurance process. However, DIRFs were not readily available to prisoners on all wings. In our survey, black and minority ethnic, Muslim, disabled and gay prisoners were negative about aspects of their treatment, and we identified negative outcomes for transgender, gay and foreign national prisoners, and those with disabilities. Equality peer representatives were consulted regularly but action points were not always progressed promptly. Policies for some key protected groups were underdeveloped. While there was some good support for foreign national prisoners, there was limited use of professional translation and interpreting services. Support for prisoners with disabilities was reasonably good, although some did not have equitable access to education. Provision for older prisoners was good and the peer buddy scheme was excellent. There was some good support for transgender prisoners, but many staff still lacked confidence in engaging with this group.

S15 Faith provision was generally good. The chaplaincy was well integrated into daily prison life. There was an adequate range of classes and groups in addition to corporate worship.

S16 The number of complaints was low for the type of prison, the standard of responses was satisfactory, and there was now a good quality assurance system. The prison had developed and implemented a new complaints strategy, and trend analysis was detailed and now included analysis of all protected characteristics.

- S17 The need for legal services support was low, and it was provided by some wing officers ad hoc. Legal visits provision was reasonable, with good use of video links for prisoners to consult their lawyers.
- S18 Most areas of health provision were reasonably good but staffing vacancies had significantly affected the delivery of care, although this was beginning to improve with the recruitment of some new staff. Partnership working and clinical governance were mostly effective, although some aspects of joint working required more effective communication. Prisoners had access to an appropriate range of primary care services and visiting specialists. The environment and standard of care in the health care inpatient unit were good. There were high-standard arrangements for palliative and end-of-life care for the terminally ill. The management of medicines was reasonably good although some aspects required further attention, including a more robust approach to the risk assessment of in-possession medication, and prescribing practices to reduce the diversion of prescribed medications. Dental provision was good, although waiting times for routine appointments were too long. The mental health provision was good with improved access to psychological interventions, but there were excessive delays in assessing and transferring prisoners to secure mental health facilities under the Mental Health Act. More training was needed to help staff identify and support men with mental health issues.
- S19 In our survey, only 26% of prisoners said that food was good. Prisoners complained about the amount they got, and the portions we saw were small. Self-catering facilities for prisoners were good. Arrangements for prisoners to access the prison shop were reasonable, although there was frustration about some aspects of catalogue orders.

Purposeful activity

S20 *Prisoners had reasonable time out of cell, and the regime was predictable and stable. Ofsted rated learning and skills provision as good overall. The focus on developing social enterprise was useful. Most prisoners had something purposeful to do and sequencing of activities was good. Although attendance in activities was improving, the education places available were not fully used. Most of the activities offered were good quality and relevant, and prisoner achievements were generally good, although less so in maths functional skills. Library and physical education provision were both good.*
Outcomes for prisoners were good against this healthy prison test.

S21 *At the last inspection in December 2012 we found that outcomes for prisoners in Frankland were reasonably good against this healthy prison test. We made eight recommendations in the area of purposeful activity. At this follow-up inspection we found that four of the recommendations had been achieved, three had been partially achieved and one had not been achieved.*

- S22 Fully employed prisoners could have nine hours a day out of their cell, although for the few unemployed this could be less than four hours. During our roll checks, we found about 30% of prisoners locked up during the working day. While this was high, most worked at least part-time and were therefore not locked up for the whole day. The regime was predictable and equitable for all prisoners.
- S23 There had been good progress in making learning, skills and work activities more appropriate for the population. A well-planned approach to better sequencing of the activities that prisoners could attend during the working week had resulted in more of them engaging in purposeful activities. Self-assessment of the learning and skills provision was accurate and managers had appropriate plans for further improvement, although these did not sufficiently

detail outcomes or timescales. The observations of teaching and learning did not focus enough on learning or cover all aspects of the prison's purposeful activities.

- S24 Activity places had increased, and there were sufficient for most of the population to engage in full- or part-time activities. The introduction of an 'activities hub' to coordinate prisoner allocation to activities centrally was an improvement on the previous wing-based approach, and had created an expectation that prisoners would work. However, not all available education places were used effectively, and the prisoner pay policy did not encourage their participation in education.
- S25 Teaching, learning and coaching were good. Most tutors and instructors planned activities well to engage prisoners and enable them to make good progress. Support from peer workers was very good, but tutors in education did not always plan their input sufficiently well. Assessment of work and feedback to prisoners were generally good and helped them to progress. There was not enough support for distance learners and those on Open University courses.
- S26 Prisoner attendance and punctuality at activities were good, and most sessions started on time. Learners took pride in their work and could identify the progress they had made; they behaved well and were courteous to each other and staff. The new social enterprise company supported prisoners to develop good enterprise skills and an awareness of social responsibility. The 'Inside Out' joint initiative with Durham University within criminology education was excellent. Many prisoners used their 'employment and training portfolio' well to record their achievements and progress, but peer mentors were not sufficiently involved in the prisoner induction programme to promote the value of this.
- S27 Workshop activities provided opportunities for prisoners to progress to positions of greater responsibility and enhance their skills. Success rates on most courses were good, but required improvement on mathematics functional skills courses at levels 1 and 2.
- S28 The range of books and resources in the library met the needs of the population, and the library was used well for a range of literacy and social activities. Access to the library was good other than for those with mobility limitations.
- S29 The PE department provided a range of facilities and appropriate activities, including weight loss classes for those aged over 50 and remedial PE, but communications with the health care department needed to improve. No accredited qualifications in PE were available, and vulnerable prisoners still had no access to outdoor exercise facilities.

Resettlement

- S30 *There was a developing focus on prisoner progression but resettlement provision was still not based on a prisoner needs analysis. Offender management work was generally reasonable, with some good quality casework and an appropriate focus on prisoner risk and progression. However, there was a large backlog of OASys offender assessments, and the quality of work was too mixed. Public protection work was strong. Reintegration work was appropriate to the population. Visits provision was very good, but wider children and families work was underdeveloped. There was a good range of offending behaviour programmes, and the Westgate Unit remained an excellent initiative for prisoners with complex personality disorders. **Outcomes for prisoners were reasonably good against this healthy prison test.***

- S31 At the last inspection in December 2012 we found that outcomes for prisoners in Frankland were good against this healthy prison test. We made 10 recommendations in the area of resettlement. At this follow-up inspection we found that three of the recommendations had been achieved, four had been partially achieved and three had not been achieved.*
- S32 The prison now had a greater focus on supporting prisoners' progression, but resettlement provision was still not informed by an up-to-date needs analysis to ensure its appropriateness to the population.
- S33 Offender management work was generally reasonable. Hub-based offender supervisors worked closely with probation staff and received good day-to-day support. Wing-based offender supervisors were not always confident about their new role, and did not receive adequate training, support or supervision. Significant cross-deployment of staff had affected some aspects of the work. Offender supervisor contact with many prisoners was insufficient to engage and motivate prisoners, and far too many OASys (offender assessment system) reviews (which should inform prisoners' sentence plans) were out of date. Most casework was reasonable or good, but closer attention was needed to the quality of some sentence planning objectives and risk management plans.
- S34 Public protection work was strong and supported by regular public protection and interdepartmental risk management meetings. Multi-agency public protection arrangements (MAPPA) work was well understood and timely. Child safeguarding processes were effective, and visits staff knew which prisoners were subject to restrictions.
- S35 Categorisation reviews were up to date, and there had been efforts to progress and downgrade prisoners. However, it was often difficult to facilitate transfers for progression out of Frankland after reductions in risk or for local discharge, as lower security prisons were reluctant to receive prisoners directly from the dispersal estate or vulnerable prisoners unsuitable for treatment programmes (that is, those convicted of sexual offences). The prison was now working on links to enable prisoners to move to neighbouring lower security prisons.
- S36 In our survey, prisoners were more positive than the comparator about access to resettlement services. Prisoners nearing release received individual support to meet any outstanding resettlement needs. The few who were released usually went into hostel accommodation. However, prisoners could not access the 'virtual campus', giving them internet access to community education, training and employment opportunities.
- S37 Visits were well managed, visitors were positive about staff and searches were proportionate. However, prisoners who had been granted accumulated visits sometimes had unacceptably long waits for a temporary transfer. Monthly family days were well received. However, there had not been enough work to identify and meet all the family contact needs of prisoners, particularly for those held far from home.
- S38 There was a good range of offender behaviour programmes. Waiting lists were well managed but the process for allocation to programmes was not well understood across the prison. The backlog of 'structured assessment of risk and need' (SARN) reports had reduced considerably, but a few were still more than a year overdue.
- S39 The Westgate Unit was a centre of excellence for the rehabilitation of men with personality disorders and high risk behaviour. Referral pathways had been widened to include recruitment of prisoners from specialist units in other prisons and NHS secure settings. The environment of the unit had been enhanced to encourage its residents to care for it. There

was a culture of decency in the unit, characterised by therapeutic relationships and the socially positive regime and treatment programmes. Existing residents were available to speak to prospective applicants about what to expect, and those who had been on the psychologically informed physical environments (PIPE) programme returned to help others make the transition to general wings.

Main concerns and recommendations

- S40 Concern: Prisoners from minority groups continued to be more negative across a range of indicators, despite the increase in consultation. We identified negative outcomes for transgender, gay and foreign national prisoners, and those with disabilities.

Recommendation: The prison should develop an equality and diversity policy that clearly explains the needs of prisoners in each of the protected groups, and states the treatment and support they should expect to receive. All staff should operate in accordance with their responsibilities under the policy.

- S41 Concern: In-possession medications risk assessments were still not sufficiently robust, and we were not assured that they were always completed. Drugs liable to abuse and diversion were prescribed weekly or monthly in possession, creating considerable potential for trading and bullying.

Recommendation: There should be an up-to-date in-possession medications policy that reflects current best practice guidance on the prescribing of highly tradable medicines. In-possession risk assessments should be routine and should adequately consider the risks of both the patient and each drug, and the reasons for the determination recorded.

- S42 Concern: The approach to reducing reoffending was not yet sufficiently strategic. Despite some excellent work by teachers, instructors, personal officers and others, it was not clear how these activities contributed to demonstrable reductions in prisoner risk. Many prisoners believed that only offending behaviour programmes were useful, and had unrealistic expectations of when they might receive treatment.

Recommendation: The prison should develop a reducing reoffending strategy, based on an assessment of prisoner need, which explains the services needed at Frankland and how these will be delivered. The strategy should promote understanding of how these services are managed, and how they can facilitate prisoner progress to lower security conditions.

- S43 Concern: Prisoners who had been recategorised to a lower security status, and those recommended for a move out of the dispersal estate, were not always swiftly transferred to lower security prisons, which were reluctant to receive prisoners directly from the dispersal estate, or vulnerable prisoners unsuitable for treatment programmes. Prisoners who had been granted accumulated visits also sometimes had unacceptably long waits for a temporary transfer.

Recommendation: NOMS should ensure prompt transfers to suitable prisons for prisoners who have demonstrated a reduction in risk and are suitable for a progressive move, and those who qualify for accumulated visits.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

Prisoners transferring to and from the prison are treated safely, decently and efficiently.

- I.1 Most prisoners had long journeys to Frankland, many including overnight stays at other establishments. Escort vans were clean and in our survey prisoners' perceptions about their treatment by escort staff were similar to the comparator. Few new arrivals had received any information about Frankland before they arrived.

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

- I.2 Reception staff managed about four new arrivals a week, in addition to hospital escorts and a few court escorts. The reception area was clean and holding rooms now had informative displays and televisions. Staff gave new arrivals hot food and drinks, and an information pack. A Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) based in reception spoke to all new arrivals and offered support.
- I.3 All prisoners arriving at or leaving the prison were strip searched in reception. Interviews were carried out in the main reception area but were sufficiently private. Staff were polite, addressed prisoners' concerns quickly and sympathetically, and made every effort to reduce waiting times. Risk assessments were thorough. The health care interview room now had a door, but it was rarely closed during assessments, compromising confidentiality. All new arrivals were offered an initial shop pack. Showers were available, but most men chose to shower when they arrived on the wings. Records showed that induction staff routinely offered telephone calls to all new arrivals.
- I.4 In our survey, only 56% of prisoners said they had been treated well in reception, worse than the comparator and than at our last inspection. The interactions we observed were courteous and friendly, but business-like. Many arrivals were frustrated by significant changes to the prisoners' facilities list, which meant that certain items were no longer allowed in their possession. Staff managed this well by structuring prisoners' expectations early in the reception process.
- I.5 Prisoners moved reasonably quickly from reception to DI wing (if they were vulnerable prisoners) or one of the mainstream wings. Cells for new arrivals were clean and well prepared and equipped. In our survey, 71% of prisoners said they felt safe on their first night. New arrivals were complimentary about the treatment on their first night and the information they had been given.
- I.6 The induction programme started the next working day, was thorough, covered all aspects of the prison regime and was presented by staff from a range of departments. Induction took about two weeks, which was suitable for prisoners serving long sentences and staying at

Frankland for a long time. Good record keeping showed that prisoners received nearly all elements of their induction within a reasonable time. There were some delays in all new arrivals seeing a careers adviser, which held up their allocation to appropriate activity.

Recommendation

- 1.7 Health care reception screening should take place in private.** (Repeated recommendation 1.11)

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

- 1.8** Although the population included many high risk prisoners convicted of serious violent crimes, levels of violence against prisoners and staff were not high overall; however, some incidents were serious. Given the nature and mix of the population, which included a large number of vulnerable prisoners separated from others for their own safety, it was unsurprising that half the prisoners in our survey said they had felt unsafe at some time, and 27% of those on the vulnerable prisoner wings, against 12% of those on the mainstream wings, said they currently felt unsafe.
- 1.9** There was a good focus on keeping the establishment stable and secure. The monthly safer prisons meeting was reasonably well attended by staff from relevant departments, chaired by a senior manager and considered a range of data. Each wing was required to submit a monthly violence reduction strategy document, which outlined incidents and the actions taken. These evidenced that dynamic security was good because of good staff-prisoner relationships.
- 1.10** The vulnerable prisoner units mainly held men convicted of sex offences, but also held around 70 prisoners not convicted of sex offences but who required protection for other reasons (such as prison debt). Staff had a good understanding of the potential risks this mix caused. The management of prisoners moved off the Westgate Unit (see section from paragraph 4.29) because they were no longer assessed as suitable for treatment there, was discussed at the inter-departmental risk management team (IDRMT) meetings. A survey of prisoners' perceptions of safety was being completed.
- 1.11** Single cell accommodation contributed to the safety of prisoners. CCTV had now been installed on B to D wings (which held vulnerable prisoners), which improved supervision and provided some additional reassurance. A violence diagnostic tool (VDT) was used to develop a map of violent incidents around the prison, and was a basis for discussion and analysis. The tool indicated a recent increase in assaults on prisoners – up from 11 in the five months to September 2015 to 40 in the five months to February 2016 – some of which were serious. Anecdotally, bullying for medications and tensions between groups of prisoners (such as Muslims and non-Muslims) were the main concerns, but the reasons for the increase were not sufficiently well understood. There had been one assault on staff in the previous six months.

- I.12** Wing managers investigated the more serious incidents but their investigations were not quality assured to identify learning points clearly. Referrals were made to the police and the independent adjudicator where appropriate.
- I.13** Lower level problematic behaviour was managed through the incentives and earned privileges (IEP) scheme with prisoners often demoted to the basic regime as part of a three-stage violence reduction strategy (see also paragraph I.32). The strategy was being relaunched to improve its use and the support for victims. In 2015, 39 prisoners had been subject to behaviour monitoring as suspected or actual bullies. However, only seven had been identified as victims and work to support these more vulnerable men was underdeveloped.

Recommendation

- I.14** **The prison should investigate and take prompt action to address the underlying reasons for increases in violence.**

Self-harm and suicide prevention

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- I.15** There had been one self-inflicted death since our last inspection, with no substantive recommendations from the Prisons and Probation Ombudsman's investigation. Managers used reports following deaths by natural causes and inquest to improve practice and reviewed a continuous improvement plan monthly.
- I.16** Levels of self-harm were low overall – with most incidents due to a small number of prisoners in the vulnerable prisoner wings, segregation, health care and the Westgate Unit. Staff investigated serious incidents to identify learning points. There was usually good communication from sending prisons when prisoners at risk of self-harm were transferred to Frankland.
- I.17** On average, 14 prisoners a month were subject to assessment, care in custody and teamwork (ACCT) case management because they were at risk of suicide or self-harm. Most ACCT documents were of a reasonable standard and the care provided was usually good. Assessments were prompt and reviews were multidisciplinary, including mental health staff and occasionally chaplains and offender supervisors.
- I.18** In the previous year, 11 prisoners considered at high risk of self-harm had been placed on periods of constant supervision - most for only short periods. On six occasions, this had taken place in the prisoner's own cell, with his permission, using a portable camera and monitor. This minimised disruption and prisoner isolation. Monitoring had also taken place in the health care centre. The observation cell in segregation had not been used in the past year, and managers justified their reasons for holding prisoners at risk of self-harm in segregation (see paragraph I.41).
- I.19** Listeners felt well supported by senior managers but not by all officers. Staff were reluctant to use Listeners, particularly at night, which could increase risks. Prison data showed that only five prisoners had been given access to Listeners during 2015 (some more than once),

and on only six occasions after 8pm. We met one prisoner who had been supported by Listeners during the day but was refused further support during patrol state. He subsequently harmed himself and was escorted to hospital. Prisoners could telephone the Samaritans free of charge from landing telephones and by requesting a portable telephone during lock-up periods. Not every unit had a portable telephone and the signal was poor in some areas of the prison.

Recommendation

- 1.20 Prisoners should be able to speak to Listeners and telephone the Samaritans at any time of the day or night.**

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.³

- 1.21** A local safeguarding adults policy referred staff to existing policies for identifying prisoners at risk because of their age, disability or health and protecting them from abuse. There were sections on identifying and meeting needs, and a process for reporting abuse, misconduct or neglect by staff and prisoners. A new policy (March 2016) outlined provision for prisoners with disabilities and special needs. There was no clear management lead for safeguarding, and no formal training for any staff. However, work was being developed regionally to improve understanding of safeguarding and links with the local safeguarding adults board.

Recommendation

- 1.22 The prison should identify a clear lead officer for safeguarding to take this work forward.**

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

- 1.23** The security department was well managed and had effective systems. Procedural security was proportionate to the prisoner population risks. Physical security was necessarily extensive and managers had a good focus on keeping the prison safe and stable.
- 1.24** Dynamic security was effective with good staff-prisoner relationships, and prisoners were well supervised throughout the prison (see paragraph 1.11). Over 500 intelligence reports a month were submitted and analysed quickly. Intelligence was used well to inform security

³ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

objectives through the well-attended monthly intelligence assessment and security committee meetings.

- I.25** Almost 27% of the prisoner population were category A and just over 1% were high risk category A prisoners. There were regular reviews of their security status to ensure it was still appropriate, and management of their risk was thorough. Most prisoners had access to a full and purposeful regime and any restrictions imposed were proportionate. There were effective security risk assessments of prisoners for their allocation to work and continuing management of those risks. The prison was not risk averse in allocating activity spaces, although there were some appropriate restrictions for higher risk activities.
- I.26** There were detailed and well-managed systems to identify and deal with issues associated with terrorist activities. The focus on extremism and risk of radicalisation was appropriate and well organised, with monthly meetings to identify and manage those suspected of extremist involvement. The prison's counter-intelligence unit was effective and received regular support from the high security estate directorate. There was a range of interventions for prisoners suspected of radicalisation run by the Muslim chaplain, and the 'Healthy Identity' intervention by psychology.
- I.27** Local corruption prevention measures were good, and the prison had excellent links with the police. During our inspection, a second police officer was identified to support the police intelligence officer already based in the prison.
- I.28** In our survey, more prisoners than the comparator said it was easy to get illegal drugs, and there was some evidence of 'spice' (a synthetic drug that mimics cannabis) entering the prison, but the good intelligence and robust security measures, and joint work by departments, helped to contain the problem. A regional new psychoactive substances (NPS)⁴ strategy had recently been published and the prison was developing a local supply reduction action plan.
- I.29** There was still evidence of medication being diverted, and our survey showed this was a particular problem among vulnerable prisoners. The substance misuse lead nurse attended drug strategy meetings where the issue was discussed, but prescribing practices and in-possession medication remained a concern (see paragraph 2.48 and main recommendation S41).
- I.30** The mandatory drug testing (MDT) rate had averaged 2.4% in the past six months. Weekend testing had improved, but 10% of suspicion tests had not been completed because MDT officers were still redeployed to other duties and had lost 25% of their allocated hours in the previous three months. Prisoners mainly tested positive for illicit Subutex (buprenorphine) and opiate-based medication. Drug testing facilities were good on the main site and Westgate Unit, but only adequate on the vulnerable prisoner site.

Recommendation

- I.31** **MDT should be appropriately staffed to ensure all testing is carried out within identified timescales and without gaps in provision.** (Repeated recommendation I.43)

⁴ New drugs that mimic the effects of illegal drugs, such as cannabis, heroin or amphetamines, and may have unpredictable and life threatening effects.

Incentives and earned privileges

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

- I.32** Prisoners' incentives and earned privilege (IEP) levels were reviewed annually but they could apply for a review in the interim. Warnings were issued to prisoners and opportunities given to improve their behaviour before they were downgraded. Reviews were well organised, attended by prisoners and conducted fairly by custodial managers, which helped consistency. In our survey, fewer prisoners than at our previous inspection said they were treated fairly under the IEP scheme. Around 4% of prisoners were on the basic regime, mostly as a consequence of violent behaviour or drug use. They remained on basic for 28 days, but this was rarely extended, and they could attend activities and earn more association time over the four-week period. The scheme was monitored monthly by location and ethnic background; there had been no strong evidence of potential discrimination in the previous three months.

Discipline

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.

Disciplinary procedures

- I.33** The number of adjudications was higher than at our last inspection, with 352 in the previous six months. The main charges were for disobedience, threatening behaviour and unauthorised articles. The deputy governor reviewed completed hearings to check quality and identify areas for improvement. Adjudicators attended quarterly meetings, which discussed all aspects of discipline.
- I.34** Records of adjudications showed that prisoners had good opportunities to give their account of events and that adjudicators kept reasonable records. Punishments were proportionate, reflected any mitigation and were in accordance with the published tariff.

The use of force

- I.35** Use of force had reduced by almost half since our previous inspection and was used much less than in similar prisons. There had been only 32 incidents in the previous six months.
- I.36** Special accommodation had been used five times in the previous six months, which was not excessive. Documentation for use of the cell was detailed, and we were assured that all uses were justified.
- I.37** Oversight of and accountability for use of force had improved. Data were now analysed at quarterly use of force meetings, which safer custody staff attended. Staff discussed events leading up to the use of force, and reviewed a sample of completed documents. The written records and video recordings we looked at provided assurance that incidents were well

managed: records were detailed and showed excellent use of de-escalation both before and during the incident. Prisoner debriefs had recently been introduced to give prisoners an opportunity to contribute their views of the incident. Many individual reports from officers on incidents of use of force had not been completed since the beginning of 2016, and therefore the most recent incidents had not been reviewed.

Recommendation

- I.38 Use of force reports should be completed promptly and reviewed quickly to ascertain if force was used proportionately and as a last resort.**

Segregation

- I.39** The segregation unit environment was clean but there was no in-cell electricity and exercise cages were grim. In the previous six months, 216 prisoners had been segregated, which was similar to other high security prisons. There were 21 prisoners on the unit at the start of our inspection, most for reasons of good order or discipline. Four had been on the unit for lengthy periods, including one for almost 18 months. The average length of stay on the unit had almost doubled since our last inspection, although many returned to normal location within a month. However, in the previous six months, a significant number of prisoners had been held on the unit for over 100 days.
- I.40** Reviews were timely and multidisciplinary, and care planning was introduced when a prisoner had been on the unit for 30 days. The quality of care plans was mixed and most did not reflect the individual circumstances of the prisoner; targets were standard and identical for everyone. None of the plans had been updated since mid-January 2016, although reviews had been held. Progress for many prisoners was slow, and there was no formal reintegration policy to encourage prisoners to return to the residential wings. When prisoners refused to return to normal location in the prison, peer mentors spoke with them on the unit to reassure them about locating back on the wings. G4 landing was no longer used as a progression unit for prisoners leaving segregation.
- I.41** Some prisoners were segregated while on ACCT case management. They were all given a good explanation about why segregation was the most appropriate place for them, and there was evidence that segregation was refused when it was not the most suitable location.
- I.42** The regime on the unit was poor. Most prisoners spent all day locked in their cells, and they had no education or work or access to any off-unit activities. Various options to provide more activities were being explored. Prisoners had daily access to exercise and showers, and up to four prisoners at a time could go on to the four exercise yards, giving them a chance to associate. Not all prisoners had access to telephones daily, although this was rectified during our inspection. Staff-prisoner relationships on the unit were very good. Staff knew the men well and we saw some good interaction with some prisoners who were very difficult to manage.
- I.43** The segregation monitoring and review group (SMARG) met every quarter and considered data on the use of segregation.

Recommendations

- I.44** Care planning for segregated prisoners should have specific targets that reflect their individual circumstances, and plans should be updated at each review.
- I.45** The regime for prisoners in the segregation and health care units should be improved with risk-assessed access to daily activities, including education, which meets their needs.

Good practice

- I.46** *Peer mentors were used to reassure segregated prisoners refusing to locate back to normal location, and were effective in reducing the time some prisoners spent in segregation.*

Substance misuse

Expected outcomes:

Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

- I.47** The substance misuse strategy was comprehensive and covered both supply and demand reduction, but had no action plan based on the most recent needs analysis. Drug and alcohol services had improved significantly since Lifeline became the provider of psychosocial support in April 2015. The team engaged with 249 prisoners (30% of the population) - 159 were receiving low intensity support and 90 were participating in structured interventions. The service was recovery focused and easily accessible to both vulnerable and main location prisoners.
- I.48** A wide range of needs-led groupwork modules had been introduced, and auricular acupuncture was available. Fifty-nine prisoners had successfully completed alcohol treatment or Lifeline recovery programmes. Mutual aid support included Alcoholics Anonymous and substance misuse and recovery training (Smart). There was monthly service user consultation, and a team of 24 well-trained peer mentors were actively involved in service delivery on all wings.
- I.49** Services on the Westgate Unit were provided separately by a group of officers who took on both substance misuse work and unit duties. Drug and alcohol support was of a high standard and well integrated with prisoners' overall treatment plans. Interventions included an intensive substance misuse programme, 'Iceberg', which was delivered by the multidisciplinary treatment team. Smart groups were available, and peer mentoring training was due to start.
- I.50** Demand for clinical interventions in the main prison (excluding the vulnerable prisoner wings) remained low. Four prisoners received opiate-substitute treatment - one was on maintained dosage and the others reducing. We saw one new arrival who had to wait until the following afternoon to receive his methadone because of GP unavailability, which caused him considerable distress. Treatment regimes were flexible, based on individual need and reviewed regularly by the substance misuse lead nurse and a recovery coordinator. Joint working had improved, and there were good links with the mental health service to facilitate the care of dual diagnosis patients (with both substance misuse and mental health needs).

However, the prescribing of tradable medication remained a concern (see paragraph 2.48 and main recommendation S41).

Recommendation

I.51 New arrivals requiring opiate-substitute treatment should receive it promptly.

Section 2. Respect

Residential units

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. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1 The four older wings (A, B, C and D) held vulnerable prisoners. These were darker and less well ventilated than the newer wings, but were well maintained and no longer run down and shabby, as at our previous inspection. The serveries and main association areas were bright and easily supervised. Games tables were in good condition and prisoners were still able to prepare their own meals in well-equipped kitchens. Showers on these wings still had no privacy doors, but this problem would be solved under a planned refurbishment programme.
- 2.2 The newer wings (F, G and J) were bright, airy and well supervised. A spur had been newly designated for the over 55s; this was a calmer environment with a more therapeutic feel. Prisoners here told us they felt more safe and secure.
- 2.3 All prisoners lived in single cells, with reasonable furniture and in-cell electricity, but sheets were stained and occasionally ripped and this problem persisted, despite representations by the prison to the external laundry service. All cells had lockable cupboards but not all had keys, with long waits to get replacements. Cleaning materials were generally available.
- 2.4 The applications system was generally effective, but in our survey, prisoners were more negative than at the last inspection about the fairness of responses. In addition, some prisoners complained about lost applications. A new computerised tracking system to deal with this problem was due to be implemented. Prisoners could make telephone calls in private.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.

- 2.5 The quality of relationships between staff and prisoners continued to be good overall. Staff knew the men in their care, were familiar with their personal circumstances and made regular entries in prisoners' case files. Under a new system, prisoners could tell staff about positive behaviour for entry in their case files. All prisoners we spoke to could identify their personal officer, and most were complimentary about them.
- 2.6 There was a new initiative to promote a 'rehabilitative culture'. This emphasised a commitment from prisoners to work on their rehabilitation and a responsibility for officers to be active in helping them do so. The initiative was an opportunity for staff to build on their positive relationships with prisoners to encourage progress. We saw some very good examples of officers actively engaged in supporting prisoners to change, and the challenge was to make this more consistent.

- 2.7** The prison made good efforts to consult, listen and act on feedback from prisoners, although some men expressed frustration at the speed of some responses. In addition to the monthly meetings of the prisoner consultative committee, which was chaired by the head of residence, the governor now chaired two new prisoner liaison groups (the 'rehabilitative culture' and 'working together' groups), which aimed to engage prisoners in promoting rehabilitation (see also paragraph 4.1).

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

Strategic management

- 2.8** The equality and diversity policy was out of date, and not all staff had a clear enough understanding of their responsibilities (see main recommendation S40). However, the new deputy governor now chaired all diversity and equality action team meetings (DEAT) meetings. These took place monthly and were well attended by the equality and diversity staff team, along with prisoner representatives from each wing.
- 2.9** The team leading on equality work had a clear understanding and awareness of the potential for discrimination and disadvantage among prisoners in protected groups. However, the team was now much smaller than at our previous inspection and was also responsible for safer custody, which affected the time these staff could dedicate to equality work. There was an equality action plan, which was discussed regularly at the DEAT, but some planned objectives had not been achieved on time.
- 2.10** The national equality monitoring tool was now used systematically to monitor and analyse data on all aspects of equality and diversity. Data were discussed at the DEAT, and equality impact assessments were initiated in response to any concerns identified.
- 2.11** Prisoners were encouraged to report discrimination using discrimination incident reporting forms (DIRFs), but these were not freely available on all wings. The deputy governor and a member of the Independent Monitoring Board (IMB) checked the quality and timeliness of all responses. We found that responses were polite and dealt directly with prisoner concerns in a confidential and prompt manner. The equality action team analysed DIRFs monthly and presented a report at the DEAT meetings.

Recommendation

- 2.12 Discrimination incident reporting forms should be readily available to prisoners on all wings.**

⁵ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protected characteristics

- 2.13** In our survey, some prisoners from a range of protected groups were negative about aspects of their treatment at Frankland. More black and minority ethnic, foreign national and Muslim prisoners said that they had been victimised by staff and other prisoners because of their race or ethnic origin. More men with disabilities and more gay men said they had felt unsafe at Frankland. (See main recommendation S40.)
- 2.14** There were 137 black and minority ethnic prisoners. Since the last inspection, quarterly focus groups had taken place to explore the more negative attitudes of black and minority ethnic prisoners. Equality impact assessments had been completed and had resulted in some changes. Despite this work, in our survey black and minority ethnic prisoners continued to respond more negatively than white prisoners about their treatment across a broad range of areas.
- 2.15** In our survey, 4% of prisoners described themselves as Gypsy, Romany or Traveller. This group was supported sufficiently well by a chaplain who met with them monthly and gave individual assistance to help maintain family ties.
- 2.16** There were 54 foreign national prisoners, 6.8 % of the population. A foreign national prisoner officer organised quarterly prisoner forums, and two formal immigration surgeries a year with the Home Office. On average, only 10 prisoners attended each surgery. The use of translation and interpreting services for foreign national prisoners was inadequate. Reception staff said they did not use the telephone interpreting service, and there was insufficient written material about the prison available in foreign languages. All foreign national prisoners had access to a free monthly five-minute telephone call, in addition to their visits allocation, to maintain contact with family and friends abroad.
- 2.17** Almost 300 prisoners had a recorded disability. New arrivals completed a questionnaire to help the prison identify disabilities, and the disability liaison officer provided good support, including a monthly panel meeting where prisoner applications for adaptations to cells and equipment were discussed and prioritised. B1 and G1 landings were designated as suitable for prisoners with disabilities. The facilities included adapted cells, showers and aids to support daily living. There were 11 wheelchair users and 45 prisoners with personal emergency evacuation plans (PEEPs). Staff knew which prisoners had PEEPs and the assistance required during an evacuation, but some gates on B1 landing were not wide enough for wheelchairs. Some prisoners with limited mobility were unable to access the education provision or the library on the first floor. This was inadequate and did not allow equitable access to the regime.
- 2.18** One-third of prisoners were over 50 years old, but there was not yet a detailed policy to cover older prisoners. However, the range of support included a weekly nostalgia group session and a 'Be Active' centre on B wing, both specifically targeted at an aging group, and around 10 prisoners a week attended. Older prisoners were also supported by a peer buddy scheme, which was a good initiative, valued by prisoners. There was regular management oversight of the scheme, which had eight paid full-time and 24 volunteer part-time 'buddies'. There was a robust risk assessment for the allocation of buddy roles. Each prisoner supported by a buddy had a personal plan. Staff and buddies had attended training in 'end of life care and support' and 'dementia care'. (See also paragraph 2.45.)
- 2.19** There were 18 self-identified gay prisoners but they had no specific support. Gay prisoners said that homophobic comments were not always challenged or taken seriously by staff. In our survey, 11% of gay prisoners said that they had been victimised by staff because of their sexual orientation compared with only 1% of heterosexual prisoners.

2.20 There were five transgender prisoners. They each received advice and assistance to pursue their gender transition, and had individual care plans. The prison had a detailed policy, and a prison compact had been agreed with transgender prisoners. They had access to a separate shop list from which they could order items to maintain their preferred gender appearance. Despite this, there had been some delays in accessing appropriate clothing from the prison catalogue. Transgender prisoners spoke positively about support from staff in the equality team. However, most prison staff did not refer to them appropriately, failing to use the personal pronoun 'she'.

Recommendation

2.21 Prisoners with disabilities should have equitable access to all elements of the regime, including the library and education classes.

Good practice

2.22 *A very good peer buddy scheme provided support to older prisoners. Buddies were carefully selected, closely monitored and well trained for the role.*

Faith and religious activity

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.

2.23 Prisoners had reasonable access to chaplains, and in our survey more prisoners than at the last inspection said they had access to a chaplain or religious leader when they first arrived. The range of faith provision reflected the needs of prisoners. Although there were weekly services, in our survey fewer prisoners than the comparator said it was easy to attend religious services. There was a wide range of additional religious classes and groups each week. Chaplains monitored changes of religion.

2.24 In the previous six months, 20 prisoners had attended the Tarbiyyah programme led by the Muslim chaplain, which aimed to provide Muslim prisoners with a better understanding of their religion. In addition, one-to-one support was provided to a small number of Muslim prisoners identified as at risk of radicalisation.

2.25 The chaplaincy was well integrated into the daily life of the prison. The managing chaplain attended senior management team meetings, and chaplains visited the segregation unit daily and attended some ACCT reviews. Chaplains offered support and pastoral care to terminally ill prisoners and those who had been bereaved. They also managed 19 trained volunteer prison visitors, and the family link chaplain provided oversight of the 12 family visits a year (see paragraph 4.23).

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which 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.

- 2.26** There had been 1,583 complaints in the previous six months. Prisoners found it easy to make complaints, and a civilian complaints clerk emptied complaints boxes on the wings and sent replies. The standard of responses we sampled was satisfactory. The prison had introduced a more robust quality assurance system and now checked 30% of responses. Most complaints, 97%, were responded to within five days, with interim replies if this was not possible.
- 2.27** A new complaints strategy clearly set out standards and procedures, and senior managers were responsible for detailed analysis of trends in their areas. Most complaints were about orders, the prison shop and money, and residential/domestic problems. Those involving a diversity element were forwarded to the diversity manager, who presented an analysis to the monthly equality and action team meeting. Serious complaints were seen by the governor or his deputy and fully investigated.

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

- 2.28** Some wing officers provided legal services support ad hoc, but the need for this was low given the population. There were sufficient 'access to justice' laptops, which prisoners could apply to have in possession to assist with legal representations, with no waiting list. The library provided legal materials for prisoners engaged in legal cases. Legal visits were reasonable, and there was good use of video links to enable prisoner communication with legal representatives.

Health services

Expected outcomes:

Prisoners are 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 elsewhere in the community.

- 2.29** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁶ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

⁶ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

Governance arrangements

- 2.30** NHS England had commissioned a range of providers from April 2015 to deliver health services. Partnership working and clinical governance were mostly effective but the complex commissioning arrangements had affected some aspects of joint working, which required more effective communication to ensure a seamless service. A health and well-being needs assessment was completed in March 2015 and informed service delivery. However, in our survey, prisoners were less satisfied with the overall quality of health services than the comparator and at our last inspection.
- 2.31** Staff vacancies had affected the delivery of health care and put pressure on existing staff. This was beginning to improve with the recruitment of new staff, including a head of health care who had been in post since the previous month. Health staff were clearly identifiable and the interactions we observed with prisoners were good. Nursing cover was provided 24 hours a day. The team provided a broad range of skills and offered nurse-led clinics, including wound care. Most staff had completed mandatory training, and had professional development opportunities.
- 2.32** Health staff used an appropriate range of policies, including communicable disease management and safeguarding. Clinical records were generally of a good standard and staff used assessment templates based on national clinical guidance, but care planning was underdeveloped.
- 2.33** The health care centre and the inpatient unit were clean and well equipped, but some wing treatment rooms did not meet infection control standards and some flooring needed to be replaced.
- 2.34** Suitable well-checked emergency equipment was strategically placed across the prison. We found several out-of-date oxygen cylinders, but this was addressed during the inspection. All staff had easy access to external defibrillators, and 13% of custody staff had been trained in their use with further training planned. Staff called for an ambulance promptly in emergencies.
- 2.35** A social worker had been employed for social care assessments. Health care staff delivered different levels of health and social care to four prisoners, and more referrals had recently been made. This was a developing service with effective liaison with the disability liaison officer (see paragraph 2.17). Older prisoners received annual comprehensive health checks, and had good access to age-appropriate screening and mobility and health aids. Immunisations and screening for blood-borne viruses were offered. Barrier protection was available from health staff.
- 2.36** There was a separate confidential health care complaints system. Most of the responses we sampled were polite and addressed the issues. There had been some repeat complaints because of slow answers, and staff were now working on a more robust management system to ensure that providers responded in time. There was no separate patient forum but health was an agenda item on the prisoner consultative meeting.
- 2.37** There was still no health promotion strategy, and there were unacceptably long waits of up to 49 weeks for smoking cessation services. There was some health promotion information in the health care centre and a limited supply on the wings but not in the health care waiting rooms, which was a missed opportunity to promote health and well-being.

Recommendations

- 2.38 All clinical areas should comply fully with current infection control standards.**
- 2.39 A strategy for health promotion should be developed and information should be made widely available to prisoners.** (Repeated recommendation 2.57)

Delivery of care (physical health)

- 2.40** A registered nurse completed the initial health screening for new arrivals. Immediate health needs were identified, including mental health and substance misuse concerns. A comprehensive secondary health assessment was completed within a few days. New prisoners arriving out of hours had sometimes experienced delays in receiving their medication because no prescriber was available, but there were plans to increase the number of non-medical prescribers.
- 2.41** GP clinics were provided every weekday by a regular group of GPs and a non-medical prescriber. Routine waiting times were good, at four days, and same-day urgent appointments were facilitated based on clinical need. Out-of-hours emergency GP cover was provided to the same level as in the community.
- 2.42** Prisoners waited too long in the health care centre before and after appointments, and were sometimes sent back to the wings without having their appointment despite waiting for lengthy periods.
- 2.43** Prisoners with long-term conditions received regular reviews by appropriately trained staff, but the staff vacancies had affected this and some reviews were overdue; the newly recruited staff were addressing this. There was effective use of an extensive range of visiting specialist services. Telemedicine was available and there were plans to develop more local links and to increase its use. There was an appropriate range of allied health professional clinics, including physiotherapy, and most waiting times were reasonable.
- 2.44** Although some external hospital visits had been cancelled for a variety of reasons, the problem was not acute and it was carefully monitored. Appointments were rescheduled, taking clinical risk into consideration.
- 2.45** The inpatient unit was a positive environment. There were nine single cells, including a palliative care room, a gated constant watch cell, a two-bedded ward and a large day room. There were high-standard arrangements for palliative and end-of-life care for the terminally ill, although nobody required this care during the inspection. Inpatients received good quality care and had detailed care plans, but activities for them were limited (see recommendation 1.45).

Recommendation

- 2.46 Prisoners should not routinely wait in health care for excessive periods before and after appointments.**

Pharmacy

- 2.47** Pharmacy services were provided from the in-house pharmacy. Technicians administered in-possession medicines, and nursing staff administered supervised medications, although the

technicians sometimes administered supervised medicines at weekends. The technicians ran a smoking cessation clinic. There were currently no pharmacist-led clinics or medicine use reviews, but the pharmacist was intending to become an independent prescriber to provide such clinics. The pharmacy had adequate and up-to-date standard operating procedures.

- 2.48** Around 80% of prisoners received their medication in possession, but the in-possession policy had been out of date since April 2012. There was an inconsistent approach to in-possession risk assessments between the different contracted providers (see paragraph 2.30). We saw nurses conduct in-possession risk assessments during reception but other records we reviewed had no documented risk assessment, and some did not adequately document the decision-making process. Moderate levels of gabapentin, pregabalin, codeine and tramadol were prescribed, which were liable to abuse or diversion (see also paragraph 1.29). Some patients received these medicines as weekly or monthly in possession, creating the potential for trading and bullying. (See main recommendation S41.)
- 2.49** Prisoners requested repeat supplies of their in-possession medicines from the technician, and the pharmacy staff also did this automatically on behalf of some patients. We observed, and prisoners told us, that they sometimes experienced delays in receiving their weekly in-possession medication, which led to gaps in treatment.
- 2.50** Medicine administrations were orderly and well supervised, and administration records were complete. The nurses and technicians sometimes had to administer medicines at the same time from a small treatment room with only one computer, which delayed the entry of records. We found some loose strips of tablets and evidence of secondary dispensing in the treatment rooms. Temperatures for drugs refrigerators were often not recorded daily. Medicines were transferred to the wings safely. A medicines management group met quarterly, with representation from the medical and nursing teams, and discussions were meaningful.

Recommendation

- 2.51 Prisoners should receive their in-possession medication in a timely manner.**

Dentistry

- 2.52** The dental provider had inherited a waiting list of over a year, which was excessive, and had successfully reduced it since April 2015. However, the average wait for a routine appointment was still too long, at 10 weeks, with 56 prisoners on the waiting list. The dentist, dental therapist and dental nurses provided a full range of treatments, and appointments were appropriately allocated based on need. Emergency provision was effective, and oral health promotion and advice were provided. The dental suite was modern, spacious and met current infection control standards. Dental equipment was maintained and serviced regularly.

Recommendation

- 2.53 Prisoners should have access to routine dental appointments within six weeks.**

Delivery of care (mental health)

- 2.54** A multidisciplinary mental health team, including nurses, psychology staff, a Mind counsellor and psychiatrists, provided a good mental health service. The team was available on weekdays from 8am until 4pm, and had positive working relationships with the prison and primary care services. Some custody officers had received mental health awareness training, but there was no ongoing mental health awareness programme.
- 2.55** There had been an increase in access to psychological interventions since the last inspection. The treatments ranged from less intensive interventions for prisoners with short-term mild and moderate mental health needs to services for prisoners with longstanding and complex problems.
- 2.56** Prisoners could self-refer or be referred by staff. The team received approximately 20 referrals a month and had around 130 men on their caseload. Patients included five prisoners on the older person's pathway, and memory assessments were undertaken, as well as physical health checks for this vulnerable group. Allocation meetings were held daily and a weekly team meeting reviewed ongoing care. Following referral, mental health assessments were carried out promptly. Risk assessments were undertaken, and care planning and entries on SystemOne (the clinical IT system) were good. Staff received regular clinical and managerial supervision, and attended ACCT case management reviews.
- 2.57** There had been four transfers of prisoners under the Mental Health Act to secure mental health units in the five months since October 2015. All transfers had exceeded the 14-day timescale, and waits were excessive - the longest at over a year.

Recommendations

- 2.58** **Custody staff should have mental health awareness training so that they can take appropriate action when a prisoner has mental health problems.**
- 2.59** **Patients requiring mental health inpatient care should be transferred promptly and within the required timescales.**

Catering

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.

- 2.60** In our survey, only 26% of prisoners said that food was good, slightly more than the comparator, but only 16% of black and minority ethnic prisoners said the food was good, compared with 29% of white prisoners
- 2.61** Meal times were reasonable but breakfast packs were issued the night before they were to be eaten. Prisoners selected their main meals from a four-week menu cycle, which offered a wide range of choices. Prisoners told us that portions were insufficient, and the breakfast packs and evening meals we saw were small. Food dates, times and cooking temperatures were monitored and recorded, and catering staff checked serveries during meal times.
- 2.62** Prisoners valued the self-catering facilities, which were provided on all wings, and kitchens were well equipped with cooking and dining facilities, and were well used.

- 2.63** Prisoner consultation about the food was reasonable, with wing food representatives invited to a bimonthly kitchen meeting. The food representatives distributed an annual prisoner food survey randomly to 100 prisoners, and the outcomes were presented in a report. Comments had led to some changes, such as the options available for lunch. Prisoner food suggestion and complaints sheets were not available on all wings.

Recommendation

- 2.64** Breakfast should be served on the day that it is to be eaten, and food portions should be adequate.

Purchases

Expected outcomes:

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

- 2.65** In our survey, the majority of prisoners said the prison shop sold a wide enough range of goods to meet their needs. The shop list was extensive, included a large variety of fresh produce for prisoners wanting to self-cater, and was amended regularly following prisoner consultation. Diverse needs were well provided for, for example, with specific products for transgender prisoners (see paragraph 2.20).
- 2.66** Prisoners could shop from a wide range of catalogues and the ordering system had improved – prisoners' money was only deducted if an item was in stock, and refunds were processed more quickly. There were designated catalogue meetings to discuss prisoners' concerns, and the prison was active in addressing issues with the supplier, DHL.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁷

- 3.1** Time out of cell was reasonable for fully employed prisoners, at nine hours a day, and the few unemployed prisoners had just under four hours a day unlocked. In our spot checks, we found 30% of prisoners locked in their cells. Although this was high, most worked at least part-time and were therefore not locked up for the whole day. Prisoners were also unlocked throughout the day for various activities, such as visiting the gym and the library.
- 3.2** Exercise was consistently provided every evening on Monday to Thursday, and during the day on Fridays and at weekends. In our survey, only 24% of prisoners said that they went outside for exercise more than three times a week, worse than the comparator and at our last inspection. Exercise yards were stark and not all had seating.

Recommendation

- 3.3 All exercise areas should have seating.**

Learning and skills and work activities

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

- 3.4** *Ofsted⁸ made the following assessments about the learning and skills and work provision:*

Overall effectiveness of learning and skills and work:	Good
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Good</i>
<i>Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>Good</i>
<i>Personal development and behaviour:</i>	<i>Good</i>

⁷ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

⁸ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

Leadership and management of learning and skills and work:

Good

Management of learning and skills and work

- 3.5** Leaders and managers had made good progress in making learning, skills and work activities more appropriate for the population. The employability and enterprise strategy set out clear priorities to create a working prison and rehabilitation ethos. Since the previous inspection managers had introduced an 'activities hub', which centrally coordinated the allocation of prisoners to activities. This had improved the previous process, which had been run by staff on individual wings, and had created an expectation that all prisoners who were able should engage in activities. However, not all the education places were fully used – around 20% were unoccupied. The pay policy was not equitable and did not give incentives for prisoners to engage in education. Leaders and managers of learning, skills and work had identified this and were preparing a more equitable policy.
- 3.6** The Novus education and vocational training provision was good. Novus's self-assessment of education was accurate, as was the prison's overall self-assessment. Both clearly identified areas for improvement, such as the low success rates in mathematics functional skills at levels 1 and 2. Managers had appropriate arrangements to improve the quality of provision further, but these did not sufficiently detail outcomes or timescales.
- 3.7** Managers used performance management procedures well to support staff who were underperforming. However, while all the tutors delivering the Novus education and vocational training provision were observed regularly, observation did not include all aspects of training or purposeful activity in the prison. Novus observations of teaching and learning resulted in reports that focused too much on the activities of the teacher and not enough on learning or the progress of learners.
- 3.8** Leaders and managers had established links with a range of external partners, which had been used to establish a business innovation centre run by prisoners. Through this, prison managers were developing a range of social enterprise activities, and planned to extend these further to involve more prisoners. There was a good partnership with Durham University, which provided an outstanding opportunity for prisoners to engage in an 'Inside Out' programme, where they could study and achieve a module of a criminology degree alongside third year undergraduates. This programme challenged prisoners to reflect on their behaviour and its impact on others, and also helped students look at their views about criminality.

Recommendation

- 3.9** **The process for observing teaching, learning and assessment should include all activities, and should focus more on learning and learners' progress.**

Provision of activities

- 3.10** The prison provided sufficient work and activity places to engage most of the population in training and education part time. The part-time regime enabled prisoners to attend education and work, and also the gym.

- 3.11** A minority of prisoners worked on the wings in activities such as cleaning, painting, recycling and food preparation. Around 90 prisoners worked very effectively as mentors and peer advisers. Workshops were well managed and most prisoners working in them developed useful skills manufacturing a range of furniture from natural timber, sheet materials and fabrics – including office and other furniture for government departments, commercial organisations and charities. The work varied from a few repetitive activities to highly skilled assembly of upholstery. Prisoners had good opportunities to progress to more challenging and responsible jobs.
- 3.12** The range and variety of education were appropriate for a long-term population. Courses were available in English, mathematics, employability, business management, information and communication technology (ICT), art and design, music and performing manufacturing operations. Education and training courses were offered from entry level, to level 2. The prison had recently reinstated the prison information computer technology academy (PICTA) course providing useful higher-level information technology skills for prisoners. Around 45 learners followed distance learning and Open University courses part time, but they had very limited access to computers, received too little support from prison or education staff, and did not have the opportunity to work together.

Recommendation

- 3.13** **Distance learners and Open University students should have good access to computers and the opportunity to work together, with staff support.**

Quality of provision

- 3.14** Teaching, learning and coaching in education and workshops were good. The majority of training sessions were well planned and tutors provided a good structure to learning activities. Individual needs and experience were accounted for well in most classes. In a small minority, tutors did not plan sufficiently well to cater for all learners' individual needs and, as a result, they did not work towards challenging targets.
- 3.15** Peer mentors provided very good support for prisoners in education and workshops, although tutors in education did not always plan their input sufficiently well. Tutors' use of learning resources and materials was generally good and provided an interesting and motivating learning environment. Learners engaged well in their learning and confidently used the electronic whiteboards. In mathematics and English education classes, tutors used information and learning technologies well to provide interactive tasks, which enriched learning. In business management and ICT lessons, tutors planned activities that enabled learners to improve further their English and mathematics skills. Instructors in workshops and workplace supervisors did not highlight sufficiently the importance of English and mathematics or reinforce how these subjects applied to the workplace.
- 3.16** Tutors, instructors and workplace supervisors ensured that prisoners made good progress through purposeful activities that interested and challenged them. For example, taster events in business administration were used well to introduce live projects. Learners had sufficient time to think through new concepts and apply novel methods to solve problems. As a result, their confidence improved as they made good progress. Tutors used assessments and questioning well to extend learners' knowledge and skills, and helped them to progress.
- 3.17** Support for tutors working with prisoners with additional learning needs was good. A specialist provided tailored support for staff to manage behaviour and specific in-class support when required. Prisoners with arthritis were provided with large pen grips, and staff

from a college for visually impaired students supported tutors to help a learner work in furniture manufacturing.

- 3.18** Staff had high expectations of learners. Most tutors provided sufficient feedback to enable learners to understand what they needed to do to improve their work, and corrected errors in spelling, punctuation and grammar. Target setting was generally good, ensuring prisoners contributed to reviewing their progress against targets in learning plans and employment and training portfolios.

Personal development and behaviour

- 3.19** Attendance and punctuality at education and work were good. Most sessions commenced on time, although afternoon sessions were occasionally delayed due to slippages in the regime. Prisoner behaviour was particularly good, as were their attitudes to work and study. In workshops and education areas, prisoners engaged well and were eager to participate and develop their skills. They took pride in their work and could identify their progress in improving their skills. Relationships between staff and prisoners in work and education were very good. Prisoners were courteous to each other and prison and education staff in activities.
- 3.20** Employability and enterprise skills were developed well in the workshops. The social enterprise company, although only recently introduced, supported prisoners to develop good enterprise skills and an awareness of social responsibility. Prisoners gained useful employment skills and understood the importance of cooperation. Many appreciated the employment and training portfolios, and the importance of recording their achievements to support annual reviews, applications for recategorisation boards and to aid their future employment prospects in the prison.
- 3.21** Prisoners trained to provide mentoring and information gave useful guidance on employment, courses and personal development opportunities, and positively encouraged other prisoners to use the employment and training portfolios to record their skills and achievements. However, there were insufficient opportunities for mentors to share their experiences or be involved in inductions for new arrivals to promote the value of the employment and training portfolio.

Education and vocational achievements

- 3.22** Achievement rates on functional skills English, ICT, business management and employability were good. A high proportion of learners achieved qualifications in subjects they took for personal and social development, such as art and design, and music technology. Achievement rates on mathematics functional skills at levels 1 and 2 required improvement.
- 3.23** Prisoners in furniture making, art and music production developed good skills and built on their prior knowledge and attainment well. Workshop activities provided opportunities for prisoners to progress to greater responsibility and enhance their skills. A good proportion achieved qualifications in performing manufacturing operations. In workshops, prisoners developed skills with hand tools, sewing machines and woodworking tools as they made furniture and created craft items from wood. Prisoners could progress to specialised roles where they used routers to precision cut large wood boards into flat-pack furniture and laser cutters to carve intricate name tags and labels for items sold through the social enterprise company.

Recommendation

- 3.24 A higher proportion of learners should achieve functional skills qualifications in mathematics.**

Library

- 3.25** The three libraries, covering the main and vulnerable prisoner populations and the Westgate Unit, were well managed and run by a team of eight Durham County Council librarians. Prisoners in each part of the prison had good access to the library, although there were difficulties for vulnerable prisoners with mobility limitations (see recommendation 2.22). There was a book trolley service for those who could not visit the library or found access difficult. The libraries carried a range of books, including easy reads and foreign language publications, audio books, magazines and jigsaws, and legal texts, Prison Service orders and reference materials were available.
- 3.26** Library staff provided a range of activities, including the 'Turning pages' reading mentoring scheme, 'Six book' reading challenge, workshops with external authors, and creative writing events. They encouraged participation in the library through social activities such as quizzes, chess tournaments and regular reading groups. Library staff attended family visit days and provided activities, such as storytelling, to entertain children.

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

- 3.27** The physical education provision across the three prison gyms was well managed and effectively promoted to all prisoners at induction. All prisoners had regular access to an appropriate range of recreational activities, and around 56% of the population used the gym regularly. A team of 14 enthusiastic and appropriately qualified PE staff supervised activity sessions during the day, early evening and at weekends. Prisoners employed as gym orderlies provided useful support for staff and helped to deliver a range of activities, but they were unable to gain qualifications.
- 3.28** The cardiovascular and weight training equipment were appropriate and well used. Although well maintained, there was no plan to replace some of the heavily used cardiovascular equipment that was over 15 years old. Outdoor exercise facilities for main population prisoners and those in the Westgate Unit were good, but vulnerable prisoners still had no access to such facilities. The three classrooms to teach theory work were well equipped.
- 3.29** All prisoners completed a timely induction to the gym, which included information on lifting techniques, and an appropriate pre-activity readiness questionnaire, but no advice on healthy living, diet or nutrition. Any health concerns were passed to health care staff, but these were based on prisoner self-assessment. Health care staff relied on the physiotherapist to inform the PE department about prisoners who had become medically unfit to participate in gym sessions, and we were not assured that this was sufficiently comprehensive.
- 3.30** There was an appropriate range of activities for those aged over 50 and for prisoners dealing with weight problems or recovering from injury. In the Westgate Unit gym, prisoners on PIPE (psychologically informed physical environments) programmes were coached by other prisoners to encourage them to increase their involvement in exercise.

Recommendation

- 3.31 The PE department should provide a range of appropriate vocational qualifications to enable prisoners to develop their employability skills and support staff in instructing and promoting health and well-being.**

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

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

Good planning ensures a seamless transition into the community.

- 4.1** The resettlement policy had not been updated since the last inspection and there had been no regular reducing reoffending meetings. Managers had made an attempt to identify resettlement needs, but the survey used had not produced useful data. The governor had prioritised prisoner consultation and now held two discussion groups to engage prisoners in promoting rehabilitation and progression (see paragraph 2.7), but it was too early for this to have had a significant impact. Nevertheless, they could be used to gather prisoner views on their resettlement needs and the reducing reoffending opportunities available.
- 4.2** One key strategic need was to maintain the motivation of men on very long sentences who might be at Frankland for many years. Many prisoners did not understand how their daily activities could be used to demonstrate a reduction in risk, and others were frustrated that their achievements in custody seemed to have no impact on their ability to progress. Managers needed to find ways to help prisoners see how their activities contributed to risk reduction. The learning and skills team had developed a portfolio approach that served this purpose, by encouraging reflective learning and personal target setting (see paragraph 3.21). This initiative was valued by prisoners but was not yet fully embedded in the risk reduction work of the offender management unit (OMU).
- 4.3** Many prisoners and some staff were particularly frustrated by the lack of clarity about when prisoners would complete offending behaviour programmes (see also paragraph 4.25). Prisoners were prioritised by release date and readiness for treatment, and the waiting lists were complex. It was unrealistic for prisoners to be given dates for programmes many months and years in advance, and greater transparency was needed to assist offender supervisors and prisoners set realistic sentence planning targets and manage expectations more effectively. (See main recommendation S42.)

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on 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 in drawing up and reviewing plans.

- 4.4** Offender management work was reasonable overall. In our survey, 64% of prisoners (more than the comparator) said they had done something at Frankland to make them less likely to offend in the future.
- 4.5** Many of the staff in the OMU were well established, but their work had been disrupted by the implementation of the new dual role for offender supervisors. This had resulted in two staff work patterns; the resettlement hub-based group of prison officer offender supervisors worked 75% of their time in the OMU, and 25% on the wings; the other group worked 75%

of their time on the wings and 25% on offender supervision. This was confusing, and both groups were regularly deployed to other duties, and the OMU lost an average of 70 offender supervisor hours each week. Caseloads had also been reorganised, and many prisoners had experienced a change of offender supervisor. This disruption meant that offender supervisors were still getting to know their new cases.

- 4.6** Hub-based offender supervisors were the more established staff. They were co-located with probation officers and received good day-to-day support. Their skills and motivation were generally good, and some produced work as good as probation officers. The newer wing-based offender supervisors were not always confident about their new role, and had not received adequate training, support or supervision.
- 4.7** There was not enough meaningful contact between prisoners and offender supervisors. Offender supervisors did not always record every contact in prisoners' electronic case notes on the P-Nomis Prison Service IT system, particularly the informal ones during routine wing duties. In some cases, planned contact only took place once a year for a sentence plan review. This was insufficient to engage prisoners, particularly considering their long-term stays at Frankland.
- 4.8** HMI Probation inspectors reviewed 12 prisoner case files in detail, and we also looked at several other files. Overall, most offender management casework was reasonable or good. Likelihood of reoffending assessments were generally good, as were risk of serious harm screenings, but some important risks issues had been missed, and too many of the management plans completed by prison offender supervisors were not good enough. Although probation officers signed off this work, there was insufficient management oversight to ensure that all risks were routinely identified and managed.
- 4.9** All prisoners had an up-to-date sentence plan, and most included a range of contributions from other departments. However, there was a backlog of 212 OASys (offender assessment system) reviews, and some sentence plans were updated without an up-to-date OASys assessment, which was inappropriate.
- 4.10** Prisoners had an opportunity to meet their offender supervisor in advance of the sentence plan review and could attend the board, which usually included the prisoner, the offender supervisor and the offender manager (often by teleconference). All the prisoners in our sample were engaged with their sentence plan, and could generally describe their targets and their progress.
- 4.11** Sentence plans included key factors associated with the likelihood of reoffending, but the targets were often not sufficiently outcome-focused and not time-bound. More work was needed to identify shorter term objectives and create a sense of progress, particularly for long-stay prisoners. Most targets related to regime compliance or offending behaviour programmes, and there were missed opportunities to incorporate other objectives that might demonstrate a reduction in the prisoner's risk or improve his motivation (such as learning and skills activities). Victim awareness work also needed development.

Recommendations

- 4.12** **There should be routine management oversight of assessment and sentence planning in all high risk of harm cases, to ensure the quality of the work and provide active support to staff.**
- 4.13** **All prisoners should have an up-to-date OASys review.**

Public protection

- 4.14** Public protection work, coordinated by a head of function and probation officer, was strong and well embedded across the prison. There were 308 prisoners subject to safeguarding children measures, 84 to sexual harm prevention orders and 73 to harassment/non-contact orders. Monitoring of correspondence was appropriate.
- 4.15** A case administrator screened new arrivals for multi-agency public protection arrangements (MAPPA) eligibility and these were entered on to P-Nomis immediately on reception. Records for recently released prisoners showed clear evidence of good quality and timely MAPPA work, and public protection meetings.
- 4.16** There were several risk-focused meetings. The monthly public protection operational team meetings assessed all new arrivals, and reviewed restrictions regularly. Interdepartmental risk management meetings were organised ad hoc when an individual prisoner was causing concern. Minutes were copied to relevant staff in the prison and to the violent and sexual offenders register (VISOR) database. Child safeguarding processes were effective, and visits staff knew which prisoners were subject to restrictions.

Categorisation

- 4.17** Categorisation reviews were part of prisoners' annual sentence planning process. Managers ensured that the prison was not overly risk averse when reviewing categorisation decisions. In the previous five months, 12 prisoners had been downgraded to category C, and during 2015, 13 category A prisoners downgraded to category B. Reviews contained appropriate contributions, and a functional head approved all downgrades. Despite this approach, staff struggled to persuade category C training prisons to accept men directly from the dispersal estate, as well as to place category B vulnerable prisoners who did not want, or did not need, to engage in treatment. In the previous six months, only 15 of the 39 men waiting for a move had been transferred. The prison was trying to develop more formal links with neighbouring lower security prisons to facilitate prompt and appropriate transfers following reductions in risk. (See main recommendation S42.)

Indeterminate sentence prisoners

- 4.18** There were 558 prisoners serving indeterminate sentences, 461 lifers and 97 on an indeterminate sentence for public protection. Staff demonstrated an awareness of the challenges for prisoners serving a long sentence, but nevertheless, many prisoners were demotivated and expressed frustration at the length of their stay in high security conditions (see main recommendation S42). Parole review administrative arrangements were generally good.

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

- 4.19** In our survey, prisoners were more positive than the comparator about access to resettlement services and staff helping them to prepare for release. Those nearing release received individual support from offender supervisors to meet any outstanding resettlement

needs. Eight prisoners had been released in the previous six months, and all went to approved premises in the community. Health discharge planning was well organised; necessary medications and referral letters were prepared in good time and, where necessary, there was good liaison with other health services. Prisoners could complete an employability course, which included a session providing advice on finances. They were also offered assistance with opening and closing bank accounts. However, staff told us that they sometimes failed to transfer prisoners to a resettlement prison close to their release address three months before their release, as some prisons were reluctant to accept men from the dispersal estate.

Education, training and employment

- 4.20** The quality of the National Careers Service provided through the Education Development Trust was good. Managers worked effectively in partnership with prison and Novus managers to establish the sector-based pathways designed to prepare prisoners for learning and work. There was no formal resettlement course, but there was good individual support for the men released from Frankland. Prisoners could not access the 'virtual campus' (internet access to community education, training and employment opportunities), although there were plans to resolve this.

Drugs and alcohol

- 4.21** The substance misuse service was well integrated into the prison and had developed good links with the OMU. The drug and alcohol recovery team contributed to sentence planning, and prisoners could now follow alcohol treatment or the Lifeline recovery programme. The team's family worker offered one-to-one work, liaison with prisoners' families, and input into family days.

Children, families and contact with the outside world

- 4.22** Visits were well managed. The visits centre, run by NEPACS (formerly North East Prisons After Care Society) was friendly and hospitable. Visitors spoke highly of visits staff, who knew many of the visitors individually and were on first-name terms. The searches we saw were proportionate and courteous. Visits now started on time. The visits room was comfortable, clean and had a play area and tea bar. There was little use of closed visits. Visits staff had comprehensive information about the child protection arrangements for individual prisoners.
- 4.23** The prison often supported applications for accumulated visits, but staff found them hard to arrange and prisoners often waited many months for them to happen - several men had been waiting for approved visits since September 2014. (See main recommendation S42.)
- 4.24** The chaplaincy supported 12 family days a year. These were highly valued by prisoners, and personal officers could also attend them to meet families. Prisoners could contact the Salvation Army to locate lost relatives, and 15 prisoners received visits from official prison visitors. A part-time Lifeline worker provided parenting courses and support to the families of men with substance misuse needs. However, there was still no whole-prison approach to family work, and no specialist family support for most men. Around 300 prisoners had not received a social visit in the previous three months, and the prison had not yet identified these men or assessed their needs to help them maintain contact with their families and friends.

Recommendation

- 4.25 Prisoners who do not receive visits should receive active support and encouragement to re-establish or maintain contact with their family and friends.**

Attitudes, thinking and behaviour

- 4.26** The psychology department offered a range of appropriate offender behaviour programmes. Waiting lists were appropriately managed, in line with national requirements and sentence lengths. However, the process for allocation to programmes was not well understood across the prison, and many prisoners and some staff perceived long waits, which were a source of frustration and discouragement (see paragraph 4.3 and main recommendation S42).
- 4.27** Almost 90 men were at some stage of denial about their sexual offending and were, therefore, not yet ready for treatment. Psychologists offered each of these men an annual review to establish their motivation and then to address their risk factors. There was also good support for prisoners who needed adaptations or extra assistance to do programmes. The backlog of 'structured assessment of risk and need' (SARN) reports had reduced considerably but a few were still more than a year overdue.

Additional resettlement services

- 4.28** The Westgate Unit contained a therapeutic community for prisoners with high risk behaviour defined under the offender personality disorder (OPD) pathway, and a psychologically informed planned environment (PIPE), both of which were effective in providing therapy; the unit was a centre of excellence. Three wings of the unit operated as discrete components of a self-contained therapeutic community for category A and B prisoners who were on the OPD pathway (although one wing was temporarily closed for refurbishment). The PIPE unit was housed on the fourth wing. The physical environment of all the units was exceptionally good, and now included plants and more extensive displays of prisoner artwork. This provided a humanising and calming space for reflection, and encouraged prisoners to care for their living area.
- 4.29** Prisoners on the unit were out of their cell for most of the day. The OPD wings had dedicated education, employment and recreational facilities, but prisoners there had less access to education than at our last inspection, which reduced their opportunities. PIPE prisoners attended education, employment and recreation activities alongside other Frankland prisoners.
- 4.30** Westgate governance arrangements were very good. The few complaints (about 28 a month) were now centrally managed. Serious incidents were rare. There were weekly community meetings, co-chaired by staff and prisoners. Prisoner representatives ensured good communications and support for new prisoners. Prisoners on the unit were complimentary about the staff and environment, although they criticised aspects of the programme.
- 4.31** Westgate multidisciplinary staff included uniformed officers, psychologists, mental health workers and others. Staff were trained in motivational and cognitive behavioural approaches and received regular one-to-one supervision. Prisoners had key workers and there was good continuity and consistency of treatment across shifts. A standardisation meeting ensured that the regime was consistent across shifts and wings.

- 4.32** The referrals team promoted both the OPD service and PIPE to would-be participants with meticulous attention to detail. There was now a wider range of feeder services, including PIPEs in other prisons and high and medium secure mental health services. There were few vacancies and a full waiting list for both units. The team assisted referrers and applicants to complete the process and held open days. Prospective candidates from other prisons could now talk with existing residents to prepare them for transfer. Attrition rates were low - about 4% - which indicated that the selection process was effective. PIPE participants who had completed the process and were now in the main prison had returned to the PIPE to help prepare those about to leave for general prison life; this was very successful.
- 4.33** The therapeutic programmes were evidence based and intense. The OPD therapeutic programme was obligatory and lasted almost five years. It had several phases and included an accredited Chromis treatment programme (designed for individuals with high levels of antisocial traits). Prisoners had some therapeutic options to choose from at the PIPE, although some elements were obligatory, and they could expect to be at the PIPE for around two years. The rates of self-harm were surprisingly low considering the stress generated by participation in therapy and the previous high levels of such behaviour of those involved.
- 4.34** Prisoners' progress was monitored and shared with them at weekly one-to-one meetings. Progression through the programmes was reviewed regularly with others, such as family members. Prisoners could step off the programme and re-join later, and staff kept in touch with those who were unable to cope. OPD progression pathways had been developed since our last visit to include several PIPEs, so that prisoners could move on to PIPEs in other prisons. There were academic links and plans to evaluate several aspects of the service.
- 4.35** The mental health charity Mind had now resumed the counselling service. The mental health team had recently employed a therapist in eye movement desensitisation and reprocessing (EMDR) to work with people experiencing trauma. There were no specific services to identify and support those who had been the victim of abuse, rape or domestic violence.

Good practice

- 4.36** *Westgate prisoners talked with prospective candidates for the unit, which made their transition into the unit less onerous and enabled them to clarify concerns and know what to expect on arrival. Prisoners in the psychologically informed planned environment (PIPE) said they had benefited from graduates of the unit returning to help them prepare for life in the main prison.*

Section 5. Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points 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, and in the previous report where recommendations have been repeated.

Main recommendations

To NOMS

- 5.1** NOMS should ensure prompt transfers to suitable prisons for prisoners who have demonstrated a reduction in risk and are suitable for a progressive move, and those who qualify for accumulated visits. (S43)

Main recommendations

To the governor

- 5.2** The prison should develop an equality and diversity policy that clearly explains the needs of prisoners in each of the protected groups, and states the treatment and support they should expect to receive. All staff should operate in accordance with their responsibilities under the policy. (S40)
- 5.3** There should be an up-to-date in-possession medications policy that reflects current best practice guidance on the prescribing of highly tradable medicines. In-possession risk assessments should be routine and should adequately consider the risks of both the patient and each drug, and the reasons for the determination recorded. (S41)
- 5.4** The prison should develop a reducing reoffending strategy, based on an assessment of prisoner need, which explains the services needed at Frankland and how these will be delivered. The strategy should promote understanding of how these services are managed, and how they can facilitate prisoner progress to lower security conditions. (S42)

Recommendations

To the governor

Early days in custody

- 5.5** Health care reception screening should take place in private. (1.7, repeated recommendation 1.11)

Bullying and violence reduction

- 5.6** The prison should investigate and take prompt action to address the underlying reasons for increases in violence. (1.14)

Self-harm and suicide

- 5.7** Prisoners should be able to speak to Listeners and telephone the Samaritans at any time of the day or night. (1.20)

Safeguarding

- 5.8** The prison should identify a clear lead officer for safeguarding to take this work forward. (1.22)

Security

- 5.9** MDT should be appropriately staffed to ensure all testing is carried out within identified timescales and without gaps in provision. (1.31, repeated recommendation 1.43)

Discipline

- 5.10** Use of force reports should be completed promptly and reviewed quickly to ascertain if force was used proportionately and as a last resort. (1.38)
- 5.11** Care planning for segregated prisoners should have specific targets that reflect their individual circumstances, and plans should be updated at each review. (1.44)
- 5.12** The regime for prisoners in the segregation and health care units should be improved with risk-assessed access to daily activities, including education, which meets their needs. (1.45)

Substance misuse

- 5.13** New arrivals requiring opiate-substitute treatment should receive it promptly. (1.51)

Equality and diversity

- 5.14** Discrimination incident reporting forms should be readily available to prisoners on all wings. (2.12)
- 5.15** Prisoners with disabilities should have equitable access to all elements of the regime, including the library and education classes. (2.21)

Health services

- 5.16** All clinical areas should comply fully with current infection control standards. (2.38)
- 5.17** A strategy for health promotion should be developed and information should be made widely available to prisoners. (2.39, repeated recommendation 2.57)
- 5.18** Prisoners should not routinely wait in health care for excessive periods before and after appointments. (2.46)
- 5.19** Prisoners should receive their in-possession medication in a timely manner. (2.51)
- 5.20** Prisoners should have access to routine dental appointments within six weeks. (2.53)
- 5.21** Custody staff should have mental health awareness training so that they can take appropriate action when a prisoner has mental health problems. (2.58)
- 5.22** Patients requiring mental health inpatient care should be transferred promptly and within the required timescales. (2.59)

Catering

- 5.23** Breakfast should be served on the day that it is to be eaten, and food portions should be adequate. (2.64)

Time out of cell

- 5.24** All exercise areas should have seating. (3.3)

Learning and skills and work activities

- 5.25** The process for observing teaching, learning and assessment should include all activities, and should focus more on learning and learners' progress. (3.9)
- 5.26** Distance learners and Open University students should have good access to computers and the opportunity to work together, with staff support. (3.13)
- 5.27** A higher proportion of learners should achieve functional skills qualifications in mathematics. (3.24)

Physical education and healthy living

- 5.28** The PE department should provide a range of appropriate vocational qualifications to enable prisoners to develop their employability skills and support staff in instructing and promoting health and well-being. (3.31)

Offender management and planning

- 5.29** There should be routine management oversight of assessment and sentence planning in all high risk of harm cases, to ensure the quality of the work and provide active support to staff. (4.12)
- 5.30** All prisoners should have an up-to-date OASys review. (4.13)

Reintegration planning

- 5.31** Prisoners who do not receive visits should receive active support and encouragement to re-establish or maintain contact with their family and friends. (4.25)

Examples of good practice

- 5.32** Peer mentors were used to reassure segregated prisoners refusing to locate back to normal location, and were effective in reducing the time some prisoners spent in segregation. (1.46)
- 5.33** A very good peer buddy scheme provided support to older prisoners. Buddies were carefully selected, closely monitored and well trained for the role. (2.22)
- 5.34** Westgate prisoners talked with prospective candidates for the unit, which made their transition into the unit less onerous and enabled them to clarify concerns and know what to expect on arrival. Prisoners in the psychologically informed planned environment (PIPE) said they had benefited from graduates of the unit returning to help them prepare for life in the main prison. (4.36)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief inspector
Sean Sullivan	Team leader
Francesca Cooney	Inspector
Karen Dillon	Inspector
Paul Fenning	Inspector
Fionnuala Gordon	Inspector
Jeanette Hall	Inspector
Frances Russell	Inspector
Paul Tarbuck	Inspector
Laura Green	Researcher
Alissa Redmond	Researcher
Joe Simmonds	Researcher
Patricia Taflan	Researcher
Sigrid Engelen	Substance misuse inspector
Maureen Jamieson	Health services inspector
Simon Denton	Pharmacist
Karena Reed	Care Quality Commission inspector
Malcolm Fraser	Ofsted inspector
Martin Hughes	Ofsted inspector
Sheila Willis	Ofsted inspector
Martyn Griffiths	Offender management inspector
Iolo Madoc-Jones	Offender management inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2012, reception and first night support were good. Most prisoners reported feeling safe, but this was less so for vulnerable and black and minority ethnic prisoners. There were few violent incidents and poor behaviour was appropriately challenged. Support for prisoners who self-harmed was reasonable. Security was well managed and generally proportionate. The positive mandatory drug testing (MDT) rate was too high and linked to diverted medications. The incentives and earned privileges (IEP) scheme was perceived by prisoners to be fair and an encouragement to good behaviour. The regime and conditions in segregation were poor and the progression unit was inappropriately used as overspill, but relationships were very good. Use of force was proportionate. Substance misuse services were reasonable, but joint working needed to improve and too many divertible medications were in circulation. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Prisoners should receive information about the establishment before their arrival unless specific, individual security concerns prevent this. (1.3)

Not achieved

Health care reception screening should take place in private. (1.11)

Not achieved (recommendation repeated, 1.7)

The reasons why some groups feel less safe should be explored, and action taken to address any relevant concerns. (1.19)

Partially achieved

All alleged incidents of bullying and suspicious injuries should be investigated. The disclaimers should be removed from the anti-bullying scheme. (1.20)

Achieved

Closed circuit television cameras should be installed in areas of the residential units where staff supervision is difficult. (1.21)

Achieved

Self-harm monitoring procedures should be improved through multidisciplinary reviews with relevant parties notified in advance and the development of individual care plans. (1.27)

Achieved

Action plans should be developed from investigations into serious self-harm incidents and learning from these should be monitored. (1.28)

Not achieved

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.31)

Achieved

The supervision of prisoners, particularly on the vulnerable prisoners wings, should be improved. (1.42)

Achieved

MDT should be appropriately staffed to ensure all testing is carried out within identified timescales and without gaps in provision. (1.43)

Partially achieved. (Recommendation repeated, 1.31)

Enhanced level prisoners should not be paid more than standard level prisoners for doing the same work. (1.48)

Not achieved

Links between use of force and violence reduction should be improved. (1.57)

Achieved

The collection and analysis of data to identify patterns and trends should be improved. (1.58)

Achieved

The segregation unit should be refurbished to provide adequate facilities for its prisoners. (1.64)

Not achieved

The segregation regime for longer-stay prisoners should be improved and include daily activities. (1.65)

Not achieved.

All segregated prisoners should be allowed access to telephones every day. (1.66)

Achieved

The role of G4 landing should be clarified. (1.67)

Achieved

Joint work between GPs, the clinical substance misuse service and the psychosocial service should be developed to improve care planning and care coordination. (1.72)

Partially achieved

Substance use group work should be reinstated without delay. (1.73)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2012, living conditions ranged from reasonable on the vulnerable prisoner wings to good in the main location. Prisoner applications were dealt with reasonably efficiently. Relationships were generally respectful. There were gaps in diversity work and black and minority ethnic prisoners were negative about many elements of their treatment. Many responses to complaints were poor. There were no legal services staff. Health services were generally good but waiting times to see a GP were too long and some prescribing practices were poor. Prisoners disliked the food, but cooking facilities allowing prisoners to make their own food were available. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

GPs should follow national guidance, outlined in Safer Prescribing in Prison, in the completion of in-possession medication risk assessments. (HP38)

Not achieved.

Managers should explore the reasons for the more negative perceptions of black and minority ethnic prisoners and offer them a distinct forum to ensure their views are considered. (HP39)

Achieved

Recommendations

A standard list of items that prisoners are allowed in possession should be established for the high security estate. (2.6)

Not achieved

The reasons for the negative perceptions of staff held by black and minority ethnic and Muslim prisoners should be explored and concerns addressed. (2.11)

Not achieved

The DEAT should be led by the governor or deputy governor, with appropriate senior management team attendance. (2.16)

Achieved

Data monitoring, with rigorous trend analysis, should cover all protected characteristics and needs should be adequately identified. (2.17)

Achieved

The prison should assess the language abilities of foreign nationals to ensure they do not become isolated. These prisoners should receive a free five-minute, monthly telephone call regardless of whether they have received a visit in the preceding month. (2.28)

Achieved

The prison should explore gay, bisexual and transgender prisoners' more negative perceptions of victimisation by other prisoners and staff. (2.29)

Not achieved

More activities should be provided for older and disabled prisoners, especially those locked in cells during the working day. (2.30)

Achieved

Responses to complaints should be evidence-based, factual and fair, and address all issues raised. (2.43)

Achieved

All complaints with an alleged diversity element should be referred to the diversity manager for investigation. (2.44)

Achieved

Delays in access to justice laptops should be minimised. (2.48)

Achieved

A strategy for health promotion should be developed and information should be made widely available to prisoners. (2.57)

Not achieved (Recommendation repeated, 2.41)

Patient access to a GP for a routine appointment should be within an acceptable waiting time of one week. (2.63)

Achieved

Nurses should be trained in triage to ensure consistency of treatment. (2.64)

Partially achieved

The introduction of a range of patient group directions should be considered to allow the supply of more potent medication, to avoid unnecessary consultations with the doctor. (2.70)

Achieved

Policies and procedures should cover access to out-of-hours medication and medicines used for immediate treatment. (2.71)

Achieved

Prisoners should have access to professional counselling services. (2.80)

Achieved

Meals should be served at normal times, and tables and chairs provided to allow prisoners to dine communally. (2.86)

Achieved

Wing servery checks should not be pre-printed but should record actual food temperatures. (2.87)

Achieved

Failings in the catalogue ordering system should be rectified. (2.91)

Achieved

Purposeful activity

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

At the last inspection, in 2012, time out of cell was satisfactory for the majority in activities, but some prisoners were being locked up when there were opportunities to take part in out-of-cell activities. Too many were locked up during the prison working day. Management of learning and skills was effectively driving improvement and there were sufficient activity places for the population. There was a wide range of provision and achievement levels were high. Attendance was good, but places were not used efficiently. Progression opportunities in vocational training were poor. Some teaching required improvement. The library was good and physical education (PE) provision was well developed and targeted. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

The new strategy for developments, including better sequencing and an improved allocations process across the prison, should be implemented as soon as possible so that activity places are used efficiently and the number of prisoners not fully engaged in activities is reduced. (HP40)

Achieved

Recommendations

All prisoners should have a full programme of activity throughout the working day, and any prisoners who do not have activity during the morning session, should be unlocked to carry out domestic activities. (3.4)

Achieved

All teaching should be delivered to a high standard and the process for monitoring quality should be better managed. (3.23)

Partially achieved

Prisoners should have equal access to work, vocational training and qualifications to support progression. (3.24)

Achieved

The pace of achievement of accredited education and vocational qualifications should be better monitored and more challenge introduced through better target setting. (3.29)

Partially achieved

Level 2 vocational qualifications should be introduced and better progression opportunities provided to link achievement to further learning and work. (3.30)

Achieved

Prisoners' success in improving their employability and interpersonal skills through learning and skills and work should be consistently recognised and recorded. (3.31)

Partially achieved

Vulnerable prisoners should be provided with a suitable outside exercise area. (3.37)

Not achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2012, the resettlement policy needed updating and was not based on a needs analysis. Offender management, including sentence planning and public protection, was good. Reducing reoffending work was appropriate for the population held. Prisoners received support to maintain contact with families. Places on offending behaviour programmes were appropriately prioritised, but some waiting lists were too long and assessments were delayed. Some work was being done with sex offenders in denial of their offence. The Westgate Unit, which ran the dangerous and severe personality disorder (DSPD) Programme, and the psychologically informed planned environment (PIPE) was an excellent facility. Outcomes for prisoners were good against this healthy prison test.

Recommendations

The resettlement policy and reducing reoffending strategy should be based on a needs analysis. (4.7)

Partially achieved

The reducing reoffending team should monitor all resettlement and reducing reoffending services alongside pathway development. (4.8)

Not achieved

All offender supervisors should receive formal professional supervision. (4.17)

Not achieved

All departments should improve communication and recording of all contact and work undertaken with prisoners. (4.18)

Partially achieved

Prisoners should be able to open bank accounts. (4.30)

Achieved

Visits should last for the full advertised time. (4.36)

Achieved

All visits staff should have comprehensive information about the child protection arrangements for individual prisoners. (4.37)

Achieved

A family support worker should be available to prisoners and their visitors. (4.38)

Not achieved

Waits for treatment should be reduced, and SARN reports should be written within a reasonable timescale after treatment. (4.44)

Partially achieved

An independent evaluation of the efficacy of the DSPD units should be carried out to determine how effective they are in improving institutional behaviour and reducing risk of future harm to self and others. (4.52)

Partially achieved

Appendix III: Prison population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Population breakdown by:

Status	21 and over	%
Sentenced	788	99.5
Recall	4	0.5
Total	792	100

Sentence	21 and over	%
3 years to less than 4 years	1	0.1
4 years to less than 10 years	23	0.3
10 years and over (not life)	210	27
ISPP (indeterminate sentence for public protection)	97	12
Life	461	58
Total	792	100

Age	Number of prisoners	%
21 years to 29 years	131	16.5
30 years to 39 years	190	24
40 years to 49 years	191	24.1
50 years to 59 years	167	21.1
60 years to 69 years	85	10.7
70 plus years: <i>maximum age=78</i>	28	3.5
Total	792	100.0

Nationality	21 and over	%
British	738	93.2
Foreign nationals	54	6.8
Total	792	100

Security category	21 and over	%
Category A high risk	9	1.1
Category A standard risk	213	26.9
Provisional category A	2	0.25
Category B	565	71.3
Category C	3	0.4
Total	792	100

Ethnicity	21 and over	%
White	653	82
British	603	76
Irish	18	2.2
Gypsy/Irish Traveller	3	0.3
Other white	29	3.6
Mixed	17	2.1
White and black Caribbean	10	1.3
White and black African	1	0.1
White and Asian	2	0.2
Other mixed	4	0.5
Asian or Asian British	46	5.8
Indian	6	0.8
Pakistani	20	2.5
Bangladeshi	3	0.4
Chinese	2	0.2
Other Asian	15	1.9
Black or black British	71	9
Caribbean	40	5.1
African	14	1.8
Other black	17	2.1
Other ethnic group	3	0.4
Arab	2	0.3
Other ethnic group	1	0.1
Not stated	2	0.3
Total	792	100.0

Religion	21 and over	%
Church of England	201	25.4
Roman Catholic	176	22.2
Other Christian denominations	64	8.1
Muslim	97	12.2
Sikh	6	0.8
Hindu	1	0.1
Buddhist	45	5.7
Jewish	5	0.6
Other	38	4.8
No religion	159	20.1
Total	792	100.0

Sentenced prisoners only

Length of stay	21 and over	
	Number	%
Less than 1 month	16	2.0
1 month to 3 months	27	3.4
3 months to six months	49	6.2
Six months to 1 year	91	11.5
1 year to 2 years	195	24.6
2 years to 4 years	150	18.9
4 years or more	260	32.8
Other	4	0.5
Total	792	100

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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.

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment⁹. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 22 February 2016 the prisoner population at HMP Frankland was 792. Using the method described above, questionnaires were distributed to a sample of 211 prisoners.

We received a total of 181 completed questionnaires, a response rate of 86%. Twenty respondents refused to complete a questionnaire and 10 questionnaires were not returned.

⁹ 95% confidence interval with a sampling error of 7%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/Unit	Number of completed survey returns
A	28
B	21
C	23
D	24
F	24
G	13
J	28
Westgate	13
Segregation Unit	7
Healthcare	0

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Frankland.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences¹⁰ are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Frankland in 2016 compared with responses from prisoners surveyed in all other high secure prisons. This comparator is based on all responses from prisoner surveys carried out in four high secure prisons since April 2014.
- The current survey responses from HMP Frankland in 2016 compared with the responses of prisoners surveyed at HMP Frankland in 2012.
- A comparison within the 2016 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2016 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2016 survey between the responses of Muslim prisoners and non-Muslim prisoners.

¹⁰ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

- A comparison within the 2016 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2016 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2016 survey between responses of prisoners who consider themselves to be homosexual or bisexual and those who consider themselves to be heterosexual.
- A comparison within the 2016 survey between responses of prisoners who considered themselves to be a veteran and those who did not.
- A comparison within the 2016 survey between the vulnerable prisoner wings (A, B, C and D) and F, G and J wings.

Survey summary

Section I: About you

Q1.2	How old are you?		
	<i>Under 21</i>		0 (0%)
	<i>21 - 29</i>		32 (18%)
	<i>30 - 39</i>		44 (24%)
	<i>40 - 49</i>		41 (23%)
	<i>50 - 59</i>		33 (18%)
	<i>60 - 69</i>		23 (13%)
	<i>70 and over</i>		7 (4%)
Q1.3	Are you sentenced?		
	<i>Yes</i>		179 (99%)
	<i>Yes - on recall</i>		2 (1%)
	<i>No - awaiting trial</i>		0 (0%)
	<i>No - awaiting sentence</i>		0 (0%)
	<i>No - awaiting deportation</i>		0 (0%)
Q1.4	How long is your sentence?		
	Not sentenced		0 (0%)
	<i>Less than 6 months</i>		0 (0%)
	<i>6 months to less than 1 year</i>		0 (0%)
	<i>1 year to less than 2 years</i>		0 (0%)
	<i>2 years to less than 4 years</i>		0 (0%)
	<i>4 years to less than 10 years</i>		9 (5%)
	<i>10 years or more</i>		47 (27%)
	<i>IPP (indeterminate sentence for public protection)</i>		20 (11%)
	<i>Life</i>		99 (57%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?		
	<i>Yes</i>		24 (13%)
	<i>No</i>		154 (87%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>		174 (98%)
	<i>No</i>		3 (2%)
Q1.7	Do you understand written English?		
	<i>Yes</i>		174 (99%)
	<i>No</i>		2 (1%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	126 (71%)	<i>Asian or Asian British - Chinese</i> 1 (1%)
	<i>White - Irish</i>	5 (3%)	<i>Asian or Asian British - other</i> 1 (1%)
	<i>White - other</i>	13 (7%)	<i>Mixed race - white and black Caribbean</i> 4 (2%)
	<i>Black or black British - Caribbean</i>	7 (4%)	<i>Mixed race - white and black African</i> 2 (1%)
	<i>Black or black British - African</i>	3 (2%)	<i>Mixed race - white and Asian</i> 0 (0%)
	<i>Black or black British - other</i>	1 (1%)	<i>Mixed race - other</i> 0 (0%)
	<i>Asian or Asian British - Indian</i>	2 (1%)	<i>Arab</i> 0 (0%)

<i>Asian or Asian British - Pakistani</i>	5 (3%)	<i>Other ethnic group</i>	7 (4%)
<i>Asian or Asian British - Bangladeshi</i>	1 (1%)		

Q1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?

Yes	7 (4%)
No	167 (96%)

Q1.10 What is your religion?

<i>None</i>	39 (22%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	50 (28%)	<i>Jewish</i>	1 (1%)
<i>Catholic</i>	42 (24%)	<i>Muslim</i>	20 (11%)
<i>Protestant</i>	6 (3%)	<i>Sikh</i>	3 (2%)
<i>Other Christian denomination</i>	3 (2%)	<i>Other</i>	9 (5%)
<i>Buddhist</i>	5 (3%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/ Straight</i>	158 (90%)
<i>Homosexual/Gay</i>	6 (3%)
<i>Bisexual</i>	12 (7%)

Q1.12 Do you consider yourself to have a disability (i.e. do you need help with any long-term physical, mental or learning needs)?

Yes	52 (29%)
No	126 (71%)

Q1.13 Are you a veteran (ex-armed services)?

Yes	18 (10%)
No	159 (90%)

Q1.14 Is this your first time in prison?

Yes	65 (36%)
No	114 (64%)

Q1.15 Do you have children under the age of 18?

Yes	64 (36%)
No	114 (64%)

Section 2: Courts, transfers and escorts**Q2.1 On your most recent journey here, how long did you spend in the van?**

<i>Less than 2 hours</i>	54 (30%)
<i>2 hours or longer</i>	117 (66%)
<i>Don't remember</i>	7 (4%)

Q2.2 On your most recent journey here, were you offered anything to eat or drink?

<i>My journey was less than two hours</i>	54 (30%)
Yes	62 (35%)
No	59 (33%)
<i>Don't remember</i>	4 (2%)

Q2.3 On your most recent journey here, were you offered a toilet break?

<i>My journey was less than two hours</i>	54 (31%)
Yes	11 (6%)
No	110 (62%)
<i>Don't remember</i>	2 (1%)

Q2.4	On your most recent journey here, was the van clean?		
	Yes		101 (56%)
	No		65 (36%)
	Don't remember		13 (7%)
Q2.5	On your most recent journey here, did you feel safe?		
	Yes		127 (72%)
	No		42 (24%)
	Don't remember		7 (4%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?		
	Very well		36 (20%)
	Well		69 (39%)
	Neither		47 (26%)
	Badly		14 (8%)
	Very badly		8 (4%)
	Don't remember		4 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)		
	Yes, someone told me		69 (39%)
	Yes, I received written information		6 (3%)
	No, I was not told anything		102 (57%)
	Don't remember		1 (1%)
Q2.8	When you first arrived here did your property arrive at the same time as you?		
	Yes		134 (75%)
	No		45 (25%)
	Don't remember		0 (0%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?			
	Less than 2 hours		86 (48%)	
	2 hours or longer		78 (43%)	
	Don't remember		16 (9%)	
Q3.2	When you were searched, was this carried out in a respectful way?			
	Yes		132 (73%)	
	No		39 (22%)	
	Don't remember		9 (5%)	
Q3.3	Overall, how were you treated in reception?			
	Very well		29 (16%)	
	Well		73 (40%)	
	Neither		35 (19%)	
	Badly		29 (16%)	
	Very badly		10 (6%)	
	Don't remember		5 (3%)	
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)			
	Loss of property	44 (25%)	Physical health	32 (18%)
	Housing problems	11 (6%)	Mental health	33 (19%)
	Contacting employers	3 (2%)	Needing protection from other prisoners	18 (10%)

Contacting family	50 (28%)	Getting phone numbers	46 (26%)
Childcare	3 (2%)	Other	10 (6%)
Money worries	19 (11%)	Did not have any problems	51 (29%)
Feeling depressed or suicidal	36 (20%)		

Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?

Yes	47 (26%)
No	80 (45%)
Did not have any problems	51 (29%)

**Q3.6 When you first arrived here, were you offered any of the following?
(Please tick all that apply to you.)**

Tobacco	86 (48%)
A shower	35 (19%)
A free telephone call	24 (13%)
Something to eat	80 (44%)
PIN phone credit	28 (15%)
Toiletries/ basic items	58 (32%)
Did not receive anything	50 (28%)

**Q3.7 When you first arrived here, did you have access to the following people or services?
(Please tick all that apply to you.)**

Chaplain	83 (47%)
Someone from health services	103 (59%)
A Listener/Samaritans	37 (21%)
Prison shop/ canteen	25 (14%)
Did not have access to any of these	53 (30%)

**Q3.8 When you first arrived here, were you offered information on the following?
(Please tick all that apply to you.)**

What was going to happen to you	72 (41%)
What support was available for people feeling depressed or suicidal	56 (32%)
How to make routine requests (applications)	63 (36%)
Your entitlement to visits	63 (36%)
Health services	76 (43%)
Chaplaincy	71 (41%)
Not offered any information	67 (38%)

Q3.9 Did you feel safe on your first night here?

Yes	128 (71%)
No	42 (23%)
Don't remember	10 (6%)

Q3.10 How soon after you arrived here did you go on an induction course?

Have not been on an induction course	17 (10%)
Within the first week	103 (59%)
More than a week	47 (27%)
Don't remember	9 (5%)

Q3.11 Did the induction course cover everything you needed to know about the prison?

Have not been on an induction course	17 (10%)
Yes	84 (49%)
No	55 (32%)
Don't remember	17 (10%)

Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?

Did not receive an assessment	51 (28%)
<i>Within the first week</i>	24 (13%)
<i>More than a week</i>	67 (37%)
<i>Don't remember</i>	38 (21%)

Section 4: Legal rights and respectful custody**Q4.1 How easy is it to...**

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
<i>Communicate with your solicitor or legal representative?</i>	26 (15%)	63 (37%)	10 (6%)	31 (18%)	19 (11%)	22 (13%)
<i>Attend legal visits?</i>	22 (14%)	47 (29%)	18 (11%)	26 (16%)	20 (13%)	27 (17%)
<i>Get bail information?</i>	4 (3%)	7 (5%)	9 (7%)	0 (0%)	9 (7%)	101 (78%)

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?

Not had any letters	19 (11%)
Yes	107 (60%)
No	53 (30%)

Q4.3 Can you get legal books in the library?

Yes	112 (64%)
No	5 (3%)
Don't know	59 (34%)

Q4.4 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know
<i>Do you normally have enough clean, suitable clothes for the week?</i>	150 (85%)	26 (15%)	0 (0%)
<i>Are you normally able to have a shower every day?</i>	173 (98%)	3 (2%)	1 (1%)
<i>Do you normally receive clean sheets every week?</i>	152 (86%)	23 (13%)	2 (1%)
<i>Do you normally get cell cleaning materials every week?</i>	127 (72%)	47 (27%)	3 (2%)
<i>Is your cell call bell normally answered within five minutes?</i>	106 (60%)	45 (25%)	26 (15%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	120 (68%)	56 (32%)	0 (0%)
<i>If you need to, can you normally get your stored property?</i>	43 (25%)	90 (51%)	42 (24%)

Q4.5 What is the food like here?

Very good	4 (2%)
Good	41 (23%)
Neither	41 (23%)
Bad	49 (28%)
Very bad	40 (23%)

Q4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?

Have not bought anything yet/ don't know	2 (1%)
Yes	108 (61%)
No	67 (38%)

Q4.7 Can you speak to a Listener at any time, if you want to?

Yes	100 (56%)
No	15 (8%)
Don't know	62 (35%)

Q4.8 Are your religious beliefs respected?

Yes	87 (49%)
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	No	31 (18%)
	Don't know/ N/A	59 (33%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?	
	Yes	104 (58%)
	No	10 (6%)
	Don't know/ N/A	66 (37%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	I don't want to attend	45 (26%)
	Very easy	38 (22%)
	Easy	46 (26%)
	Neither	9 (5%)
	Difficult	8 (5%)
	Very difficult	7 (4%)
	Don't know	23 (13%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes			157 (87%)
	No			18 (10%)
	Don't know			5 (3%)
Q5.2	Please answer the following questions about applications (if you have not made an application please tick the 'not made one' option).			
		Not made one	Yes	No
	Are applications dealt with fairly?	8 (5%)	82 (48%)	82 (48%)
	Are applications dealt with quickly (within seven days)?	8 (5%)	57 (33%)	107 (62%)
Q5.3	Is it easy to make a complaint?			
	Yes			128 (72%)
	No			32 (18%)
	Don't know			19 (11%)
Q5.4	Please answer the following questions about complaints (if you have not made a complaint please tick the 'not made one' option).			
		Not made one	Yes	No
	Are complaints dealt with fairly?	37 (22%)	38 (22%)	96 (56%)
	Are complaints dealt with quickly (within seven days)?	37 (22%)	39 (23%)	92 (55%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?			
	Yes			53 (30%)
	No			126 (70%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?			
	Don't know who they are			45 (26%)
	Very easy			13 (7%)
	Easy			24 (14%)
	Neither			46 (26%)
	Difficult			31 (18%)
	Very difficult			15 (9%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	7 (4%)
	Yes	86 (49%)
	No	74 (42%)
	<i>Don't know</i>	9 (5%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	7 (4%)
	Yes	73 (42%)
	No	87 (50%)
	<i>Don't know</i>	6 (3%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	10 (6%)
	No	167 (94%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	139 (80%)
	Very well	3 (2%)
	Well	3 (2%)
	Neither	3 (2%)
	Badly	9 (5%)
	Very badly	16 (9%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	136 (77%)
	No	41 (23%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	129 (72%)
	No	49 (28%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	63 (35%)
	No	116 (65%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	5 (3%)
	Never	28 (16%)
	Rarely	36 (20%)
	Some of the time	58 (33%)
	Most of the time	28 (16%)
	All of the time	23 (13%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	31 (18%)
	In the first week	58 (33%)
	More than a week	62 (35%)

Don't remember 26 (15%)

Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	31 (18%)
	<i>Very helpful</i>	46 (27%)
	<i>Helpful</i>	47 (27%)
	<i>Neither</i>	27 (16%)
	<i>Not very helpful</i>	8 (5%)
	<i>Not at all helpful</i>	13 (8%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	<i>Yes</i>	91 (51%)
	<i>No</i>	88 (49%)
Q8.2	Do you feel unsafe now?	
	<i>Yes</i>	36 (21%)
	<i>No</i>	137 (79%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	<i>Never felt unsafe</i>	88 (51%)
	<i>Everywhere</i>	25 (14%)
	<i>Segregation unit</i>	20 (11%)
	<i>Association areas</i>	29 (17%)
	<i>Reception area</i>	11 (6%)
	<i>At the gym</i>	28 (16%)
	<i>In an exercise yard</i>	16 (9%)
	<i>At work</i>	26 (15%)
	<i>During movement</i>	33 (19%)
	<i>At education</i>	17 (10%)
	<i>At meal times</i>	16 (9%)
	<i>At health services</i>	24 (14%)
	<i>Visits area</i>	14 (8%)
	<i>In wing showers</i>	23 (13%)
	<i>In gym showers</i>	16 (9%)
	<i>In corridors/stairwells</i>	20 (11%)
	<i>On your landing/wing</i>	27 (16%)
	<i>In your cell</i>	14 (8%)
	<i>At religious services</i>	6 (3%)
Q8.4	Have you been victimised by other prisoners here?	
	<i>Yes</i>	65 (37%)
	<i>No</i>	112 (63%)
Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	23 (13%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	17 (10%)
	<i>Sexual abuse</i>	8 (5%)
	<i>Feeling threatened or intimidated</i>	43 (24%)
	<i>Having your canteen/property taken</i>	15 (8%)
	<i>Medication</i>	16 (9%)
	<i>Debt</i>	7 (4%)
	<i>Drugs</i>	7 (4%)
	<i>Your race or ethnic origin</i>	11 (6%)
	<i>Your religion/religious beliefs</i>	11 (6%)
	<i>Your nationality</i>	8 (5%)
	<i>You are from a different part of the country than others</i>	8 (5%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	4 (2%)
	<i>Your age</i>	5 (3%)
	<i>You have a disability</i>	8 (5%)
	<i>You were new here</i>	7 (4%)
	<i>Your offence/ crime</i>	20 (11%)
	<i>Gang related issues</i>	8 (5%)

Q8.6	Have you been victimised by staff here?	
	Yes	75 (43%)
	No	99 (57%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	34 (20%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	11 (6%)
	<i>Sexual abuse</i>	0 (0%)
	<i>Feeling threatened or intimidated</i>	44 (25%)
	<i>Medication</i>	15 (9%)
	<i>Debt</i>	3 (2%)
	<i>Drugs</i>	4 (2%)
	<i>Your race or ethnic origin</i>	13 (7%)
	<i>Your religion/religious beliefs</i>	11 (6%)
	<i>Your nationality</i>	9 (5%)
	<i>You are from a different part of the country than others</i>	9 (5%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	2 (1%)
	<i>You have a disability</i>	11 (6%)
	<i>You were new here</i>	5 (3%)
	<i>Your offence/ crime</i>	19 (11%)
	<i>Gang related issues</i>	3 (2%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	70 (44%)
	Yes	39 (25%)
	No	50 (31%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		Don't know	Very easy	Easy	Neither	Difficult	Very difficult
	The doctor	6 (3%)	7 (4%)	34 (20%)	15 (9%)	66 (38%)	45 (26%)
	The nurse	6 (4%)	21 (12%)	71 (42%)	19 (11%)	34 (20%)	18 (11%)
	The dentist	14 (8%)	2 (1%)	19 (11%)	18 (11%)	47 (28%)	67 (40%)
Q9.2	What do you think of the quality of the health service from the following people?						
		Not been	Very good	Good	Neither	Bad	Very bad
	The doctor	5 (3%)	18 (10%)	41 (24%)	23 (13%)	41 (24%)	45 (26%)
	The nurse	4 (2%)	25 (15%)	58 (35%)	28 (17%)	25 (15%)	24 (15%)
	The dentist	19 (12%)	21 (13%)	35 (21%)	23 (14%)	28 (17%)	39 (24%)
Q9.3	What do you think of the overall quality of the health services here?						
	Not been					1 (1%)	
	<i>Very good</i>					11 (6%)	
	<i>Good</i>					38 (22%)	
	<i>Neither</i>					18 (10%)	
	<i>Bad</i>					47 (27%)	
	<i>Very bad</i>					60 (34%)	
Q9.4	Are you currently taking medication?						
	Yes					114 (64%)	
	No					63 (36%)	

Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?	
	<i>Not taking medication</i>	63 (35%)
	<i>Yes, all my meds</i>	70 (39%)
	<i>Yes, some of my meds</i>	23 (13%)
	<i>No</i>	22 (12%)
Q9.6	Do you have any emotional or mental health problems?	
	<i>Yes</i>	70 (40%)
	<i>No</i>	106 (60%)
Q9.7	Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?	
	<i>Do not have any emotional or mental health problems</i>	106 (61%)
	<i>Yes</i>	40 (23%)
	<i>No</i>	28 (16%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	<i>Yes</i>	39 (22%)
	<i>No</i>	139 (78%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	<i>Yes</i>	30 (17%)
	<i>No</i>	148 (83%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	33 (19%)
	<i>Easy</i>	22 (12%)
	<i>Neither</i>	9 (5%)
	<i>Difficult</i>	11 (6%)
	<i>Very difficult</i>	12 (7%)
	<i>Don't know</i>	91 (51%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	6 (3%)
	<i>Easy</i>	14 (8%)
	<i>Neither</i>	16 (9%)
	<i>Difficult</i>	9 (5%)
	<i>Very difficult</i>	26 (15%)
	<i>Don't know</i>	107 (60%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	12 (7%)
	<i>No</i>	167 (93%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	11 (6%)
	<i>No</i>	165 (94%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	132 (77%)
	<i>Yes</i>	30 (17%)
	<i>No</i>	10 (6%)

Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?	
	<i>Did not / do not have an alcohol problem</i>	148 (84%)
	Yes	22 (13%)
	No	6 (3%)
Q10.9	Was the support or help you received, while in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	132 (75%)
	Yes	35 (20%)
	No	8 (5%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		Don't know	Very easy	Easy	Neither	Difficult	Very difficult
	Prison job	18 (10%)	25 (14%)	49 (28%)	23 (13%)	45 (25%)	18 (10%)
	Vocational or skills training	42 (26%)	11 (7%)	24 (15%)	25 (16%)	35 (22%)	24 (15%)
	Education (including basic skills)	31 (19%)	17 (10%)	50 (30%)	20 (12%)	31 (19%)	16 (10%)
	Offending behaviour programmes	31 (19%)	20 (12%)	22 (13%)	19 (11%)	22 (13%)	52 (31%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	<i>Not involved in any of these</i>						26 (15%)
	Prison job						123 (71%)
	Vocational or skills training						11 (6%)
	Education (including basic skills)						37 (21%)
	Offending behaviour programmes						40 (23%)
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?						
		Not been involved	Yes	No		<i>Don't know</i>	
	Prison job	15 (9%)	58 (36%)	62 (39%)		24 (15%)	
	Vocational or skills training	31 (25%)	34 (27%)	41 (33%)		19 (15%)	
	Education (including basic skills)	24 (18%)	51 (38%)	45 (33%)		16 (12%)	
	Offending behaviour programmes	25 (17%)	63 (43%)	42 (29%)		15 (10%)	
Q11.4	How often do you usually go to the library?						
	<i>Don't want to go</i>						27 (15%)
	Never						38 (22%)
	Less than once a week						51 (29%)
	About once a week						50 (29%)
	More than once a week						9 (5%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?						
	<i>Don't use it</i>						45 (26%)
	Yes						86 (49%)
	No						45 (26%)
Q11.6	How many times do you usually go to the gym each week?						
	<i>Don't want to go</i>						32 (18%)
	0						38 (22%)

	<i>1 to 2</i>	38 (22%)
	<i>3 to 5</i>	54 (31%)
	<i>More than 5</i>	14 (8%)
Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	25 (14%)
	<i>0</i>	55 (31%)
	<i>1 to 2</i>	54 (31%)
	<i>3 to 5</i>	22 (12%)
	<i>More than 5</i>	21 (12%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	3 (2%)
	<i>0</i>	6 (3%)
	<i>1 to 2</i>	6 (3%)
	<i>3 to 5</i>	11 (6%)
	<i>More than 5</i>	152 (85%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)	
	<i>Less than 2 hours</i>	23 (13%)
	<i>2 to less than 4 hours</i>	15 (9%)
	<i>4 to less than 6 hours</i>	38 (22%)
	<i>6 to less than 8 hours</i>	53 (30%)
	<i>8 to less than 10 hours</i>	20 (11%)
	<i>10 hours or more</i>	18 (10%)
	<i>Don't know</i>	8 (5%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	59 (33%)
	<i>No</i>	118 (67%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	88 (50%)
	<i>No</i>	89 (50%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	42 (24%)
	<i>No</i>	136 (76%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	41 (23%)
	<i>Very easy</i>	14 (8%)
	<i>Easy</i>	21 (12%)
	<i>Neither</i>	8 (5%)
	<i>Difficult</i>	27 (15%)
	<i>Very difficult</i>	62 (35%)
	<i>Don't know</i>	3 (2%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service? <i>Not sentenced</i>	0 (0%)
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	Yes	151 (87%)
	No	23 (13%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply)	
	Not sentenced/ NA	23 (13%)
	No contact	48 (28%)
	Letter	60 (35%)
	Phone	47 (27%)
	Visit	49 (28%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	144 (85%)
	No	25 (15%)
Q13.4	Do you have a sentence plan?	
	Not sentenced	0 (0%)
	Yes	147 (85%)
	No	25 (15%)
Q13.5	How involved were you in the development of your sentence plan?	
	Do not have a sentence plan/ not sentenced	25 (14%)
	Very involved	44 (25%)
	Involved	35 (20%)
	Neither	16 (9%)
	Not very involved	34 (20%)
	Not at all involved	19 (11%)
Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)	
	Do not have a sentence plan/ not sentenced	25 (15%)
	Nobody	64 (38%)
	Offender supervisor	55 (33%)
	Offender manager	41 (24%)
	Named/ personal officer	46 (27%)
	Staff from other departments	34 (20%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	Do not have a sentence plan/ not sentenced	25 (14%)
	Yes	86 (50%)
	No	40 (23%)
	Don't know	22 (13%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	Do not have a sentence plan/ not sentenced	25 (15%)
	Yes	43 (25%)
	No	54 (31%)
	Don't know	50 (29%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	Do not have a sentence plan/ not sentenced	25 (15%)
	Yes	24 (14%)
	No	65 (38%)
	Don't know	58 (34%)

Q13.10 Do you have a needs based custody plan?

Yes	17 (10%)
No	73 (43%)
Don't know	81 (47%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?

Yes	21 (12%)
No	150 (88%)

**Q13.12 Do you know of anyone in this prison who can help you with the following on release?:
(Please tick all that apply to you.)**

	Do not need help		
	Yes	Yes	No
Employment	31 (20%)	23 (15%)	101 (65%)
Accommodation	33 (22%)	23 (15%)	95 (63%)
Benefits	29 (19%)	23 (15%)	99 (66%)
Finances	29 (20%)	19 (13%)	99 (67%)
Education	28 (19%)	28 (19%)	94 (63%)
Drugs and alcohol	38 (27%)	35 (24%)	70 (49%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

Not sentenced	0 (0%)
Yes	105 (64%)
No	58 (36%)

Main comparator and comparator to last time



Prisoner survey responses HMP Frankland 2016

Prisoner survey responses (missing data have 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

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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		181	673	181	184
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	0%	0%	0%
1.3	Are you sentenced?	100%	99%	100%	100%
1.3	Are you on recall?	1%	2%	1%	1%
1.4	Is your sentence less than 12 months?	0%	0%	0%	0%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	12%	9%	12%	21%
1.5	Are you a foreign national?	14%	13%	14%	10%
1.6	Do you understand spoken English?	98%	99%	98%	98%
1.7	Do you understand written English?	99%	99%	99%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	19%	34%	19%	20%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	3%	4%	3%
1.1	Are you Muslim?	11%	25%	11%	11%
1.11	Are you homosexual/gay or bisexual?	10%	8%	10%	11%
1.12	Do you consider yourself to have a disability?	29%	28%	29%	33%
1.13	Are you a veteran (ex-armed services)?	10%	7%	10%	10%
1.14	Is this your first time in prison?	36%	43%	36%	40%
1.15	Do you have any children under the age of 18?	36%	40%	36%	38%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	66%	66%	66%	66%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	50%	44%	50%	52%
2.3	Were you offered a toilet break?	9%	9%	9%	14%
2.4	Was the van clean?	56%	61%	56%	57%
2.5	Did you feel safe?	72%	70%	72%	76%
2.6	Were you treated well/very well by the escort staff?	59%	61%	59%	63%
2.7	Before you arrived here were you told that you were coming here?	39%	44%	39%	53%
2.7	Before you arrived here did you receive any written information about coming here?	3%	7%	3%	5%
2.8	When you first arrived here did your property arrive at the same time as you?	75%	71%	75%	79%
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	48%	52%	48%	48%
3.2	When you were searched in reception, was this carried out in a respectful way?	73%	72%	73%	79%
3.3	Were you treated well/very well in reception?	56%	64%	56%	68%

Main comparator and comparator to last time

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When you first arrived:				
3.4 Did you have any problems?	71%	68%	71%	74%
3.4 Did you have any problems with loss of property?	25%	28%	25%	23%
3.4 Did you have any housing problems?	6%	4%	6%	2%
3.4 Did you have any problems contacting employers?	2%	1%	2%	1%
3.4 Did you have any problems contacting family?	28%	28%	28%	23%
3.4 Did you have any problems ensuring dependants were being looked after?	2%	1%	2%	0%
3.4 Did you have any money worries?	11%	14%	11%	14%
3.4 Did you have any problems with feeling depressed or suicidal?	20%	18%	20%	16%
3.4 Did you have any physical health problems?	18%	13%	18%	21%
3.4 Did you have any mental health problems?	19%	17%	19%	18%
3.4 Did you have any problems with needing protection from other prisoners?	10%	8%	10%	11%
3.4 Did you have problems accessing phone numbers?	26%	25%	26%	23%
For those with problems:				
3.5 Did you receive any help/ support from staff in dealing with these problems?	37%	34%	37%	44%
When you first arrived here, were you offered any of the following:				
3.6 Tobacco?	48%	50%	48%	49%
3.6 A shower?	19%	22%	19%	17%
3.6 A free telephone call?	13%	21%	13%	12%
3.6 Something to eat?	44%	43%	44%	43%
3.6 PIN phone credit?	16%	16%	16%	11%
3.6 Toiletries/ basic items?	32%	44%	32%	34%
SECTION 3: Reception, first night and induction continued				
When you first arrived here did you have access to the following people:				
3.7 The chaplain or a religious leader?	47%	43%	47%	38%
3.7 Someone from health services?	59%	60%	59%	56%
3.7 A Listener/Samaritans?	21%	22%	21%	24%
3.7 Prison shop/ canteen?	14%	20%	14%	18%
When you first arrived here were you offered information about any of the following:				
3.8 What was going to happen to you?	41%	42%	41%	45%
3.8 Support was available for people feeling depressed or suicidal?	32%	31%	32%	36%
3.8 How to make routine requests?	36%	34%	36%	34%
3.8 Your entitlement to visits?	36%	28%	36%	30%
3.8 Health services?	43%	41%	43%	44%
3.8 The chaplaincy?	41%	38%	41%	38%
3.9 Did you feel safe on your first night here?	71%	65%	71%	71%
3.10 Have you been on an induction course?	90%	87%	90%	89%
For those who have been on an induction course:				
3.11 Did the course cover everything you needed to know about the prison?	54%	41%	54%	59%
3.12 Did you receive an education (skills for life) assessment?	72%	79%	72%	73%

Main comparator and comparator to last time

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SECTION 4: Legal rights and respectful custody				
In terms of your legal rights, is it easy/very easy to:				
4.1 Communicate with your solicitor or legal representative?	52%	51%	52%	71%
4.1 Attend legal visits?	43%	48%	43%	63%
4.1 Get bail information?	8%	7%	8%	11%
4.2 Have staff ever opened letters from your solicitor or legal representative when you were not with them?	60%	55%	60%	60%
4.3 Can you get legal books in the library?	64%	63%	64%	71%
For the wing/unit you are currently on:				
4.4 Are you normally offered enough clean, suitable clothes for the week?	85%	82%	85%	86%
4.4 Are you normally able to have a shower every day?	98%	94%	98%	96%
4.4 Do you normally receive clean sheets every week?	86%	72%	86%	86%
4.4 Do you normally get cell cleaning materials every week?	72%	77%	72%	72%
4.4 Is your cell call bell normally answered within five minutes?	60%	42%	60%	63%
4.4 Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	68%	65%	68%	62%
4.4 Can you normally get your stored property, if you need to?	25%	25%	25%	24%
4.5 Is the food in this prison good/very good?	26%	24%	26%	23%
4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?	61%	51%	61%	54%
4.7 Are you able to speak to a Listener at any time, if you want to?	57%	52%	57%	60%
4.8 Are your religious beliefs are respected?	49%	52%	49%	47%
4.9 Are you able to speak to a religious leader of your faith in private if you want to?	58%	60%	58%	58%
4.10 Is it easy/very easy to attend religious services?	48%	57%	48%	45%
SECTION 5: Applications and complaints				
5.1 Is it easy to make an application?	87%	85%	87%	91%
For those who have made an application:				
5.2 Do you feel applications are dealt with fairly?	50%	56%	50%	58%
5.2 Do you feel applications are dealt with quickly (within seven days)?	35%	42%	35%	40%
5.3 Is it easy to make a complaint?	72%	72%	72%	73%
For those who have made a complaint:				
5.4 Do you feel complaints are dealt with fairly?	28%	30%	28%	36%
5.4 Do you feel complaints are dealt with quickly (within seven days)?	30%	39%	30%	37%
5.5 Have you ever been prevented from making a complaint when you wanted to?	30%	25%	30%	28%
5.6 Is it easy/very easy to see the Independent Monitoring Board?	21%	27%	21%	29%
SECTION 6: Incentives and earned privileges scheme				
6.1 Do you feel you have been treated fairly in your experience of the IEP scheme?	49%	49%	49%	61%
6.2 Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	44%	42%	44%
6.3 In the last six months have any members of staff physically restrained you (C&R)?	6%	5%	6%	3%
6.4 In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	17%	34%	17%	32%

Main comparator and comparator to last time

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SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	77%	81%	77%	78%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	72%	74%	72%	76%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	35%	37%	35%	38%
7.4	Do staff normally speak to you most of the time/all of the time during association?	29%	26%	29%	34%
7.5	Do you have a personal officer?	83%	90%	83%	89%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	66%	64%	66%	69%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	51%	54%	51%	51%
8.2	Do you feel unsafe now?	21%	24%	21%	23%
8.4	Have you been victimised by other prisoners here?	37%	38%	37%	35%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	13%	15%	13%	14%
8.5	Hit, kicked or assaulted you?	10%	10%	10%	9%
8.5	Sexually abused you?	5%	4%	5%	3%
8.5	Threatened or intimidated you?	24%	22%	24%	21%
8.5	Taken your canteen/property?	9%	6%	9%	7%
8.5	Victimised you because of medication?	9%	4%	9%	8%
8.5	Victimised you because of debt?	4%	2%	4%	3%
8.5	Victimised you because of drugs?	4%	2%	4%	3%
8.5	Victimised you because of your race or ethnic origin?	6%	8%	6%	4%
8.5	Victimised you because of your religion/religious beliefs?	6%	11%	6%	4%
8.5	Victimised you because of your nationality?	5%	6%	5%	4%
8.5	Victimised you because you were from a different part of the country?	5%	6%	5%	6%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.5	Victimised you because of your sexual orientation?	2%	3%	2%	4%
8.5	Victimised you because of your age?	3%	5%	3%	2%
8.5	Victimised you because you have a disability?	5%	6%	5%	5%
8.5	Victimised you because you were new here?	4%	5%	4%	1%
8.5	Victimised you because of your offence/crime?	11%	11%	11%	8%
8.5	Victimised you because of gang related issues?	5%	6%	5%	2%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	43%	47%	43%	49%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	20%	18%	20%	20%
8.7	Hit, kicked or assaulted you?	6%	6%	6%	7%
8.7	Sexually abused you?	0%	2%	0%	1%
8.7	Threatened or intimidated you?	25%	22%	25%	26%

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8.7	Victimised you because of medication?	9%	5%	9%	8%
8.7	Victimised you because of debt?	2%	1%	2%	1%
8.7	Victimised you because of drugs?	2%	1%	2%	3%
8.7	Victimised you because of your race or ethnic origin?	8%	8%	8%	10%
8.7	Victimised you because of your religion/religious beliefs?	6%	13%	6%	7%
8.7	Victimised you because of your nationality?	5%	6%	5%	6%
8.7	Victimised you because you were from a different part of the country?	5%	5%	5%	8%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	2%
8.7	Victimised you because of your sexual orientation?	2%	2%	2%	3%
8.7	Victimised you because of your age?	1%	3%	1%	3%
8.7	Victimised you because you have a disability?	6%	5%	6%	4%
8.7	Victimised you because you were new here?	3%	5%	3%	3%
8.7	Victimised you because of your offence/crime?	11%	10%	11%	13%
8.7	Victimised you because of gang related issues?	2%	3%	2%	2%
For those who have been victimised by staff or other prisoners:					
8.8	Did you report any victimisation that you have experienced?	44%	49%	44%	48%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	24%	37%	24%	36%
9.1	Is it easy/very easy to see the nurse?	55%	60%	55%	57%
9.1	Is it easy/very easy to see the dentist?	13%	24%	13%	21%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
9.2	The doctor?	35%	49%	35%	46%
9.2	The nurse?	52%	61%	52%	58%
9.2	The dentist?	38%	55%	38%	50%
9.3	The overall quality of health services?	28%	41%	28%	41%
9.4	Are you currently taking medication?	64%	54%	64%	61%
For those currently taking medication:					
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	81%	81%	81%	77%
9.6	Do you have any emotional well being or mental health problems?	40%	33%	40%	37%
For those who have problems:					
9.7	Are you being helped or supported by anyone in this prison?	59%	56%	59%	62%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	22%	16%	22%	17%
10.2	Did you have a problem with alcohol when you came into this prison?	17%	12%	17%	21%
10.3	Is it easy/very easy to get illegal drugs in this prison?	31%	21%	31%	27%
10.4	Is it easy/very easy to get alcohol in this prison?	11%	13%	11%	20%
10.5	Have you developed a problem with drugs since you have been in this prison?	7%	4%	7%	7%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	6%	4%	6%	8%
For those with drug or alcohol problems:					
10.7	Have you received any support or help with your drug problem while in this prison?	75%	69%	75%	62%
10.8	Have you received any support or help with your alcohol problem while in this prison?	79%	69%	79%	68%

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	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	81%	82%	81%	87%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	42%	35%	42%	52%
11.1	Vocational or skills training?	22%	27%	22%	37%
11.1	Education (including basic skills)?	41%	44%	41%	56%
11.1	Offending behaviour programmes?	25%	25%	25%	19%
	Are you currently involved in any of the following activities:				
11.2	A prison job?	71%	70%	71%	64%
11.2	Vocational or skills training?	6%	14%	6%	16%
11.2	Education (including basic skills)?	21%	28%	21%	48%
11.2	Offending behaviour programmes?	23%	20%	23%	14%
11.3	Have you had a job while in this prison?	91%	89%	91%	86%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	40%	40%	40%	37%
11.3	Have you been involved in vocational or skills training while in this prison?	75%	78%	75%	74%
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	36%	46%	36%	44%
11.3	Have you been involved in education while in this prison?	82%	85%	82%	92%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	46%	53%	46%	60%
11.3	Have you been involved in offending behaviour programmes while in this prison?	83%	79%	83%	80%
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	53%	50%	53%	50%
11.4	Do you go to the library at least once a week?	34%	51%	34%	47%
11.5	Does the library have a wide enough range of materials to meet your needs?	49%	50%	49%	50%
11.6	Do you go to the gym three or more times a week?	39%	32%	39%	40%
11.7	Do you go outside for exercise three or more times a week?	24%	31%	24%	30%
11.8	Do you go on association more than five times each week?	85%	80%	85%	84%
11.9	Do you spend ten or more hours out of your cell on a weekday?	10%	14%	10%	17%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	33%	33%	33%	38%
12.2	Have you had any problems with sending or receiving mail?	50%	51%	50%	43%
12.3	Have you had any problems getting access to the telephones?	24%	30%	24%	33%
12.4	Is it easy/ very easy for your friends and family to get here?	20%	17%	20%	22%
SECTION 13: Preparation for release					
	For those who are sentenced:				
13.1	Do you have a named offender manager (home probation officer) in the probation service?	87%	90%	87%	91%
	For those who are sentenced what type of contact have you had with your offender manager:				

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13.2	No contact?	32%	28%	32%	30%
13.2	Contact by letter?	40%	39%	40%	47%
13.2	Contact by phone?	32%	25%	32%	23%
13.2	Contact by visit?	33%	37%	33%	41%
13.3	Do you have a named offender supervisor in this prison?	85%	83%	85%	92%
	For those who are sentenced:				
13.4	Do you have a sentence plan?	85%	86%	85%	89%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	53%	55%	53%	49%
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	44%	43%	44%	37%
13.6	Offender supervisor?	38%	40%	38%	41%
13.6	Offender manager?	29%	24%	29%	34%
13.6	Named/ personal officer?	32%	20%	32%	25%
13.6	Staff from other departments?	24%	19%	24%	25%
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	58%	51%	58%	62%
13.8	Are there plans for you to achieve any of your targets in another prison?	29%	33%	29%	33%
13.9	Are there plans for you to achieve any of your targets in the community?	16%	12%	16%	14%
13.10	Do you have a needs based custody plan?	10%	7%	10%	9%
13.11	Do you feel that any member of staff has helped you to prepare for release?	12%	12%	12%	14%
	For those that need help do you know of anyone in this prison who can help you on release with the following:				
13.12	Employment?	19%	15%	19%	23%
13.12	Accommodation?	20%	14%	20%	22%
13.12	Benefits?	19%	13%	19%	20%
13.12	Finances?	16%	12%	16%	18%
13.12	Education?	23%	20%	23%	26%
13.12	Drugs and alcohol?	33%	20%	33%	25%
	For those who are sentenced:				
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	64%	56%	64%	61%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Frankland 2016

Prisoner survey responses (missing data have 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

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		34	144	24	154	20	158
1.3	Are you sentenced?	100%	100%	100%	100%	100%	100%
1.5	Are you a foreign national?	30%	9%			15%	13%
1.6	Do you understand spoken English?	97%	99%	87%	100%	100%	98%
1.7	Do you understand written English?	97%	99%	91%	100%	100%	99%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			44%	16%	80%	11%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	4%	4%	4%	5%	4%
1.1	Are you Muslim?	49%	3%	13%	11%		
1.12	Do you consider yourself to have a disability?	18%	32%	48%	27%	30%	29%
1.13	Are you a veteran (ex-armed services)?	3%	12%	4%	11%	5%	11%
1.14	Is this your first time in prison?	38%	36%	63%	32%	50%	35%
2.6	Were you treated well/very well by the escort staff?	41%	64%	50%	60%	42%	62%
2.7	Before you arrived here were you told that you were coming here?	32%	39%	33%	39%	21%	41%
3.2	When you were searched in reception, was this carried out in a respectful way?	61%	77%	61%	75%	69%	73%
3.3	Were you treated well/very well in reception?	41%	60%	50%	57%	40%	58%
3.4	Did you have any problems when you first arrived?	67%	72%	78%	70%	63%	73%
3.7	Did you have access to someone from health care when you first arrived here?	47%	62%	58%	58%	50%	60%
3.9	Did you feel safe on your first night here?	49%	76%	48%	74%	53%	73%
3.10	Have you been on an induction course?	93%	90%	100%	89%	82%	91%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	49%	53%	48%	52%	47%	52%
4.4	Are you normally offered enough clean, suitable clothes for the week?	79%	87%	91%	84%	80%	86%
4.4	Are you normally able to have a shower every day?	100%	97%	100%	97%	100%	97%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in green is significantly better							
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
	Percentages which are not highlighted show there is no significant difference						
4.4	Is your cell call bell normally answered within five minutes?	63%	59%	67%	60%	69%	58%
4.5	Is the food in this prison good/very good?	16%	29%	23%	26%	21%	27%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	51%	64%	50%	63%	69%	61%
4.7	Are you able to speak to a Listener at any time, if you want to?	44%	60%	50%	57%	44%	58%
4.8	Do you feel your religious beliefs are respected?	61%	48%	56%	48%	58%	49%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	64%	57%	67%	56%	75%	55%
5.1	Is it easy to make an application?	83%	89%	83%	88%	90%	87%
5.3	Is it easy to make a complaint?	77%	70%	63%	72%	75%	71%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	39%	52%	65%	46%	40%	50%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	33%	44%	55%	40%	25%	44%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	5%	4%	5%	5%	6%
7.1	Do most staff, in this prison, treat you with respect?	63%	81%	69%	79%	72%	77%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	58%	77%	69%	73%	63%	73%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	13%	32%	23%	30%	11%	30%
7.4	Do you have a personal officer?	76%	84%	91%	81%	74%	83%
8.1	Have you ever felt unsafe here?	46%	53%	48%	50%	63%	50%
8.2	Do you feel unsafe now?	21%	21%	26%	19%	21%	21%
8.3	Have you been victimised by other prisoners?	28%	38%	38%	36%	37%	37%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	19%	25%	24%	24%	21%	25%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	19%	3%	14%	5%	27%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	5%	10%	5%	21%	5%
8.5	Have you been victimised because of your nationality? (By prisoners)	6%	4%	14%	3%	5%	5%

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	6%	4%	4%	0%	5%
8.6	Have you been victimised by a member of staff?	44%	43%	48%	42%	58%	42%
8.7	Have you ever felt threatened or intimidated by staff here?	28%	25%	20%	25%	31%	25%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	34%	1%	20%	6%	37%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	25%	2%	10%	6%	42%	2%
8.7	Have you been victimised because of your nationality? (By staff)	13%	3%	24%	3%	16%	4%
8.7	Have you been victimised because you have a disability? (By staff)	3%	7%	10%	5%	11%	6%
9.1	Is it easy/very easy to see the doctor?	14%	26%	10%	25%	5%	26%
9.1	Is it easy/ very easy to see the nurse?	67%	52%	65%	53%	61%	54%
9.4	Are you currently taking medication?	49%	70%	69%	64%	31%	69%
9.6	Do you feel you have any emotional well being/mental health issues?	21%	44%	44%	40%	17%	43%
10.3	Is it easy/very easy to get illegal drugs in this prison?	27%	32%	13%	34%	42%	30%
11.2	Are you currently working in the prison?	63%	73%	72%	70%	58%	73%
11.2	Are you currently undertaking vocational or skills training?	3%	7%	0%	6%	5%	7%
11.2	Are you currently in education (including basic skills)?	39%	17%	38%	18%	31%	20%
11.2	Are you currently taking part in an offending behaviour programme?	12%	26%	14%	23%	16%	24%
11.4	Do you go to the library at least once a week?	42%	33%	44%	33%	41%	33%
11.6	Do you go to the gym three or more times a week?	51%	36%	53%	37%	31%	40%
11.7	Do you go outside for exercise three or more times a week?	21%	24%	27%	24%	42%	22%
11.8	On average, do you go on association more than five times each week?	85%	87%	82%	86%	89%	85%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	6%	12%	0%	12%	5%	11%
12.2	Have you had any problems sending or receiving mail?	44%	51%	53%	49%	50%	50%
12.3	Have you had any problems getting access to the telephones?	30%	22%	26%	23%	27%	24%

Diversity Analysis



Key question responses (disability, age over 50) HMP Frankland 2016

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

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		52	126	63	117
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	21%	10%	11%	15%
1.6	Do you understand spoken English?	100%	98%	98%	98%
1.7	Do you understand written English?	100%	98%	98%	99%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	12%	22%	14%	22%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	5%	2%	5%
1.1	Are you Muslim?	12%	11%	8%	13%
1.12	Do you consider yourself to have a disability?			39%	24%
1.13	Are you a veteran (ex-armed services)?	10%	10%	17%	7%
1.14	Is this your first time in prison?	35%	37%	40%	34%
2.6	Were you treated well/very well by the escort staff?	64%	56%	66%	56%
2.7	Before you arrived here were you told that you were coming here?	32%	40%	33%	42%
3.2	When you were searched in reception, was this carried out in a respectful way?	76%	71%	79%	71%
3.3	Were you treated well/very well in reception?	64%	52%	68%	50%
3.4	Did you have any problems when you first arrived?	80%	68%	66%	74%
3.7	Did you have access to someone from health care when you first arrived here?	58%	60%	47%	64%
3.9	Did you feel safe on your first night here?	67%	73%	69%	72%
3.10	Have you been on an induction course?	88%	91%	82%	95%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	62%	48%	52%	53%
4.4	Are you normally offered enough clean, suitable clothes for the week?	90%	83%	92%	81%
4.4	Are you normally able to have a shower every day?	100%	97%	100%	97%
4.4	Is your cell call bell normally answered within five minutes?	65%	57%	61%	59%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.5	Is the food in this prison good/very good?	35%	22%	25%	26%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	59%	62%	57%	63%
4.7	Are you able to speak to a Listener at any time, if you want to?	74%	49%	53%	59%
4.8	Do you feel your religious beliefs are respected?	55%	47%	54%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	61%	57%	65%	55%
5.1	Is it easy to make an application?	85%	88%	89%	87%
5.3	Is it easy to make a complaint?	75%	70%	73%	71%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	51%	48%	59%	43%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	39%	43%	42%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	8%	2%	8%
7.1	Do most staff, in this prison, treat you with respect?	86%	73%	85%	72%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	74%	71%	78%	70%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	26%	29%	39%	24%
7.4	Do you have a personal officer?	84%	81%	90%	78%
8.1	Have you ever felt unsafe here?	60%	48%	42%	55%
8.2	Do you feel unsafe now?	22%	20%	20%	21%
8.3	Have you been victimised by other prisoners?	43%	34%	36%	37%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	29%	23%	23%	25%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	10%	5%	8%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	7%	3%	8%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	5%	3%	5%
8.5	Have you been victimised because of your age? (By prisoners)	6%	2%	7%	1%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	12%	2%	10%	2%
8.6	Have you been victimised by a member of staff?	47%	43%	37%	46%
8.7	Have you ever felt threatened or intimidated by staff here?	27%	25%	27%	25%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	9%	3%	10%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	7%	2%	9%
8.7	Have you been victimised because of your nationality? (By staff)	6%	5%	5%	5%
8.7	Have you been victimised because of your age? (By staff)	4%	0%	3%	0%
8.7	Have you been victimised because you have a disability? (By staff)	18%	2%	8%	5%
9.1	Is it easy/very easy to see the doctor?	26%	23%	34%	19%
9.1	Is it easy/ very easy to see the nurse?	55%	56%	53%	56%
9.4	Are you currently taking medication?	82%	58%	81%	56%
9.6	Do you feel you have any emotional well being/mental health issues?	65%	31%	35%	43%
10.3	Is it easy/very easy to get illegal drugs in this prison?	22%	35%	23%	36%
11.2	Are you currently working in the prison?	69%	72%	73%	70%
11.2	Are you currently undertaking vocational or skills training?	2%	8%	4%	8%
11.2	Are you currently in education (including basic skills)?	25%	20%	21%	22%
11.2	Are you currently taking part in an offending behaviour programme?	31%	20%	24%	23%
11.4	Do you go to the library at least once a week?	36%	33%	29%	36%
11.6	Do you go to the gym three or more times a week?	20%	46%	23%	46%
11.7	Do you go outside for exercise three or more times a week?	25%	24%	25%	24%
11.8	On average, do you go on association more than five times each week?	86%	86%	90%	83%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	12%	10%	17%	7%
12.2	Have you had any problems sending or receiving mail?	48%	52%	38%	55%
12.3	Have you had any problems getting access to the telephones?	22%	25%	17%	27%

Diversity analysis



Key question responses (sexual orientation) HMP Frankland 2016

Prisoner survey responses (missing data have 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

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		18	158
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	6%	13%
1.6	Do you understand spoken English?	100%	98%
1.7	Do you understand written English?	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	5%	20%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	11%	3%
1.1	Are you Muslim?	5%	12%
1.12	Do you consider yourself to have a disability?	44%	27%
1.13	Are you a veteran (ex-armed services)?	0%	11%
1.14	Is this your first time in prison?	23%	37%
2.6	Were you treated well/very well by the escort staff?	65%	58%
2.7	Before you arrived here were you told that you were coming here?	44%	37%
3.2	When you were searched in reception, was this carried out in a respectful way?	77%	72%
3.3	Were you treated well/very well in reception?	67%	55%
3.4	Did you have any problems when you first arrived?	84%	72%
3.7	Did you have access to someone from health care when you first arrived here?	53%	61%
3.9	Did you feel safe on your first night here?	72%	70%
3.10	Have you been on an induction course?	89%	90%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	52%
4.4	Are you normally offered enough clean, suitable clothes for the week?	88%	84%
4.4	Are you normally able to have a shower every day?	100%	97%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Is your cell call bell normally answered within five minutes?	56%	59%
4.5	Is the food in this prison good/very good?	23%	26%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	61%	62%
4.7	Are you able to speak to a Listener at any time, if you want to?	67%	56%
4.8	Do you feel your religious beliefs are respected?	50%	49%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	56%	58%
5.1	Is it easy to make an application?	89%	87%
5.3	Is it easy to make a complaint?	65%	71%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	56%	49%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	53%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	5%
7.1	Do most staff, in this prison, treat you with respect?	77%	76%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	84%	71%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	28%	29%
7.4	Do you have a personal officer?	77%	83%
8.1	Have you ever felt unsafe here?	72%	49%
8.2	Do you feel unsafe now?	24%	21%
8.3	Have you been victimised by other prisoners?	56%	35%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	39%	23%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	11%	6%
8.5	Have you been victimised because of your sexual orientation? (By prisoners)	17%	1%
8.5	Have you been victimised because of your age? (By prisoners)	0%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	17%	3%
8.6	Have you been victimised by a member of staff?	50%	43%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.7	Have you ever felt threatened or intimidated by staff here?	44%	24%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	9%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	7%
8.7	Have you been victimised because of your sexual orientation? (By staff)	11%	1%
8.7	Have you been victimised because of your age? (By staff)	0%	1%
8.7	Have you been victimised because you have a disability? (By staff)	17%	5%
9.1	Is it easy/very easy to see the doctor?	28%	24%
9.1	Is it easy/ very easy to see the nurse?	44%	56%
9.4	Are you currently taking medication?	77%	64%
9.6	Do you feel you have any emotional well being/mental health issues?	56%	39%
10.3	Is it easy/very easy to get illegal drugs in this prison?	33%	31%
11.2	Are you currently working in the prison?	67%	72%
11.2	Are you currently undertaking vocational or skills training?	17%	5%
11.2	Are you currently in education (including basic skills)?	23%	21%
11.2	Are you currently taking part in an offending behaviour programme?	44%	21%
11.4	Do you go to the library at least once a week?	17%	36%
11.6	do you go to the gym three or more times a week?	17%	41%
11.7	Do you go outside for exercise three or more times a week?	11%	26%
11.8	On average, do you go on association more than five times each week?	72%	87%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	18%	10%
12.2	Have you had any problems sending or receiving mail?	56%	49%
12.3	Have you had any problems getting access to the telephones?	33%	23%



Prisoner survey responses HMP Frankland 2016

Prisoner survey responses (missing data have 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

Any percentage highlighted in green is significantly better	Vulnerable prisoner wings (A, B, C and D)	F, G and J wings
Any percentage highlighted in blue is significantly worse		
Any percentage highlighted in orange shows a significant difference in prisoners' background details		
Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned	96	65
SECTION 1: General information		
1.2 Are you under 21 years of age?	0%	0%
1.3 Are you sentenced?	100%	100%
1.3 Are you on recall?	1%	0%
1.4 Is your sentence less than 12 months?	0%	0%
1.4 Are you here under an indeterminate sentence for public protection (IPP prisoner)?	10%	11%
1.5 Are you a foreign national?	14%	16%
1.6 Do you understand spoken English?	97%	100%
1.7 Do you understand written English?	98%	100%
1.8 Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	13%	33%
1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	2%
1.1 Are you Muslim?	6%	19%
1.11 Are you homosexual/gay or bisexual?	13%	3%
1.12 Do you consider yourself to have a disability?	36%	19%
1.13 Are you a veteran (ex-armed services)?	11%	9%
1.14 Is this your first time in prison?	41%	36%
1.15 Do you have any children under the age of 18?	36%	41%
SECTION 2: Transfers and escorts		
On your most recent journey here:		
2.1 Did you spend more than 2 hours in the van?	55%	74%
2.5 Did you feel safe?	68%	75%
2.6 Were you treated well/very well by the escort staff?	62%	51%
2.7 Before you arrived here were you told that you were coming here?	42%	32%
2.8 When you first arrived here did your property arrive at the same time as you?	83%	74%
SECTION 3: Reception, first night and induction		
3.1 Were you in reception for less than 2 hours?	46%	48%
3.2 When you were searched in reception, was this carried out in a respectful way?	75%	71%
3.3 Were you treated well/very well in reception?	64%	43%

Key to tables

	Vulnerable prisoner wings (A, B, C and D)	F, G and J wings
Any percentage highlighted in green is significantly better		
Any percentage highlighted in blue is significantly worse		
Any percentage highlighted in orange shows a significant difference in prisoners' background details		
Percentages which are not highlighted show there is no significant difference		
When you first arrived:		
3.4 Did you have any problems?	78%	61%
3.4 Did you have any problems with loss of property?	19%	29%
3.4 Did you have any housing problems?	10%	0%
3.4 Did you have any problems contacting employers?	1%	1%
3.4 Did you have any problems contacting family?	27%	31%
3.4 Did you have any problems ensuring dependants were being looked after?	0%	5%
3.4 Did you have any money worries?	13%	8%
3.4 Did you have any problems with feeling depressed or suicidal?	25%	11%
3.4 Did you have any physical health problems?	25%	9%
3.4 Did you have any mental health problems?	23%	5%
3.4 Did you have any problems with needing protection from other prisoners?	18%	1%
3.4 Did you have problems accessing phone numbers?	28%	25%
When you first arrived here, were you offered any of the following:		
3.6 Tobacco?	46%	51%
3.6 A shower?	20%	17%
3.6 A free telephone call?	17%	9%
3.6 Something to eat?	41%	52%
3.6 PIN phone credit?	19%	11%
3.6 Toiletries/ basic items?	35%	29%
SECTION 3: Reception, first night and induction continued		
When you first arrived here did you have access to the following people:		
3.7 The chaplain or a religious leader?	39%	62%
3.7 Someone from health services?	58%	60%
3.7 A Listener/Samaritans?	26%	14%
3.7 Prison shop/ canteen?	13%	17%
When you first arrived here were you offered information about any of the following:		
3.8 What was going to happen to you?	41%	38%
3.8 Support was available for people feeling depressed or suicidal?	38%	25%
3.8 How to make routine requests?	45%	25%
3.8 Your entitlement to visits?	42%	33%
3.8 Health services?	48%	38%
3.8 The chaplaincy?	39%	45%
3.9 Did you feel safe on your first night here?	64%	77%

Key to tables

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3.10	Have you been on an induction course?	88%	97%
3.12	Did you receive an education (skills for life) assessment?	66%	83%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	49%	56%
4.1	Attend legal visits?	44%	37%
4.1	Get bail information?	8%	9%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	57%	64%
4.3	Can you get legal books in the library?	69%	55%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	88%	81%
4.4	Are you normally able to have a shower every day?	98%	97%
4.4	Do you normally receive clean sheets every week?	93%	77%
4.4	Do you normally get cell cleaning materials every week?	72%	67%
4.4	Is your cell call bell normally answered within five minutes?	61%	57%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	62%	79%
4.4	Can you normally get your stored property, if you need to?	28%	16%
4.5	Is the food in this prison good/very good?	23%	25%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	58%	59%
4.7	Are you able to speak to a Listener at any time, if you want to?	64%	43%
4.8	Are your religious beliefs are respected?	54%	37%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	61%	50%
4.10	Is it easy/very easy to attend religious services?	43%	54%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	89%	84%
5.3	Is it easy to make a complaint?	72%	69%
5.5	Have you ever been prevented from making a complaint when you wanted to?	26%	34%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	24%	12%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	46%	49%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	38%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	1%	6%

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SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	83%	67%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	78%	64%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	39%	19%
7.4	Do staff normally speak to you most of the time/all of the time during association?	35%	14%
7.5	Do you have a personal officer?	88%	74%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	57%	36%
8.2	Do you feel unsafe now?	27%	12%
8.4	Have you been victimised by other prisoners here?	46%	20%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	18%	5%
8.5	Hit, kicked or assaulted you?	13%	3%
8.5	Sexually abused you?	6%	0%
8.5	Threatened or intimidated you?	33%	11%
8.5	Taken your canteen/property?	13%	3%
8.5	Victimised you because of medication?	12%	5%
8.5	Victimised you because of debt?	3%	6%
8.5	Victimised you because of drugs?	2%	8%
8.5	Victimised you because of your race or ethnic origin?	8%	3%
8.5	Victimised you because of your religion/religious beliefs?	6%	3%
8.5	Victimised you because of your nationality?	9%	0%
8.5	Victimised you because you were from a different part of the country?	5%	3%
8.5	Victimised you because you are from a traveller community?	1%	0%
8.5	Victimised you because of your sexual orientation?	3%	1%
8.5	Victimised you because of your age?	4%	0%
8.5	Victimised you because you have a disability?	8%	0%
8.5	Victimised you because you were new here?	3%	5%
8.5	Victimised you because of your offence/crime?	19%	3%
8.5	Victimised you because of gang related issues?	6%	1%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	46%	40%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	22%	20%

Key to tables

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8.7	Hit, kicked or assaulted you?	6%	5%
8.7	Sexually abused you?	0%	0%
8.7	Threatened or intimidated you?	25%	27%
8.7	Victimised you because of medication?	11%	5%
8.7	Victimised you because of debt?	1%	3%
8.7	Victimised you because of drugs?	2%	3%
8.7	Victimised you because of your race or ethnic origin?	8%	10%
8.7	Victimised you because of your religion/religious beliefs?	3%	11%
8.7	Victimised you because of your nationality?	8%	3%
8.7	Victimised you because you were from a different part of the country?	5%	8%
8.7	Victimised you because you are from a traveller community?	1%	0%
8.7	Victimised you because of your sexual orientation?	2%	2%
8.7	Victimised you because of your age?	2%	0%
8.7	Victimised you because you have a disability?	8%	5%
8.7	Victimised you because you were new here?	3%	3%
8.7	Victimised you because of your offence/crime?	17%	3%
8.7	Victimised you because of gang related issues?	2%	0%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	23%	20%
9.1	Is it easy/very easy to see the nurse?	48%	68%
9.1	Is it easy/very easy to see the dentist?	14%	8%
9.4	Are you currently taking medication?	73%	49%
9.6	Do you have any emotional well being or mental health problems?	51%	16%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	25%	14%
10.2	Did you have a problem with alcohol when you came into this prison?	15%	16%
10.3	Is it easy/very easy to get illegal drugs in this prison?	30%	27%
10.4	Is it easy/very easy to get alcohol in this prison?	15%	5%
10.5	Have you developed a problem with drugs since you have been in this prison?	6%	5%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	10%	2%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	53%	20%
11.1	Vocational or skills training?	24%	20%

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11.1	Education (including basic skills)?	47%	41%
11.1	Offending Behaviour Programmes?	30%	13%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	76%	67%
11.2	Vocational or skills training?	5%	8%
11.2	Education (including basic skills)?	21%	25%
11.2	Offending Behaviour Programmes?	25%	13%
11.4	Do you go to the library at least once a week?	31%	37%
11.5	Does the library have a wide enough range of materials to meet your needs?	44%	51%
11.6	Do you go to the gym three or more times a week?	25%	60%
11.7	Do you go outside for exercise three or more times a week?	20%	29%
11.8	Do you go on association more than five times each week?	87%	86%
11.9	Do you spend ten or more hours out of your cell on a weekday?	10%	5%
	SECTION 12: Friends and family		
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	33%	28%
12.2	Have you had any problems with sending or receiving mail?	43%	59%
12.3	Have you had any problems getting access to the telephones?	19%	25%
12.4	Is it easy/ very easy for your friends and family to get here?	24%	16%
	SECTION 13: Preparation for release		
13.3	Do you have a named offender supervisor in this prison?	86%	80%
13.10	Do you have a needs based custody plan?	7%	10%
13.11	Do you feel that any member of staff has helped you to prepare for release?	13%	5%

Diversity analysis



Key question responses (veterans) HMP Frankland 2016

Prisoner survey responses (missing data have 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

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	Any percentage highlighted in blue is significantly worse		
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	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		18	159
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	5%	14%
1.6	Do you understand spoken English?	100%	98%
1.7	Do you understand written English?	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	5%	20%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	5%
1.1	Are you Muslim?	5%	11%
1.12	Do you consider yourself to have a disability?	29%	28%
1.13	Are you a veteran (ex-armed services)?		
1.14	Is this your first time in prison?	50%	35%
2.6	Were you treated well/very well by the escort staff?	67%	59%
2.7	Before you arrived here were you told that you were coming here?	17%	41%
3.2	When you were searched in reception, was this carried out in a respectful way?	89%	72%
3.3	Were you treated well/very well in reception?	50%	57%
3.4	Did you have any problems when you first arrived?	72%	72%
3.7	Did you have access to someone from health care when you first arrived here?	35%	62%
3.9	Did you feel safe on your first night here?	67%	72%
3.10	Have you been on an induction course?	89%	91%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	47%	53%
4.4	Are you normally offered enough clean, suitable clothes for the week?	84%	85%

Diversity analysis

Key to tables

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	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally able to have a shower every day?	100%	97%
4.4	Is your cell call bell normally answered within five minutes?	53%	60%
4.5	Is the food in this prison good/very good?	28%	26%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	61%	62%
4.7	Are you able to speak to a Listener at any time, if you want to?	56%	56%
4.8	Do you feel your religious beliefs are respected?	50%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	56%	58%
5.1	Is it easy to make an application?	84%	87%
5.3	Is it easy to make a complaint?	61%	73%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	61%	49%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	5%
7.1	Do most staff, in this prison, treat you with respect?	77%	77%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	72%	73%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	39%	27%
7.4	Do you have a personal officer?	82%	82%
8.1	Have you ever felt unsafe here?	33%	53%
8.2	Do you feel unsafe now?	11%	22%
8.3	Have you been victimised by other prisoners?	5%	40%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	0%	27%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	7%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	7%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	5%
8.5	Have you been victimised because of your age? (By prisoners)	0%	3%

Diversity analysis

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	Any percentage highlighted in blue is significantly worse		
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	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	5%	5%
8.6	Have you been victimised by a member of staff?	39%	44%
8.7	Have you ever felt threatened or intimidated by staff here?	11%	27%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	8%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	7%
8.7	Have you been victimised because of your nationality? (By staff)	0%	6%
8.7	Have you been victimised because of your age? (By staff)	0%	1%
8.7	Have you been victimised because you have a disability? (By staff)	11%	6%
9.1	Is it easy/very easy to see the doctor?	28%	24%
9.1	Is it easy/ very easy to see the nurse?	61%	54%
9.4	Are you currently taking medication?	67%	64%
9.6	Do you feel you have any emotional well being/mental health issues?	33%	40%
10.3	Is it easy/very easy to get illegal drugs in this prison?	39%	30%
11.2	Are you currently working in the prison?	77%	71%
11.2	Are you currently undertaking vocational or skills training?	0%	7%
11.2	Are you currently in education (including basic skills)?	33%	20%
11.2	Are you currently taking part in an offending behaviour programme?	5%	25%
11.4	Do you go to the library at least once a week?	44%	32%
11.6	Do you go to the gym three or more times a week?	28%	40%
11.7	Do you go outside for exercise three or more times a week?	28%	24%
11.8	On average, do you go on association more than five times each week?	77%	87%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	17%	10%
12.2	Have you had any problems sending or receiving mail?	39%	51%
12.3	Have you had any problems getting access to the telephones?	28%	23%