

Report on an unannounced inspection of

HMP Frankland

by HM Chief Inspector of Prisons

13–24 January 2020

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:



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Contents

Glossary of terms	5
Introduction	7
Fact page	9
About this inspection and report	11
Summary	15
Section 1. Safety	23
Section 2. Respect	31
Section 3. Purposeful activity	43
Section 4. Rehabilitation and release planning	49
Section 5. Summary of key concerns and good practice	55
Section 6. Appendices	59
Appendix I: Inspection team	59
Appendix II: Progress on recommendations from the last report	61
Appendix III: Care Quality Commission Requirement Notice	65
Appendix IV: Photographs	67
Appendix V: Prison population profile	69
Appendix VI: Prisoner survey methodology and results	71

Glossary of terms

We try to make our reports as clear as possible, and this short glossary should help to explain any terms you find labelled with an asterisk in this report. If need an explanation on any other terms, please see the longer glossary in our 'Guide for writing inspection reports', available on our website at: <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>

Care Quality Commission

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

Certified normal accommodation and operational capacity

Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Challenge, support and intervention plan (CSIP)

Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Some prisons also use the CSIP framework to support victims of violence.

Key worker scheme

Following a review of offender management in 2015, HMPPS began to introduce a new offender management in custody (OMiC) model from 2017. The new model is being implemented in stages, starting with new prison officer key workers. The second phase, core offender management, and the introduction of prison offender managers (POMs) is being introduced gradually, from 2019.

Psychoactive substances

Psychoactive substances are either naturally occurring, semi-synthetic or fully synthetic compounds. When taken they affect thought processes or individuals' emotional state. In prisons, these substances are commonly referred to as 'spice'. For more information see: <https://www.gov.uk/guidance/psychoactive-substances-in-prisons#what-are-psychoactive-substances>

Protection of adults at risk

Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Protected characteristics

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

Offender management in custody (OMiC)

Following a review of offender management in 2015, HMPPS began to introduce a new offender management model from 2017. The new model is being implemented in stages, starting with new

prison officer key workers. The second phase, core offender management, and the introduction of prison offender managers (POMs) is being introduced gradually, from 2019.

Introduction

HMP Frankland, near Durham, is one of the country's most secure prisons. Holding 840 convicted adult men at the time of our inspection, over 250 were classified as category A, the highest security classification, and of these, nine were considered high-risk category A. Almost all those held were serving sentences in excess of ten years, with the majority serving indeterminate or life sentences. The majority had committed the most serious, and often violent, offences and posed very great risks to the public. The security measures applied at Frankland, as well the depth of custody experienced, reflected fully these risks.

The prison included four wings (A to D) holding mainly vulnerable prisoners, and three newer wings (F to J) holding more mainstream offenders. The most modern facility was the Westgate units, which provided psychologically-informed interventions and sought to treat complex personality disorders. The prison also contained a 'separation unit' where a small number of individuals who were judged to present a particular risk to national security were held. This facility will be inspected separately at a later date, so did not form part of this inspection.

Our findings at this inspection, consistent with our findings when we last visited in 2016, showed that Frankland continued to ensure reasonable outcomes against all our tests of a healthy prison. A stable population meant daily movement through reception was limited, but new prisoners were received and inducted well. Most prisoners reported feeling safe and overall levels of violence were low, despite all the risks. Some good work was taking place to ensure this continued to be the case, and although use of force had increased, it remained lower than the level seen in similar prisons. Accountability for its use was generally good. The regime offered in segregation remained limited but relationships were good and there were credible joint working initiatives to better case manage individuals and break the cycle of long-term segregation.

The security department was extensive and well resourced. The management of intelligence was a priority and we were told of robust procedures for monitoring potential extremism and corruption. Although lower than at prisons generally, drug testing suggested that more illicit drugs were available than in comparison to other high security prisons, and prisoners suggested to us that drugs were easy to get hold of.

Since we last inspected, there had been one self-inflicted death and levels of self-harm had increased and were now higher than at similar prisons. The prison's response to this challenge was mixed and it was clear the issue needed greater prioritisation. Case management of those in crisis, for example, varied greatly, although prisoners in crisis we spoke to nevertheless felt cared for.

Frankland remained a reasonably respectful prison. Relationships were relaxed and informal, and most prisoners felt respected by staff. The environment and living conditions were satisfactory throughout most of the prison and arrangements to ensure meaningful consultation were, for the most part, adequate, as were those to deal with applications and complaints. The promotion of equality and diversity, however, needed improvement and required greater prioritisation. The chaplaincy in contrast was a strength. Outcomes in healthcare as well as in drug and substance misuse services were good.

In the context of a settled and stable training establishment we were surprised to find about 30% of prisoners locked up during the working day, including the majority of those who had reached retirement age. That aside, leaders and managers had worked well together to ensure that the quality of regime and education offered was reasonably good. The curriculum generally met need, although accreditation in workshops and prison work was lacking. The quality of teaching and learning was good and assistance from peer supporters was useful. Achievements were generally high despite low attendance in education. Our colleagues in Ofsted judged the overall effectiveness of education, skills and work provision as 'good'.

The prison had a good understanding of prisoner risk and need, but we identified some weaknesses in the prison's approach to offender management and sentence planning. Staff had high caseloads and the approach to case management was too often poorly coordinated. That said, most prisoners had an up-to-date assessment (OASys) and most were of good quality. We found public protection arrangements to be robust. The prison had enough offending behaviour interventions to meet most need, augmented by some very good psychology-led one-to-one work. The offender personality disorder pathway worked as well as other psychological approaches delivered on the Westgate units, which were recognised as centres of excellence.

Frankland is a large and complex high security prison with many challenges, managing some notable risks. The outcomes that prisoners experienced, despite this, continued to be good. We leave the prison with a number of recommendations we hope will assist further improvement.

Peter Clarke CVO OBE QPM

HM Chief Inspector of Prisons

March 2020

Fact page

Task of the establishment

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

Certified normal accommodation and operational capacity (see Glossary of terms)

Prisoners held at the time of inspection: 841

Baseline certified normal capacity: 852

In-use certified normal capacity: 852

Operational capacity: 852

Notable features from this inspection

No prisoners were held on remand during our inspection.

30% of prisoners were category A security status.

Over 50% of prisoners had been at Frankland for over four years.

97% of prisoners were subject to multi-agency public protection arrangements (MAPPA).

More than a third of the population were over 50.

Only four prisoners had been released from Frankland in the previous six months.

Prison status (public or private) and key providers

Public

Physical health provider: G4S Forensic and Medical Services

Mental health provider: Tees, Esk and Wear Valleys NHS Foundation Trust

Substance misuse treatment provider: Change, Grow, Live

Prison education framework provider: Milton Keynes College

Escort contractor: GEOAmey

Prison group

Long-term and high security estate

Brief history

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

Short description of residential units

A, B, C and D wings - the original wings, each holding 108 vulnerable prisoners:

A wing holds enhanced-status prisoners

B1 landing holds older prisoners 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 prisoners over 50)

J wing has 120 places.

Westgate unit - commissioned jointly by the NHS and HMPPS, Westgate has four units with a total of 86 places:

unit one: psychologically informed planned environment (PIPE)

unit two: induction for Westgate and pilot progression unit for prisoners leaving segregation

units three and four: treat prisoners with complex personality presentation.

Health care - nine places

Management and progression (segregation) unit - 28 places

The prison also contained a separation unit to hold prisoners who present risks to national security that cannot be managed adequately on mainstream location. The unit was not in scope for this inspection.

Name of governor and date in post

Gavin O'Malley – April 2018

Independent Monitoring Board chair

Richard Wilkinson

Date of last inspection

22 February – 4 March 2016

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.

Rehabilitation and release planning

Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.

- 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 Her Majesty's Prison and Probation Service (HMPPS).

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

Outcomes for prisoners are not sufficiently good.

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for prisoners are poor.

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

A5 Our assessments might result in one of the following:

Key concerns and recommendations: identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners

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 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous 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 and conditions for men in prisons (Version 5, 2017)*. (These can be read on our website at: <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>). 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 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 the appendices.

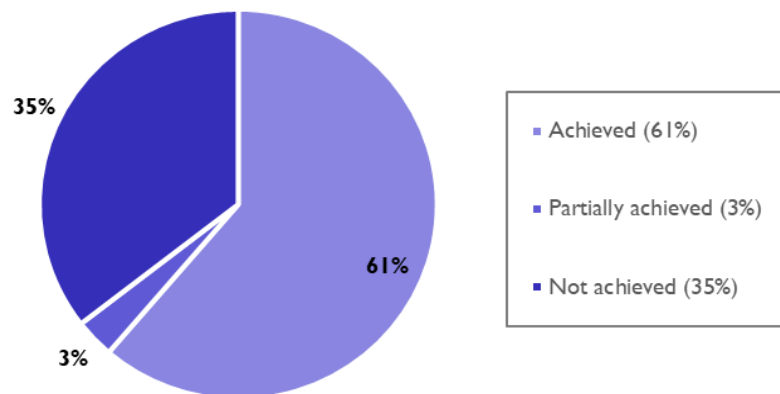
A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are

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

Summary

- S1 We last inspected Frankland in March 2016 and made 31 recommendations overall. The prison fully accepted 25 of the recommendations and partially (or subject to resources) accepted five. It rejected one of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved 19 of those recommendations, partially achieved one recommendation and not achieved 11 recommendations.

Figure 1: HMP Frankland progress on recommendations from last inspection (n=31). Note that figures may have been rounded and may not total 100%. This applies throughout the report.



- S3 Since our last inspection outcomes for prisoners stayed the same in three healthy prison areas, with safety, respect, and rehabilitation and release planning remaining reasonably good. Outcomes in purposeful activity declined from good to reasonably good.

Figure 2: HMP Frankland healthy prison outcomes 2016 and 2020. Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.



Safety

S4 Support for prisoners in their early days was reasonably good. Prisoners felt safe and levels of violence were relatively low. Behaviour was managed well and effective consultation had improved the local incentives scheme. The use of force was generally proportionate. The segregation unit regime was limited and many stays were very long. However, a promising case management approach to progression showed early signs of success in breaking the cycle of long-term segregation. Security was well managed, but despite some robust measures the drug strategy was not yet fully effective in reducing the availability of drugs. Incidents of self-harm had increased and were comparatively high. **Outcomes for prisoners were reasonably good against this healthy prison test.**

S5 At the last inspection in March 2016 we found that outcomes for prisoners in Frankland were reasonably good against this healthy prison test. We made nine recommendations in the area of safety (this included recommendations about substance use treatment, which in our updated *Expectations* (Version 5, 2017) now appear under the healthy prison area of respect). At this inspection we found that six of the recommendations had been achieved, one had been partially achieved and two had not been achieved.

S6 In our survey, 80% of prisoners said they were treated well in reception. Staff were polite, attentive and helpful to new arrivals. The reception environment was cramped and needed refurbishment. Reception processes were swift and risk assessments were thorough, although interviews and health screening were not conducted in private. First night cells were clean and well prepared. Prisoners had access to peer support in their early days but staff did not conduct additional safety checks on new arrivals. The two-week induction programme was thorough.

S7 In our survey, most prisoners reported feeling safe and overall levels of violence were low. Very few incidents of violence were classed as serious. The weekly intervention and monthly safer custody meetings considered a wide range of data that identified current and emerging issues affecting safety. However, poor attendance limited the effectiveness of the meeting in developing and delivering the strategy to improve safety outcomes further. The challenge, support and intervention plan (CSIP) (see Glossary of terms) process was used appropriately

to manage the perpetrators of violence, and an impressive CSIP awareness package helped staff to understand and use the system. Prisoner behaviour was managed well and was generally good. Enhanced wings and peer support roles provided valuable incentives. A recent review of the formal incentives scheme had involved extensive prisoner consultation, with a renewed focus on encouraging positive behaviour.

- S8 The use of force had increased since the last inspection but was lower than in similar prisons. Governance of its use was good. The camera footage and documentation we reviewed were detailed and provided adequate justification for the use of force. However, staff did not always turn on their body-worn cameras to record incidents. Use of special accommodation had increased and governance was weak: one prisoner had been held in special accommodation for five days before an 'initial' review was held on day four.
- S9 The segregation unit provided a limited regime to prisoners, some of whom were segregated for long periods. Relationships between unit staff and prisoners were positive. A new psychologically informed case management system had been introduced for selected prisoners. This innovative and promising pilot showed early signs of success in breaking the cycle of long-term segregation. We found a few prisoners on residential units in conditions amounting to segregation without the necessary safeguards in place.
- S10 Commensurate with the high risks posed by some of the most serious offenders in the country, almost a third of whom were classified as category A, Frankland utilised the skills of a well-resourced security team. They ensured that intelligence systems were effective in the identification and management of security objectives, contributing to a safe environment for the long term, predominantly life sentenced, population. There was also a robust approach to the monitoring of extremism and corruption prevention
- S11 There had been one self-inflicted death since the last inspection and recommendations by the Prisons and Probation Ombudsman following its investigation were being addressed. Levels of self-harm had increased and were high compared with similar prisons. Attendance at the monthly safer custody meeting was poor, and so useful data collated and analysed were not effectively shared and understood by staff across the prison. The quality of assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm varied widely; case reviews were not always multidisciplinary, care maps lacked detail and there was inconsistency of case managers. However, most prisoners on ACCT we spoke to were positive about the support they received.

Respect

- S12 Most prisoners said that staff treated them with respect. The quality of some key work was good but the system as a whole was not sufficiently prioritised. Communal areas were well maintained and living conditions were good. Weaknesses in the application system remained. The prison food was reasonable and there were good facilities for self-catering on residential units. Equality and diversity issues were not given sufficient priority to ensure the needs of all prisoners with protected characteristics were met. The chaplaincy was well integrated and provided valuable support. Health services were reasonably good. Substance misuse services delivered effective clinical and psychosocial interventions. **Outcomes for prisoners were reasonably good against this healthy prison test.**
- S13 At the last inspection in March 2016 we found that outcomes for prisoners in Frankland were reasonably good against this healthy prison test. We made 12 recommendations in the

area of respect. At this inspection we found that seven of the recommendations had been achieved and five had not been achieved.

- S14 In our survey, 84% of prisoners said staff treated them with respect, and many of those we spoke to were positive about staff. We observed generally relaxed and informal relationships between staff and prisoners, and staff who were confident and calm in carrying out their duties. However, prisoners also said that some staff were unhelpful, and we observed a lack of active engagement on some wings, even when plenty of staff were present. The key worker (see Glossary of terms) scheme (involving regular staff contact with named prisoners) was not sufficiently prioritised and not all prisoners had regular contact. However, the quality of recorded contact was often good and there was systematic quality checking.
- S15 Outside and communal areas were clean and well maintained. The wings themselves were also well maintained, although some were showing their age. All prisoners had a single cell, which was well equipped, and refurbished showers were in an acceptable condition. There were satisfactory arrangements for laundry and access to stored property. Cell call bells were answered promptly.
- S16 In our survey, only 38% of prisoners said the food was good. The kitchen was well equipped and maintained, and a relatively large number of meals were made on the premises. The quantity and quality of the food we sampled were reasonable, although vegetarian and vegan choices were limited. The wing self-catering facilities were well used and valued by prisoners. The weekly shop ordering system worked reasonably well, although new arrivals could wait up to two weeks for their first order, which increased their risk of accruing debt. The prison was addressing recent problems with the catalogue ordering system.
- S17 Prisoners were consulted in several ways, including focused wing meetings, the monthly prisoners' consultative committee, and an effective forum that reviewed and improved prison processes to support rehabilitation. Despite recent attempts at improving the applications system, some prisoners waited too long for responses and there was no central monitoring of effectiveness. There were fewer complaints than in comparator prisons. Responses to complaints were usually prompt, and learning from analysis of the data had led to improvements. Prisoners had reasonable access to legal information and their legal representatives.
- S18 Equality and diversity work was still not given sufficient priority at the most senior level. Investigations into allegations of discrimination were not always adequate, and too many were answered late, some with inadequate replies. Some black and minority ethnic prisoners told us they felt discriminated against, and there was some evidence to support their perceptions. There was little evidence that the prison used professional interpreting and translation services to communicate with foreign national prisoners, and some were dissatisfied with the limited range of foreign language material in the library. Reasonable adjustments had been made for some prisoners with disabilities, but others reported unmet needs over long periods. The prison provided suitable daytime activities for older prisoners but too many retired prisoners were locked up during the core day. There was insufficient focus on supporting young prisoners who lacked the maturity to cope well in an adult prison. Transgender prisoners appreciated the support available from a national charity, but reported ongoing problems with getting clothing and make-up. Some prisoners felt safe enough to disclose their sexuality but this was not universal. A community-led LGBT forum provided good support.
- S19 Chaplaincy services at the prison were a strength. The well-resourced team was cohesive and fully integrated across many aspects of prison life.

- S20 There were coordinated governance processes between the multiple providers of health services. Primary care provision was meeting prisoner need, although its staffing remained a problem and affected service delivery at times. In our survey, prisoners expressed dissatisfaction with the quality of health services, and the poorly-managed health complaints process exacerbated their negative perceptions. Prison managers continued to place prisoners without clinical need in the inpatient unit. There were services to assess and provide social care to those meeting the threshold, although the prisoner peer worker system required better oversight. Mental health services were good, and the new dedicated health provision in the segregation unit contributed to the progression of segregated prisoners. Substance misuse services were good with an experienced and skilled team delivering effective clinical and psychosocial interventions that met need. Medicines management processes had improved, and dental services were good.

Purposeful activity

- S21 Too many prisoners were locked up during the core day. The leadership and management of education, skills and work were reasonably good. Learning and skills self-assessment was accurate and there had been improvements since the last inspection. However, the curriculum did not provide sufficient learning opportunities at a higher level and there were insufficient full-time activity spaces for all prisoners. The quality of teaching, learning and assessment was generally good. Most prisoners behaved well. Attendance at work was good but low in education. Achievement rates were generally good although too many prisoners who completed their courses failed to achieve qualifications in maths and English.
Outcomes for prisoners were reasonably good against this healthy prison test.

- S22 At the last inspection in March 2016 we found that outcomes for prisoners in Frankland were good against this healthy prison test. We made five recommendations in the area of purposeful activity. At this inspection we found that four of the recommendations had been achieved and one had not been achieved.

- S23 During our roll checks we found 30% of prisoners locked up during the core day, which was too high. Prisoners employed full time off the wing could have nine hours out of cell on a weekday, but most had less than this because of part-time employment and delays in the regime. Most had regular access to outside exercise and association.

- S24 Access to the libraries had improved but was still limited for some prisoners. The libraries provided a good variety of events. Prisoners valued the varied gym provision, but gym staff needed to understand who did not attend and why, so they could target promotion of the provision.

- S25 Prison leaders managed the partnership with the main education provider well, successfully holding it to account for the quality of its provision. Self-assessment processes were honest and identified many of the key weaknesses that we identified throughout the inspection. There had been effective action to address most weaknesses identified. The provider had made significant improvements in English and mathematics teaching, although further improvement was still needed.

- S26 The curriculum successfully met the needs of most prisoners. However, there was no formal accreditation in prison work or workshops, insufficient opportunities for prisoners to study qualifications at level 3, and an unmet need for English for speakers of other languages (ESOL). There were plans to address some shortfalls but it was too early to assess their impact. The prisoners' pay policy had been revised; those in education were now paid an

equivalent to those in industries and prison work, with bonuses available for achieving qualifications.

- S27 Prisoner allocations to activities were well managed, and were fair and equitable. The reserve list was closely monitored and there was no recorded evidence that anyone was disadvantaged by the process. However, a few prisoners felt that the same prisoners were repeatedly allowed to miss work when managers over-allocated prisoners to workshops, indicating that the system was not transparent or sufficiently well communicated. Most prisoners were engaged in activities part time as there were insufficient full-time places. There was insufficient uptake from prisoners on the PIPE (psychologically informed planned environment), and too many prisoners were allocated to wing work that did not fully occupy their time.
- S28 The quality of teaching, learning and assessment was generally good, and prisoners were able to develop substantial new knowledge and skills in their study or work. Teachers in art, social enterprise and music inspired prisoners to make rapid progress, and built on low initial skill levels. Most peer mentors were used well through education and workshops. Staff identified and supported prisoners with additional learning needs, and their learning was well planned and carried out effectively.
- S29 Initial assessments were thorough and used effectively to plan for and meet prisoners' individual learning needs. Teachers built on previous learning and prisoners made good progress from their starting points in most subjects. However, feedback by teachers was not always helpful in informing prisoners of what they needed to do to improve the quality of their work. In English and mathematics, teaching was not yet consistently strong, and too often it was uninspiring and learners lost motivation. As a result, prisoners did not make the expected progress in these subjects.
- S30 Most prisoners were well behaved and showed respect for their peers and staff. Through education, skills and work, prisoners developed their self-esteem and confidence well. They worked independently and took pride in their work. However, while attendance at workshops was high it was too low in education. There was insufficient information, advice and guidance to help prisoners plan for their time in custody.
- S31 The proportion of prisoners who achieved their qualifications was high in most subjects, and prisoners produced a very good standard of work in prison workshops, working to commercial standards. Work in English and mathematics was to an appropriate standard, but too many of those who got to the end of their courses failed to pass the final assessment, particularly at levels one and two.

Rehabilitation and release planning

- S32** Children and families work was reasonably good. The prison understood the needs of its population and individual departments were focused on rehabilitation. However, a lack of coordination created some gaps in provision. Most prisoners had a good assessment of their risk and needs. High caseloads compromised quality contact between prison offender managers (POMs) and some prisoners. Categorisation reviews were well timed but progress was often blocked by a lack of category B spaces nationally. Public protection arrangements were robust. There were a good range of interventions. The PIPE and Westgate unit were centres of excellence in the delivery of psychological approaches and treatments.
- Outcomes for prisoners were reasonably good against this healthy prison test.**

- S33 At the last inspection in March 2016 we found that outcomes for prisoners in Frankland were reasonably good against this healthy prison test. We made five recommendations in the area of resettlement. (This included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated *Expectations* (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.) At this inspection we found that two of the recommendations had been achieved and three had not been achieved.
- S34 The visits environment was reasonably bright, and staff balanced a welcoming attitude with proper management of risks, however, some prisoners said their visits did not start or finish on time. Monthly family visits continued to be well run, and NEPACS (a charity supporting prisoners and their families) staff and volunteers gave good support to visiting families, especially through the very friendly visitors' centre. However, there was little wider work to support and strengthen family ties, given that most families lived more than 50 miles away.
- S35 There were still some weaknesses in the strategic management of reducing reoffending. While managers had conducted a good needs analysis, and various departments focused on reducing reoffending, there was a lack of coordinated action to address unmet need. Caseloads for POMs were high and their contact with prisoners was not always frequent enough or sufficiently focused on progression. The prison had worked hard to reduce the OASys (offender assessment system) backlog and most prisoners had an assessment of their risk and needs. The risk assessments we looked at were good, but sentence plans were not always updated to reflect changes in circumstance. Eighty per cent of prisoners were serving an indeterminate sentence. Parole arrangements were well managed.
- S36 Public protection arrangements were robust. The prison held regular public protection meetings with information shared from relevant departments to inform decisions. Reports for multi-agency public protection arrangements (MAPPA) meetings were very good and levels of risk management were confirmed before release. Monitoring and child contact arrangements were well managed.
- S37 Categorisation decisions were well timed and considered relevant information. However, prisoners expressed frustration about the length of time it took to progress, and told us it was difficult to move from category A to category B. The prison had improved relationships with other prisons to facilitate progressive moves, although there remained a lack of spaces for category B prisoners nationally.
- S38 The prison had enough programme spaces to meet the needs of most of the population, and offered a range of accredited and non-accredited programmes. Some prisoners waited too long to be assessed for a high intensity programme, but this was improving. Category A and vulnerable prisoners who needed an offending behaviour programme to address high-risk domestic abuse were unable to access a suitable programme in any prison. Psychology staff completed some excellent one-to-one work with those who needed motivational work or were unsuitable for a group programme.
- S39 The Westgate unit was in transition to reflect the needs of prisoners in the national offender personality disorder (OPD) pathway, and to support prisoners from segregation in the pilot progression project. The PIPE continued to offer supported transition to prisoners in the OPD. Both services were centres of excellence in the delivery of psychological approaches and treatments. However, there were no accredited educational and training opportunities that could lead to qualifications for prisoners on the Westgate unit.
- S40 Only a few prisoners had been released from Frankland in the previous six months, and the prison provided reasonably good support.

Key concerns and recommendations

- S41 Key concern: In our survey, significantly more prisoners than in similar prisons told us it was easy to get illicit drugs. This was reflected in the prison's positive drug test results, which had increased since the previous inspection. The prison did not monitor the effectiveness of technology such as body scanners. There was no supply reduction action plan, and we could not be assured that required actions were effectively tracked and completed.

Recommendation: Actions to reduce the supply and demand for drugs should be recorded in a plan, which is clearly communicated and tracked to ensure delivery of the drug strategy. (To the governor)

- S42 Key concern: The self-harm rate was very high. Assessment, care in custody and teamwork (ACCT) documentation was too variable, despite efforts to improve it. Attendance at the monthly safer custody meeting was poor, and therefore useful data which might have helped staff understand and manage the levels of self-harm was not effectively shared.

Recommendation: Prisoners at risk of self-harm or suicide should receive effective, well-documented care which reduces harmful behaviours. (To the governor)

- S43 Key concern: Equality and diversity work was still not given sufficient priority. Senior managers did not attend the diversity and equality action team regularly, data were not always analysed well enough to be meaningful, and there was insufficient investigation of potential discrimination. Some policies were out of date. Responses to discrimination complaints were often late and too many were inadequate.

Recommendation: All managers should have a clear role in delivering a coordinated strategic approach to equality and diversity work, which ensures that the needs of prisoners with protected characteristics are met. (To the governor)

- S44 Key concern: Prisoner concerns and complaints about health care were not properly managed. Of the 208 complaints made directly to the health department between July and December 2019, 56 had not yet had a response. Complaints submitted through the prison complaints system were not included in monitoring and review within the health complaints system, which affected the analysis of health complaints overall. Many responses did not fully address the issues raised, and apologies were not always offered. The CQC has issued requirement notices about the management of complaints to G4S and Spectrum Community Health CIC.

Recommendation: All responses to prisoner complaints about health care, however raised, should be made on time and in line with NHS guidance on handling health care complaints. (To the governor)

- S45 Key concern: The prison had conducted a prisoner needs analysis but had not done enough to analyse or implement the findings. While several departments focused on reducing reoffending, there were no reducing reoffending meetings to coordinate the work and ensure that action was taken to address some unmet need.

Recommendation: Work to reduce reoffending should be coordinated and result in the delivery of a measurable action plan to ensure that needs are met. (To the governor)

Section 1. Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes:

Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

- 1.1 Many prisoners had long journeys to Frankland, which included overnight stays at other establishments for some. Escorting vehicles did not face delays in accessing the prison. The escort staff we observed were polite and respectful to prisoners, and aware of risk factors and how to manage these during escort. The escort vehicles were clean and stocked appropriately. All prisoners went through a body scanner which was an effective measure to detect illicit articles. It was also practice to strip-search all prisoners in addition to going through the scanner, but risk assessments and regular reviews had not been put in place to support practice.
- 1.2 The reception area was cramped and needed refurbishment. The prisoner property room was in a poor condition and had damp on the walls, as the roof regularly leaked (see photograph, Appendix IV). The two holding rooms were clean and had televisions and some newspapers to occupy prisoners. However, the two holding cells were sparse and staff could not easily observe prisoners located there. There were no toilets in the holding rooms, and prisoners had to ask staff to use the toilet.
- 1.3 In our survey, 80% of prisoners said they were treated well in reception. Reception staff managed around five new arrivals a week. Risk interviews were conducted at an open desk within earshot of other staff and prisoners, which potentially inhibited prisoners from disclosing confidential information. However, staff were polite, attentive and helpful, and the risk assessments we observed were thorough. As at the last inspection, the health screening was carried out with the door open, which also breached confidentiality (see paragraph 2.45).
- 1.4 All new arrivals were offered a telephone call, shower and reception pack, which included a vaping pack if required. There were no peer support or Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) in reception, even though a room was available. This was a missed opportunity to provide some immediate and early support to new arrivals. Prisoners regularly spent a long time in reception as they often arrived with a large amount of property that staff had to process in their presence before they could be located on the wing.
- 1.5 New arrivals went on to F, G or J wings, or DI wing if they were designated as vulnerable. Cells were clean and well prepared. However, staff did not conduct additional safety checks on new arrivals or those whose circumstances had changed, for example, after a court appearance.
- 1.6 The two-week induction programme started the next working day after arrival. It was thorough, covered all aspects of the prison regime and was presented by staff from various departments. Prisoners on all units had good access to peer support workers during their induction.

Recommendations

- 1.7 Risk interviews for new arrivals, including health care interviews, should take place in private with the door closed.**
- 1.8 Peer supporters and Listeners should be available in reception to meet all new arrivals.**
- 1.9 There should be additional first night safety checks on all new arrivals and those whose circumstances have changed.**

Managing behaviour

Expected outcomes:

Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

- 1.10** As a high security prison, Frankland continued to hold a considerable number of challenging prisoners, many serving over 10 years for violent offences. Despite this, most prisoners said they felt safe.
- 1.11** Levels of reported violence were lower than in most other high security prisons. Between July and December 2019 there had been 47 recorded incidents of violence, 15 against staff and 32 between prisoners, including two fights. Most incidents were low level and very few were classed as serious (four during the same period).
- 1.12** The prison's overarching safety strategy was delivered through a policy covering both self-harm and violence reduction, and a local risk and violence reduction document. Both were based on national HMPPS safety guidance and included a violence reduction plan with high level strategic actions that were reviewed by the safer custody team for continuous improvement.
- 1.13** The head of safer custody chaired the monthly safer prison meeting. However, poor attendance limited its effectiveness as a vehicle for developing and delivering the long-term strategy to improve safety outcomes further. For example, departments such as security submitted written reports but did not attend the meeting. We identified information that had not been shared, which might have had an impact on safety outcomes (see paragraphs 1.17 1.38 and 1.46
- 1.14** The poor attendance of the monthly meeting was offset to some extent by the weekly safety intervention meeting (SIM). The SIM was used for enhanced case reviews of prisoners at risk of harm or who had been involved in acts of violence. The SIM considered a wide range of useful data on both current and emerging issues affecting safety. There was evidence that actions identified at the SIM were appropriately tracked until completion.
- 1.15** The prison had introduced challenge, support and intervention plans (CSIPs) (see Glossary of terms) to manage incidents of violence and antisocial behaviour. The safer custody administrative team regularly reviewed referrals to the process to ensure that it was used appropriately to manage perpetrators of violence, and that investigations were conducted within a reasonable time. There had been a good focus on raising staff awareness of the CSIP

process. Most middle managers had attended useful local training, provided by members of the psychology team, which was supplemented by a handbook to help staff understand and use the system.

- 1.16** Vulnerable prisoners, including those who needed protection due to their offence and those who had become vulnerable due to problems such as debt, were managed on separate residential units (A-D). During the inspection we identified a small number of prisoners located on a vulnerable prisoners wing who were kept locked in their cells because of their intimidating behaviour towards other vulnerable prisoners. These prisoners were not receiving an adequate regime and had not been reported to the safer custody team which meant their cases were not being managed through the SIM (see paragraphs 1.14 and 1.34).
- 1.17** Oversight of the incentives scheme for prisoners was well managed and behaviour was generally good. In our survey, 51% of prisoners said that the scheme had encouraged them to demonstrate good behaviour. The provision of enhanced wings and peer support roles were valuable incentives. The prison had introduced a revised HMPPS national framework for incentives shortly before the inspection, which involved extensive prisoner consultation. Prisoners spoke positively about their engagement with the new scheme and its renewed focus on encouraging positive behaviour.

Recommendation

- 1.18** **Attendance at safer custody meetings should be improved to support effective information sharing and action planning to reduce violence.**

Good practice

- 1.19** *The prison provided an impressive challenge, support and intervention plan (CSIP) awareness package to help staff understand and use the system.*

Adjudications

- 1.20** The number of adjudications was lower than at other high security prisons but had continued to rise, with 512 in the previous six months. Most charges were in relation to illicit items such as drugs. The system was well managed. The documentation of hearings that we examined, and prisoners who we spoke to, indicated that proceedings were conducted fairly and prisoners were given good opportunity to explain their version of events. The deputy governor conducted quality assurance and chaired a quarterly standardisation meeting, and there was sufficient analysis of information to identify issues that required attention.

Use of force

- 1.21** There had been 74 use of force incidents in the previous six months, which was much higher than the 32 found at the last inspection but lower than we usually see in similar prisons.
- 1.22** Governance of the use of force was good. Paperwork was collated well and monitored at the monthly review meeting. However, governors limited their quality checks of video recordings to planned use of force only and not spontaneous incidents. The prison committed to expand these reviews to ensure it learned lessons from all incidents.

- I.23** The written records and video recordings we looked at demonstrated that incidents were well managed: records were mostly detailed and showed some good use of de-escalation both before and during the incident. However, despite the availability of body-worn cameras for staff to record incidents, these were not always turned on.
- I.24** The use of special accommodation was higher than at the last inspection but similar to other high security prisons. The paperwork we reviewed did not provide sufficient justification for its use in all cases. Governance of the use of special accommodation was poor. In one case a prisoner was held for five days in special accommodation conditions but the required 24-hour case review did not take place until day four. We were told that new governance procedures would be introduced.
- I.25** Prisoners were offered a debrief following all use of force, which gave them an opportunity to contribute their views of the incident. The prison responded appropriately to allegations that force had been misused by staff, and was able to provide evidence that, when necessary, disciplinary action had been taken.

Recommendations

- I.26** **The prison should routinely scrutinise documentation and video footage from all incidents involving the use of force.**
- I.27** **There should be greater scrutiny and oversight of the use of special accommodation and associated procedures to ensure that there is sufficient justification for its use in all cases, and that it is used for the shortest possible time.**

Segregation

- I.28** In the six months before the inspection, 180 prisoners had been segregated, which was a reduction since last time. However, some periods of segregation were extreme, including one that had lasted for over two years. The situation was exacerbated because around a third of segregated prisoners had transferred in from segregation units in other prisons.
- I.29** The governor understood the negative impacts of long-term segregation and had introduced a new psychologically informed case management system for selected prisoners. These prisoners were now individually case managed and supported by a multidisciplinary tripartite team, including mental health staff, psychologists and prison officers. This innovative and promising pilot study showed early signs of success in breaking the cycle of long-term segregation. We saw several prisoners progressing from segregation to a more open regime on the Westgate unit, and one on to normal location. However, it was too early to assess the success of this work. (See also paragraphs 2.74 and 4.33.)
- I.30** The segregation unit was clean and cells were free of graffiti. The cells on the second landing had in-cell electricity, which enabled some prisoners to earn in-cell televisions as their behaviour improved. Showers were clean and well kept, but external areas remained grim, despite staff efforts to improve the exercise area with wall art.
- I.31** The segregation unit regime was limited to daily access to a shower, telephone and exercise. Education staff attended weekly but few prisoners engaged, and reasons for the poor take-up had not been explored. Relationships between staff and prisoners on the unit remained a strength; prisoners spoke positively about staff and we observed good interactions.

- I.32** We found a small number of vulnerable prisoners on residential units who were not receiving a full regime. Staff were aware of the prisoners who were considered at risk or a risk to others, and each had an individual plan. However, some had been limited to a daily regime of only exercise, a shower and telephone call for over eight months, which amounted to segregation without proper authority or safeguards. (See also paragraph I.16.)

Recommendation

- I.33** Prisoners should only be segregated with proper authority and safeguards, and for the shortest period possible.

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance use and effective drug supply reduction measures are in place.

- I.34** Frankland held some of the most serious offenders in the country, many of whom were classified as category A and most of whom were serving life sentences. The prison had rigorous physical and procedural security arrangements, consistent with the needs of one of the highest security prisons in the country, and including electronic gates, fencing and CCTV. Security procedures were proportionate to the risks posed, and the prison felt calm and controlled.
- I.35** A well-resourced security team managed effective intelligence systems, processing around 600 intelligence reports a month. The team used a comprehensive intelligence assessment to respond to new and emerging threats, identify risks and set appropriate security objectives to maintain a safe environment.
- I.36** The monthly security meetings were used as the primary mechanism for discussing and disseminating an intelligence brief that included the agreed security objectives. The meeting was chaired by the head of security but attendance was too often limited to members of the security team. The security department regularly used the brief to inform other key meetings, such as safety, but this was often sent via email with very little physical representation by security staff at other prison meetings. This affected areas such as safety and the sharing of security information between departments. (See paragraph I.13 and recommendation I.18)
- I.37** The prison was well sighted on the risks of staff corruption, and prevention measures were organised and effective. Links with local and national policing teams to support both extremism and corruption prevention were good. Additional resources had been allocated to ensure a prompt analysis of extremist-related intelligence and this was being managed effectively to address risk. The high security estates counter terrorism leads provided regular and effective support to managers.
- I.38** In our survey, significantly more prisoners than the comparator said it was easy to get illicit drugs, 55% against 39%. Similarly, 31%, compared with 20%, said it was easy to get alcohol. The positive drug test rate, including for psychoactive substances (PS) (see Glossary of terms), was 5.5% for the previous six months, which was an increase since our previous inspection and higher than in similar prisons.

- I.39** The prison's drug strategy included a succinct substance misuse policy that had been reviewed shortly before the inspection. The policy highlighted many measures to reduce supply. For example, there had been significant investment in technology to reduce the entry of illicit items, including three drug detection devices to scan mail for impregnated substances, and a body scanner.
- I.40** The strategy was discussed at meetings every two months, which were mostly well attended. The meetings discussed a range of issues, but where concerns were identified there was little evidence that they were followed up. Minutes of meetings highlighted several concerns that did not result in formal action to address the issue. Despite the huge investment in technology, there was little analysis of its effectiveness in reducing the supply of drugs. The absence of a supply reduction action plan meant we could not be assured that identified actions were effectively tracked to measure progress or completed to reduce supply. (See key concern and recommendation S41.)

Safeguarding

Expected outcomes:

The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

- I.41** One prisoner had taken their own life since our last inspection. Recommendations by the Prisons and Probation Ombudsman following their investigation were reviewed monthly as part of the continuous improvement plan, and there was evidence of some progress in meeting the recommendations.
- I.42** In the previous six months, there had been 382 incidents of self-harm by 145 prisoners. This was higher than at the previous inspection and significantly higher than at other high security prisons. There had been some work to address this, such as the introduction of an 'alternatives to self-harm' tool for prisoners, but it was too early to assess its impact.
- I.43** The quality of assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm was variable. Although assessments were prompt, not all case reviews were multidisciplinary, there was inconsistency of case managers, and care maps often lacked detail. Some good quality staff entries into the documents demonstrated meaningful interaction with prisoners at risk, but others were cursory and of limited value. The safer custody team had identified some of these issues and produced useful information for staff, but this had not led to sufficient improvements in the quality of ACCT documentation. Despite these weaknesses, prisoners on ACCT who we spoke to were generally positive about staff support. (See key concern and recommendation S42.)
- I.44** An enthusiastic group of Listeners were positive about their role and the support they received from the Samaritans. The prison had introduced a protocol that detailed how to manage requests for Listeners, so staff had a greater understanding of their role and Listeners could refer staff to this if concerns were raised. There were only 11 trained Listeners but there were plans to increase this number. Prisoners could telephone the Samaritans free of charge from landing telephones, and by requesting a portable telephone during lock-up periods

- I.45** The strategic approach to reducing self-harm was not well understood throughout the prison. Attendance at the monthly safer custody meeting was poor, and so useful data collated and produced for senior managers were not effectively shared with the staff responsible for providing the support. This was a missed opportunity to improve staff understanding of the factors that may have led to the increase in self-harm and how they could contribute to its reduction.

Protection of adults at risk (see Glossary of terms)

- I.46** The prison's safeguarding policy was broad and incorporated existing policies for staff identifying prisoners at risk. A designated manager was responsible for safeguarding and there were links with the local safeguarding adults board but no referrals had been made. Staff we spoke to were largely unfamiliar with safeguarding and associated procedures, which increased the risk that needs could go unmet.

Section 2. Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes:

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

- 2.1 In our survey, 84% of prisoners said that staff treated them with respect. Staff we observed were generally confident in their role, and experienced staff supported their newer colleagues. The atmosphere in the prison was predominantly settled, in spite of the risks associated with many of the prisoners. This was in part due to the calmness of staff in relating to prisoners and defusing tensions.
- 2.2 Although many prisoners were positive about relationships with staff, others described staff who were distant and unhelpful. While we did not witness any inappropriate staff behaviour, we frequently found officers congregating unoccupied in offices or failing to engage actively with prisoners while supervising the residential units.
- 2.3 The key worker scheme (see Glossary of terms) was not operating effectively. Planned one-to-one sessions were often cancelled as the officer was deployed to other duties, which we found difficult to reconcile given the high staffing levels at the prison. Performance against the target for contact was poor at below 50% over recent months, and prisoners were generally receiving a monthly rather than a fortnightly session. However, the quality of much of the key working that did take place was good. The offender management unit (OMU) had put considerable effort into training, supporting and liaising with key workers so that their work would complement and be coordinated with its own. There was good quality checking of the key worker entries on the electronic case records of individual prisoners.

Daily life

Expected outcomes:

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

Living conditions

- 2.4 All areas of the prison were clean and well maintained. The large number of wing cleaners responded well to the strong encouragement to keep the environment clean, including well-promoted monthly wing cleaning competitions. Prisoner cleaners had experienced difficulties cleaning some areas because they were unable to access them. However, security issues were overcome and the problem had almost been eradicated.
- 2.5 All prisoners had single cells, which were properly equipped, including lockable cabinets and portable privacy screens for the toilets. There was no graffiti and almost all prisoners took care of their cell.

- 2.6** The buildings in the lower and older half of the prison (wings A-D) were showing wear and tear and had outdated facilities. Replacement of the flooring was not yet complete, but the showers in these areas had been refurbished and conditions were acceptable. However, the shower cubicles on F and G wings lacked any screening and were visible to everyone on the landing. The adapted cell in the Westgate unit also lacked privacy.
- 2.7** Laundry facilities were good, with sufficient washing machines and driers on all units that were in good condition, and well run by prisoner orderlies. Supplies of bedding were sufficient, although the quality of mattresses was a problem for some, especially older, prisoners.
- 2.8** Prisoners had proper access to their stored property. There had been some complaints from prisoners transferred to Frankland at short notice whose full property had not yet followed them, but staff at Frankland handled prisoners' property efficiently.
- 2.9** Staff answered cell call bells quickly. In the records that we examined, none had been left unanswered for as much as five minutes, and almost all received a response within one or two minutes.

Residential services

- 2.10** The kitchen was large, well equipped and very well maintained. Almost 40 prisoners worked in it, and they spoke about their work with pride. Much of the food was prepared and cooked in the establishment using fresh ingredients, including a range of baked goods. Nevertheless, only 38% of prisoners in our survey said that the food was good, and a considerable number complained that the portions were inadequate, which required further investigation by the prison. There was a good range of healthy options, and the meals that we sampled were reasonably good, but the vegetarian and vegan choices were limited and less appetising than the standard meals.
- 2.11** Prisoner kitchens on residential wings benefited the long-term population, providing some normality to their life and enabling them to develop important living skills. These facilities were well used and greatly valued by prisoners.
- 2.12** The weekly system for ordering shop purchases worked well, and difficulties with swift refunds for missing items had been resolved. New arrivals could wait up to two weeks for their first order to arrive. The prison provided reception packs, and a supply of vapes but did not maintain a running stock of other items, which increased the risk of prisoners borrowing from others and incurring debts.
- 2.13** Many prisoners were frustrated by the long delays in receiving catalogue orders after they had paid for them up front. The problems in making online orders through secure IT were technical, and the administration team had been strengthened to resolve them. This team communicated well with prisoners, and most of the problems had been resolved.

Prisoner consultation, applications and redress

- 2.14** Prisoners were consulted through the monthly prisoners' consultative committee, the 'rehabilitative culture' forum, which reviewed and improved prison processes to support rehabilitation, and wing meetings to discuss a specific topic, such as catering. Not all prisoners thought the committees and groups were effective, although some prisoner representatives could point to change, albeit slow, following discussions.

- 2.15** Since 2016, there had been efforts to improve the applications system, but these had proved unsuccessful. The prison had reverted to a wing-based applications system, but there was no central monitoring and it was difficult for wing officers to track the progress of applications in the prison. Between 900 and 1,000 applications had been received each month since July 2019. While most prisoners received prompt responses, too many did not. For example, one prisoner we spoke with had waited 80 days for a response, which only came following his complaint about the delay.
- 2.16** It was easy for prisoners to make complaints by completing forms on the wings and placing them in well-marked, secure boxes. The boxes were emptied by civilian clerks each working day. A central database was used to log and track progress. There had been 2,519 complaints in the six months ending December 2019, more than the 1,583 found in 2016 but fewer than in other high secure prisons. Over 250 complaints had originated from six prisoners, who were being managed under the persistent complainer policy.
- 2.17** Most complaints (97%) were answered within the target of five days and where the target was not met, complainants were informed of the reason why. The most common complaints were about living conditions, prison shop orders, personal finances, catalogue orders and property. The complaints responses we sampled were prompt and focused on the complainant's concern. Apologies were made as necessary, and complainants were alerted to the appeal system if dissatisfied with the response. A robust quality assurance system checked 10% of responses each month, with summaries presented to the senior management team and the prisoners' consultative committee. Learning was evident, for example, further clerical support had been provided in the purchasing team following complaints about delays (see paragraph 2.13).
- 2.18** The deputy governor saw and investigated confidential access or serious complaints, and action was taken where necessary.
- 2.19** Prisoners had reasonable access to legal information and representatives. The three libraries contained a range of legal materials including Acts of Parliament, Prison Service instructions, reference texts and directories of lawyers. Prisoners could use 'access to justice' laptop computers for legal matters, receive legal visits, telephone their legal representatives or use video links to consult their lawyers. The video link was also well used for probation interviews and court appearances, as well as enabling prisoners to maintain contact with family members in other prisons.

Equality, diversity and faith

Expected outcomes:

There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics (see Glossary of terms) and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

Strategic management

- 2.20** Equality and diversity work was still not given sufficient priority. Although the diversity and equality action team (including a large group of prisoner representatives) continued to meet every month, attendance by senior managers was poor. Prisoners interpreted this as a lack of commitment to equality issues, and we agreed. The team considered a range of data, but they were not always sufficiently well analysed to be meaningful. When potential discrimination was identified, it was not always clear what action had been taken to investigate further. (See key concern and recommendation S43.)
- 2.21** There were several well-written policy documents on equality and diversity but none that were pitched at the right level to communicate effectively to prisoners the provision they could expect and how to access it. Some policies relating to specific groups were out of date. Nevertheless, there was some good work for most protected characteristic groups. Community groups were involved and helped managers devise appropriate interventions, legitimised prisoner need and provided well-informed support to prisoners. An excellent monthly newsletter for staff also helped promote awareness of equality issues, with a different protected characteristic theme each issue and a calendar of events.
- 2.22** Discrimination incident reporting forms (DIRFs) were now readily available on all residential wings, and 127 had been submitted in the previous six months; this was more than at our previous inspection but not excessive. Few DIRFs were answered within the target of one week and many took much longer. Most replies were polite and some investigations were good, but too many were inadequate. Some replies failed to address the core issue and there was often no evidence of a meeting with the prisoner to discuss the complaint. The deputy governor signed off all responses, and the Independent Monitoring Board reviewed a sample, but more independent scrutiny would have been useful. (See key concern and recommendation S43.)

Good practice

- 2.23** *The involvement of community organisations to support prisoners from protected characteristic groups was an excellent way of involving the community in the life of the prison, attracting expertise and meeting prisoners' needs.*
- 2.24** *The monthly equality newsletter was an excellent initiative to promote staff awareness of equality issues.*

Protected characteristics

- 2.25** New arrivals did not complete an equality questionnaire, which was a missed opportunity to identify potential needs. However, the health care screening identified disabilities and care needs.
- 2.26** In our survey, the perceptions of prisoners from minority ethnic groups were generally similar to white prisoners. However, in our conversations many black and minority ethnic prisoners described feeling discriminated against, and some evidence supported these perceptions. For example, data showed that a disproportionately large number of black and minority prisoners were on the basic regime, and they were also disproportionately represented among those who made complaints. The most frequent subject of DIRFs was alleged racial discrimination and a disproportionate number of DIRFs were from black and minority ethnic prisoners. More positively, prisoners praised the prison's celebrations during Black History Month.
- 2.27** Gypsy, Romany and Traveller prisoners were supported through a quarterly forum. Managers were also seeking to source regular community support for this area of work.
- 2.28** All foreign national prisoners received a free five-minute telephone call home each month, regardless of whether they received a visit. Although the prison subscribed to a professional interpreting and translation service, and a few prisoners would have benefited from it, we could find little evidence that it was used. There were no classes in English for speakers of other languages (see paragraph 3.13 and recommendation 3.16). Foreign national prisoners were dissatisfied that the library was no longer able to supply foreign language books, magazines and CDs. A foreign national coordinator aimed to run a discussion group every quarter, but we saw evidence of only three meetings in the previous two years. Home Office immigration staff visited regularly to see individuals by application. No prisoners were detained solely for immigration reasons,
- 2.29** In our survey, 41% of all prisoners said they had a disability. Although prisoners with disabilities felt cared for by staff, only 31% said they got the support they needed. We met prisoners for whom reasonable adjustments had been made, but others reported that the application process was slow and sometimes did not produce a response so that their needs remained unmet for long periods. Prisoners also told us that authorised adjustments were sometimes later removed when there had been no change in circumstance.
- 2.30** Disabled prisoners had care plans, but some were several years old and required a review. Wheelchair users could now access education and the library via a stairlift, but some gates on A-D wings were still too narrow for a wheelchair. Most, but not all, staff understood the needs of prisoners with personal emergency evacuation plans.
- 2.31** Prisoners who were unfit for work or retired (aged 65 and over) were not always unlocked during the working day, despite the prison's policy that they should be. This restricted their time out of cell and prevented them accessing a meaningful regime. The weekly pay rate for prisoners medically unfit for work was too low to support a reasonable standard of prison life, and was less than half the rate for retired prisoners, which was unfair.
- 2.32** More than a third of prisoners were over 50. The prison provided suitable daytime activities for older prisoners. The Be-Active centre on B wing provided a range of activities and work for up to 28 vulnerable prisoners a day, requiring varying levels of dexterity in a social and supportive atmosphere. Some of the products made by prisoners at the centre were sold by a regional social enterprise, and proceeds helped fund the activities. (See paragraph 3.33.) Prisoners on C wing could spend time in a dedicated room where they could do yoga and other gentle activities. G wing had one spur dedicated to older prisoners, most of whom

worked as cleaners, with a pleasant classroom with space for jigsaw puzzles and a prisoner-led art club. There was also specific gym provision for older prisoners. These activities were popular, and the prison needed to ensure that provision was sufficient.

- 2.33** There was insufficient focus on supporting young prisoners who lacked the maturity to cope well in an adult prison. Although 85% of the young adults held qualified to use the workbook associated with the OASys (offender assessment system) maturity screening tool, prison offender managers had not yet begun to use this, but planned to do so in February 2020. There were no other specific arrangements for young adults, apart from a useful care leavers policy.
- 2.34** There were three transgender prisoners, each of whom had a voluntary agreement and a documented monthly case review. They reported that support had improved progressively over time and that most staff were respectful, generally using relevant personal pronouns and following the searching protocols. When this was not the case, managers responded appropriately. However, there were ongoing challenges in ordering clothing and make-up, which managers had struggled to resolve. Prisoners valued the support from Transaware, a national charity that provided support and encouragement.
- 2.35** Some prisoners felt safe enough to disclose their sexuality but this was not universal. In our survey, 5% of prisoners said they were homosexual, bisexual or other sexual orientation, but the prison was not aware of them all. A community-led LGBT forum met quarterly and provided good support.

Faith and religion

- 2.36** Chaplaincy services at the prison were a strength. The perceptions of Muslim prisoners were broadly in line with non-Muslim prisoners. There was an excellent large multi-faith space, but it was only available for Friday prayers. The chapel and a second multi-faith room were staffed and used for all other activities.
- 2.37** There were chaplains to cover nearly all the faith groups in the prison, and ongoing efforts to attract staff for faiths currently not represented. In addition to the usual weekly services, there was a full programme of faith-based classes. Prisoners could buy most artefacts from the prison shop, but pagans complained of delays in purchasing specialist items from alternative suppliers (see paragraph 2.13). Muslim prisoners told us that Ramadan was managed well and they had appreciated the celebration of Eid, which had been open to all prisoners.
- 2.38** The team was well resourced and fulfilled all statutory duties. Chaplains attended many key management meetings and were fully integrated across many aspects of prison life, attending case management conferences when requested by prisoners. The team provided regular faith awareness training for prison staff. One of the Muslim chaplains had a key role in challenging extremist ideologies purported to be based on religious belief and attended relevant meetings.
- 2.39** There was a team of 10 prison visitors, but this was not sufficient to meet need and some prisoners waited two years to have such a visit.

Health, well-being and social care

Expected outcomes:

Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

- 2.40** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) (see Glossary of terms) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The Care Quality Commission issued 'requirement to improve' notices following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

- 2.41** NHS England commissioned health services, which were provided by several contractors and subcontractors. A comprehensive health needs analysis had been updated in 2018 and had informed the new contract due to start in April 2020. Governance arrangements including incident reporting and sharing lessons learned were in place and were evident across all service providers. A clear programme of audits was undertaken but work was required to progress actions.
- 2.42** In our survey, only 38% of prisoners said that the quality of the GP service was good, against the comparator of 65%, and only 41% against 57% said the overall quality of health care was good. Health complaints were poorly managed, which exacerbated prisoner's negative perceptions of health services. Of the 208 complaints made directly to the health department between July and December 2019, 56 had not yet had a response. Complaints submitted through the prison complaints system were not included in the health complaints system and were not monitored or reviewed. Many responses did not fully address the issues raised, and apologies were not always offered. (See key concern and recommendation S44.)
- 2.43** Health staffing had increased since our last inspection but not all vacancies had been filled. Recent staff sickness had affected areas of primary care, partly offset by the use of agency staff, but daily gaps in rotas added pressure to regular staff. There was evidence that staff across all providers had regular staff supervision and training, and most felt supported.
- 2.44** Clinical records were of a generally good standard, although the presence of two clinicians in each consultation (with one acting as a chaperone) was not recorded. There was no systematic approach to coding and scanning external clinical letters into patient records.
- 2.45** Clinical rooms in the primary care centre mostly met infection-control standards, but were cluttered and sharps bins were not in line with expectations. Some wing clinical rooms did not meet infection-control standards and were due to be refurbished by the prison. The reception health care screening room was cramped and unsuitable. Prisoners told us that officers were often within hearing range of health consultations, which our observation of the reception screening confirmed, and this had been raised by prisoners in patients' forums. Staff told us that consultation room doors were left open due to security risks, but this had not been raised within a governance process. (See paragraph 1.3.)
- 2.46** Waiting times in outpatients had improved with regular movements throughout the day, however the windowless waiting rooms remained unventilated and overcrowded.

- 2.47** Emergency equipment was readily available, kit was checked regularly and staff were trained in its use. We found glucagon in packs that had not had adjusted expiry dates to accommodate temperature adjustments, but this was resolved by staff at the time. Each wing had an accessible defibrillator, although some officers were not confident in their exact location.

Recommendations

- 2.48 All clinical environments should comply with infection-control standards.**
- 2.49 Patient records should contain all relevant clinical information and details of chaperones.**

Promoting health and well-being

- 2.50** Although there was still no joint plan or strategy to improve health outcomes for prisoners, improvements were evident. There were vaccination and screening programmes, and a range of gym sessions for those who needed additional support to exercise. Flu and infectious disease outbreak plans were in place, and a range of health information leaflets were available. A recent health promotion event by Age UK informed the men on healthy lifestyles choices. Sexual health clinics were held weekly, and nicotine addiction support was available on request.

Recommendation

- 2.51 The prison should work with health providers to develop a joint health promotion strategy.**

Primary care and inpatient services

- 2.52** Qualified nurses completed an initial comprehensive health screening of new arrivals, although secondary screening was not always carried out within seven days. There was evidence that relevant information about individual prisoner's health was shared throughout health services and with prison staff, where appropriate.
- 2.53** Prisoner access to health services was acceptable, with a direct telephone line to the administrative office to deal with queries and requests during specified times. There was a single health application system for routine appointments, and these were collected on weekdays. Although response times were not monitored, the process appeared to be well managed and the applications sampled did not indicate any backlogs. Waiting times for GP appointments had recently improved, due to the reintroduction of a GP session and additional GP input from outside the prison. There were also advanced nurse practitioner sessions.
- 2.54** Some prisoners complained to us about the difficulty in accessing pain relief and the lack of patient voice when the GP reduced their pain medicine prescription. We found clearly documented clinical and patient safety rationale for prescribing decisions and GPs followed the prescribing formulary, but there was no embedded multidisciplinary approach to pain management to support patients with long-term chronic pain.

- 2.55** There were many prisoners with complex long-term health conditions cared for by skilled nurses, who sought specialist advice when required. There had been an increase in patients diagnosed with hypertension since the health needs analysis update in 2018, and nurses gave a range of lifestyle advice.
- 2.56** An impressive range of primary and secondary health clinics were provided, including diagnostic scanning, orthopaedics, podiatry, physiotherapy, urology, sexual health and audiology. There had also been 68 telemedicine appointments in the last six months. Access to secondary care appointments in the community was well managed, and where appointments were cancelled they were rescheduled with the hospitals as soon as practicable.
- 2.57** Prison managers continued to place prisoners without clinical need in the inpatient unit. The unit remained a positive environment. Most inpatients were complimentary about the staff. Those who had been admitted under the health criteria had care plans and activities planned, if well enough. Officers and nurses allocated to inpatients were active and knowledgeable about those in their care. There was a palliative care suite with effective embedded arrangements for caring for terminally ill prisoners.

Recommendations

- 2.58** **Secondary health screening of new arrivals should be undertaken as per the National Institute for Health and Care Excellence guidance.**
- 2.59** **Prisoners' concerns about pain management should be addressed through a multi-disciplinary approach.**
- 2.60** **Admissions to the inpatient facility should be in line with the admissions policy and for clinical care only.**

Social care

- 2.61** There were good operational links with the local authority and a social worker attended the prison weekly for social care assessments. Although referral response times were not monitored, we were told assessments were prompt. Strategic links between the prison and local authority were underdeveloped, and the memorandum of understanding required review and signing.
- 2.62** At the time of inspection, G4S health care staff delivered social care packages to five prisoners, who had care plans that were regularly reviewed. Prisoner peer workers provided support but they had had no training or formal supervision. The level of support delivered by peer workers was unclear, which created risks.
- 2.63** There were good arrangements for accessing aids and adaptations and, if necessary, the local authority arranged a prompt occupational therapy assessment.

Recommendation

- 2.64** **Prisoner peer workers should receive training for their role, and regular supervision and support.**

Mental health care

- 2.65** Prisoners were positive about the service they received from all mental health providers. Tees, Esk and Wear Valleys NHS Foundation Trust provided a mental health stepped care model, supported by a psychiatrist, nurses and a part-time psychological and well-being practitioner. The service was available Monday to Friday, 8am until 6pm, and access was through a daily application process. Cases were discussed and allocated for assessment within four working days, or sooner if urgent. All applications were returned to the prisoner to notify them of their appointment, which was positive.
- 2.66** The mental health in-reach team was currently supporting 135 prisoners, and there were an additional 82 primary mental health patients. The team worked across the prison and the PIPE unit based on the Westgate unit. Mind, the national mental health charity, was commissioned to provide counselling, which had waiting times of between 16 and 40 weeks; this was equivalent to many community services.
- 2.67** As there was only one consultation room for the mental health team in health care, interventions took place with individual prisoners on the wings. Private space was not always available and there was no provision to book rooms, which wasted some clinical resource. Support was good and there were care plans for patients on the clinical electronic record, which included assessments and risk templates.
- 2.68** A psychiatrist attended weekly and waiting times were four to five weeks for new patients. There was psychiatry provision one day a week for those held on the Westgate unit.
- 2.69** Mental health services on Westgate were provided by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. The service had a clinical manager but currently lacked four of the six nurses, which mean that the two nurses in post carried abnormally large caseloads. Staff were available Monday to Friday, 8am until 4pm. Patients we spoke to were very positive about their care and regular interventions, which included one-to-one time and structured programmes.
- 2.70** A new dedicated mental health provision in the segregation unit assisted in the progression of segregated prisoners (see paragraph 1.29). This initiative, commenced in October 2019, allowed prisoners who wished to engage with this specific mental health service to work on reducing their risk to others and move on to Westgate, where mental health staff continued to work with them to ensure continuity of care. This team worked closely with the in-reach and primary care teams to ensure continuity of care. This was a promising initiative and could demonstrate some initial progressive moves.
- 2.71** There had been eight mental health transfers in the previous six months, which exceeded the national transfer target by seven.

Substance misuse treatment

Note: In the previous report substance misuse treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

- 2.72** G4S jointly delivered clinical substance misuse services with Spectrum, and Change, Grow, Live (CGL) delivered psychosocial support. Services were well integrated and all prison and health partners collaborated effectively, including attending drug strategy meetings. Staff were competent, well supervised and had good access to relevant training.

- 2.73** New arrivals were screened and substance misuse services were involved in their induction. At the time of inspection, 122 prisoners were receiving support and 40 were on opiate substitution therapy with suitable delivery arrangements. We observed good supervision of medicines queues by custody staff throughout the week.
- 2.74** Although the services were not co-located with health care, we found good evidence of joint working with health partners. The recovery plans we sampled were person-centred, collaborative and in accordance with national guidelines, and prisoners were involved in regular multidisciplinary reviews. Mutual aid was delivered through Alcoholics Anonymous and self-management and recovery training (SMART) groups.
- 2.75** There were impressive peer mentor arrangements. Thirteen suitably trained and supervised mentors provided support on every wing and co-facilitated groups. Mentors were offered the opportunity to gain an accredited mentorship award. A dedicated peer mentor attended the segregation unit daily.
- 2.76** All custody staff we spoke to valued the substance misuse services and knew how to refer prisoners. Since November 2019, each wing had a dedicated officer with an interest in substance misuse and they attended the drug strategy meeting.
- 2.77** Substance misuse services collected and analysed prisoner feedback following interventions and 'you said, we did' posters were displayed throughout the prison. Prisoners we spoke to, valued the service and their views influenced service development.
- 2.78** Although very few prisoners were released, there were effective arrangements for follow-up care, including the provision of naloxone, a drug to manage substance misuse overdose.

Medicines optimisation and pharmacy services

- 2.79** Pharmacy services were provided by an in-house pharmacy, and medicines were supplied promptly on a named-patient basis.
- 2.80** Medicines were administered in a systematic way three times a day from treatment hatches, with additional provision for night time administration. Pharmacy technicians administered in-possession medicines, and nursing staff administered supervised medications. They worked for separate organisations and had different policies, which carried some risk.
- 2.81** Approximately 70% of prisoners received their medication in possession weekly. There was an in-date in-possession policy and most patients had a risk assessment. Patients re-ordered their own repeat medicines, which had created some additional complaints about supply and missed doses. There was no process to review patients who frequently failed to reorder medicines to ensure there were no gaps in supply or impact on patient outcomes.
- 2.82** There was no regular auditing of medicines on the wings, which had led to excessive quantities of insulin in some fridges. The fridge temperatures we examined were within range and were recorded daily. Medicines were transported securely to the wings at times when there was restricted prisoner movement.
- 2.83** Prescribing and administration were recorded on SystmOne (the clinical IT system). The reason why a prisoner did not attend was not always recorded, and we saw a patient who was refused his medicines because he arrived just as a treatment time ended. The pharmacist clinically reviewed all medicines and made sure the formulary was complied with.

- 2.84** The pharmacist had carried out targeted medicine use reviews but there were few audits of in-cell medicines. Some over-the-counter medicines were available, although staff said that only a small range were supplied. There was adequate provision for the supply of medicines out of hours and medication for patients being transferred.
- 2.85** There were appropriate procedures, protocols and governance, with regular medicines management and the monitoring of abusable drugs. Errors were recorded and reviewed.

Dental services and oral health

- 2.86** Dental services were provided by Ferryhill Dental Health Centre. The team included dentists, dental therapists and an oral health nurse, as well as dental nurses. Waiting times had recently reduced and were now consistently under four weeks. In our survey, 64% of prisoners said the quality of the dental service was good. Access to ongoing treatment was appropriate and in line with community dental services.
- 2.87** An oral health needs analysis in 2019 had demonstrated the poor dental health of the population and additional dental sessions had been commissioned. The oral health nurse provided weekly oral health sessions, and worked actively with prisoners and the prison to improve awareness of dental health. For example, the nurse had promoted oral hygiene and sugar awareness information at family days and an Age UK well-being day.
- 2.88** The dental suite was modern and in good condition, with appropriate infection prevention and control measures, but there was no separate decontamination suite.

Good practice

- 2.89** *Dental staff had regular engagement with prisoners and prison staff to improve oral health, and the oral health nurse had promoted oral hygiene and sugar awareness information at family days and an Age UK well-being day.*

Section 3. Purposeful activity

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

Time out of cell

Expected outcomes:

All prisoners have sufficient time out of cell and are encouraged to engage in activities which support their rehabilitation.

- 3.1 Prisoners employed full time off the wing could have nine hours out of their cell on weekdays, although many were employed part time and therefore had less than this. In our survey, 52% of prisoners said they usually had less than six hours out of cell on a weekday. We identified that movement to activities took a long time (particularly on F, G and J wings), which delayed the unlock of cleaners and any retired prisoners (see paragraph 2.30). During our roll checks we found 30% of prisoners locked up during the core day, which was similar to our previous inspection and remained too high.
- 3.2 Evening association took place on four days a week until 6.30pm, and was supported by good recreational facilities. Prisoners could use the exercise yards, which now all had benches, for an hour every day. A small number of vulnerable prisoners remained locked up all the time and did not access association (see paragraph 1.32).
- 3.3 There were three libraries: one for vulnerable prisoners, one for F, G and J wings, and a small facility on the Westgate unit. In our survey, 51% of prisoners said they visited the library at least once a week, more than at our previous inspection but less than the comparator of 69%. There were no data to help library staff understand who did not visit and why. Most prisoners had only one 30-minute opportunity a week to visit the libraries, either during an evening or on Friday afternoon. Prisoners could also attend from education or by application.
- 3.4 The libraries were bright and very well presented. The stock was broadly appropriate and losses were low, but there were very few foreign language books. In our survey, 23% of prisoners said the material on offer did not meet their needs. Prisoners paid 50p to borrow a CD, but there were no DVDs. Prisoners could donate magazines to the library stock for other prisoners to borrow, and they could use the 'virtual campus' (providing internet access to community education, training and employment opportunities).
- 3.5 There was good support for literacy with the 'six-book challenge' and a variety of easy-read and graphic novels. The library promoted learning and prisoner interests through an impressive range of small group activities, some peer led and some supported by community volunteers. These included mood-busting sessions, an annual Durham book festival event, creative writing courses, an astronomy club, a science and nature course, and an illuminated manuscripts group.
- 3.6 There were two gymnasium facilities with sufficient classroom space, two weights and cardiovascular training areas, a small artificial turf pitch and a large sports hall. Although some equipment was dated, most was in good working order. The gym showers were not private and required some renovation, but most prisoners chose to shower on the wings. The Westgate unit had its own small dedicated facility, which was run separately.

- 3.7** Prisoners valued the varied gym provision. In our survey, 55% of prisoners said they went to the gym at least twice a week, against the comparator of 42%. Some prisoners would have liked even more gym, and had asked for exercise equipment on the wings and exercise yards. Prisoners could be excused work for one session of gym a week, but any additional sessions had to be in the evenings or at weekends.
- 3.8** The gym programme offered classes dedicated to various groups, including prisoners with poor mobility and those receiving substance misuse support. Gym staff visited the wings to offer body mass index calculations and healthy living advice. However, they did not monitor attendance well enough to know who did not participate in any physical activity and why, which made it difficult to target promotion of the provision to those who could benefit.

Good practice

- 3.9** *The library organised an impressive range of small group activities that built on the interests of the prisoner group and local community.*

Education, skills and work activities (Ofsted)

This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

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 education, skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

- 3.10** Ofsted made the following assessments about the education, skills and work provision:

Overall effectiveness of education, skills and work:
Good

Achievements of prisoners engaged in education, skills and work:
Good

Quality of education, skills and work provision, including the quality of teaching, training, learning and assessment:
Good

Personal development and behaviour:
Good

Leadership and management of education, skills and work:
Good

Management of education, skills and work

- 3.11** Prison leaders and managers had a strong understanding of the strengths and weaknesses of the education, skills and work provision. They had taken effective action to address the key weaknesses identified through their self-assessment processes. Since the previous inspection, managers had started to consider a wider range of evidence when they reviewed the quality of provision. This had led to effective targeted interventions. For example, managers had overseen a significant improvement in the quality of English and mathematics teaching, although further improvement was still needed.
- 3.12** Prison leaders managed the partnership with the main education provider effectively. They held them to account well for the quality of provision through a range of contract compliance and quality improvement meetings. Managers had successfully challenged the education provider to reduce the number of sessions cancelled due to staff absence and improve the overall quality of education prisoners received. Managers' oversight of subcontracted provision commissioned through the dynamic purchasing system was strong. They monitored closely the quality of delivery and, in one case, cancelled contracts when a subcontractor had consistently failed to meet the terms of its service level agreement and managers' expectations.
- 3.13** Managers had introduced a range of education courses that met the needs of most prisoners. However, prisoners allocated to prison work or workshops did not have the opportunity to study qualifications that recognised development of their skills. In education, there were insufficient courses at level 3 and there was an unmet need for English for speakers of other languages (ESOL). (See paragraph 2.28.) Managers were aware of and had plans to address the curriculum gaps, although it was too early to see their impact.
- 3.14** Managers had amended the prisoner pay policy since the previous inspection. Pay no longer discouraged participation in education, and there were newly introduced bonuses for prisoners who achieved qualifications in English and mathematics. Prisoner allocations to activities were well managed and equitable. However, a few prisoners felt that the same prisoners were repeatedly allowed to miss work when managers over-allocated prisoners to workshops, indicating that the system was not transparent or sufficiently well communicated.
- 3.15** There were insufficient places for all prisoners to be engaged in purposeful activity full time. There was insufficient uptake from prisoners on special units, such as the PIPE. Too many prisoners were allocated to wing work and did not have enough to occupy them fully throughout the core day.

Recommendations

- 3.16** **Leaders and managers should ensure that learning provision meets needs, particularly for speakers of other languages and learners at level 3.**
- 3.17** **Leaders and managers should provide enough purposeful activity places to engage all prisoners full time.**

Quality of provision

- 3.18** In most subjects and workplaces, teachers and instructors provided effective teaching and support that enabled prisoners to develop substantial new knowledge and skills. In workshops, instructors gave very clear direction about expectations and how to carry out specific tasks. Teachers in art, social enterprise and music inspired prisoners to make strong

progress from their starting points. In many cases, prisoners developed their skills rapidly with little or no previous experience in the subject.

- 3.19** Most peer mentors were used well throughout activities. Instructors in prison-led workshops used peer mentors as quality controllers to oversee the quality of final products prisoners made. Prisoners responded well to the feedback from mentors and the quality of products had improved as a result. In education, most mentors were directed well by teachers. They supported prisoners by ensuring that they were making progress in the session. However, on a few occasions, teachers did not sufficiently oversee the impact of the support from mentors. As a result, a few prisoners were left confused as their learning was not consolidated by the mentor before they moved on to a new topic of learning.
- 3.20** In education, teachers ensured that prisoners completed initial assessments thoroughly at the start of their course. Teachers carefully measured prisoners' pre-existing English and mathematics skills, as well as subject-specific knowledge and skills. They used the results of these assessments effectively and planned to meet prisoners' individual learning needs well, ensuring that their teaching built on previous learning. As a result, prisoners made good progress from their starting points in most subjects.
- 3.21** Education staff effectively identified prisoners who had additional learning needs, and provided helpful support in almost all cases. Teachers were given detailed information about how best to support prisoners' individual learning needs, and most used this well to plan learning sessions and use activities that met the needs of prisoners.
- 3.22** Prisoners who studied distance learning and Open University courses received good support, and a specialist tutor now gave them comprehensive and helpful support throughout their courses. There were arrangements to give prisoners suitable access to computers when they worked on their assignments. A large number of prisoners were studying courses and many of them made at least the expected progress.
- 3.23** In English and mathematics, teaching was not consistently strong; too often it was uninspiring, and learners lost motivation in their studies. Teacher feedback, particularly in mathematics, was not helpful in informing prisoners of what they needed to do to improve the quality of their work. Too often prisoners did not correct mistakes in their work, so they were unable to recognise correct calculations and improve their understanding over time. As a result, prisoners did not make the expected progress in these subjects quickly enough.

Personal development and behaviour

- 3.24** Most prisoners were well behaved and showed respect for their peers and staff throughout purposeful activity and wider prison life. They were enthusiastic about the education and work activities that they had been allocated.
- 3.25** Most prisoners worked independently, followed instructions well and took pride in their work. Where necessary in prison workshops, they worked collaboratively to ensure that they produced work to the required commercial standard.
- 3.26** Staff celebrated diversity well throughout purposeful activity. Prisoners organised events that educated their peers on topics such as Black History Month, Remembrance Day and Eid, which helped prepare them to live in a multicultural society.
- 3.27** In prison workshops, prisoners used their portfolios well to record the practical skills that they had developed over time. Instructors endorsed the records to add credibility to

prisoners' claims. Portfolios were regularly reviewed and also enabled prisoners to keep a record of the English and mathematics skills they had developed during their time at work.

- 3.28** Most prisoners engaged in purposeful activity developed their self-esteem and confidence, and received effective support from teachers and instructors. Small achievements were well celebrated for prisoners who were the most disengaged from general prison life. This helped them to make progress in their personal and employment-related skills over time.
- 3.29** There was good prisoner attendance at workshops and most were punctual. However, there was poor attendance by prisoners allocated to education, often because health care appointments and visits took place at the same time as purposeful activity. Managers were aware of this and had acted to address this issue, but had not yet improved attendance at education classes sufficiently well.
- 3.30** Too many prisoners did not receive helpful information, advice and guidance to help them plan for their time in custody (see paragraph 1.6). Managers had comprehensive plans for future developments but had not yet implemented them.

Recommendation

- 3.31** **Leaders and managers should improve prisoners' access to helpful information, advice and guidance so that they can develop realistic plans for their time in custody.**

Outcomes and achievements

- 3.32** Most prisoners in education produced work that was of a good standard, and often better than the minimum requirements of the qualification they studied. Prisoners produced particularly good work in art and social enterprise. Their work in English and mathematics was of an appropriate standard for the duration and level of the programme they studied. Too many prisoners who got to the end of their course in English and mathematics failed to achieve their qualification, particularly at levels one and two. Managers attempted to re-engage prisoners who did not pass during their initial studies of these subjects, but with little success. However, too many prisoners made slower than expected progress in developing their knowledge and skills in these subjects because the teaching was not good enough. A high proportion of prisoners who completed their education courses achieved their qualifications, particularly in business administration, mentoring and music technology.
- 3.33** Prisoners in workshops developed very good, vocationally relevant skills, and often worked at or above commercial standards. The work produced in workshops was very good, particularly in upholstery and furniture making. Many products made by prisoners were used across the prison estate or bought by charities and social enterprises.

Recommendation

- 3.34** **Far more prisoners should achieve their qualifications in English and mathematics so that the proportion who do is at least good.**

Section 4. Rehabilitation and release planning

Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

Children and families and contact with the outside world

Expected outcomes:

The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 4.1** The visitors' centre outside the perimeter was welcoming and fit for purpose. The staff from NEPACS (a charity that supports prisoners and their families) did a good job in providing support and information to visitors, building up strong relationships with many who visited regularly.
- 4.2** Several prisoners said that visits often started late. Although many visits began well after the advertised time of 2pm, in the cases that we examined this could have been due to the late arrival of the visitors, and the staff we spoke to said that sessions began on time. The prison needed better monitoring and tighter control to give assurance that late starts were never due to delays attributable to the establishment.
- 4.3** The visits hall was bright, suitably furnished and kept in good condition. Staff were courteous and positive when speaking with visitors, while being well informed on the risks associated with individual prisoners. A new CCTV system provided very good surveillance capacity. Staff and volunteers from NEPACS ran a snack bar in the visits hall, and also provided playworkers for visit sessions.
- 4.4** The monthly family extended visits continued to offer much-valued family contact. The chaplaincy and NEPACS staff worked well together, with other departments, to make these events lively and popular. There was equitable access to them across the whole prison population.
- 4.5** Apart from the provision for visits, the prison lacked other services to help prisoners sustain or develop family ties, despite the disadvantage that only 30% of prisoners had home addresses within 50 miles of the prison (see also paragraph 2.39). There had been no family support worker in post for some time, although one had just been appointed and was awaiting security clearance. Prisoners had adequate access to telephones on residential landings, and the arrangements for handling their mail were efficient.

Recommendation

- 4.6** **Prisoners, especially those who do not receive visits, should receive effective help to develop and maintain constructive contact with family and friends.**

Reducing risk, rehabilitation and progression

Expected outcomes:

Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

- 4.7** There were still some weaknesses in the strategic management of reducing reoffending. The prison had conducted a prisoner needs analysis based on information from OASys (offender assessment system) assessments, P-Nomis (prison national offender management information system) and a prisoner survey, but it had not done enough to analyse or implement the findings. While several departments focused on reducing reoffending, there was a lack of coordinated action. The prison had failed to develop a strategy following the needs analysis and there were no reducing reoffending meetings to coordinate the work. These weaknesses resulted in a lack of action to address some unmet need. For example, the needs analysis recognised that for many prisoners their domestic relationships were a factor linked to offending and set out the programmes available, but failed to identify the lack of a high-risk domestic abuse programme. (See key concern and recommendation S45 and paragraph 4.25.)
- 4.8** Frankland implemented phase two of offender management in custody (OMiC) (see Glossary of terms) on 1 October 2019, which had transferred the case management responsibility for most prisoners from the community to the prison. This meant that several operational prison offender managers (POMs) were replaced by probation POMs. The offender management unit (OMU) was fully staffed during the inspection but caseloads for probation POMs were high because of the complexity and risk of the cases they managed. OMiC resourcing had been based on risk and sentence type. Case transfers were commenced in October 2019 with a transition period of three months. The prison explained that the additional case management tasks required for prisoners in the Westgate unit and the psychologically informed planned environment (PIPE) were not taken into account when deciding resources under OMiC, which had affected caseloads.
- 4.9** In the cases we looked at we saw evidence of good multidisciplinary work on some complex cases, especially prisoners approaching parole or release. However, this was not consistent across the population, and some contact between prisoners and their POM was too infrequent and not sufficiently focused on progression. In some cases, POMs only met the prisoner once a year. The prison attributed this to high caseloads and cross-deployment of operational POMs to duties outside the OMU.
- 4.10** Many of the prisoners we spoke to said they knew who their POM was but were not given enough information about their sentence plan or sufficient support to progress throughout their sentence. Infrequent POM contact was amplified by some issues with the implementation of key work. Although the prison had a plan to ensure that POM caseloads were more manageable, this did not follow the recommended level of contact under OMiC.
- 4.11** Most prisoners had an assessment of their risk and needs. Where they did not, the prison could evidence what it was doing to chase the community officers responsible for the missing assessments. The risk assessments we looked at were accurate, good quality and countersigned by the senior probation officer (SPO). Although at our previous inspection the prison reviewed most OASys assessments annually, it now followed updated HMPPS policy and reviewed them every two or three years, or where there was a significant change in circumstance. This change in frequency exacerbated prisoners' frustration that they did not always know what was on their sentence plan, did not always have meaningful contact with their POM and were not always clear on what they needed to do to progress to a lower security categorisation (see paragraph 4.21). We also saw examples where POMs did not

review the assessment and sentence plan following a change in circumstance, which meant that some sentence plans were out of date and did not reflect current circumstances.

- 4.12** Eighty per cent of prisoners were serving some sort of indeterminate sentence which involved the Parole Board directing their date of release. Most prisoners said staff were knowledgeable about the parole process. Parole arrangements were managed well, and prisoners on indeterminate sentence for public protection received some good one-to-one support from psychology staff.

Recommendations

- 4.13** **Prison offender manager contact with prisoners should be frequent, meaningful and sufficiently focused on their progression.**
- 4.14** **Sentence plans should be reviewed regularly to ensure that objectives are up to date and reflect current circumstances, and that prisoners are aware of what they need to do to progress.**

Public protection

- 4.15** Public protection arrangements continued to be robust. The prison was managing a complex and risky population, with 80% presenting a high or very high risk of harm to others and 97% subject to multi-agency public protection arrangements (MAPPA) because of the serious nature of their offence.
- 4.16** All new arrivals were screened by the experienced public protection team and then discussed at a weekly meeting attended by OMU and security to determine any risk issues. This weekly meeting also discussed monitoring and child contact restriction reviews, as well as any child contact applications.
- 4.17** At the time of the inspection, nearly 40% of prisoners were subject to child contact restrictions. The prison managed this appropriately with well-timed reviews and good information-sharing with children's services in the community. Monitoring arrangements were also well managed.
- 4.18** The prison held complex case reviews for prisoners who met the criteria, which were attended by all relevant departments and professionals, including from community organisations. All releases were discussed eight months beforehand in a release planning meeting.
- 4.19** MAPPA were sound. Eligible prisoners were identified on arrival, and all had their MAPPA levels confirmed before release. Reports for MAPPA meetings were very good and countersigned by the SPO.

Categorisation and transfers

- 4.20** Categorisation decisions were well-timed and considered relevant information from prison departments. POMs were responsible for completing recategorisation decisions, which were signed off by an appropriate manager. However, they were expected to contact prisoners in advance of any decision to ascertain their views, and we found some examples where this had not happened.

- 4.21** The recategorisation decisions we looked at were sound but prisoners expressed frustration about the length of time it took to progress, especially from category A to category B. The prison has recently started running promising category A workshops to provide prisoners with guidance on how they could progress, but it was too early to assess their impact. Some prisoners were not always clear what they needed to do to progress, and it was not always clearly set out in their sentence plan (see paragraph 4.11 and recommendation 4.14).
- 4.22** Since our last inspection, the prison had improved its relationships with other prisons and no longer struggled to move category C prisoners. However, due to a lack of category B spaces nationally most of these prisoners remained at Frankland, and some felt that the stigma of being in a high security prison affected their ability to progress.

Recommendation

- 4.23 There should be a systematic approach to ensure that prisoners are involved in all recategorisation decisions.**

Interventions

Expected outcomes:

Prisoners are able to access interventions designed to promote successful rehabilitation.

- 4.24** The prison had a well-staffed programmes team that offered a range of accredited and non-accredited programmes. Although there were only a few programme spaces and completions each year, the prison's analysis indicated that it had enough spaces to meet the needs of most prisoners. However, due to previous staffing issues, some prisoners waited too long to be assessed for high intensity offending behaviour programmes, which caused some frustration. We found that some prisoners had been waiting two years to have the relevant assessment completed, although the waiting list was reducing following an increase in programmes staff in October 2019. The programmes team appropriately prioritised prisoners coming up for parole or release.
- 4.25** The prison did not offer an accredited programme for high risk sex offenders but it had established a relationship with a relatively nearby category A prison which did, and encouraged prisoners to move there to complete their offending behaviour work. However, there was no prison available for category A and vulnerable prisoners who required a high-risk domestic abuse programme, which meant that some prisoners could not address their offending behaviour to enable progression or before their release. The psychology team was completing the programme on a one-to-one basis for one prisoner, but this was not a solution to addressing the unmet need for all relevant prisoners.
- 4.26** The psychology team also completed some good one-to-one work with prisoners who were not ready for a group programme or who had been assessed as not suitable but still required further intervention.

Recommendation

- 4.27 Category A and vulnerable prisoners should have prompt access to an accredited high-risk domestic abuse programme.**

Specialist units

Expected outcomes:

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

Offender personality disorder units, including psychologically informed planned environments

- 4.28** The Westgate unit housed a personality disorder treatment community on units 2-4 and a PIPE on unit 1. Both services were part of the national offender personality disorder (OPD) pathway, and were centres of excellence in the delivery of psychological approaches and treatments. The unit also included six places in the pilot progression unit (PPU) for use by prisoners coming out of long-term segregation (see paragraph 1.29)
- 4.29** There was a reasonable waiting list for the Westgate unit and PIPE. Waiting times for admission had reduced from several months to as short as a few weeks as links with other OPD pathway services had been developed.
- 4.30** The PIPE continued to provide excellent psychological support to prisoners, most of whom had completed community treatments on the Westgate unit and other OPD treatment communities. The PIPE offered a mix of group therapies and activities, and access to the full Frankland regime, including education, employment and other relevant departments. Joint working between psychology and custody staff was notable in the PIPE, and officers valued the clinical supervision they received to enable their effective working.
- 4.31** Units 2 to 4 had been in transition and now offered wider services to prisoners with complex and/or borderline personality disorders, in addition to those with antisocial high-risk behaviours. Each prisoner had a psychological formulation of need, followed by modules of individual evidence-based cognitive and dialectical therapies (a form of cognitive therapy developed to respond to the needs of people with borderline personality disorders) delivered by psychology staff, which replaced some of the previous group approaches to therapy.
- 4.32** Unit 2 had temporarily reduced the number of prisoners on induction to the treatment community to allow the safe introduction of previously segregated prisoners to the PPU beds, but a phased increase in the number of prisoners began during the inspection. We spoke with three prisoners on unit 2 in the PPU. They had been in the unit for an average of three months and were being supported by highly skilled custody staff to avoid returning to the segregation unit; this was a significant achievement for these prisoners who had spent long periods in segregation.
- 4.33** Prisoners were encouraged to practise newly acquired coping skills learned in individual therapy as part of the diverse community activities on units 3 and 4, which were run by psychologists and prison officers. The psychological approach was excellent, although some custody staff found the adoption of individual care packages challenging, especially on unit 2, as their roles working with prisoners in groups had changed.
- 4.34** Many prisoners we spoke with in Westgate could articulate the ways in which their behaviour had become less challenging as a result of community treatment. Generally, they appreciated the direct support by staff, but criticised aspects of the management of the unit.
- 4.35** Lengths of stay at the Westgate OPD services varied as pathways to other OPD services and receiving prisons were being created. Generally, treatment community stays could be around

two to three years (previously four to five years), while PIPE stays had increased to an average of 22 months.

- 4.36** The most constant criticism from Westgate prisoners was about the lack of educational opportunities. As they were technically all in therapy full time, there were no professional education or training courses leading to qualifications. However, they were not always fully occupied for the whole day. Unit managers were aware of these gaps and were seeking ways to fund improvements. (See recommendation 3.17.) The gym staff on Westgate had been active in this area and were planning to run accredited instructor courses once the funding was in place.
- 4.37** Custody staff on Westgate were highly competent in managing inter-personal and group conflicts. They and the psychology staff valued the regular supervision they received from both internal and external clinical supervisors. However, recruitment of suitable custody staff had become a challenge in recent years, and the prison ran a variety of activities to raise awareness and attract applicants.
- 4.38** Staff from the Westgate OPD services supported prisoners before their arrival and following discharge from Westgate to support their continuity of care. This enabled smoother transitions through the OPD pathway. Prisoners on the pathway could now step off and on again as they progressed, and could do this in any suitable OPD services.

Release planning

Expected outcomes:

The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

- 4.39** Very few prisoners were released directly from Frankland. In the previous six months only four prisoners had been released, all of them to approved premises. Releases were usually category A prisoners who were unable to transfer to another prison. All releases were discussed at a well-attended meeting eight months beforehand, which explored risk management issues alongside resettlement needs.
- 4.40** Because of the small number of releases, the prison did not have a dedicated release planning team or resettlement worker, but had established links with local resettlement agencies, such as the Credit Union for bank accounts and Department for Work and Pensions for benefits advice. However, not all resettlement pathways were routinely considered before release and we found examples of some unmet needs for prisoners due for release. After we raised this with the prison, it agreed to introduce a systematic approach to ensure that resettlement needs were reviewed before release, alongside any risk management issues.

Section 5. Summary of key concerns and good practice

The following is a listing of repeated and new key concerns and recommendations, general recommendations and examples of good practice included in this report. The reference numbers in the left-hand column refer to the paragraph location in the main report.

Key concerns and recommendations

- 5.1** Key concern (S41): In our survey, significantly more prisoners than in similar prisons told us it was easy to get illicit drugs. This was reflected in the prison's positive drug test results, which had increased since the previous inspection. The prison did not monitor the effectiveness of technology such as body scanners. There was no supply reduction action plan, and we could not be assured that required actions were effectively tracked and completed. (Directed to: the governor.)

Recommendation: Actions to reduce the supply and demand for drugs should be recorded in a plan, which is clearly communicated and tracked to ensure delivery of the drug strategy.

- 5.2** Key concern (S42): The self-harm rate was very high. Assessment, care in custody and teamwork (ACCT) documentation was too variable, despite efforts to improve it. Attendance at the monthly safer custody meeting was poor, and therefore useful data which might have helped staff understand and manage the levels of self-harm was not effectively shared. (Directed to: the governor.)

Recommendation: Prisoners at risk of self-harm or suicide should receive effective, well-documented care which reduces harmful behaviours.

- 5.3** Key concern (S43): Equality and diversity work was still not given sufficient priority. Senior managers did not attend the diversity and equality action team regularly, data were not always analysed well enough to be meaningful, and there was insufficient investigation of potential discrimination. Some policies were out of date. Responses to discrimination complaints were often late and too many were inadequate. (Directed to: the governor.)

Recommendation: All managers should have a clear role in delivering a coordinated strategic approach to equality and diversity work, which ensures that the needs of prisoners with protected characteristics are met.

- 5.4** Key concern (S44): Prisoner concerns and complaints about health care were not properly managed. Of the 208 complaints made directly to the health department between July and December 2019, 56 had not yet had a response. Complaints submitted through the prison complaints system were not included in monitoring and review within the health complaints system, which affected the analysis of health complaints overall. Many responses did not fully address the issues raised, and apologies were not always offered. The CQC has issued requirement notices about the management of complaints to G4S and Spectrum Community Health CIC. (Directed to: the governor.)

Recommendation: All responses to prisoner complaints about health care, however raised, should be made on time and in line with NHS guidance on handling health care complaints.

- 5.5** Key concern (S45): The prison had conducted a prisoner needs analysis but had not done enough to analyse or implement the findings. While several departments focused on reducing reoffending, there were no reducing reoffending meetings to coordinate the work and ensure that action was taken to address some unmet need. (Directed to: the governor.)

Recommendation: Work to reduce reoffending should be coordinated and result in the delivery of a measurable action plan to ensure that needs are met.

General recommendations

- 5.6** Recommendation (1.7): Risk interviews for new arrivals, including health care interviews, should take place in private with the door closed. (Directed to: the governor.)
- 5.7** Recommendation (1.8): Peer supporters and Listeners should be available in reception to meet all new arrivals. (Directed to: the governor.)
- 5.8** Recommendation (1.9): There should be additional first night safety checks on all new arrivals and those whose circumstances have changed. (Directed to: the governor.)
- 5.9** Recommendation (1.18): Attendance at safer custody meetings should be improved to support effective information sharing and action planning to reduce violence. (Directed to: the governor.)
- 5.10** Recommendation (1.26): The prison should routinely scrutinise documentation and video footage from all incidents involving the use of force. (Directed to: the governor.)
- 5.11** Recommendation (1.27): There should be greater scrutiny and oversight of the use of special accommodation and associated procedures to ensure that there is sufficient justification for its use in all cases, and that it is used for the shortest possible time. (Directed to: the governor.)
- 5.12** Recommendation (1.33): Prisoners should only be segregated with proper authority and safeguards, and for the shortest period possible. (Directed to: the governor.)
- 5.13** Recommendation (2.48): All clinical environments should comply with infection-control standards. (Directed to: the governor.)
- 5.14** Recommendation (2.49): Patient records should contain all relevant clinical information and details of chaperones. (Directed to: the governor.)
- 5.15** Recommendation (2.51): The prison should work with health providers to develop a joint health promotion strategy. (Directed to: the governor.)
- 5.16** Recommendation (2.58): Secondary health screening of new arrivals should be undertaken as per the National Institute for Health and Care Excellence guidance. (Directed to: the governor.)
- 5.17** Recommendation (2.59): Prisoners' concerns about pain management should be addressed through a multi-disciplinary approach. (Directed to: the governor.)

- 5.18** Recommendation (2.60): Admissions to the inpatient facility should be in line with the admissions policy and for clinical care only. (Directed to: the governor.)
- 5.19** Recommendation (2.64): Prisoner peer workers should receive training for their role, and regular supervision and support. (Directed to: the governor.)
- 5.20** Recommendation (3.16): Leaders and managers should ensure that learning provision meets needs, particularly for speakers of other languages and learners at level 3. (Directed to: the governor.)
- 5.21** Recommendation (3.17): Leaders and managers should provide enough purposeful activity places to engage all prisoners full time. (Directed to: the governor.)
- 5.22** Recommendation (3.31): Leaders and managers should improve prisoners' access to helpful information, advice and guidance so that they can develop realistic plans for their time in custody. (Directed to: the governor.)
- 5.23** Recommendation (3.34): Far more prisoners should achieve their qualifications in English and mathematics so that the proportion who do is at least good. (Directed to: the governor.)
- 5.24** Recommendation (4.6): Prisoners, especially those who do not receive visits, should receive effective help to develop and maintain constructive contact with family and friends. (Directed to: the governor.)
- 5.25** Recommendation (4.13): Prison offender manager contact with prisoners should be frequent, meaningful and sufficiently focused on their progression. (Directed to: the governor.)
- 5.26** Recommendation (4.14): Sentence plans should be reviewed regularly to ensure that objectives are up to date and reflect current circumstances, and that prisoners are aware of what they need to do to progress. (Directed to: the governor.)
- 5.27** Recommendation (4.23): There should be a systematic approach to ensure that prisoners are involved in all recategorisation decisions. (Directed to: the governor.)
- 5.28** Recommendation (4.27): Category A and vulnerable prisoners should have prompt access to an accredited high-risk domestic abuse programme. (Directed to: HMPPS.)

Examples of good practice

- 5.29** Good practice example (1.19): The prison provided an impressive challenge, support and intervention plan (CSIP) awareness package to help staff understand and use the system.
- 5.30** Good practice example (2.23): The involvement of community organisations to support prisoners from protected characteristic groups was an excellent way of involving the community in the life of the prison, attracting expertise and meeting prisoners' needs.
- 5.31** Good practice example (2.24): The monthly equality newsletter was an excellent initiative to promote staff awareness of equality issues.
- 5.32** Good practice example (2.89): Dental staff had regular engagement with prisoners and prison staff to improve oral health, and the oral health nurse had promoted oral hygiene and sugar awareness information at family days and an Age UK well-being day.

- 5.33** Good practice example (3.9): The library organised an impressive range of small group activities that built on the interests of the prisoner group and local community.

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief inspector
Deborah Butler	Team leader
Ian Dickens	Inspector
Jeanette Hall	Inspector
Martin Kettle	Inspector
Alice Oddy	Inspector
Tamara Pattinson	Inspector
Paul Tarbuck	Inspector
Sharlene Andrew	Researcher
Chloe Moore	Researcher
Billie Powell	Researcher
Catherine Shaw	Researcher
Tania Osborne	Lead health and social care inspector
Shaun Thomson	Health and social care inspector
Richard Chapman	Pharmacist
Jo MacDonald	Care Quality Commission inspector
Malcolm Bruce	Ofsted inspector
Kenneth Merry	Ofsted inspector
Martin Ward	Ofsted inspector
Lisa Parker	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. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2016, 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.

Recommendations

Health care reception screening should take place in private. (1.7)

Not achieved

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

Achieved

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

Achieved

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

Achieved

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)

Achieved

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)

Achieved

Care planning for segregated prisoners should have specific targets that reflect their individual circumstances, and plans should be updated at each review. (1.44)

Not achieved

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)

Partially achieved

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

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2016, 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.

Main recommendations

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)

Not achieved

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)

Achieved

Recommendations

Discrimination incident reporting forms should be readily available to prisoners on all wings. (2.12)

Achieved

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

Achieved

All clinical areas should comply fully with current infection control standards. (2.38)

Not achieved

A strategy for health promotion should be developed and information should be made widely available to prisoners. (2.39)

Not achieved

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

Achieved

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

Achieved

Prisoners should have access to routine dental appointments within six weeks. (2.53)

Achieved

Custody staff should have mental health awareness training so that they can take appropriate action when a prisoner has mental health problems. (2.58)

Achieved

Patients requiring mental health inpatient care should be transferred promptly and within the required timescales. (2.59)

Not achieved

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

Not achieved

Purposeful activity

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

At the last inspection, in 2016, 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.

Recommendations

All exercise areas should have seating. (3.3)

Achieved

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

Achieved

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

Achieved

A higher proportion of learners should achieve functional skills qualifications in mathematics. (3.24)

Not achieved

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)

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 2016, 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.

Main recommendations

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)

Not achieved

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)

Achieved

Recommendations

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)

Achieved

All prisoners should have an up-to-date OASys review. (4.13)

Not achieved

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)

Not achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notice

Provider: Spectrum Community Health C.I.C.

Location: One Navigation Walk

Location ID: 1-198803665

Regulated activities: Treatment of disease, disorder or injury; Diagnostic and screening procedures.

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 16: Receiving and acting on complaints	Comply with Regulation 16 (1) (2)
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How the regulation was not being met:

The provider had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by services users and other persons in relation to the carrying on of the regulated activity. In particular:

- Complaints were not responded to in a timely way and some were not investigated thoroughly or responded to appropriately.
- Between January and December 2019, 67 out of 94 complaints had not been responded to in a timely manner.
- Responses demonstrated that not all staff had the appropriate skills and knowledge of current guidance in order to appropriately investigate and manage complaints.
- The quality of complaint responses was variable. This included, poor explanations, an absence of apology where complaints were upheld, and no details of how patients could escalate their concerns.
- There were 32 outstanding complaints which patients had submitted between July and December 2019. Patients were not assured that their

complaints were being taken seriously and at times submitted repeat complaints about the same issues due to delays with responses.

Requirement Notice

Provider: G4S Health Services (UK) Limited

Location: HMP Frankland

Location ID: 1-1988036653

Regulated activities: Treatment of disease, disorder or injury; Diagnostic and screening procedures;

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 17 Good Governance

17 (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part

How the regulation was not being met:

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided:

- The provider had not identified that patients' complaints submitted via the prison complaints system were not being managed according to G4S policy or guidance.
- Complaints submitted via the prison complaints system between August 2019 and 23 January 2020 had not been monitored or analysed to inform service improvement.
- There was no quality assurance of complaint responses. The quality of responses we viewed was variable.

Appendix IV: Photographs

Damp and mould in prisoner property room



Appendix V: Prison population profile

Please note: the following figures were supplied by the establishment and any errors or omissions are the establishment's own. These figures include prisoners held in the separation centre (see fact page), which was not in scope for this inspection.

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	1	826	98%
Recall	0	14	2%
Total	1	840	100%

Sentence	18–20 yr olds	21 and over	%
2 years to less than 4 years	0	1	0.1%
4 years to less than 10 years	1	12	1.5%
10 years and over (not life)	0	273	32.5%
ISPP (indeterminate sentence for public protection)	0	48	5.72%
Life	0	506	60.2%
Total	1	840	100%

Age	Number of prisoners	%
Under 21 years	1	0.1%
21 years to 29 years	140	16.6%
30 years to 39 years	234	27.8%
40 years to 49 years	164	19.5%
50 years to 59 years	177	21.0%
60 years to 69 years	89	10.6%
70 plus years: maximum age = 82	36	4.3%
Total	841	100%

Nationality	18–20 yr olds	21 and over	%
British	1	768	91.4%
Foreign nationals	0	71	8.4%
Not stated	0	1	0.1%
Total			100%

Security category	18–20 yr olds	21 and over	%
Category A high risk		9	1.1%
Category A		235	27.9%
Provisional category A		7	0.8%
Category B	1	586	69.8%
Category C		3	0.4%
Total	1	840	

Ethnicity – no information provided

Religion	18–20 yr olds	21 and over	%
Baptist	0	1	0.1%
Church of England	0	194	23.1%
Roman Catholic	0	174	20.7%
Other Christian denominations	0	79	9.4%
Muslim	0	131	15.6%
Sikh	0	3	0.4%
Hindu	0	4	0.5%
Buddhist	0	43	5.1%
Jewish	0	10	1.2%
Other	0	45	5.4%
No religion	1	156	18.7%
Total	1	840	100%

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0%	13	1.5%
1 month to 3 months	1	0.1%	38	4.5%
3 months to six months	0	0	100	11.9%
six months to 1 year	0	0	154	18.3%
1 year to 2 years	0	0	191	22.7%
2 years to 4 years	0	0	66	7.8%
4 years or more	0	0	272	32.3%
Other	0	0	6	0.7%
Total	1	0.1%	840	99.9%

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/ restrictions).	1	840	100%
Total			

Appendix VI: Prisoner survey methodology and results

Prisoner survey methodology

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection.

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison. Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

The questionnaire is available in 14 languages and can also be administered via a telephone translation service if necessary.

The questionnaire was revised during 2016–17, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a robust statistical formula HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment (95% confidence interval with a sampling error of 7%; the formula assumes a 75% response rate (65% in open establishments). In smaller establishments we may offer a questionnaire to the entire population.

Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity. For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMI Prisons' website <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>. Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

Survey response

At the time of the survey on 13 January 2020 the prisoner population at HMP Frankland was 836, excluding the separation centre, which was not in scope for this inspection. Using the sampling method described above, questionnaires were distributed to 208 prisoners. We received a total of 167 completed questionnaires, a response rate of 80%. Sixteen prisoners declined to participate in the survey and 25 questionnaires were either not returned at all, or returned blank.

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Frankland. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared, using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group). Missing responses have been excluded from all analyses.

Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

Responses from HMP Frankland 2020 compared with those from other HMI Prisons surveys

Note: these analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

- Survey responses from HMP Frankland in 2020 compared with survey responses from other high security prisons inspected since September 2017.
- Survey responses from HMP Frankland in 2020 compared with survey responses from HMP Frankland in 2016.

Comparisons between different residential locations within HMP Frankland 2020

- Responses of prisoners on the vulnerable prisoner units (A, B, C and D wings) compared with those from the rest of the establishment.

Comparisons between sub-populations of prisoners within HMP Frankland 2020

Note: These analyses are carried out on summary data from selected survey questions only.

- Responses of prisoners from black and minority ethnic groups compared with those of white prisoners.
- Responses of Muslim prisoners compared with those of non-Muslim prisoners.
- Responses of prisoners who reported that they had a disability compared to those who did not.
- Responses of prisoners who reported that they had mental health problems compared with those who did not.
- Responses of prisoners aged 50 and over compared with those under 50.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group. A minimum of 10 responses which must also represent at least 10% of the total response.

In the comparator analyses, statistically significant differences are indicated by shading. 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. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance. Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of

respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

Survey summary

Background information

I.1	What wing or house block are you currently living on?	
	A wing.....	25 (15%)
	B wing.....	24 (14%)
	C wing.....	20 (12%)
	D wing.....	24 (14%)
	F wing.....	22 (13%)
	G wing.....	17 (10%)
	J wing.....	15 (9%)
	Westgate unit.....	13 (8%)
	Segregation unit.....	6 (4%)
	Healthcare unit.....	1 (1%)
I.2	How old are you?	
	Under 21.....	1 (1%)
	21 - 25.....	9 (6%)
	26 - 29.....	19 (12%)
	30 - 39.....	51 (31%)
	40 - 49.....	30 (18%)
	50 - 59.....	32 (20%)
	60 - 69.....	17 (10%)
	70 or over.....	4 (2%)
I.3	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British.....	114 (70%)
	White - Irish.....	2 (1%)
	White - Gypsy or Irish Traveller.....	5 (3%)
	White - any other White background.....	8 (5%)
	Mixed - White and Black Caribbean.....	6 (4%)
	Mixed - White and Black African.....	1 (1%)
	Mixed - White and Asian.....	1 (1%)
	Mixed - any other Mixed ethnic background.....	4 (2%)
	Asian/ Asian British - Indian.....	2 (1%)
	Asian/ Asian British - Pakistani.....	3 (2%)
	Asian/ Asian British - Bangladeshi.....	3 (2%)
	Asian/ Asian British - Chinese.....	1 (1%)
	Asian - any other Asian Background.....	0 (0%)
	Black/ Black British - Caribbean.....	5 (3%)
	Black/ Black British - African.....	6 (4%)
	Black - any other Black/ African/ Caribbean background.....	1 (1%)
	Arab.....	0 (0%)
	Any other ethnic group.....	0 (0%)
I.4	How long have you been in this prison?	
	Less than 6 months.....	10 (6%)
	6 months or more.....	146 (94%)
I.5	Are you currently serving a sentence?	
	Yes.....	163 (98%)
	Yes - on recall.....	3 (2%)
	No - on remand or awaiting sentence.....	0 (0%)
	No - immigration detainee.....	0 (0%)

1.6 How long is your sentence?

Less than 6 months.....	1 (1%)
6 months to less than 1 year.....	0 (0%)
1 year to less than 4 years.....	0 (0%)
4 years to less than 10 years.....	10 (6%)
10 years or more.....	57 (35%)
IPP (indeterminate sentence for public protection).....	7 (4%)
Life.....	89 (54%)
Not currently serving a sentence.....	0 (0%)

Arrival and reception**2.1 Were you given up-to-date information about this prison before you came here?**

Yes.....	30 (19%)
No.....	119 (73%)
Don't remember.....	13 (8%)

2.2 When you arrived at this prison, how long did you spend in reception?

Less than 2 hours.....	75 (46%)
2 hours or more.....	76 (46%)
Don't remember.....	13 (8%)

2.3 When you were searched in reception, was this done in a respectful way?

Yes.....	119 (74%)
No.....	33 (21%)
Don't remember.....	8 (5%)

2.4 Overall, how were you treated in reception?

Very well.....	43 (27%)
Quite well.....	86 (53%)
Quite badly.....	23 (14%)
Very badly.....	7 (4%)
Don't remember.....	2 (1%)

2.5 When you first arrived here, did you have any of the following problems?

Problems getting phone numbers.....	47 (29%)
Contacting family.....	39 (24%)
Arranging care for children or other dependants.....	1 (1%)
Contacting employers.....	2 (1%)
Money worries.....	21 (13%)
Housing worries.....	7 (4%)
Feeling depressed.....	47 (29%)
Feeling suicidal.....	23 (14%)
Other mental health problems.....	32 (20%)
Physical health problems.....	23 (14%)
Drug or alcohol problems (e.g. withdrawal).....	11 (7%)
Problems getting medication.....	46 (28%)
Needing protection from other prisoners.....	13 (8%)
Lost or delayed property.....	37 (23%)
Other problems.....	20 (12%)
Did not have any problems.....	42 (26%)

2.6 Did staff help you to deal with these problems when you first arrived?

Yes.....	45 (28%)
No.....	73 (46%)
Did not have any problems when I first arrived.....	42 (26%)

First night and induction

3.1 Before you were locked up on your first night here, were you offered any of the following things?

Tobacco or nicotine replacement.....	84 (53%)
Toiletries / other basic items	61 (38%)
A shower.....	51 (32%)
A free phone call.....	22 (14%)
Something to eat	111 (69%)
The chance to see someone from health care	72 (45%)
The chance to talk to a Listener or Samaritans.....	23 (14%)
Support from another prisoner (e.g. Insider or buddy)	19 (12%)
Wasn't offered any of these things.....	23 (14%)

3.2 On your first night in this prison, how clean or dirty was your cell?

Very clean	27 (16%)
Quite clean	87 (53%)
Quite dirty	23 (14%)
Very dirty	18 (11%)
Don't remember	9 (5%)

3.3 Did you feel safe on your first night here?

Yes	124 (76%)
No.....	32 (20%)
Don't remember	8 (5%)

3.4 In your first few days here, did you get:

	Yes	No	Don't remember
Access to the prison shop / canteen?	51 (32%)	94 (59%)	13 (8%)
Free PIN phone credit?	39 (25%)	101 (65%)	16 (10%)
Numbers put on your PIN phone?	58 (38%)	82 (54%)	12 (8%)

3.5 Did your induction cover everything you needed to know about this prison?

Yes	90 (56%)
No.....	60 (38%)
Have not had an induction.....	10 (6%)

On the wing

4.1 Are you in a cell on your own?

Yes	164 (98%)
No, I'm in a shared cell or dormitory.....	3 (2%)

4.2 Is your cell call bell normally answered within 5 minutes?

Yes	106 (65%)
No.....	38 (23%)
Don't know.....	20 (12%)
Don't have a cell call bell.....	0 (0%)

4.3 Please answer the following questions about the wing or house block you are currently living on:

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	147 (89%)	17 (10%)	2 (1%)
Can you shower every day?	160 (96%)	6 (4%)	0 (0%)
Do you have clean sheets every week?	146 (89%)	16 (10%)	2 (1%)
Do you get cell cleaning materials every week?	125 (76%)	35 (21%)	5 (3%)
Is it normally quiet enough for you to relax or sleep at night?	118 (71%)	46 (28%)	2 (1%)
Can you get your stored property if you need it?	65 (40%)	44 (27%)	52 (32%)

4.4 Normally, how clean or dirty are the communal / shared areas of your wing or house block (landings, stairs, wing showers etc.)?

Very clean	42 (26%)
Quite clean	98 (60%)
Quite dirty	19 (12%)
Very dirty	4 (2%)

Food and canteen

5.1 What is the quality of food like in this prison?

Very good	6 (4%)
Quite good	54 (34%)
Quite bad	66 (41%)
Very bad	34 (21%)

5.2 Do you get enough to eat at mealtimes?

Always.....	14 (9%)
Most of the time.....	49 (30%)
Some of the time.....	66 (40%)
Never	35 (21%)

5.3 Does the shop / canteen sell the things that you need?

Yes	115 (71%)
No.....	41 (25%)
Don't know.....	5 (3%)

Relationships with staff

6.1 Do most staff here treat you with respect?

Yes	137 (84%)
No.....	27 (16%)

6.2 Are there any staff here you could turn to if you had a problem?

Yes	130 (80%)
No.....	33 (20%)

6.3 In the last week, has any member of staff talked to you about how you are getting on?

Yes	79 (48%)
No.....	84 (52%)

6.4	How helpful is your personal or named officer?	
	Very helpful.....	51 (31%)
	Quite helpful.....	64 (39%)
	Not very helpful	21 (13%)
	Not at all helpful.....	19 (12%)
	Don't know.....	5 (3%)
	Don't have a personal / named officer	4 (2%)
6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly.....	19 (12%)
	Sometimes	55 (33%)
	Hardly ever.....	84 (51%)
	Don't know.....	7 (4%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes.....	84 (54%)
	No.....	72 (46%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change.....	47 (29%)
	Yes, but things don't change.....	80 (49%)
	No.....	22 (13%)
	Don't know.....	15 (9%)

Faith

7.1	What is your religion?	
	No religion.....	32 (20%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations).....	81 (50%)
	Buddhist.....	6 (4%)
	Hindu.....	0 (0%)
	Jewish	3 (2%)
	Muslim.....	26 (16%)
	Sikh	1 (1%)
	Other	12 (7%)
7.2	Are your religious beliefs respected here?	
	Yes.....	92 (56%)
	No.....	20 (12%)
	Don't know.....	19 (12%)
	Not applicable (no religion).....	32 (20%)
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	
	Yes.....	90 (55%)
	No.....	12 (7%)
	Don't know.....	30 (18%)
	Not applicable (no religion).....	32 (20%)
7.4	Are you able to attend religious services, if you want to?	
	Yes.....	121 (74%)
	No.....	6 (4%)
	Don't know.....	5 (3%)
	Not applicable (no religion).....	32 (20%)

Contact with family and friends

- 8.1 Have staff here encouraged you to keep in touch with your family / friends?**
 Yes 71 (44%)
 No 90 (56%)
- 8.2 Have you had any problems with sending or receiving mail (letters or parcels)?**
 Yes 82 (50%)
 No 83 (50%)
- 8.3 Are you able to use a phone every day (if you have credit)?**
 Yes 151 (92%)
 No 13 (8%)
- 8.4 How easy or difficult is it for your family and friends to get here?**
 Very easy 10 (6%)
 Quite easy 29 (18%)
 Quite difficult 37 (23%)
 Very difficult 64 (40%)
 Don't know 20 (13%)
- 8.5 How often do you have visits from family or friends?**
 More than once a week 2 (1%)
 About once a week 16 (10%)
 Less than once a week 76 (48%)
 Not applicable (don't get visits) 64 (41%)
- 8.6 Do visits usually start and finish on time?**
 Yes 39 (44%)
 No 50 (56%)
- 8.7 Are your visitors usually treated respectfully by staff?**
 Yes 61 (70%)
 No 26 (30%)

Time out of cell

- 9.1 Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?**
 Yes, and these times are usually kept to 92 (58%)
 Yes, but these times are not usually kept to 64 (40%)
 No 4 (3%)
- 9.2 How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?**
 Less than 2 hours 17 (11%)
 2 to 6 hours 65 (41%)
 6 to 10 hours 60 (38%)
 10 hours or more 10 (6%)
 Don't know 6 (4%)

- 9.3 How long do you usually spend out of your cell on a typical Saturday or Sunday?**
- | | |
|-------------------------|-----------|
| Less than 2 hours | 11 (7%) |
| 2 to 6 hours..... | 106 (65%) |
| 6 to 10 hours | 36 (22%) |
| 10 hours or more | 3 (2%) |
| Don't know..... | 6 (4%) |
- 9.4 How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?**
- | | |
|------------------|-----------|
| None | 3 (2%) |
| 1 or 2 | 17 (11%) |
| 3 to 5..... | 18 (11%) |
| More than 5..... | 119 (74%) |
| Don't know..... | 3 (2%) |
- 9.5 How many days in a typical week do you get association, if you want it?**
- | | |
|------------------|-----------|
| None | 6 (4%) |
| 1 or 2 | 0 (0%) |
| 3 to 5..... | 6 (4%) |
| More than 5..... | 143 (89%) |
| Don't know..... | 6 (4%) |
- 9.6 How many days in a typical week could you go outside for exercise, if you wanted to?**
- | | |
|------------------|-----------|
| None | 7 (4%) |
| 1 or 2 | 2 (1%) |
| 3 to 5..... | 13 (8%) |
| More than 5..... | 129 (82%) |
| Don't know..... | 7 (4%) |
- 9.7 Typically, how often do you go to the gym?**
- | | |
|----------------------------|----------|
| Twice a week or more | 87 (55%) |
| About once a week | 14 (9%) |
| Less than once a week..... | 1 (1%) |
| Never | 55 (35%) |
- 9.8 Typically, how often do you go to the library?**
- | | |
|----------------------------|----------|
| Twice a week or more | 19 (12%) |
| About once a week | 61 (39%) |
| Less than once a week..... | 24 (15%) |
| Never | 54 (34%) |
- 9.9 Does the library have a wide enough range of materials to meet your needs?**
- | | |
|-----------------------------|----------|
| Yes..... | 62 (41%) |
| No..... | 34 (23%) |
| Don't use the library | 54 (36%) |

Applications, complaints and legal rights

- 10.1 Is it easy for you to make an application?**
- | | |
|-----------------|-----------|
| Yes..... | 135 (85%) |
| No..... | 20 (13%) |
| Don't know..... | 4 (3%) |

I0.2 If you have made any applications here, please answer the questions below:

	Yes	No	Not made any applications
Are applications usually dealt with fairly?	76 (52%)	63 (43%)	6 (4%)
Are applications usually dealt with within 7 days?	52 (34%)	93 (62%)	6 (4%)

I0.3 Is it easy for you to make a complaint?

Yes.....	127 (79%)
No.....	13 (8%)
Don't know.....	20 (13%)

I0.4 If you have made any complaints here, please answer the questions below:

	Yes	No	Not made any complaints
Are complaints usually dealt with fairly?	36 (24%)	74 (49%)	40 (27%)
Are complaints usually dealt with within 7 days?	40 (27%)	67 (46%)	40 (27%)

I0.5 Have you ever been prevented from making a complaint here when you wanted to?

Yes.....	33 (21%)
No.....	93 (60%)
Not wanted to make a complaint	28 (18%)

I0.6 In this prison, is it easy or difficult for you to...

	Easy	Difficult	Don't know	Don't need this
Communicate with your solicitor or legal representative?	77 (49%)	35 (22%)	28 (18%)	17 (11%)
Attend legal visits?	65 (44%)	26 (18%)	37 (25%)	20 (14%)
Get bail information?	9 (6%)	8 (6%)	48 (34%)	77 (54%)

I0.7 Have staff here ever opened letters from your solicitor or legal representative when you were not present?

Yes.....	77 (50%)
No.....	52 (34%)
Not had any legal letters	26 (17%)

Health care**I1.1 How easy or difficult is it to see the following people?**

	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
Doctor	16 (10%)	42 (26%)	57 (36%)	40 (25%)	4 (3%)
Nurse	35 (23%)	62 (41%)	38 (25%)	12 (8%)	4 (3%)
Dentist	12 (8%)	39 (25%)	44 (28%)	44 (28%)	16 (10%)
Mental health workers	17 (11%)	47 (31%)	33 (22%)	12 (8%)	41 (27%)

I 1.2 What do you think of the quality of the health service from the following people?

	Very good	Quite good	Quite bad	Very bad	Don't know
Doctor	14 (9%)	47 (29%)	29 (18%)	60 (37%)	11 (7%)
Nurse	26 (16%)	82 (52%)	29 (18%)	16 (10%)	5 (3%)
Dentist	36 (23%)	64 (41%)	14 (9%)	16 (10%)	27 (17%)
Mental health workers	22 (14%)	41 (26%)	19 (12%)	15 (10%)	60 (38%)

I 1.3 Do you have any mental health problems?

Yes	72 (45%)
No	88 (55%)

I 1.4 Have you been helped with your mental health problems in this prison?

Yes	46 (29%)
No	27 (17%)
Don't have any mental health problems	88 (55%)

I 1.5 What do you think of the overall quality of the health services here?

Very good	14 (9%)
Quite good	52 (33%)
Quite bad	49 (31%)
Very bad	39 (24%)
Don't know	6 (4%)

Other support needs**I 2.1 Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?**

Yes	66 (40%)
No	97 (60%)

I 2.2 If you have a disability, are you getting the support you need?

Yes	17 (11%)
No	38 (25%)
Don't have a disability	97 (64%)

I 2.3 Have you been on an ACCT in this prison?

Yes	46 (29%)
No	115 (71%)

I 2.4 If you have been on an ACCT in this prison, did you feel cared for by staff?

Yes	25 (16%)
No	19 (12%)
Have not been on an ACCT in this prison	115 (72%)

I 2.5 How easy or difficult is it for you to speak to a Listener, if you need to?

Very easy	42 (26%)
Quite easy	43 (27%)
Quite difficult	9 (6%)
Very difficult	5 (3%)
Don't know	60 (38%)
No Listeners at this prison	0 (0%)

Alcohol and drugs

13.1	Did you have an alcohol problem when you came into this prison?	
	Yes	25 (16%)
	No.....	136 (84%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	16 (10%)
	No.....	7 (4%)
	Did not / do not have an alcohol problem	136 (86%)
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	36 (23%)
	No.....	124 (78%)
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes	20 (12%)
	No.....	141 (88%)
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes	9 (6%)
	No.....	153 (94%)
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	22 (14%)
	No.....	13 (8%)
	Did not / do not have a drug problem.....	119 (77%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	54 (34%)
	Quite easy	33 (21%)
	Quite difficult	3 (2%)
	Very difficult	8 (5%)
	Don't know.....	60 (38%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	14 (9%)
	Quite easy	35 (22%)
	Quite difficult	18 (11%)
	Very difficult	13 (8%)
	Don't know.....	79 (50%)

Safety

14.1	Have you ever felt unsafe here?	
	Yes	71 (44%)
	No.....	90 (56%)
14.2	Do you feel unsafe now?	
	Yes	26 (17%)
	No.....	128 (83%)

- 14.3 Have you experienced any of the following types of bullying / victimisation from other prisoners here?**
- | | |
|---|----------|
| Verbal abuse..... | 54 (35%) |
| Threats or intimidation..... | 48 (31%) |
| Physical assault..... | 24 (16%) |
| Sexual assault | 4 (3%) |
| Theft of canteen or property..... | 35 (23%) |
| Other bullying / victimisation | 36 (23%) |
| Not experienced any of these from prisoners here..... | 77 (50%) |
- 14.4 If you were being bullied / victimised by other prisoners here, would you report it?**
- | | |
|-----------|----------|
| Yes | 60 (39%) |
| No..... | 93 (61%) |
- 14.5 Have you experienced any of the following types of bullying / victimisation from staff here?**
- | | |
|---|----------|
| Verbal abuse..... | 56 (36%) |
| Threats or intimidation..... | 53 (34%) |
| Physical assault..... | 19 (12%) |
| Sexual assault | 4 (3%) |
| Theft of canteen or property..... | 17 (11%) |
| Other bullying / victimisation | 44 (28%) |
| Not experienced any of these from staff here..... | 79 (51%) |
- 14.6 If you were being bullied / victimised by staff here, would you report it?**
- | | |
|-----------|----------|
| Yes | 66 (44%) |
| No..... | 85 (56%) |

Behaviour management

- 15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?**
- | | |
|--|----------|
| Yes | 78 (51%) |
| No..... | 68 (44%) |
| Don't know what the incentives / rewards are | 7 (5%) |
- 15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?**
- | | |
|-------------------------------|----------|
| Yes | 83 (54%) |
| No..... | 57 (37%) |
| Don't know..... | 9 (6%) |
| Don't know what this is | 5 (3%) |
- 15.3 Have you been physically restrained by staff in this prison in the last 6 months?**
- | | |
|-----------|-----------|
| Yes | 14 (9%) |
| No..... | 147 (91%) |
- 15.4 If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?**
- | | |
|--|-----------|
| Yes | 1 (1%) |
| No..... | 14 (9%) |
| Don't remember | 0 (0%) |
| Not been restrained here in last 6 months..... | 147 (91%) |

15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?

Yes 18 (11%)
 No 142 (89%)

15.6 If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:

	Yes	No
Were you treated well by segregation staff?	12 (67%)	6 (33%)
Could you shower every day?	14 (78%)	4 (22%)
Could you go outside for exercise every day?	13 (72%)	5 (28%)
Could you use the phone every day (if you had credit)?	11 (61%)	7 (39%)

Education, skills and work**16.1 Is it easy or difficult to get into the following activities in this prison?**

	Easy	Difficult	Don't know	Not available here
Education	89 (59%)	36 (24%)	24 (16%)	3 (2%)
Vocational or skills training	50 (35%)	42 (29%)	37 (26%)	14 (10%)
Prison job	91 (61%)	46 (31%)	10 (7%)	1 (1%)
Voluntary work outside of the prison	3 (2%)	9 (6%)	28 (20%)	102 (72%)
Paid work outside of the prison	2 (1%)	10 (7%)	25 (17%)	106 (74%)

16.2 If you have done any of these activities while in this prison, do you think they will help you on release?

	Yes, will help	No, won't help	Not done this
Education	71 (49%)	52 (36%)	22 (15%)
Vocational or skills training	54 (41%)	45 (34%)	34 (26%)
Prison job	57 (40%)	71 (50%)	15 (10%)
Voluntary work outside of the prison	18 (14%)	13 (10%)	101 (77%)
Paid work outside of the prison	20 (15%)	12 (9%)	102 (76%)

16.3 Do staff encourage you to attend education, training or work?

Yes 111 (73%)
 No 34 (22%)
 Not applicable (e.g. if you are retired, sick or on remand) 8 (5%)

Planning and progression**17.1 Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)**

Yes 106 (70%)
 No 46 (30%)

17.2 Do you understand what you need to do to achieve the objectives or targets in your custody plan?

Yes 90 (86%)
 No 6 (6%)
 Don't know what my objectives or targets are 9 (9%)

17.3 Are staff here supporting you to achieve your objectives or targets?

Yes 61 (62%)
 No 28 (29%)
 Don't know what my objectives or targets are 9 (9%)

17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?

	Yes, this helped	No, this didn't help	Not done / don't know
Offending behaviour programmes	38 (39%)	12 (12%)	47 (48%)
Other programmes	36 (38%)	11 (12%)	48 (51%)
One to one work	40 (41%)	8 (8%)	49 (51%)
Being on a specialist unit	16 (18%)	3 (3%)	70 (79%)
ROTL - day or overnight release	1 (1%)	0 (0%)	86 (99%)

Preparation for release**18.1 Do you expect to be released in the next 3 months?**

Yes	1 (1%)
No.....	150 (97%)
Don't know.....	3 (2%)

18.2 How close is this prison to your home area or intended release address?

Very near.....	0 (0%)
Quite near.....	0 (0%)
Quite far.....	0 (0%)
Very far.....	1 (100%)

18.3 Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?

Yes.....	1 (100%)
No.....	0 (0%)

18.4 Are you getting help to sort out the following things for when you are released?

	Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
Finding accommodation	0 (0%)	0 (0%)	1 (100%)
Getting employment	0 (0%)	0 (0%)	1 (100%)
Setting up education or training	0 (0%)	0 (0%)	1 (100%)
Arranging benefits	0 (0%)	0 (0%)	1 (100%)
Sorting out finances	0 (0%)	0 (0%)	1 (100%)
Support for drug or alcohol problems	1 (100%)	0 (0%)	0 (0%)
Health / mental health support	0 (0%)	0 (0%)	1 (100%)
Social care support	0 (0%)	0 (0%)	1 (100%)
Getting back in touch with family or friends	0 (0%)	0 (0%)	1 (100%)

More about you**19.1 Do you have children under the age of 18?**

Yes.....	71 (46%)
No.....	83 (54%)

19.2 Are you a UK / British citizen?

Yes.....	146 (95%)
No.....	7 (5%)

19.3 Are you from a Traveller community (e.g. Gypsy, Roma, Irish Traveller)?

Yes.....	9 (6%)
No.....	144 (94%)

19.4	Have you ever been in the armed services (e.g. army, navy, air force)?	
	Yes.....	23 (15%)
	No.....	130 (85%)
19.5	What is your gender?	
	Male.....	154 (99%)
	Female.....	0 (0%)
	Non-binary.....	1 (1%)
	Other	0 (0%)
19.6	How would you describe your sexual orientation?	
	Straight / heterosexual.....	145 (95%)
	Gay / lesbian / homosexual.....	2 (1%)
	Bisexual.....	6 (4%)
	Other	0 (0%)
19.7	Do you identify as transgender or transsexual?	
	Yes.....	3 (2%)
	No.....	149 (98%)

Final questions about this prison

20.1	Do you think your experiences in this prison have made you more or less likely to offend in the future?	
	More likely to offend.....	11 (7%)
	Less likely to offend.....	86 (56%)
	Made no difference	57 (37%)

HMP Frankland 2020

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners from black and minority ethnic groups are compared with those of white prisoners
- Muslim prisoners' responses are compared with those of non-Muslim prisoners

Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Black and minority ethnic	White	Muslim	Non-Muslim
33	129	26	135

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 25 years of age?	12%	5%	15%	5%
	Are you 50 years of age or older?	12%	37%	8%	36%
1.3	Are you from a black and minority ethnic group?			80%	9%
7.1	Are you Muslim?	63%	4%		
11.3	Do you have any mental health problems?	17%	52%	25%	49%
12.1	Do you consider yourself to have a disability?	16%	47%	20%	44%
19.2	Are you a foreign national?	3%	5%	0%	6%
19.3	Are you from a Traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	7%	0%	7%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	55%	80%	48%	81%
2.4	Overall, were you treated very / quite well in reception?	78%	81%	72%	83%
2.5	When you first arrived, did you have any problems?	72%	75%	84%	71%
For those who had any problems when they first arrived:					
2.6	Did staff help you to deal with these problems?	33%	39%	32%	39%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	79%	74%	85%	74%
3.5	Have you had an induction at this prison?	100%	92%	96%	93%
For those who have had an induction:					
3.5	Did your induction cover everything you needed to know about this prison?	56%	61%	48%	63%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	64%	64%	58%	66%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	94%	87%	92%	87%
	- Can you shower every day?	100%	95%	100%	96%
	- Do you have clean sheets every week?	88%	89%	85%	90%
	- Do you get cell cleaning materials every week?	64%	78%	77%	75%
	- Is it normally quiet enough for you to relax or sleep at night?	73%	70%	73%	70%
	- Can you get your stored property if you need it?	46%	39%	32%	41%

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	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Black and minority ethnic	White	Muslim	Non-Muslim
33	129	26	135

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	46%	36%
5.3	Does the shop / canteen sell the things that you need?	61%	73%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	77%	84%
6.2	Are there any staff here you could turn to if you had a problem?	69%	82%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	48%	47%
6.6	Do you feel that you are treated as an individual in this prison?	48%	54%
FAITH			
For those who have a religion:			
7.2	Are your religious beliefs respected here?	76%	68%
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	66%	68%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	41%	44%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	53%	49%
8.3	Are you able to use a phone every day (if you have credit)?	94%	91%
For those who get visits:			
8.7	Are your visitors usually treated respectfully by staff?	59%	73%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	10%	11%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	8%
For those who use the library:			
9.9	Does the library have a wide enough range of materials to meet your needs?	64%	64%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	94%	82%
For those who have made an application:			
10.2	Are applications usually dealt with fairly?	50%	55%
10.3	Is it easy for you to make a complaint?	87%	78%
For those who have made a complaint:			
10.4	Are complaints usually dealt with fairly?	17%	36%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	29%	26%

50%	36%
65%	73%
81%	84%
77%	81%
52%	47%
56%	55%
77%	68%
77%	65%
52%	42%
39%	52%
100%	90%
60%	71%
12%	10%
0%	8%
63%	64%
88%	84%
52%	57%
84%	78%
16%	37%
30%	26%

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Black and minority ethnic	White	Muslim	Non-Muslim
33	129	26	135

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	50%	32%
	- Nurse?	70%	62%
	- Dentist?	35%	32%
	- Mental health workers?	45%	41%
For those who have mental health problems:			
11.4	Have you been helped with your mental health problems in this prison?	40%	64%
11.5	Do you think the overall quality of the health services here is very / quite good?	42%	39%
OTHER SUPPORT NEEDS			
For those who have a disability:			
12.2	Are you getting the support you need?	33%	28%
SAFETY			
14.1	Have you ever felt unsafe here?	55%	42%
14.2	Do you feel unsafe now?	17%	17%
14.3	Not experienced bullying / victimisation by other prisoners	59%	47%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	24%	42%
14.5	Not experienced bullying / victimisation by members of staff	45%	52%
14.6	If you were being bullied / victimised by staff here, would you report it?	31%	46%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	47%	50%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	42%	57%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	7%	10%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	3%	14%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	81%	75%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	68%	70%
For those who have a custody plan:			
17.3	Are staff helping you to achieve your objectives or targets?	50%	64%
PREPARATION FOR RELEASE			
For those who expect to be released in the next 3 months:			
18.3	Is anybody helping you to prepare for your release?		100%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	45%	59%

54%	33%
78%	61%
46%	31%
46%	41%
17%	68%
56%	38%
25%	31%
52%	44%
17%	18%
54%	48%
21%	42%
38%	52%
29%	46%
46%	53%
44%	56%
8%	9%
8%	12%
88%	74%
71%	69%
44%	67%
	100%
26%	61%

HMP Frankland 2020

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners who reported that they had mental health problems compared with those who did not.
- responses of prisoners who reported that they had a disability compared with those who did not.

Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
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	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Mental health problems	No mental health problems	Have a disability	Do not have a disability
72	88	66	97

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 25 years of age?	7%	6%	5%	7%
	Are you 50 years of age or older?	34%	31%	42%	25%
1.3	Are you from a black and minority ethnic group?	7%	29%	8%	28%
7.1	Are you Muslim?	9%	21%	8%	21%
11.3	Do you have any mental health problems?			78%	23%
12.1	Do you consider yourself to have a disability?	69%	16%		
19.2	Are you a foreign national?	5%	5%	0%	8%
19.3	Are you from a Traveller community? (e.g. Gypsy, Roma, Irish Traveller)	6%	6%	8%	4%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	77%	74%	73%	76%
2.4	Overall, were you treated very / quite well in reception?	74%	86%	78%	82%
2.5	When you first arrived, did you have any problems?	90%	60%	88%	65%
For those who had any problems when they first arrived:					
2.6	Did staff help you to deal with these problems?	37%	40%	38%	39%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	65%	84%	66%	82%
3.5	Have you had an induction at this prison?	96%	92%	94%	94%
For those who have had an induction:					
3.5	Did your induction cover everything you needed to know about this prison?	52%	65%	53%	64%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	59%	70%	60%	68%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	85%	91%	89%	88%
	- Can you shower every day?	93%	100%	94%	99%
	- Do you have clean sheets every week?	86%	93%	89%	91%
	- Do you get cell cleaning materials every week?	75%	76%	75%	76%
	- Is it normally quiet enough for you to relax or sleep at night?	61%	79%	67%	73%
	- Can you get your stored property if you need it?	33%	42%	37%	41%

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	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

	Mental health problems	No mental health problems	Have a disability	Do not have a disability
Number of completed questionnaires returned	72	88	66	97

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	32%	44%	32%	44%
5.3	Does the shop / canteen sell the things that you need?	68%	76%	62%	79%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	78%	90%	80%	87%
6.2	Are there any staff here you could turn to if you had a problem?	75%	85%	77%	83%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	37%	58%	46%	48%
6.6	Do you feel that you are treated as an individual in this prison?	48%	59%	55%	53%
FAITH					
For those who have a religion:					
7.2	Are your religious beliefs respected here?	68%	75%	70%	72%
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	68%	69%	66%	70%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	41%	49%	45%	45%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	58%	44%	45%	54%
8.3	Are you able to use a phone every day (if you have credit)?	90%	93%	89%	94%
For those who get visits:					
8.7	Are your visitors usually treated respectfully by staff?	64%	74%	77%	67%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	10%	11%	6%	13%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	10%	4%	13%	2%
For those who use the library:					
9.9	Does the library have a wide enough range of materials to meet your needs?	57%	71%	62%	66%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	76%	93%	81%	87%
For those who have made an application:					
10.2	Are applications usually dealt with fairly?	44%	66%	48%	59%
10.3	Is it easy for you to make a complaint?	78%	82%	76%	82%
For those who have made a complaint:					
10.4	Are complaints usually dealt with fairly?	26%	41%	21%	41%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	40%	13%	38%	19%

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	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Mental health problems	No mental health problems	Have a disability	Do not have a disability
72	88	66	97

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	30%	42%
	- Nurse?	59%	70%
	- Dentist?	30%	35%
	- Mental health workers?	44%	40%
For those who have mental health problems:			
11.4	Have you been helped with your mental health problems in this prison?	63%	
11.5	Do you think the overall quality of the health services here is very / quite good?	26%	55%
OTHER SUPPORT NEEDS			
For those who have a disability:			
12.2	Are you getting the support you need?	21%	64%
SAFETY			
14.1	Have you ever felt unsafe here?	51%	38%
14.2	Do you feel unsafe now?	27%	7%
14.3	Not experienced bullying / victimisation by other prisoners	43%	57%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	44%	36%
14.5	Not experienced bullying / victimisation by members of staff	34%	64%
14.6	If you were being bullied / victimised by staff here, would you report it?	35%	53%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	54%	50%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	49%	57%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	14%	5%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	15%	8%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	74%	78%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	60%	79%
For those who have a custody plan:			
17.3	Are staff helping you to achieve your objectives or targets?	55%	69%
PREPARATION FOR RELEASE			
For those who expect to be released in the next 3 months:			
18.3	Is anybody helping you to prepare for your release?		100%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	50%	61%

25%	43%
58%	68%
32%	33%
46%	40%
62%	65%
27%	51%
31%	
54%	37%
24%	12%
34%	61%
53%	30%
41%	57%
45%	43%
53%	51%
50%	56%
12%	6%
9%	13%
79%	75%
65%	73%
58%	66%
	100%
57%	54%

HMP Frankland 2020

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners aged 50 and over are compared with those of prisoners under 50

Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

50 and over	Under 50
53	110

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 25 years of age?		9%
	Are you 70 years of age or older?	8%	
1.3	Are you from a black and minority ethnic group?	8%	27%
7.1	Are you Muslim?	4%	22%
11.3	Do you have any mental health problems?	47%	44%
12.1	Do you consider yourself to have a disability?	53%	34%
19.2	Are you a foreign national?	0%	6%
19.3	Are you from a Traveller community? (e.g. Gypsy, Roma, Irish Traveller)	4%	7%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	83%	71%
2.4	Overall, were you treated very / quite well in reception?	85%	78%
2.5	When you first arrived, did you have any problems?	73%	76%
For those who had any problems when they first arrived:			
2.6	Did staff help you to deal with these problems?	44%	36%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	79%	73%
3.5	Have you had an induction at this prison?	90%	95%
For those who have had an induction:			
3.5	Did your induction cover everything you needed to know about this prison?	64%	60%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	62%	65%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	93%	86%
	- Can you shower every day?	94%	97%
	- Do you have clean sheets every week?	94%	86%
	- Do you get cell cleaning materials every week?	79%	74%
	- Is it normally quiet enough for you to relax or sleep at night?	74%	70%
	- Can you get your stored property if you need it?	33%	44%

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	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

50 and over	Under 50
53	110

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	41%	37%
5.3	Does the shop / canteen sell the things that you need?	74%	70%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	92%	79%
6.2	Are there any staff here you could turn to if you had a problem?	88%	75%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	56%	44%
6.6	Do you feel that you are treated as an individual in this prison?	58%	53%
FAITH			
For those who have a religion:			
7.2	Are your religious beliefs respected here?	76%	68%
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	65%	69%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	49%	42%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	43%	53%
8.3	Are you able to use a phone every day (if you have credit)?	92%	92%
For those who get visits:			
8.7	Are your visitors usually treated respectfully by staff?	90%	64%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	8%	12%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	8%	6%
For those who use the library:			
9.9	Does the library have a wide enough range of materials to meet your needs?	76%	60%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	92%	81%
For those who have made an application:			
10.2	Are applications usually dealt with fairly?	61%	52%
10.3	Is it easy for you to make a complaint?	78%	79%
For those who have made a complaint:			
10.4	Are complaints usually dealt with fairly?	37%	32%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	11%	32%

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Number of completed questionnaires returned

50 and over	Under 50
53	110

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	32%	38%
	- Nurse?	66%	63%
	- Dentist?	41%	28%
	- Mental health workers?	38%	45%
For those who have mental health problems:			
11.4	Have you been helped with your mental health problems in this prison?	70%	60%
11.5	Do you think the overall quality of the health services here is very / quite good?	43%	39%
OTHER SUPPORT NEEDS			
For those who have a disability:			
12.2	Are you getting the support you need?	36%	26%
SAFETY			
14.1	Have you ever felt unsafe here?	40%	47%
14.2	Do you feel unsafe now?	12%	20%
14.3	Not experienced bullying / victimisation by other prisoners	48%	51%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	58%	29%
14.5	Not experienced bullying / victimisation by members of staff	56%	47%
14.6	If you were being bullied / victimised by staff here, would you report it?	54%	37%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	65%	44%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	55%	52%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	4%	11%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	2%	16%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	81%	75%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	63%	73%
For those who have a custody plan:			
17.3	Are staff helping you to achieve your objectives or targets?	76%	58%
PREPARATION FOR RELEASE			
For those who expect to be released in the next 3 months:			
18.3	Is anybody helping you to prepare for your release?		100%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	53%	59%

HMP Frankland 2020

Survey responses compared with those from other HMIP surveys of high security prisons

and with those from the previous survey

In this table summary statistics from HMP Frankland 2020 are compared with the following HMIP survey data:

- Summary statistics from surveys of high security prisons conducted since the introduction of the new questionnaire in September 2017 (2 prisons). Please note that this does not include all high security prisons.
- Summary statistics from HMP Frankland in 2016. Please note that we do not have comparable data for the new questions introduced in September 2017.

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167	352	167	181

n=number of valid responses to question (HMP Frankland 2020)

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 21 years of age?	n=163	1%	1%	1%	0%
	Are you 25 years of age or younger?	n=163	6%	8%	6%	
	Are you 50 years of age or older?	n=163	33%	34%	33%	35%
	Are you 70 years of age or older?	n=163	3%	5%	3%	4%
1.3	Are you from a black and minority ethnic group?	n=162	20%	30%	20%	19%
1.4	Have you been in this prison for less than 6 months?	n=156	6%	10%	6%	
1.5	Are you currently serving a sentence?	n=166	100%	98%	100%	100%
	Are you on recall?	n=166	2%	1%	2%	1%
1.6	Is your sentence less than 12 months?	n=164	1%	0%	1%	0%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	n=164	4%	5%	4%	11%
7.1	Are you Muslim?	n=161	16%	22%	16%	11%
11.3	Do you have any mental health problems?	n=160	45%	38%	45%	
12.1	Do you consider yourself to have a disability?	n=163	41%	35%	41%	29%
19.1	Do you have any children under the age of 18?	n=154	46%	38%	46%	36%
19.2	Are you a foreign national?	n=153	5%	11%	5%	14%
19.3	Are you from a Traveller community? (e.g. Gypsy, Roma, Irish Traveller)	n=153	6%	3%	6%	4%
19.4	Have you ever been in the armed services?	n=153	15%	12%	15%	10%
19.5	Is your gender female or non-binary?	n=155	1%	1%	1%	
19.6	Are you homosexual, bisexual or other sexual orientation?	n=153	5%	8%	5%	10%
19.7	Do you identify as transgender or transsexual?	n=152	2%	2%	2%	
ARRIVAL AND RECEPTION						
2.1	Were you given up-to-date information about this prison before you came here?	n=162	19%	10%	19%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	n=164	46%	49%	46%	48%
2.3	When you were searched in reception, was this done in a respectful way?	n=160	74%	76%	74%	73%
2.4	Overall, were you treated very / quite well in reception?	n=161	80%	78%	80%	

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2.5	When you first arrived, did you have any problems?	n=162	74%	77%	74%	71%
2.5	Did you have problems with:					
	- Getting phone numbers?	n=162	29%	33%	29%	26%
	- Contacting family?	n=162	24%	31%	24%	28%
	- Arranging care for children or other dependents?	n=162	1%	2%	1%	
	- Contacting employers?	n=162	1%	1%	1%	2%
	- Money worries?	n=162	13%	11%	13%	11%
	- Housing worries?	n=162	4%	4%	4%	6%
	- Feeling depressed?	n=162	29%	36%	29%	
	- Feeling suicidal?	n=162	14%	10%	14%	
	- Other mental health problems?	n=162	20%	16%	20%	
	- Physical health problems?	n=162	14%	13%	14%	18%
	- Drugs or alcohol (e.g. withdrawal)?	n=162	7%	5%	7%	
	- Getting medication?	n=162	28%	20%	28%	
	- Needing protection from other prisoners?	n=162	8%	6%	8%	10%
	- Lost or delayed property?	n=162	23%	31%	23%	25%
	For those who had any problems when they first arrived:					
2.6	Did staff help you to deal with these problems?	n=118	38%	39%	38%	37%
FIRST NIGHT AND INDUCTION						
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	n=160	53%	47%	53%	48%
	- Toiletries / other basic items?	n=160	38%	51%	38%	32%
	- A shower?	n=160	32%	36%	32%	19%
	- A free phone call?	n=160	14%	21%	14%	13%
	- Something to eat?	n=160	69%	66%	69%	44%
	- The chance to see someone from health care?	n=160	45%	52%	45%	59%
	- The chance to talk to a Listener or Samaritans?	n=160	14%	18%	14%	21%
	- Support from another prisoner (e.g. Insider or buddy)?	n=160	12%	31%	12%	
	- None of these?	n=160	14%	9%	14%	
3.2	On your first night in this prison, was your cell very / quite clean?	n=164	70%	54%	70%	
3.3	Did you feel safe on your first night here?	n=164	76%	65%	76%	71%
3.4	In your first few days here, did you get:					
	- Access to the prison shop / canteen?	n=158	32%	37%	32%	14%
	- Free PIN phone credit?	n=156	25%	19%	25%	
	- Numbers put on your PIN phone?	n=152	38%	40%	38%	
3.5	Have you had an induction at this prison?	n=160	94%	95%	94%	90%
	For those who have had an induction:					
3.5	Did your induction cover everything you needed to know about this prison?	n=150	60%	50%	60%	

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ON THE WING					
4.1	Are you in a cell on your own? <i>n=167</i>	98%	99%	98%	
4.2	Is your cell call bell normally answered within 5 minutes? <i>n=164</i>	65%	35%	65%	60%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week? <i>n=166</i>	89%	85%	89%	85%
	- Can you shower every day? <i>n=166</i>	96%	95%	96%	98%
	- Do you have clean sheets every week? <i>n=164</i>	89%	86%	89%	86%
	- Do you get cell cleaning materials every week? <i>n=165</i>	76%	75%	76%	72%
	- Is it normally quiet enough for you to relax or sleep at night? <i>n=166</i>	71%	62%	71%	68%
	- Can you get your stored property if you need it? <i>n=161</i>	40%	33%	40%	25%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean? <i>n=163</i>	86%	73%	86%	
FOOD AND CANTEEN					
5.1	Is the quality of the food in this prison very / quite good? <i>n=160</i>	38%	40%	38%	
5.2	Do you get enough to eat at meal-times always / most of the time? <i>n=164</i>	38%	40%	38%	
5.3	Does the shop / canteen sell the things that you need? <i>n=161</i>	71%	62%	71%	61%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect? <i>n=164</i>	84%	77%	84%	77%
6.2	Are there any staff here you could turn to if you had a problem? <i>n=163</i>	80%	76%	80%	73%
6.3	In the last week, has any member of staff talked to you about how you are getting on? <i>n=163</i>	49%	42%	49%	35%
6.4	Do you have a personal officer? <i>n=164</i>	98%	97%	98%	
For those who have a personal officer:					
6.4	Is your personal or named officer very / quite helpful? <i>n=160</i>	72%	58%	72%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners? <i>n=165</i>	12%	14%	12%	
6.6	Do you feel that you are treated as an individual in this prison? <i>n=156</i>	54%	43%	54%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues? <i>n=164</i>	77%	68%	77%	
	If so, do things sometimes change? <i>n=127</i>	37%	32%	37%	
FAITH					
7.1	Do you have a religion? <i>n=161</i>	80%	77%	80%	78%
For those who have a religion:					
7.2	Are your religious beliefs respected here? <i>n=131</i>	70%	63%	70%	
7.3	Are you able to speak to a chaplain of your faith in private, if you want to? <i>n=132</i>	68%	73%	68%	
7.4	Are you able to attend religious services, if you want to? <i>n=132</i>	92%	88%	92%	

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CONTACT WITH FAMILY AND FRIENDS				
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=161	44%	40%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=165	50%	62%
8.3	Are you able to use a phone every day (if you have credit)?	n=164	92%	95%
8.4	Is it very / quite easy for your family and friends to get here?	n=160	24%	28%
8.5	Do you get visits from family/friends once a week or more?	n=158	11%	12%
For those who get visits:				
8.6	Do visits usually start and finish on time?	n=89	44%	31%
8.7	Are your visitors usually treated respectfully by staff?	n=87	70%	70%
TIME OUT OF CELL				
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=160	98%	94%
For those who know what the unlock and lock-up times are supposed to be:				
9.1	Are these times usually kept to?	n=156	59%	57%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=158	11%	10%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=158	6%	7%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=162	7%	9%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=162	2%	0%
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=160	74%	68%
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=161	89%	83%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=158	82%	66%
9.7	Do you typically go to the gym twice a week or more?	n=157	55%	42%
9.8	Do you typically go to the library once a week or more?	n=158	51%	69%
For those who use the library:				
9.9	Does the library have a wide enough range of materials to meet your needs?	n=96	65%	70%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1	Is it easy for you to make an application?	n=159	85%	81%
For those who have made an application:				
10.2	Are applications usually dealt with fairly?	n=139	55%	56%
	Are applications usually dealt with within 7 days?	n=145	36%	34%
10.3	Is it easy for you to make a complaint?	n=160	79%	74%
For those who have made a complaint:				
10.4	Are complaints usually dealt with fairly?	n=110	33%	30%
	Are complaints usually dealt with within 7 days?	n=107	37%	34%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=126	26%	25%

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For those who need it, is it easy to:					
10.6	Communicate with your solicitor or legal representative?	n=140	55%	55%	55%
	Attend legal visits?	n=128	51%	57%	
	Get bail information?	n=65	14%	15%	
For those who have had legal letters:					
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=129	60%	57%	60%
HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	n=159	37%	35%	37%
	- Nurse?	n=151	64%	69%	64%
	- Dentist?	n=155	33%	34%	33%
	- Mental health workers?	n=150	43%	32%	43%
11.2	Do you think the quality of the health service is very / quite good from:				
	- Doctor?	n=161	38%	65%	38%
	- Nurse?	n=158	68%	72%	68%
	- Dentist?	n=157	64%	58%	64%
	- Mental health workers?	n=157	40%	34%	40%
11.3	Do you have any mental health problems?	n=160	45%	38%	45%
For those who have mental health problems:					
11.4	Have you been helped with your mental health problems in this prison?	n=73	63%	57%	63%
11.5	Do you think the overall quality of the health services here is very / quite good?	n=160	41%	57%	41%
OTHER SUPPORT NEEDS					
12.1	Do you consider yourself to have a disability?	n=163	41%	35%	41%
For those who have a disability:					
12.2	Are you getting the support you need?	n=55	31%	46%	31%
12.3	Have you been on an ACCT in this prison?	n=161	29%	24%	29%
For those who have been on an ACCT:					
12.4	Did you feel cared for by staff?	n=44	57%	49%	57%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=159	54%	50%	54%
ALCOHOL AND DRUGS					
13.1	Did you have an alcohol problem when you came into this prison?	n=161	16%	10%	16%
For those who had / have an alcohol problem:					
13.2	Have you been helped with your alcohol problem in this prison?	n=23	70%	64%	70%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=160	23%	16%	23%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=161	12%	10%	12%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=162	6%	7%	6%
For those who had / have a drug problem:					
13.6	Have you been helped with your drug problem in this prison?	n=35	63%	55%	63%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=158	55%	39%	55%
13.8	Is it very / quite easy to get alcohol in this prison?	n=159	31%	20%	31%

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SAFETY					
14.1	Have you ever felt unsafe here?	n=161	44%	59%	44%51%
14.2	Do you feel unsafe now?	n=154	17%	24%	17%21%
14.3	Have you experienced any of the following from other prisoners here:				
	- Verbal abuse?	n=154	35%	42%	35%
	- Threats or intimidation?	n=154	31%	34%	31%
	- Physical assault?	n=154	16%	18%	16%
	- Sexual assault?	n=154	3%	5%	3%
	- Theft of canteen or property?	n=154	23%	27%	23%
	- Other bullying / victimisation?	n=154	23%	25%	23%
	- Not experienced any of these from prisoners here	n=154	50%	46%	50%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=153	39%	41%	39%
14.5	Have you experienced any of the following from staff here:				
	- Verbal abuse?	n=156	36%	32%	36%
	- Threats or intimidation?	n=156	34%	26%	34%
	- Physical assault?	n=156	12%	7%	12%
	- Sexual assault?	n=156	3%	3%	3%
	- Theft of canteen or property?	n=156	11%	6%	11%
	- Other bullying / victimisation?	n=156	28%	21%	28%
14.6	- Not experienced any of these from staff here	n=156	51%	53%	51%
	If you were being bullied / victimised by staff here, would you report it?	n=151	44%	53%	44%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=153	51%	38%	51%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=154	54%	43%	54%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=161	9%	7%	9%6%
For those who have been restrained in the last 6 months:					
15.4	Did anyone come and talk to you about it afterwards?	n=15	7%	13%	7%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=160	11%	13%	11%
For those who have spent one or more nights in the segregation unit in the last 6 months:					
15.6	Were you treated well by segregation staff?	n=18	67%	51%	67%
	Could you shower every day?	n=18	78%	22%	78%
	Could you go outside for exercise every day?	n=18	72%	63%	72%
	Could you use the phone every day (if you had credit)?	n=18	61%	39%	61%

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EDUCATION, SKILLS AND WORK					
16.1	In this prison, is it easy to get into the following activities:				
	- Education?	n=152	59%	45%	59%
	- Vocational or skills training?	n=143	35%	21%	35%
	- Prison job?	n=148	62%	52%	62%
	- Voluntary work outside of the prison?	n=142	2%	3%	2%
	- Paid work outside of the prison?	n=143	1%	2%	1%
16.2	In this prison, have you done the following activities:				
	- Education?	n=145	85%	83%	85%
	- Vocational or skills training?	n=133	74%	67%	74%
	- Prison job?	n=143	90%	88%	90%
	- Voluntary work outside of the prison?	n=132	24%	26%	24%
	- Paid work outside of the prison?	n=134	24%	24%	24%
For those who have done the following activities, do you think they will help you on release:					
	- Education?	n=123	58%	58%	58%
	- Vocational or skills training?	n=99	55%	59%	55%
	- Prison job?	n=128	45%	37%	45%
	- Voluntary work outside of the prison?	n=31	58%	55%	58%
	- Paid work outside of the prison?	n=32	63%	57%	63%
16.3	Do staff encourage you to attend education, training or work?	n=145	77%	52%	77%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	n=152	70%	74%	70%
For those who have a custody plan:					
17.2	Do you understand what you need to do to achieve your objectives or targets?	n=105	86%	85%	86%
17.3	Are staff helping you to achieve your objectives or targets?	n=98	62%	48%	62%
17.4	In this prison, have you done:				
	- Offending behaviour programmes?	n=97	52%	58%	52%
	- Other programmes?	n=95	50%	47%	50%
	- One to one work?	n=97	50%	37%	50%
	- Been on a specialist unit?	n=89	21%	10%	21%
	- ROTL - day or overnight release?	n=87	1%	7%	1%
For those who have done the following, did they help you to achieve your objectives or targets:					
	- Offending behaviour programmes?	n=50	76%	65%	76%
	- Other programmes?	n=47	77%	59%	77%
	- One to one work?	n=48	83%	61%	83%
	- Being on a specialist unit?	n=19	84%	37%	84%
	- ROTL - day or overnight release?	n=1	100%	31%	100%

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Number of completed questionnaires returned

HMP Frankland 2020	All other high security prisons surveyed since September 2017	HMP Frankland 2020	HMP Frankland 2016
167	352	167	181

n=number of valid responses to question (HMP Frankland 2020)

PREPARATION FOR RELEASE					
18.1	Do you expect to be released in the next 3 months? <i>For those who expect to be released in the next 3 months:</i>	n=154	1%	1%	1%
18.2	Is this prison very / quite near to your home area or intended release address?	n=1	0%	25%	0%
18.3	Is anybody helping you to prepare for your release?	n=1	100%	50%	100%
18.4	Do you need help to sort out the following for when you are released:				
	- Finding accommodation?	n=1	0%	75%	0%
	- Getting employment?	n=1	0%	67%	0%
	- Setting up education or training?	n=1	0%	67%	0%
	- Arranging benefits?	n=1	0%	67%	0%
	- Sorting out finances?	n=1	0%	75%	0%
	- Support for drug or alcohol problems?	n=1	100%	0%	100%
	- Health / mental health support?	n=1	0%	100%	0%
	- Social care support?	n=1	0%	100%	0%
	- Getting back in touch with family or friends?	n=1	0%	75%	0%
18.4	Are you getting help to sort out the following for when you are released, if you need it:				
	- Finding accommodation?	n=0		33%	
	- Getting employment?	n=0		100%	
	- Setting up education or training?	n=0		100%	
	- Arranging benefits?	n=0		100%	
	- Sorting out finances?	n=0		100%	
	- Support for drug or alcohol problems?	n=1	100%		100%
	- Health / mental health support?	n=0		33%	
	- Social care support?	n=0		100%	
	- Getting back in touch with family or friends?	n=0		33%	
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	n=154	56%	56%	56%

HMP Frankland 2020

Comparison of survey responses from different residential locations

In this table responses from the vulnerable prisoner units (A, B, C and D wings) are compared with those from rest of the establishment.

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Number of completed questionnaires returned

Vulnerable prisoner units (A, B, C and D wings)	Rest of the establishment
93	67

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	0%	2%
	Are you 25 years of age or younger?	2%	12%
	Are you 50 years of age or older?	48%	15%
	Are you 70 years of age or older?	4%	0%
1.3	Are you from a black and minority ethnic group?	14%	32%
1.4	Have you been in this prison for less than 6 months?	5%	8%
1.5	Are you currently serving a sentence?	100%	100%
	Are you on recall?	2%	2%
1.6	Is your sentence less than 12 months?	0%	2%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	4%	3%
7.1	Are you Muslim?	10%	27%
11.3	Do you have any mental health problems?	48%	38%
12.1	Do you consider yourself to have a disability?	52%	26%
19.1	Do you have any children under the age of 18?	44%	48%
19.2	Are you a foreign national?	6%	3%
19.3	Are you from a Traveller community? (e.g. Gypsy, Roma, Irish Traveller)	6%	5%
19.4	Have you ever been in the armed services?	18%	13%
19.5	Is your gender female or non-binary?	0%	2%
19.6	Are you homosexual, bisexual or other sexual orientation?	6%	3%
19.7	Do you identify as transgender or transsexual?	2%	2%
ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	17%	22%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	45%	46%
2.3	When you were searched in reception, was this done in a respectful way?	78%	69%
2.4	Overall, were you treated very / quite well in reception?	86%	72%

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Vulnerable prisoner units (A, B, C and D wings)	Rest of the establishment
93	67

2.5	When you first arrived, did you have any problems?	75%	72%
2.5	Did you have problems with:		
	- Getting phone numbers?	23%	38%
	- Contacting family?	21%	27%
	- Arranging care for children or other dependents?	1%	0%
	- Contacting employers?	1%	2%
	- Money worries?	13%	14%
	- Housing worries?	7%	2%
	- Feeling depressed?	33%	22%
	- Feeling suicidal?	17%	8%
	- Other mental health problems?	21%	16%
	- Physical health problems?	19%	8%
	- Drugs or alcohol (e.g. withdrawal)?	9%	2%
	- Getting medication?	36%	16%
	- Needing protection from other prisoners?	11%	5%
	- Lost or delayed property?	18%	28%
	For those who had any problems when they first arrived:		
2.6	Did staff help you to deal with these problems?	40%	36%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	51%	53%
	- Toiletries / other basic items?	44%	30%
	- A shower?	36%	28%
	- A free phone call?	16%	11%
	- Something to eat?	72%	67%
	- The chance to see someone from health care?	47%	44%
	- The chance to talk to a Listener or Samaritans?	18%	9%
	- Support from another prisoner (e.g. Insider or buddy)?	16%	6%
	- None of these?	17%	11%
3.2	On your first night in this prison, was your cell very / quite clean?	79%	61%
3.3	Did you feel safe on your first night here?	71%	83%
3.4	In your first few days here, did you get:		
	- Access to the prison shop / canteen?	32%	32%
	- Free PIN phone credit?	30%	18%
	- Numbers put on your PIN phone?	37%	38%
3.5	Have you had an induction at this prison?	94%	97%
	For those who have had an induction:		
3.5	Did your induction cover everything you needed to know about this prison?	59%	61%

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Vulnerable prisoner units (A, B, C and D wings)	Rest of the establishment
93	67

ON THE WING			
4.1	Are you in a cell on your own?	99%	97%
4.2	Is your cell call bell normally answered within 5 minutes?	69%	62%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	93%	85%
	- Can you shower every day?	96%	97%
	- Do you have clean sheets every week?	91%	88%
	- Do you get cell cleaning materials every week?	72%	82%
	- Is it normally quiet enough for you to relax or sleep at night?	65%	85%
	- Can you get your stored property if you need it?	41%	38%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	90%	82%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	32%	41%
5.2	Do you get enough to eat at meal-times always / most of the time?	37%	39%
5.3	Does the shop / canteen sell the things that you need?	74%	68%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	88%	77%
6.2	Are there any staff here you could turn to if you had a problem?	84%	78%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	50%	47%
6.4	Do you have a personal officer?	99%	100%
For those who have a personal officer:			
6.4	Is your personal or named officer very / quite helpful?	73%	72%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	11%	9%
6.6	Do you feel that you are treated as an individual in this prison?	59%	50%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	75%	80%
	If so, do things sometimes change?	36%	39%
FAITH			
7.1	Do you have a religion?	78%	83%
For those who have a religion:			
7.2	Are your religious beliefs respected here?	69%	76%
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	67%	72%
7.4	Are you able to attend religious services, if you want to?	92%	96%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	46%	45%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	47%	52%
8.3	Are you able to use a phone every day (if you have credit)?	90%	94%
8.4	Is it very / quite easy for your family and friends to get here?	21%	30%
8.5	Do you get visits from family/friends once a week or more?	9%	16%
For those who get visits:			
8.6	Do visits usually start and finish on time?	60%	31%
8.7	Are your visitors usually treated respectfully by staff?	87%	57%

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93	67

TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	97%	98%
For those who know what the unlock and lock-up times are supposed to be:			
9.1	Are these times usually kept to?	55%	62%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	10%	10%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	8%	5%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	4%	8%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	2%	2%
9.4	Do you have time to do domestics more than 5 days in a typical week?	72%	81%
9.5	Do you get association more than 5 days in a typical week, if you want it?	91%	89%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	73%	92%
9.7	Do you typically go to the gym twice a week or more?	49%	69%
9.8	Do you typically go to the library once a week or more?	46%	62%
For those who use the library:			
9.9	Does the library have a wide enough range of materials to meet your needs?	71%	59%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	87%	84%
For those who have made an application:			
10.2	Are applications usually dealt with fairly?	60%	48%
	Are applications usually dealt with within 7 days?	43%	25%
10.3	Is it easy for you to make a complaint?	77%	83%
For those who have made a complaint:			
10.4	Are complaints usually dealt with fairly?	39%	22%
	Are complaints usually dealt with within 7 days?	35%	40%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	20%	31%

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93	67

For those who need it, is it easy to:			
10.6	Communicate with your solicitor or legal representative?	53%	58%
	Attend legal visits?	58%	42%
	Get bail information?	25%	0%
For those who have had legal letters:			
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	52%	69%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	36%	36%
	- Nurse?	67%	58%
	- Dentist?	42%	24%
	- Mental health workers?	48%	38%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	43%	31%
	- Nurse?	76%	57%
	- Dentist?	67%	60%
	- Mental health workers?	39%	44%
11.3	Do you have any mental health problems?	48%	38%
For those who have mental health problems:			
11.4	Have you been helped with your mental health problems in this prison?	69%	54%
11.5	Do you think the overall quality of the health services here is very / quite good?	43%	38%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	52%	26%
For those who have a disability:			
12.2	Are you getting the support you need?	29%	40%
12.3	Have you been on an ACCT in this prison?	29%	23%
For those who have been on an ACCT:			
12.4	Did you feel cared for by staff?	75%	33%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	57%	51%
ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	17%	14%
For those who had / have an alcohol problem:			
13.2	Have you been helped with your alcohol problem in this prison?	73%	71%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	20%	22%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	8%	14%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	3%	6%
For those who had / have a drug problem:			
13.6	Have you been helped with your drug problem in this prison?	70%	73%
13.7	Is it very / quite easy to get illicit drugs in this prison?	60%	48%
13.8	Is it very / quite easy to get alcohol in this prison?	32%	28%

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SAFETY			
14.1	Have you ever felt unsafe here?	47%	39%
14.2	Do you feel unsafe now?	17%	12%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	44%	17%
	- Threats or intimidation?	36%	21%
	- Physical assault?	16%	14%
	- Sexual assault?	3%	2%
	- Theft of canteen or property?	32%	9%
	- Other bullying / victimisation?	28%	14%
	- Not experienced any of these from prisoners here	42%	66%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	48%	28%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	37%	33%
	- Threats or intimidation?	30%	38%
	- Physical assault?	9%	17%
	- Sexual assault?	3%	2%
	- Theft of canteen or property?	7%	15%
	- Other bullying / victimisation?	28%	27%
	- Not experienced any of these from staff here	53%	48%
14.6	If you were being bullied / victimised by staff here, would you report it?	44%	41%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	64%	36%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	54%	55%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	3%	13%
	For those who have been restrained in the last 6 months:		
15.4	Did anyone come and talk to you about it afterwards?	33%	0%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	5%	13%
	For those who have spent one or more nights in the segregation unit in the last 6 months:		
15.6	Were you treated well by segregation staff?	75%	63%
	Could you shower every day?	50%	75%
	Could you go outside for exercise every day?	50%	63%
	Could you use the phone every day (if you had credit)?	50%	38%

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93	67

EDUCATION, SKILLS AND WORK			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	58%	61%
	- Vocational or skills training?	35%	37%
	- Prison job?	71%	53%
	- Voluntary work outside of the prison?	4%	0%
	- Paid work outside of the prison?	3%	0%
16.2	In this prison, have you done the following activities:		
	- Education?	88%	80%
	- Vocational or skills training?	77%	69%
	- Prison job?	88%	93%
	- Voluntary work outside of the prison?	22%	21%
	- Paid work outside of the prison?	22%	21%
For those who have done the following activities, do you think they will help you on release:			
	- Education?	58%	60%
	- Vocational or skills training?	53%	58%
	- Prison job?	49%	39%
	- Voluntary work outside of the prison?	50%	73%
	- Paid work outside of the prison?	56%	73%
16.3	Do staff encourage you to attend education, training or work?	77%	79%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	70%	72%
For those who have a custody plan:			
17.2	Do you understand what you need to do to achieve your objectives or targets?	83%	91%
17.3	Are staff helping you to achieve your objectives or targets?	62%	64%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	38%	69%
	- Other programmes?	40%	61%
	- One to one work?	45%	55%
	- Been on a specialist unit?	4%	41%
	- ROTL - day or overnight release?	0%	3%
For those who have done the following, did they help you to achieve your objectives or targets:			
	- Offending behaviour programmes?	80%	76%
	- Other programmes?	86%	72%
	- One to one work?	75%	91%
	- Being on a specialist unit?	100%	80%
	- ROTL - day or overnight release?		100%

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93	67

PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	0%	2%
For those who expect to be released in the next 3 months:			
18.2	Is this prison very / quite near to your home area or intended release address?		0%
18.3	Is anybody helping you to prepare for your release?		100%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?		0%
	- Getting employment?		0%
	- Setting up education or training?		0%
	- Arranging benefits?		0%
	- Sorting out finances?		0%
	- Support for drug or alcohol problems?		0%
	- Health / mental Health support?		0%
	- Social care support?		0%
	- Getting back in touch with family or friends?		0%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?		
	- Getting employment?		
	- Setting up education or training?		
	- Arranging benefits?		
	- Sorting out finances?		
	- Support for drug or alcohol problems?		100%
	- Health / mental Health support?		
	- Social care support?		
	- Getting back in touch with family or friends?		
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	57%	58%