

Report on an announced inspection of

# **HMP Full Sutton**

19–23 November 2007

by HM Chief Inspector of Prisons

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# Introduction

Full Sutton is one of the five dispersal prisons in England: holding prisoners who have committed serious offences, resulting in lengthy sentences, and who need to be held in conditions of high security. Some are dangerous, and a few present a significant risk of escape.

Holding such prisoners safely and securely is no easy task. At our last inspection, we commended the fact that Full Sutton had become a more stable and secure environment. However, we noted that this appeared to have become the prison's only objective; and that, irrespective of the nature of the population, it also needed to pay attention to the Prison Service's other aims, of rehabilitation and decency.

It was good to see, at this inspection, that these broader and important outcomes had been addressed, without compromising essential security and good order. The quantity and quality of activities had increased hugely. Almost all prisoners were purposefully occupied, with good education provision, at various levels, and the opportunity to gain vocational qualifications. For most prisoners, the immediate objective was not resettlement: very few would be released soon. Rather, it was to ensure that prisoners facing lengthy prison terms had something positive to do, some progress to record and some milestones to achieve. This is an essential part of dynamic security. For the same reason, the prison's resettlement policy rightly focused on prisoners' progress through the system and the essential elements of public protection. It was necessary, however, to strengthen the offender management model, by ensuring that offender supervisors had sufficient time and that outside offender managers were more engaged with their prisoners.

As at the last inspection, Full Sutton was not an unsafe prison: given its population, that represented significant and continuous effort by staff and managers. Suicide prevention was well managed and operated, though access to the Listeners and Samaritans needed improvement. However, there were some deficiencies, which needed to be addressed. First, the prison had no dedicated first night unit, to ensure that new prisoners were properly introduced to the specific and sometimes intimidating culture of a high security prison. This may have been a contributory factor to the number of prisoners who sought sanctuary in the segregation unit. Prisoners' difficulties in the early days were exacerbated by the length of time that it took for them to have access to their property, including essential items such as medication.

Second, the prison's older units were badly designed, with poor sightlines; staff needed to be a more visible presence on these wings when prisoners were unlocked, to detect and prevent any bullying or other unsafe behaviour. Finally, though we saw some examples of positive staff engagement, most staff were distant, and most prisoners distrustful of them. While it is essential in such a prison for staff to maintain appropriate boundaries, we considered that there was considerable scope for greater engagement with and positive support for prisoners.

The prison had worked hard at some aspects of diversity, with an extremely effective Muslim chaplain, and the assistance of the Prison Service's race equality action group. Nevertheless, black and minority ethnic, and in particular Muslim, prisoners had significantly more negative perceptions of the prison, which they attributed to the distance from home and a lack of cultural and religious understanding by staff. More cultural awareness training was needed. Less work had been done on other diversity issues, and it was disappointing, in a prison with a significant population of older prisoners, that the only accommodation suitable for those with mobility difficulties was in healthcare.

Use of force, and of special accommodation, was commendably low. The segregation unit was well managed, with a specially selected staff group who were dealing with some extremely difficult and demanding prisoners. However, some aspects of the regime needed attention, and we were concerned at the number of prisoners seeking protection or transfer who remained there for considerable periods. We were also concerned at the isolation, and lack of effective regime or interventions, for those prisoners held in the protected witness and special secure units.

This inspection charts considerable progress at Full Sutton since the last inspection, particularly in the areas of activity and resettlement. Given its population, the prison had remained a commendably stable and largely safe environment. There is still work to be done to ensure more positive and proactive staff-prisoner relationships, as an essential part of dynamic security. In addition, the forthcoming cuts to prisoners' regime, as part of the Prison Service's overall efficiency cuts, will be a significant challenge to managers and staff seeking to maintain stability and activity levels.

Anne Owers  
HM Chief Inspector of Prisons

January 2008

# Fact page

## Task of the establishment

Full Sutton is a high security prison holding some of the most difficult and dangerous offenders in the country. More than half the prison accommodates vulnerable prisoners.

## Area organisation

Directorate of High Security Prisons.

## Number held

586

## Certified normal accommodation

600

## Operational capacity

612

## Last inspection

Short unannounced inspection: June 2005

## Brief history

Full Sutton is a modern, purpose-built maximum-security prison for men in categories A and B. It opened in 1987 and is 11 miles east of the city of York in open countryside, near to the villages of Full Sutton and Stamford Bridge, and six miles from the market town of Pocklington.

## Description of residential units

A wing	-	108 main wing prisoners
B, C, and D wings	-	vulnerable prisoners, 108 prisoners each
E wing	-	96 main wing prisoners
F wing	-	48 main wing prisoners plus the segregation unit
G wing	-	protected witness unit, 20 prisoners



# Healthy prison summary

## Introduction

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- HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:
- |                            |   |
|----------------------------|---|
| <b>Safety</b>              | prisoners, even the most vulnerable, are held safely  |
| <b>Respect</b>             | prisoners are treated with respect for their human dignity  |
| <b>Purposeful activity</b> | prisoners are able, and expected, to engage in activity that is likely to benefit them                          |
| <b>Resettlement</b>        | prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending. |

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

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

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

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

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

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

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

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

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

## Safety

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HP3 Reception procedures were satisfactory, but the management of prisoner property and prisoners' perceptions of this were poor. The lack of a first night or induction facility limited assessment of risk for new arrivals. Safer custody procedures generally met requirements, but access to Listeners was problematic. Anti-bullying

arrangements lacked coordination, and there was poor supervision on more than half the wings. The management of security was sophisticated, appropriate and proportionate. Segregation arrangements were well managed, although the regime and psychological support available to prisoners on the protected witness and special secure units were poor. Mandatory drug testing was well organised, but provision for secondary detoxification was limited. Full Sutton was not performing sufficiently well against this healthy prison test.

- HP4 Full Sutton typically received about six prisoners per week, and each new arrival could be met in reception by up to 10 staff. This was potentially intimidating to the prisoner. However, the reception procedures were carried out expeditiously, and reception staff were engaged and friendly. Nevertheless, prisoner perception of their reception was poor, and was not helped by the long delays and impediments to accessing their property, about which we received many complaints.
- HP5 As there was no first night or induction facility, new arrivals were normally located wherever there was a vacant cell. This affected staff ability to assess them properly, and denied them a phased introduction to the establishment. New arrivals were unable to make a free telephone call and were given no reception pack. No peer supporters or Listeners were involved in the induction process, although the five-day induction programme appeared to meet requirements.
- HP6 There was a coherent anti-bullying policy connected to an overarching violence reduction strategy with good links to the security department. However, it was not applied consistently across the wings, and oversight was not sufficiently effective. The anti-bullying coordinator had insufficient time for his role, and officer wing representatives were not well known to prisoners. We found evidence of some under-reporting of bullying incidents, and interventions were limited to simple close observation of bullies. The quality of staff supervision of prisoners on A, B, C and D wings was poor, and in our survey more prisoners reported feeling unsafe and intimidated by staff than the comparators<sup>1</sup> for high security prisons.
- HP7 The prison had an effective suicide prevention policy, supported by proper governance structures. The quality of assessment, care in custody and teamwork (ACCT) self-harm monitoring document entries was good. Case reviews generally took place on time, although attendance was often limited and not multidisciplinary. There was, however, good involvement from the mental health in-reach team in dealing with disturbed prisoners. The prison had one underused Listener suite, but access to Listeners was limited, particularly at night. There were good links with the Samaritans, but the dedicated Samaritans telephone could not operate in some wings.
- HP8 There was a protected witness unit (PWU), which held five prisoners, and a recently reopened special secure unit (SSU), holding two. Conditions on the PWU were cramped and claustrophobic. Prisoners had access to basic amenities, but there was little structured activity for them to address their offending behaviour. The lack of psychological support for prisoners in this very restricted environment was also a concern. The SSU had opened at short notice and the regime was still being

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<sup>1</sup> The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments.

developed. As with the PWU, we were concerned about the absence of an adequate regime and appropriate psychological support.

- HP9 The security department, unsurprisingly, impacted on all areas of the prison, but this was generally proportionate to the risk posed. The restriction on non-uniform staff's access to the main corridors during main prisoner movement was, however, excessive. There were sophisticated procedures for the management of gang and terrorist-related intelligence, and arrangements for the processing of security information reports were efficient and thorough. The security department had well-developed links and communication with other functions in the establishment.
- HP10 There was a large but well-maintained segregation unit. Its ethos and atmosphere were positive and prisoners there spoke positively of their relationships with staff, who had a good understanding of those held. A three-tiered regime determined the level of staff supervision at individual unlock, and prisoners were also subject to the incentives and earned privileges scheme and other regime incentives. Prisoners were encouraged to reintegrate on to normal location, but the regime for longer stay residents was positive.
- HP11 The management of use of force and special accommodation was good. Force had been used only 94 times in 2007, which was low. Governance arrangements, and the quality of staff reporting and record keeping, gave assurances that its deployment was proportionate. The use of special accommodation was also low, at just 15 occasions in 2007. Again records were well maintained and provided appropriate assurances. It was clear that in most cases prisoners were only placed in special accommodation for short periods and for de-escalation purposes.
- HP12 Adjudications were well managed, despite the challenges of the high security setting. Hearings were often extended, with most charges contested and most hearings adjourned for legal assistance. Similarly, many guilty findings were fully appealed. There was a published set of tariffs, and adjudication records confirmed that hearings were managed fairly.
- HP13 Despite recently developed policies and protocols, clinical provision for detoxification and drug maintenance was limited and not linked to the counselling, assessment, referral, advice and throughcare (CARAT) service or the prison's wider drug strategy. The prison's own analysis did, however, suggest there was a need. The mandatory drug testing rate was a low 3.8%, rising to 5% when test refusals were included. However, the rate and success of suspicion testing was surprisingly low, with just 48 tests completed in the previous six months and a positive rate of only 35%. The recent introduction of two passive drug dogs had impacted on the level of drug activity.

## Respect

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- HP14 Residential units and communal facilities were clean and well maintained, and prisoner access to basic amenities was good. There was a good personal officer scheme, but prisoners had poor perceptions about their treatment, and we had concerns about the quality of staff-prisoner relationships. There had been some interesting initiatives to develop race equality and diversity, although prisoner perceptions remained mixed. Complaints were generally well managed, but

applications procedures were applied inconsistently. There was an active and engaged chaplaincy. Health services were generally good, although new procedures had been poorly communicated to prisoners. The prison was performing reasonably well against this healthy prison test.

- HP15 All residential units were well maintained and clean, and cells were generally in good order and properly equipped. However, the design of A, B, C and D wings remained a concern. These wings had poor sight lines, not conducive to good supervision or the building of confident relationships. E and F wings were easier to supervise. Prisoners had reasonably good access to recreational facilities, showers and telephones, and were regularly consulted about routines
- HP16 The incentives and earned privileges (IEP) policy was explained to prisoners on induction, and new arrivals could retain their previous status with evidence. IEP status was reviewed at the multidisciplinary sentence planning boards or following referral for promotion or regression. Decisions were supported by good documentary evidence and meaningful behavioural targets recorded in wing files. However, there was a lack of evidence that prisoners on basic were supported to achieve their targets, and the differential in regime between standard and enhanced level prisoners was limited.
- HP17 Staff engaged positively with prisoners and generally dealt with them in a courteous manner. There were some good personal interactions, and staff entries in prisoner wing files were often insightful and showed knowledge of and engagement with the prisoner. However, some relationships were distant and overly formal. Staff spent insufficient time out on the landings when prisoners were unlocked, particularly on A, B, C and D wings. Prisoner perceptions of their relationships with staff were very poor. Many said they were not treated with respect, and that staff intimidated and insulted them. In our safety interviews (see Appendix III), prisoners cited staff behaviour as the most significant problem affecting their safety.
- HP18 All prisoners had been allocated a personal officer, and both staff and prisoners had a good understanding of the role and function of the scheme. Officers met prisoners regularly at scheduled meetings, and maintained a diary of contact. The quality of entries in wing files indicated that personal officers challenged prisoners to engage in the sentence planning process and meet targets.
- HP19 The prison had a large, well-maintained kitchen providing a choice of meals. Wing serveries were reasonably clean, but equipment was worn. Food surveys had been undertaken, but the response from prisoners had been limited. Managers regularly checked food complaints books. All kitchen workers were vulnerable prisoners and had the opportunity to obtain vocational qualifications in the kitchen. Prisoners could self-cater, and many chose to cook their own food. Aramark operated the prison shop, which had a reasonable range of goods, but no capacity to extend these.
- HP20 There was no up-to-date policy or structure that addressed diversity, although there had been some measures to meet the needs of older prisoners and those with disabilities. Nine per cent of the population were over 60, and they were generally complimentary about the attention given to their needs. Most continued to engage in the full regime, although there were activities specifically for the over-60s on most days. Prisoners with declared disabilities were assessed on reception, mainly by healthcare staff, and treatment plans compiled. However, the only accommodation suitable for prisoners with limited mobility was in the inpatients unit.

- HP21 Black and minority ethnic prisoners comprised nearly a quarter of the population, foreign prisoners about 8%, and Muslim prisoners 15%. Our discussions with these prisoners and our survey results revealed negative perceptions about the prison, although the cause of these was not always clear. Managers had taken steps to develop and improve engagement with black and minority ethnic prisoners. These included: a new complaints system supervised by the Prison Service race equality action group; formal mediation for disputes resolution; partnership with the Humberside Criminal Justice Board Diversity Panel; and some positive work with Travellers. However, the race equality and foreign nationals policies needed development, and there was a general need for more cultural awareness training for staff.
- HP22 Our survey showed that prisoners had an equivocal attitude to the management of applications and complaints, although we noted some recent improvements. The introduction of a three-copy application form ensured applications were properly progressed, but systems were not applied consistently across the wings. There were also different application forms for special issues, which tended not to be logged effectively. The management of complaints was satisfactory, and responses addressed the issues and were appropriate in tone. The monitoring of systems had been affected by multiple complaints and repeat complainants. Two trained staff provided legal services, and computer terminals were available for prisoners to peruse legal references.
- HP23 Four full-time chaplains, including a Muslim chaplain, made up an active and integrated chaplaincy team. Religious services were provided for most faiths, supplemented by a range of religious study groups, as well as the Sycamore Tree restorative justice programme. The team also contributed to other programmes and engaged in the sentence management process.
- HP24 Health services were commissioned by the East Riding of Yorkshire Primary Care Trust but provided by the Prison Service. Clinical governance arrangements were reasonable, and there was a skilled and knowledgeable staff team. The new clinical IT system was well used, although staff did not use available triage algorithms to assess patients. The prison's walk-in centre was underused. A range of primary care clinics was available, but they were not regular. The over-60s club was an innovative way to manage the care of older prisoners, and combined social care with physical and mental healthcare. Mental health services had integrated both primary and secondary services, and this worked well. Despite the good level of health provision, prisoners had lost confidence in the service following recent changes to improve services, which had been poorly communicated. This was particularly the case in the new arrangements to allow painkillers in possession.

## Purposeful activity

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- HP25 There were good strategies based on an analysis of learning and skills needs. The educational curriculum was broad and appropriate, and the level of participation in education was high. There was a reasonable range of workshops and work activity, with good levels of employment. Governance of learning and skills was effective, and there were established links between learning and skills and sentence management structures. There were some delays in core day routines, and the purposeful element was too short at only about four hours per day. Time out of cell and access to

association were reasonable. Full Sutton was performing well against this healthy prison test.

- HP26 The management of learning and skills was good, and the development of provision had been underpinned by effective needs analysis. Education was provided on a part-time basis, and involved 85% of prisoners. Each prisoner accessed work and learning skills according to a personal timetable. The breadth of learning ranged from entry level up to 30 prisoners who were studying at higher level. There was some good skills development among learners, and teaching was at least satisfactory and often better. However, some teaching resources, such as cookery, were poor. There were some good links between education and the sentence planning process, with education staff routinely represented at sentence planning boards.
- HP27 A recent comprehensive survey by the library had found that 370 out of 474 registered borrowers had used the facility. Access to the library for study periods was restricted to weekday mornings, but it was open each evening and wings could normally access twice a week. The library stocked about 7,000 titles and catered for a range of diverse needs.
- HP28 Approximately 90% of the population were employed full-time. There were 600 full-time equivalent employment places. The range of workshops included textiles, light fittings, cycle repair, a Braille shop, waste recycling, a multi-skills shop focusing on construction trades, and a Prisons Information Communication Technology Academy (PICTA). Accredited learning was available in multi-skills, PICTA, the Braille shop and catering. Waiting lists for activity were short, and a workshop place was provided from induction.
- HP29 Prisoners had good access to the gym, with most able to attend for at least two sessions per week, and some up to six sessions. A range of accredited courses was available, and there were sessions to meet the needs older prisoners, as well as the less active. There were useful links with healthcare. PE facilities were generally good.
- HP30 Prisoners spent between nine and 10 hours out of their cell, which was reasonable. Very few prisoners were locked in their cells, although the purposeful element of the core day was short, at about four hours. Association and exercise was provided each weekday evening and rarely cancelled, although prisoners complained that unlock times were routinely delayed.

## Resettlement

- HP31 The prison's approach to the management of resettlement was relevant to its population. Sentence planning processes were well integrated and included many departments. However, offender managers did not routinely attend sentence planning boards, and offender supervisors were regularly diverted from their key role. Public protection arrangements were good, as was work on drugs intervention. Work on most of the resettlement pathways was generally appropriate to the needs of the prisoners, although some needed to be improved and arrangements to support family contact were disappointing. Full Sutton was performing reasonably well against this healthy prison test.

- HP32 The prison's approach to resettlement focused on risk management and the reduction of risk, which was appropriate to the nature of the population. The key forum for the management of resettlement was the offender management function meeting. Only a few prisoners were released from Full Sutton, and their resettlement needs were generally assessed on an individual basis. The prison had, however, begun to address the reducing reoffending agenda, and was developing a strategic approach to the resettlement pathways that met the needs of the population. Some of the pathways did, nevertheless, need more development.
- HP33 Most prisoners said they had a sentence plan and nearly half of survey respondents, well above the comparator, said they had been involved in developing it. Sentence planning was well embedded into the life of the establishment and consistently involved a number of key departments. Wing principal officers and offender supervisors had received relevant training, which ensured that sentence planning boards were purposeful, and that prisoners were encouraged to participate. About 200 prisoners were in scope for phase two of offender management, and the prison was preparing for implementation of phase three. Offender supervisors had been recruited, but were regularly diverted to other duties. Offender managers rarely attended planning boards, due to the wide catchment area for prisoners, and the option of video conferencing facilities was not yet available.
- HP34 Public protection measures were very strong, and public protection meetings and multidisciplinary conferences had a high profile. Public protection panels were well coordinated with community-based multi-agency public protection arrangements (MAPPA) boards.
- HP35 The resettlement officer had lead responsibility for ensuring that prisoners due for release had accommodation. Most of the 20 prisoners discharged since April 2007 had gone to approved premises, and accommodation needs were generally dealt with on the basis of individual need or as a consequence of a risk assessment. Education, training and employment resettlement work benefited from good links between the education department's information, advice and guidance worker and the sentence planning process. There was a good understanding of the learning and skills needs of long-term prisoners, and the achievement of accredited qualifications overall was good. A preparation for release course was available. Provision for the finance, benefit and debt resettlement pathway was limited, as was provision under the mental and physical health pathway.
- HP36 There was a reasonably comprehensive drug strategy document, although this was not based on a needs analysis and it had no specific annual objectives. There was good treatment provision through the Focus programme and an effective CARAT team, which had a current active caseload of about 100. There was a good range of one-to-one work, but groupwork was less well developed. Alcohol treatment was also limited, although prisoners with alcohol-related problems could get support through Focus and CARATs. Access to voluntary drug testing was widely available.
- HP37 Almost two-thirds of prisoners were more than 100 miles from their home, and distance was an obstacle to good family contact. The visitors' centre was adequate and the visits room provided a reasonable environment. Family visits were held, but take-up had been low. Other aspects of work on this pathway were underdeveloped.
- HP38 The range of offending behaviour and other programmes available to prisoners was appropriate to need, although accredited anger management or violence reduction

programmes were possible additions. There were developing links with other prisons to ensure that motivated prisoners could benefit from sex offender treatment programmes. Prisoners were prioritised for accredited programmes in accordance with their release date, although for some this led to a considerable gap between the commission of an offence and access to interventions.

## Main recommendations

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- HP39 Procedures for the management of prisoners' property, including prisoner access, should be improved.
- HP40 The supervision of A, B, C and D wings should be improved.
- HP41 There should be work to understand and improve prisoner perceptions of, and relationships with, staff.
- HP42 There should be a better regime and psychological support for prisoners held in the protected witness and special secure units.
- HP43 Access to Listeners should be improved.
- HP44 There should be a designated first night/induction unit for new arrivals.
- HP45 Staff should regularly patrol the residential wings, particularly the areas near cells and stairwells.

# Section 1: Arrival in custody

## Courts, escorts and transfers

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### Expected outcomes:

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

- 1.1 Prisoners were negative about their experience of transfer, but this was not supported by our observations. The lack of a standardised list of property that high security prisoners could hold in possession created some problems. The reception did not receive prisoners during lunch periods.
- 1.2 Prison staff escorted category A prisoners. Category B prisoners were normally escorted by staff from Global Solutions Limited (GSL), unless there was specific intelligence that meant they had to be escorted by prison staff.
- 1.3 There were approximately six receptions a week. In our survey, prisoners were negative about their experiences of transfer to Full Sutton. Only 42% of respondents, against a comparator of 48%, said that the cleanliness of the vehicle was good or very good, and only 51%, against the comparator of 61%, said that they were treated well or very well by escort staff. These findings were at odds with our observations during the inspection. We found that escort vehicles were clean and well equipped, and that escort staff treated prisoners respectfully.
- 1.4 Prison dogs were deployed whenever prisoners were loaded or unloaded on escort vehicles. Prisoners came off the vehicle one at a time and received a full search before the next prisoner was allowed off. While this occasionally detained prisoners on the vehicle for some time after arrival, the low number of receptions meant that delays were not too long.
- 1.5 Reception was not routinely staffed over the lunch period, and staff often had to alter their lunch time to accommodate escorts that arrived then.
- 1.6 The biggest area of complaint from prisoners during the inspection was about access to their property (see also paragraphs 1.15 and 3.84). In our survey, 36% of respondents, against the comparator of 17%, said that they had problems with loss of transferred property when they arrived. One issue that caused frustration was the lack of a standardised list of permitted in-possession items, which meant that items that prisoners had been allowed at other high security prisons were not allowed at Full Sutton.

## Recommendations

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- 1.7 Reception should remain open to receive prisoners over the lunch period.
- 1.8 There should be a standardised list of in-possession property for prisoners across the high security estate.

# First days in custody

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## Expected outcomes:

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

1.9 New arrivals often had to wait an unacceptably long time before they could access their property, including medication and tobacco. The reception was poorly designed and needed repainting. The number of staff present in reception to process new arrivals appeared intimidating. There was no dedicated first night/induction unit, and other key elements of first night provision needed attention. The induction programme provided relevant information.

## Reception

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- 1.10 The reception building was cramped, poorly designed and shabby, and needed repainting. One area was used almost entirely to store property waiting to be searched. There were plans to extend reception into a neighbouring building.
- 1.11 There were three holding rooms, which were large enough for the level of movement through reception and enabled flexibility when vulnerable prisoners were received. They had adequate seating and an emergency call system, but two had graffiti. New arrivals generally did not spend any time in these rooms, because of their prompt movement through reception, and had little opportunity to read the material provided. However, booklets with local information were available in English as well as 10 other languages.
- 1.12 New arrivals were subject to a full search, in a single search area that was suitably private. In our survey, only 43% of respondents, against the comparator of 63%, said that they had been searched in a sensitive and understanding way. We were in reception when prisoners were searched, and the process was completed correctly. New arrivals were then logged on to the biometric system, issued with kit and toiletries, and interviewed in private by healthcare staff. The cell sharing risk assessment was also completed, and induction staff saw the prisoners. The process was well organised, and normally completed in 30 minutes.
- 1.13 Staff from the dedicated search team (DST) completed the initial search for all category A prisoners, and any category B prisoners that the security department had concerns about. When a new arrival was expected, reception staff contacted the various departments involved in the process, which included DST, healthcare and induction, and these staff were routinely waiting in reception when the prisoner arrived. The number of staff involved, plus the escort staff, totalled around 10, which, in the cramped reception area, could be intimidating for new arrivals.
- 1.14 In our survey, only 42% of respondents, against the comparator of 59%, said that they were treated well or very well in reception. This poor response was not borne out by our observations of the few movements we were able to monitor. Staff dealt well with new arrivals, were helpful and tried to answer any queries.
- 1.15 One of the main concerns raised by prisoners was poor access to their property. Many new arrivals came with large amounts of property in plastics bags, which had to be searched by

trained DST staff. As DST staff work was often prioritised elsewhere, new arrivals had to wait unacceptably long periods to access their property. Property such as medication, tobacco and toiletries were often not issued for several days after reception, and this was one of the main complaints from prisoners. We saw bags of property that had still not been searched four weeks after a prisoner had arrived. This poor access to property may have been the reason for the generally negative responses in our survey to the experience in reception.

## First night

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- 1.16 The establishment no longer had a dedicated first night/induction unit and, therefore, the safeguard of a phased introduction into Full Sutton. Instead, new arrivals were allocated to any vacant cell based on their status (mainstream or vulnerable prisoner). This had led to an increase in prisoners refusing to go on to a normal unit and ending up in the segregation unit. Another gap in first night arrangements was the lack of involvement by Listeners.
- 1.17 New arrivals could have a £2 advance for their telephone account and £2.50 advance to spend at the prison shop. Details of their PIN (personal identification number) telephone account from their previous establishment were normally provided the same day. If this did not happen, staff contacted their next of kin to tell them that they had been received at the establishment. New arrivals were not given the opportunity of a free telephone call. They also no longer received a reception pack, as the £2.50 advance had replaced this, although new arrivals often did not get an opportunity to spend this for several days. This was a potential for prisoners to get into debt.
- 1.18 New arrivals were routinely allowed on association during their first evening and could shower before they were locked up. There were interactive information points on each wing, with local information that had been translated into several languages.
- 1.19 In our survey, findings on the first night experience were negative, although 72% of respondents against the comparator of just 64% said that they felt safe on their first night.

## Induction

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- 1.20 There was a five-day rolling induction course, which was split between mainstream and vulnerable prisoners. In our survey, 45% of respondents, the same as the comparator, confirmed that they went on the induction course within their first week. After completing the initial part of the course, prisoners nominally remained on induction for up to three months. This time was spent in the contract services workshop until they were allocated something more suitable.
- 1.21 Induction staff were based on D wing and had good tracking arrangements to ensure that each new arrival completed all elements of the course. Prisoners recently held at Full Sutton could be fast tracked through induction.
- 1.22 New arrivals were interviewed by the wing senior officer and by induction staff within their first 24 hours. The interview with induction staff covered all the basic areas. New arrivals were also given an information booklet covering general areas, and three further packs with detailed information on a range of specific topics.
- 1.23 There was no dedicated location for the induction course, which took place in available rooms on the wings. In our survey, only 36% of respondents, against the comparator of 44%, said that the induction course provided everything they needed to know about the establishment.

However, in our view the induction course covered all areas and gave prisoners a good introduction to the establishment.

## Recommendations

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- 1.24 The number of staff who gather in reception to meet new arrivals should be kept to a minimum to avoid appearing intimidating.
- 1.25 New arrivals should be allowed a free telephone call once details of their approved telephone numbers have been received from the sending establishment.
- 1.26 A reception pack should be offered to new arrivals.
- 1.27 Prisoners should be introduced to a Listener on their day of arrival.

## Housekeeping points

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- 1.28 The walls in reception should be repainted.
- 1.29 The graffiti in the holding rooms should be removed.

# Section 2: Environment and relationships

## Residential units

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### Expected outcomes:

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

2.1 Communal areas were generally clean and well maintained. Although most cells were clean, well decorated and of an adequate size, some on A and C wings were not. Prisoners had good access to telephones and showers, reasonable access to recreational facilities, and received sufficient clean clothing. Prisoners were consulted through formal meetings.

### Accommodation and facilities

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2.2 Seven wings provided accommodation for up to 608 prisoners in single cells. A, E and F wings held ordinary prisoners. B, C and D wings were the designated vulnerable prisoner units, holding a mix of long-term sex offenders and prisoners unable to cope on other wings, mainly due to problems associated with bullying or debt. G wing was the protected witness unit (see paragraphs 3.107-113).

2.3 E and F wings had galleried landings with good sightlines for staff supervision. A, B, C and D wings each had two landings and four spurs forming a square that made for poor staff supervision, despite the introduction of CCTV on A wing. Prisoners there told us that blind spots provided opportunities for bullies (see paragraph 3.9). We did not see officers regularly patrolling cell and association areas.

2.4 The wings were generally bright, clean and well decorated, with up-to-date notices in communal areas. All prisoners had access to an adequately equipped kitchen where they could prepare their own meals. Association areas had pool tables and other table games. There were separate association rooms where prisoners could meet, which were quiet, well decorated and appropriately equipped.

2.5 Cells were generally clean and free from offensive material, although some on A and C wings were dirty and needed redecoration. The cells were generally equipped with in-cell electrics, televisions and good quality furniture.

2.6 Cell call bells were generally answered quickly, normally within five minutes. We tested bells on A, B, C and D wings and these were answered by staff promptly. Despite this, in our survey, only 44% of respondents said that their bells were answered within five minutes, which was significantly worse than the comparator of 55%.

2.7 Prisoners were consulted about the routines and facilities on the wings through monthly consultation meetings with residential staff. Minutes of meetings showed that prisoners were able to express their views about their living conditions and were informed of the outcome of consultation. Prisoner representatives had been appointed on all wings. Their role had been published, and staff and prisoners knew who they were.

## Clothing and possessions

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- 2.8 All prisoners were permitted to wear their own clothes. Lists of approved items were published and prisoners knew of the required standards. There were properly equipped laundries on all wings, to which prisoners had at least weekly access. There were also good supplies of clean prison clothing for those who wanted it, with weekly prison clothing exchanges. Prisoners did not have lockable lockers to secure their property.

## Hygiene

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- 2.9 In our survey, 82% of respondents said that they could normally get cleaning materials every week, which was above the comparator of 74%.
- 2.10 Communal showers were screened and prisoners had good access to them during association. In our survey, 97% of respondents said that they could have a shower every day, the same as the comparator.
- 2.11 Prisoners had good access to toiletries supplied by the prison, and there was a good range available for purchase from the prison shop.
- 2.12 Clean bedding was offered weekly and prisoners could have blankets if required.

## Recommendations

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- 2.13 There should be management checks to ensure that officers supervise prisoners adequately.
- 2.14 All cells, particularly those on A and C wings, should be kept clean and properly decorated.
- 2.15 Prisoners should have lockable cupboards in which to store their personal property.

## Staff-prisoner relationships

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### Expected outcomes:

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

- 2.16 There were examples of good interaction between staff and prisoners, and staff entries in prisoner wing files were generally good. However, some relationships between staff and prisoners were superficial, and officers spent insufficient time walking around their landings. Prisoners had poor perceptions of their relationships with staff. Many said they were not treated with respect, and a significant proportion said that they had been intimidated or insulted by staff.

- 2.17 We saw examples where staff engaged positively with prisoners and were generally courteous in their day-to-day dealings with them. There was good interaction in many formal exchanges, and staff entries in prisoner wing files were often insightful and showed engagement. Most staff were generally aware of the importance of setting good examples and showing a consistent and fair approach towards prisoners.
- 2.18 However, we also noted that some staff were more distant and had a superficial approach to prisoners. There was little informal involvement during association, particularly on A, B, C and D wings, prisoners were generally not addressed by their preferred names, and many officers remained in staff offices while prisoners were unlocked. On the vulnerable prisoner wings, we saw communication based on staff instructions and orders rather than dialogue.
- 2.19 Prisoner perceptions about their relationships with staff were particularly poor. During group discussions, many said that they were not treated with respect, and a significant proportion said that they had been intimidated or insulted by staff. In a series of structured interviews with a sample of prisoners, they cited 'the way staff behave with prisoners' as the most significant issue that they believed affected their feelings of personal safety (see Appendix III). In our survey, only 54% of respondents said that they felt respected by staff, which was significantly worse than the comparator of 76%. However, many prisoners we spoke to said that this distant relationship suited them (see main recommendation HP41).

## Recommendations

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- 2.20 Senior managers should ensure that residential officers interact regularly and appropriately with prisoners.
- 2.21 Prisoners should be addressed by their preferred names.

## Personal officers

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### Expected outcomes:

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

- 2.22 Policy and guidance notes detailing the personal officer scheme had been issued to residential officers, and staff and prisoners had a good understanding of the role. All prisoners were allocated personal officers, and regular scheduled meetings took place. Good quality entries in wing files indicated that personal officers challenged prisoners to achieve sentence planning targets and were actively involved in sentence management.
- 2.23 A comprehensive policy document had been published that clearly described personal officer duties, responsibilities, the system of management checks, and the schedule of expected contact with their prisoners. There were copies in most wings. All prisoners had wing-based personal officers and knew who they were. Personal officers consistently maintained accurate diaries of formal contact with their prisoners, and generally identified significant events at least monthly. In our survey, 42% of respondents said that they had met their personal officer within their first week, which was significantly better than the comparator of 35%.

- 2.24 Personal officers used designated times to record contact with their prisoners. Senior officers made regular prescribed management checks of entries in prisoners' files, and the monitoring arrangements described in the policy document were followed in most cases.
- 2.25 The quality of entries in personal files was generally good and showed that personal officers challenged prisoners to achieve sentence planning targets. Personal officers had good communication with the offending management team, and provided written contributions to sentence planning boards.

# Section 3: Duty of care

## Bullying and violence reduction

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### Expected outcomes:

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

3.1 The anti-bullying policy was connected to the violence reduction strategy. The violence reduction committee had strong links to the security department. There were properly managed, structured intelligence systems to deal with covert and sophisticated bullying, particularly organised gang activity. Protocols to deal with anti-bullying were not implemented consistently, and there was a lack of effective managerial oversight. Each wing had designated anti-bullying officers, but prisoners did not generally know their role and there was no anti-bullying coordinator. There was poor observation of prisoners on A, B, C and D wings, and staff still did not patrol the many blind spots frequently enough. Many prisoners reported that they felt unsafe, and survey results about safety were significantly worse than at other high security prisons.

3.2 There was a comprehensive anti-bullying policy document, available on all wings, which explained in simple language the procedures that staff were to follow when dealing with suspected bullies. The policy was connected to the overarching violence reduction strategy, which set out the detail of the prison's strategic focus and commitment to the reduction of violence.

3.3 A multidisciplinary violence reduction committee monitored levels of violence and ensured that agreed policies were implemented properly. The committee met monthly, chaired by the head of residence, and was well attended by managers and staff from relevant areas of the prison. There were strong links with the security department, which managed structured intelligence systems to identify and deal with sophisticated and covert forms of bullying associated with organised gang activity. Information received from security information reports, custodial history records and police reports was correlated and used to inform some anti-bullying interventions, particularly for prisoners on A, E and F wings. These were generally managed by the security department.

3.4 Anti-bullying liaison officers had been appointed on each wing, and a safer prison coordinator with specific responsibility for the overall management of anti-bullying, in addition to self-harm and suicide prevention, had recently been appointed. The role of the anti-bullying officers was poorly advertised, and they were not supported by an anti-bullying coordinator responsible for ensuring consistent implementation of the policy.

3.5 The anti-bullying policy described a three-stage system aimed at identifying bullies, challenging this behaviour and addressing persistent perpetrators. Prisoners were put on to stage one at the first suggestion of violent or bullying behaviour, sanctioned by a senior wing officer. The prisoner's behaviour was monitored for a minimum of seven days by wing officers and then formally reviewed. If the behaviour continued, the prisoner was observed for a further 14 days on stage two of the programme, and faced sanctions under the incentives and earned

privileges scheme. If there were no changes following this period, the prisoner was placed on stage three and admitted to the segregation unit. Between May and October 2007, 215 prisoners had been put on to stage one of the anti-bullying procedures. No one had been subjected to stage three.

- 3.6 During the inspection, we found that the protocols were not consistently followed and that effective oversight was not taking place, particularly on B, C and D wings (the vulnerable prisoner units).
- 3.7 Although most prisoners were made aware of the anti-bullying policy during their induction, and generally understood the procedures, many said that they would be unlikely to rely upon staff to deal with incidents. The establishment had introduced a confidential bullying telephone helpline for prisoners and their families and visitors. Although it was publicised on some wings and in the visitors' centre and visits hall, it had not been used.
- 3.8 Although recorded incidents of assaults were relatively low, at 40 between January and October 2007, some prisoner wing files showed allegations of bullying that were not investigated, reported or followed through, and referrals to anti-bullying procedures were not always made. Prisoner injury report forms were not routinely examined for unexplained injuries, and information in wing observation books was not routinely analysed. There were no organised interventions for persistent bullies, and little evidence of support plans for victims, as stated in the policy document, other than close monitoring.
- 3.9 We were concerned about the lack of improvement in the arrangements for the observation of prisoners on A, B, C and D wings. Conditions remained unacceptably poor, and staff still did not regularly patrol the many blind spots, particularly the stairwells between floors and along the narrow corridors. In our survey, 58% of respondents said that they had felt unsafe at Full Sutton and 34% that they had been victimised by another prisoner, which were significantly worse than comparators of 50% and 28% respectively.

## Recommendations

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- 3.10 There should be regular management checks of anti-bullying documentation.
- 3.11 The role of the anti-bullying officers should be publicised to staff and prisoners.
- 3.12 An anti-bullying coordinator, reporting to the safer prison coordinator, should be appointed to ensure that implementation of the anti-bullying policy is consistent.
- 3.13 There should be organised Interventions to deal with persistent bullies.
- 3.14 There should be support interventions for victims of bullying, as stated in the policy document.
- 3.15 CCTV cameras should be installed in blind spots on B, C and D wings.

## Self-harm and suicide

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### Expected outcomes:

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

- 3.16 There was a sound suicide prevention policy. Assessment, care in custody and teamwork (ACCT) self-harm monitoring documents were of good quality and demonstrated an in-depth understanding of the prisoners. Suicide prevention committee meetings were well attended, but did not analyse incidents to identify trends and areas of concern. Case reviews took place on time, but were poorly organised and not attended by staff who knew the prisoner. Although Listeners were available on all wings, prisoners had limited access to them, especially at night, and there was only one private area to see at-risk prisoners. The prison had good relationships with the Samaritans, but the direct telephone line for prisoners was inoperable on more than half the wings.
- 3.17 A comprehensive strategy set out procedures to minimise the risk of self-harm to prisoners. A policy document had been published and was available throughout the prison, and its content was well known to staff. Protocols were managed by the safer prison manager (a full-time principal officer), with good input from residential managers, and outcomes were monitored at the suicide prevention meeting.
- 3.18 The multidisciplinary suicide prevention committee met bi-monthly, chaired by the head of residence. Members included staff and managers from all of the wings, healthcare and other relevant areas. Minutes of meetings showed that relevant issues were discussed appropriately, and all individual open cases were reviewed. However, there was little use of historical information to identify trends or patterns of behaviour. The safer prison manager was working on setting up a database to allow analysis of information on self-harming behaviour.
- 3.19 Assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures had been in place since June 2006. Over 90% of staff had been trained in their operation, and there was a checklist on how to use and manage the documentation. The safer prison manager and residential senior officers made regular management checks of the quality of entries in documents. Night staff had received formal training in suicide prevention, and were aware of what to do in an emergency.
- 3.20 There were six open ACCT documents at the time of our inspection. The quality of entries was particularly good. Most demonstrated an in-depth understanding of the individual prisoner's circumstances and feelings. There was regular involvement from the mental health in-reach team in dealing with disturbed prisoners. Detailed support plans, prepared in consultation with the prisoner, identified specific needs and apportioned responsibilities to a nominated key worker.
- 3.21 Case managers had been appointed and held reviews on time and with the prisoner. However, many were poorly attended and did not include all staff who knew the prisoner, such as healthcare, education and chaplaincy staff. There was no involvement from prisoners' families.

- 3.22 We had concerns about the ability of prisoners in crisis to contact the Samaritans or Listeners. There were 18 trained Listeners across the wings. They were well supported by the Samaritans at a formal monthly support meeting, and the safer prison manager on a day-to-day basis. They attended all suicide prevention committee meetings. Prisoners told us that they understood their role and knew how to access them during the day.
- 3.23 However, access to Listeners at night was limited, and the only private space was a small, poorly furnished Listener suite in the healthcare centre. Prisoners in crisis had to be taken there under escort, following an assessment of risk. Staff told us that this did not happen after the prison had been locked up for the night, regardless of the extent of need, because of risks to security. In these cases, prisoners were offered the direct telephone line to the Samaritans. However, the Samaritans line was currently inoperable on A, B, C and D wings, because no mobile reception was possible.

## Recommendations

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- 3.24 Attendance at assessment, care in custody and teamwork (ACCT) reviews should be multidisciplinary and include staff who know the prisoner, as well as family members.
- 3.25 There should be suitably equipped Listener suites on all wings.
- 3.26 The direct telephone line to the Samaritans should be in operation on A, B, C and D wings.

## Diversity

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### Expected outcomes:

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

- 3.27 Some of the special needs of prisoners were systematically recognised and addressed, although a comprehensive diversity policy had not yet been drafted. Healthcare staff mainly managed disabilities, but they had effective links with other staff. Prisoners over 60 and retirement age had timetabled activities five days a week and could continue to work.
- 3.28 A diversity policy was being drafted. A recently appointed diversity manager was also the race equality officer, and the combined workload was due to be redistributed when additional support had been recruited. The photographs of staff with a lead in diversity were displayed on the diversity noticeboards around the prison, alongside other information for prisoners and staff.
- 3.29 The healthcare department had taken a lead in assessing and addressing the needs of prisoners with disabilities, and had a detailed policy on management of prisoners with physical, sensory or mental disabilities. The only accommodation suitable for prisoners with limited mobility was in healthcare.
- 3.30 New arrivals were routinely asked about any disability or other special needs, and healthcare staff compiled treatment plans. Prisoners were consulted about their needs, including at a weekly forum for those with mental health problems. Disability liaison officers (a principal

officer, two officers and a nurse) contributed to the link between healthcare and other parts of the prison. For example, healthcare staff collaborated with gym staff in their remedial class.

- 3.31 Full Sutton had 50 prisoners over the age of 60, with the oldest being 79. Those over retirement age could continue with education or other tasks, supplementing their income, and 13 of the 18 who had reached retirement age were still in paid activity.
- 3.32 Activities for the over-60s were timetabled five days a week, including library and gym. As a result of prisoner surveys, the gym had developed remedial programmes with healthcare, and the library issued a catalogue to prisoners who could not get to the library easily, from which they could request items to be issued to them on their wing. The librarian had increased the stock of non-book material, and supported work on dyslexia and the toe-by-toe peer mentoring scheme to improve literacy and numeracy skills.

## Recommendation

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- 3.33 A diversity policy should be implemented, supported by staff training.

## Race equality

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### Expected outcomes:

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

- 3.34 Black and minority ethnic and Muslim prisoners had relatively negative responses in our survey, particularly on safety and relations with staff. These perceptions had continued, despite initiatives to raise confidence, improve the complaints procedure, and deal with grievances through mediation. Managers invited trained prisoner representatives to meetings, and distributed minutes, ethnic monitoring and impact assessments.

## Race equality

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- 3.35 In our surveys and prisoner groups, we received relatively negative perceptions from black and minority ethnic prisoners (nearly a quarter of the population), foreign nationals (8%) and Muslims (15%). The roots of these perceptions were not always clear, but what these groups shared were greater feelings of insecurity from the time they arrived, and more difficult relations with staff. Muslim prisoners, who came from diverse backgrounds, generally agreed that they had to work harder to settle in the prison. They cited an adverse combination of ethnicity, religion and distance from home multicultural communities, and felt under constant scrutiny, as Muslims. One reported a comment in a sentence plan, 'mixes only with other Muslims', which he felt was probably not matched in files of prisoners of other faiths.
- 3.36 Many black and minority ethnic prisoners came from multi-ethnic cities and felt out of place in the rural location of the prison, in which only 1% of staff were from minority ethnic backgrounds. Two-thirds of staff and all members of the race equality action team (REAT) had completed diversity training within the last three years. Prisoner representatives had also been trained, including guidance on ethnic monitoring and impact assessments. There was a full-time race equality officer (REO), assisted by two officers and an administrative assistant.

- 3.37 The race equality policy was being updated. The bi-monthly REAT meetings were chaired by the deputy governor and attended by functional heads, as well as prisoner wing representatives. A representative from the Humberside Criminal Justice Board Diversity Panel (CJB DP) was due to attend, following training. The REAT monitored and discussed the race equality action plan. Ethnic monitoring indicated a disproportionately high attendance in education and gym by black and minority ethnic prisoners, which was partly related to their younger age. Minutes of meetings were circulated to wing representatives and the library, which also received ethnic monitoring data and impact assessments, although recent copies were not yet in the library file.

## Managing racist incidents

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- 3.38 Complaints, including racist incidents, were managed under a new scheme, supervised by the Prison Service race equality action group (REAG) – see paragraph 3.80. The REO looked into all racist incident report forms (RIRFs), which averaged 40 a month. A significant number came from a few persistent complainants, and were not always obviously about racist incidents. For example, 18 of 42 recent RIRFs from one wing came from the same person, and on another wing someone issued 15 simultaneous complaints about a single issue.
- 3.39 All the replies we saw were polite, referred to investigation, explained the finding (with an apology in some cases), and were issued promptly in writing. A difference of opinion between a staff member and a prisoner did not always lead to a finding in favour of the former, but was likely to lead to mediation. A recent survey indicated higher confidence in handling of racist incident complaints than in others. The Independent Monitoring Board regularly checked 10%, and the Humberside CJB DP was due to undertake external quality assurance.
- 3.40 To obviate use of the complaints scheme, the REO officer held occasional surgeries to hear concerns of individual prisoners. In the past year, the prison had invested in a new mediation scheme as an alternative, more lasting means to resolve grievances. Several prisoners and staff, uniformed and non-uniformed, had volunteered for training to become mediators. Cases were diverted from RIRFs, with the agreement of both parties and the option to revert to the formal complaint. There had been 26 mediation exercises to date, and evaluation comments from participants had been positive.

## Race equality duty

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- 3.41 Good quality impact assessments of locally implemented policies and functions had been completed. Individual action plans had been generated and were being monitored by the REAT. Impact assessments were being reviewed to take into account constructive comment.
- 3.42 Two representatives from each wing could attend bi-monthly forums for black and minority ethnic and foreign national prisoners, convened by the Muslim chaplain. Other managers attended to discuss particular issues. Issues raised were taken to the REAT for discussion and action was taken on them. The wing representatives also attended REAT meetings.
- 3.43 Various events were organised to promote understanding of diversity, including events throughout black history month (October). The kitchen sometimes collaborated in providing special menus. A booklet, *Faces of Britain*, had been distributed to staff.

## Recommendation

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- 3.44 All staff should receive cultural awareness training as soon as possible.

## Housekeeping point

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- 3.45 The race equality information file in the library should be kept up to date.

## Good practice

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- 3.46 *The prison had invested in training staff and prisoners to undertake mediation as an alternative, more lasting means of resolving grievances on race issues.*

## Foreign national prisoners

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### Expected outcomes:

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

- 3.47 Foreign national prisoner representatives from all wings participated in the bi-monthly staff-prisoner forums, which reported to the race equality action team meeting. Although the prison provided free monthly international telephone calls for those who received no visits, the high cost of international calls, and lack of cheap cards, did not help prisoners to maintain close contact with families abroad.
- 3.48 The prison had a foreign nationals coordinator, a senior officer, and a foreign nationals policy, although this needed updating. Foreign national prisoners were 8% of the population. They participated in the bi-monthly prisoner forum convened by the Muslim chaplain (see paragraph 3.42), from which matters arising were taken to the race equality action team meeting. Foreign national prisoner events were also occasionally convened. A representative from the Border and Immigration Agency (BIA) had been invited to answer questions about deportation processes, about which some prisoners had received letters that they did not understand.
- 3.49 The forum minutes showed repeated requests for items, such as skin creams, to be available from the prison shop. Although some items selected by prisoners had been included on the approved list, they had been told that they could not be sourced locally, or only at extravagant prices.
- 3.50 Foreign national prisoners also complained that telephoning abroad was very expensive. The prison had investigated a cheap rate card used by another high security prison, but was concerned about safeguards to monitor the telephone numbers called. The supplier was to improve controls. More than 20 prisoners were given a free five-minute international telephone call once a month if they had no social visits.
- 3.51 Two prisoners were attending intensive classes in English for speakers of other languages (ESOL). The contracted interpreting agency had not been used recently, although when there was a prisoner who spoke no English, an interpreter attended the prison on fixed days when all

interviews were clustered. Material available in a range of languages included the prisoners' information handbook, general information available on the Prison Service intranet, and text on a multilingual touch screen terminal. This terminal was in an area through which prisoners passed, but were not able to linger. The library had a limited foreign language stock.

- 3.52 The chaplaincy hosted regular weekly meetings for Travellers, some of whom were foreign nationals or of dual nationality. More than 20 attended, with separate morning and afternoon meetings for those from the vulnerable prisoner and main wings. One prisoner had been released from the segregation unit to attend the meeting. Discussion from these meetings was used to improve understanding in the prison and also the wider community.

## Recommendations

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- 3.53 The foreign nationals policy should be updated.
- 3.54 There should be regular surgeries with the Border and Immigration Agency to assist foreign national prisoners facing deportation, and the prison should have links with an independent specialist advice agency.
- 3.55 The prison shop should respond to collective prisoner requests for items on the shop list.
- 3.56 An affordable international telephone call option should be put in place as soon as possible.
- 3.57 The prison should improve the provision of foreign language material for foreign national prisoners.

## Good practice

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- 3.58 *Travellers groups were held to raise awareness of their needs within the prison and contributed to improved understanding.*

## Contact with the outside world

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### Expected outcomes:

Prisoners are encouraged to maintain contact with the outside world through regular access to mail, telephones and visits.

- 3.59 There were good arrangements for processing prisoners' mail, but prisoners complained about their access to telephones. Visits arrangements were well managed, but basic level prisoners were limited to visits of one hour, which was unfair on those visitors who had to travel far. Visitors could not book their next visit while in the establishment.

## Mail

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- 3.60 As a high security establishment, all prisoners' mail, both incoming and outgoing, was read by a group of operational support grade staff. To ensure continuity, staff were allocated to wings

and read the mail for the prisoners there. Prisoners subject to child protection restrictions had a different coloured file to alert staff. The file also included a summary of the prisoner's offending, any specific points to watch for, and details and photographs of any approved child visitors.

## Telephones

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- 3.61 Prisoners could access the telephones during association, which was seldom cancelled. In our survey, however, 33% of respondents, significantly more than the comparator of 23%, said they had experienced problems in getting access to telephones. This was also a complaint raised in prisoner groups.

## Visits

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- 3.62 Visits took place Wednesday to Friday between 2pm and 4.15pm, and on Saturday and Sunday between 9.30am and 11.30am and 2.15pm and 4.15pm.
- 3.63 All prisoners were entitled to two ordinary visits per month. Basic level prisoners had no privilege visits, and their ordinary visits were restricted to one hour. This was unfair on their families, many of whom travelled significant distances. Those on the standard level received one privilege visit per month, and enhanced level prisoners three.
- 3.64 All domestic and legal visits had to be booked through a telephone line. Visitors to category A prisoners had to be approved in advance. There were no arrangements for visitors to non-category A prisoners to book their next visit while at the establishment.
- 3.65 A good size visitors' car park included designated spaces for drivers with disabilities, and a local bus company operated a service to York station during visiting times. There was a visitors' centre, where visitors were greeted by staff and checked against a biometric system. Visitors were allowed to take £15 in cash into the prison, with at least £10 in coins. They were searched and checked at the visitors' entrance before they were escorted to the visits room.
- 3.66 The last visitor survey had taken place in 2006, and the findings were extremely negative. A majority of respondents said that staff were not always polite and courteous, and that the search process was not carried out appropriately and sensitively. Our own observations were that staff who greeted visitors or searched them were friendly and helpful. The admission search was understandably thorough, and a pictorial explanation of this in the visits centre would have helped prepare first time visitors for this. Visits facilities had also improved since the last survey, so a new visitor survey was needed.
- 3.67 The main visits room could accommodate up to 40 visits and provided a welcoming environment. Prisoners had protested about recent changes in the layout, which had since been modified. Tables and chairs were fixed to the floor, and there was sufficient space between tables for an acceptable level of privacy. A refreshment bar, staffed by prison staff, provided drinks and basic snacks, and there were also vending machines. There was a children's play area staffed by volunteers.
- 3.68 There were four closed visit booths in the main visits room, which were clean and tidy. At the time of our inspection, only five prisoners were subject to closed visits. Those on closed visits were reviewed monthly, and contributions from wing staff were considered.

- 3.69 A separate smaller room for high risk category A prisoners could accommodate up to four normal visits and two closed visits. It had a vending machine and a few toys for children.
- 3.70 There was no separation of mainstream and vulnerable prisoners in visits, and the establishment reported that this had not caused any problems. Visits of vulnerable prisoners were terminated slightly earlier and they were moved back to their wings separately. Visits staff received notification of prisoners subject to any restriction, and the dedicated search team (DST) allocated the visits tables.
- 3.71 Our survey findings on visits were poor, with only 57% of respondents, against the comparator of 66%, reporting that the establishment gave them the opportunity to have the number and length of visits they were entitled to. We found no reason why this response was so negative.

## Recommendations

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- 3.72 All prisoners should have fair access to telephones every day.
- 3.73 The search process for visitors entering the establishment should be pictorially explained in the visitors' centre.
- 3.74 There should be a survey of visitors, and their perceptions closely monitored.
- 3.75 Visits for basic level prisoners should not be restricted in length.
- 3.76 Where possible, visitors should have the opportunity to book their next visit while at the establishment.

## Applications and complaints

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### Expected outcomes:

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

3.77 Prisoners were positive about a new triplicate applications form, although there were inconsistencies in how applications were dealt with. Most prisoners had good access to and understanding of the complaints scheme, but less confidence in the process. A revised process, with additional staff training and safeguards, aimed to improve confidence. Evaluation was marred by repetitive complaints. Property was the main subject of complaint.

3.78 Our prisoner survey results indicated good access to applications and complaints, but low confidence in the process. Ninety-four per cent of respondents said it was easy to get an application form, above the comparator of 91%, but only 45%, against 51%, felt applications were handled fairly. Prisoners reported improvement with the new three-part application form, of which they kept one copy. These were logged in the wing applications book and could be tracked, but evaluation was undermined by inconsistency in the way complaints were dealt with. There were still a range of specific application forms, which were logged in the same book but not necessarily subject to the same tracking process, and on different wings applications were available at different times (see also health services section).

- 3.79 A complaints survey by the prison in July 2007 showed that two-thirds of prisoners understood the complaints system and many said they would use it again. Our own survey revealed good access. But both surveys revealed low confidence in the system.
- 3.80 Following the prison survey, a new complaints and racist incidents project had been put in place, under the supervision of the race equality action group (REAG) at Prison Service headquarters. This involved additional training and guidance for staff, and closer monitoring and quality assurance.
- 3.81 Envelopes were available for complaints to be submitted in confidence. The night orderly officer emptied complaints boxes, and the complaints clerk checked that these were correctly allocated and noted the response date. Responses were also issued in envelopes to ensure confidentiality and improve confidence. Some staff felt the uniform use of envelopes formalised minor issues, which could have been dealt with on the wing, and added delay. The responses we saw were written in good time, showing prompt investigation, and usually dealt with the issue raised. Prisoners reported some unevenness in when the replies were distributed on the wings. Although not all addressed the complainant directly, the tone was usually respectful. A database had been set up to provide continuous evaluation.
- 3.82 There was some indication of raised confidence, and more prisoners agreed that responses were timely. However, there had not yet been a significant jump in confidence in outcomes. Anonymised evaluation forms were attached to replies. Not all were returned, and the complaints clerk reported that many came back with an appeal against the initial outcome, which suggested they were more likely to respond negatively. As with racist incident report forms (see paragraph 3.38), evaluation was clouded by the number of repetitive complaints by persistent complainants, some channelling the same complaint through both schemes.
- 3.83 In recent months, there had been nearly 350 complaints a month (excluding RIRFs). In the previous three weeks, 55 appeals had been recorded. Sources included the segregation unit and the special secure unit. Healthcare complaints were dealt with by a different scheme involving the primary care trust.
- 3.84 The predominant complaint concerned property. This was consistent with complaints in our survey, and grievances most commonly voiced to us during the inspection (see also paragraphs 1.6 and 1.15).

## Recommendation

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- 3.85 The issue, logging and tracking of applications should be consistent across wings.

## Legal rights

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### Expected outcomes:

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

- 3.86 Trained legal rights officers were based in the library, where they could guide prisoners to legal resources. A new legal studies centre was an innovative supplement to the library, but lacked facilities such as a printer and photocopier and staff intranet access.

- 3.87 There were two trained legal services officers based in the library. The legal services officers guided prisoners through resources in the library, which included a photocopier that could be used at 8p per sheet.
- 3.88 The library had a reasonable stock of directories and legal reference texts, including Prison Service orders, but it was small, which limited the stock it could hold. The legal services officers had access to an intranet terminal to search for up-to-date information or specific requests. There were increasing requests for information about deportation processes, and the library was looking for a suitable source of information.
- 3.89 A new unit in the education block had recently been set up as a legal studies centre. This innovative and useful facility had 11 terminals, which were also available for distance learning. Prisoners could still ask for access to a laptop to store legal proceedings. The main criminal textbook, Archbolds, had been loaded on to the machines, and it was intended to add Prison Service orders and other frequently requested materials. However, the centre had no printer or photocopier, and staff had no intranet terminal or a telephone. As a supplement to the cramped library, this quiet and pleasant study area was therefore underused.
- 3.90 The applications log kept by the officers did not record all the work they did, as most information and assistance was provided informally. They told us that the most recurrent issue was lost property. The county court small claims procedure was one of the most popular requests.

## Recommendations

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- 3.91 The library should stock up-to-date references on immigration law and procedure.
- 3.92 Facilities in the legal studies centre should be improved to include further information on the terminals, a printer and photocopier, and staff access to the intranet.

## Substance use

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### Expected outcomes:

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

- 3.93 Clinical support for prisoners at Full Sutton was limited and, although demand had been low recently, there were indications that need was potentially higher than assumed. There was a new clinical policy, which needed further integration. The random mandatory drug testing positive rate was relatively low, but suspicion testing was also low given the number of drug-related security information reports.

## Clinical management

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- 3.94 Clinical provision for prisoners with substance use problems was limited, and the assumption that demand would be low was reflected across the establishment. There had been only three requests for such support in the previous six months. Some support had been provided in these cases, although this sometimes included basic symptomatic relief.

- 3.95 It was difficult for us to establish the extent of the substance misuse problem or whether the low demand was an accurate reflection of the population. All new arrivals were drug tested, and 16% were positive – 80% for opiates. Thus at least 10 prisoners had arrived at Full Sutton in the previous six months with the potential need for secondary detoxification. Anecdotal evidence also suggested that prisoners got into debt and sought sanctuary in the vulnerable prisoner units or other prisons, although many were hesitant to say why they were in debt. In our survey, 31% of respondents, significantly higher than the comparator of 21%, said that it was easy or very easy to get drugs in the prison.
- 3.96 The prison had recently developed procedures to reflect national clinical guidelines, and the drugs and therapeutic committee had approved a substance misuse management policy. This covered a range of options that included the provision of both maintenance and detoxification. The provision of naltrexone, an opiate antagonist, was also included and could be prescribed during sentence, rather than just at the point of release for continuation in the community.
- 3.97 Although the new policy was comprehensive on potential provision, details of the procedures under which it would be made available were scant. The counselling, assessment, referral, advice and throughcare (CARAT) service had not so far been linked in, and CARAT workers did not know the range of provision, although they were expected to work with prisoners receiving support. Link workers had been identified in the healthcare and CARAT teams, but their role was not clear. Psychosocial support was not identified in the policy document, and it was unclear who would provide this during clinical support. Health services had no specialist substance misuse nurse or GP with a special interest qualification.

## Drug testing

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- 3.98 The random mandatory drug testing (MDT) rate for the previous six months was 3.8%, or just over 5% including refusals. There was no significant difference in the positive rates between the main location and vulnerable prisoner wings, and most positive tests were for opiates.
- 3.99 MDT facilities were appropriately resourced with three holding cells and information on treatment options and testing procedures prominently displayed. Prisoners who tested positive were placed on a programme of frequent testing.
- 3.100 Suspicion testing was relatively low, with only 48 tests in the previous seven months. The positive rate was also low, at only 35%, and, as with random testing, the vast majority of positives were for opiates.
- 3.101 The system for suspicion testing also operated separately from that of security information reports (SIRs). An officer who suspected that a prisoner took drugs submitted a request for testing directly to MDT, which should have been supported with an SIR to security. However, there was evidence that SIRs were submitted, but without a request for testing, and requests directly from security for suspicion tests were low compared to SIR submissions. Since the beginning of August 2007, 182 drug-related SIRs had been submitted, but only 23 MDT suspicion tests had been undertaken.
- 3.102 The security management of drugs within Full Sutton was generally good. Prisoners placed on closed visits for drug-related activity were also on a programme of monthly risk testing. The results of these were not used exclusively to determine continuation of such restrictions, but as part of an overall evaluation. At the time of the inspection, five prisoners were on closed visits, although the number had risen to as high as 20 in early 2007.

- 3.103 Between April and October 2007, there had been 10 drug finds at the establishment. All had been relatively small. The availability of passive drug dogs had been limited before August 2007, when two dogs had been introduced. They were now on duty during most visits. Following an initially high number of indications by the dogs on visitors and prisoners, the number had dropped during October and November 2007, with an attendant drop in the average number of visitors.

## Recommendations

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- 3.104 The healthcare department and counselling, assessment, referral, advice and throughcare (CARAT) service should jointly develop operational procedures to support the implementation of the substance misuse management policy.
- 3.105 The prison should employ specialist substance misuse staff in the healthcare department.
- 3.106 The system for requesting suspicion drug testing should operate in conjunction with the security information reports process.

## Protected witness unit

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- 3.107 The living conditions for a small but significant group of prisoners on the protected witness unit were generally poor. Although there was a basic regime that included daily exercise and association, there were few structured activities to occupy prisoners. There were also no organised interventions to help them achieve sentence plan targets, and little provision to meet their psychological needs.
- 3.108 G wing, the protected witness unit, was located at a distance from the other residential wings. Previously an induction unit for new arrivals, since October 2006 it had provided a self-contained living unit for vulnerable prisoners on a national protected witness scheme. Prisoners on the scheme were kept separate from other prisoners and not permitted to use any shared facilities, such as workshops, the education complex and the visits room.
- 3.109 Accommodation was provided in 16 normal cells. At the time of inspection, the unit accommodated five prisoners. Living conditions were generally poor. Although communal areas were clean and well maintained, corridors were narrow, poorly lit in places and cramped. Cells were an adequate size but poorly ventilated, and the single room used to accommodate a fitness suite and a few computers was too small for purpose. Overall, the atmosphere was claustrophobic and over-restrictive.
- 3.110 The regime to occupy prisoners was impoverished. Although daily exercise and association were offered and seldom cancelled, there was little purposeful activity for prisoners out of their cells. Visiting education staff offered two cookery classes, three supervised gym sessions and a basic computer course per week. Prisoners complained that these did not meet their needs, and we could find no evidence that this provision had been informed by an analysis of need.
- 3.111 Resettlement arrangements were also poor. Although all prisoners had sentence plans with agreed objectives and targets, there was little organised intervention to facilitate required change. Prisoners on the unit were excluded from the range of offending behaviour

programmes offered to mainstream prisoners, and there were no arrangements to offer them one-to-one work. Sentence planning systems for this group of prisoners had stalled.

- 3.112 There were no structures to monitor the long-term welfare of the prisoners who lived in these very restrictive conditions. Although basic healthcare needs were met, there was little input from the psychology department to ensure that prisoners were able to cope with the unit's isolating conditions.

## Recommendation

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- 3.113 There should be interventions that allow prisoners in the protected witness unit to meet sentence plan targets.

## Special secure unit

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- 3.114 The special secure unit had opened recently at very short notice. Although living conditions were generally acceptable, there was insufficient purposeful activity to occupy prisoners. Systems to ensure that staff were trained and prisoners fully supported had not yet been developed.
- 3.115 The special secure unit (SSU), which had been closed for several years, had reopened at short notice four weeks before the inspection to house two exceptional risk category A prisoners. Both prisoners had been given the reasons for their location there (although they disagreed with them), and had been informed that these reasons would be kept under review.
- 3.116 There had been some teething problems in reopening the unit, largely because of the very short notice. Consequently, some of the previous facilities, such as a computer suite, had been removed and not yet replaced. While there were clear operational difficulties in opening a unit such as this with little notice, there was still very little meaningful activity for its residents four weeks after it had opened. However, an education manager visited the two prisoners during our inspection to discuss the provision that could be made for them.
- 3.117 The prisoners on the SSU had daily access to a cardiovascular suite, and a running machine was due to be installed. A PE instructor attended for a weekly free weights session, and exercise in a caged yard was provided daily. As there was no evening association, the prisoners were locked up from 4.30 pm until the following morning. The prisoners were allowed to cook for themselves, but had to vacate the kitchen by 4pm, when meals from the prison kitchen were sent over. A video was due to be installed in the TV room. A nurse from healthcare visited daily, although this was usually a different one each day, and the prisoners were unhappy with the continuity of their healthcare. All visits took place on the SSU and were in closed conditions.
- 3.118 Security issues dominated the ethos of the SSU. At night, the prisoners were checked on every 15 minutes. This was a source of grievance for the prisoners, as the sound of doors being closed kept them awake throughout the night. We raised this with the establishment and were told that the prisoners had been offered earplugs to reduce the disturbance.
- 3.119 There were eight staff at a time on duty in the SSU. Not all had been trained in working in this restricted environment, but this was being prioritised, and the psychology department was setting up a support network for the staff.

- 3.120 No decisions had yet been taken on the long-term support or assessments needed for the unit's prisoners or their access to any interventions. We believed that detailed care plans were needed if prisoners were likely to remain in these restricted conditions for any protracted period.

## Recommendations

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- 3.121 All staff who work in the special secure unit (SSU) should be prioritised for training.
- 3.122 Equipment identified for the SSU, such as computers, video recorder and running machine, should be installed as a priority.
- 3.123 There should be appropriate assessment and support mechanisms, including detailed care plans, for prisoners likely to remain in the SSU for a protracted period.

## Section 4: Health services

### Expected outcomes:

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

4.1 Recent changes in the delivery of health services to reflect provision in the outside community had not been well received by prisoners, who felt they had less access to the healthcare team. The introduction of some in-possession painkillers had not been well explained to prisoners, who could wait up to a week for a supply. There were reasonable clinical governance arrangements, and good staffing levels with some excellent skills, knowledge and competences. The new clinical IT system was well used. There was a range of primary care clinics, but these were not regular. The care of older prisoners was managed innovatively, combining social care with physical and mental healthcare. Dental services were clinically sound, but the management of applications and the waiting lists was poor. Inpatient beds were used to accommodate prisoners with disabilities. Primary and secondary mental health services were integrated, which appeared to work well.

### General

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- 4.2 Health services were commissioned by East Riding of Yorkshire Primary Care Trust (PCT) and provided by the Prison Service. The PCT had commissioned a local university to undertake a full health needs assessment. The partnership board was due to agree a service review of current provision to inform future developments and commissioning.
- 4.3 The healthcare centre had various clinical rooms and office accommodation. One of the clinical rooms had equipment for telemedicine, which was directly linked to the Airedale NHS Hospital Trust, whose consultants could provide consultations for both emergency and routine patients. The waiting room was large and airy, but had only wooden chairs, which were not always enough for waiting prisoners. Minimal health promotion material was displayed.
- 4.4 Access to the pharmacy was through a single, gated stable door. It was clean and tidy at the time of the inspection. The main medicines store for the centre was behind a lockable door in the pharmacy. No medicines were stored on the wings, but pharmacy staff used a designated room on each wing when they delivered medicines. On wings A, B, C and D these rooms had a lockable stable door. There was no water in these rooms, and the facilities were extremely basic. The room on wing A was dirty and had a used mop and bucket in one corner. On wings E and F, the medicines were handed out from the wing treatment rooms. These had lockable, gated stable doors, a water supply and a proper work surface.
- 4.5 The inpatient unit had single cells, two safer gated cells, and a large room that was used as a group room and also the Listener suite. There was also an association room with dining facilities, and a clinical room.
- 4.6 There was an NHS walk-in centre in the workshops and education complex. At the time of our inspection, this was used for only an hour each day. This underuse was especially disappointing given that the department was introducing a community model of care to reflect the provision of health services in the community.

- 4.7 A recently completed infection control audit had highlighted several areas of concern, and an action plan had been drawn up and some improvements already implemented.

## Clinical governance

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- 4.8 There was a clinical governance development plan, compiled to comply with the Department of Health standards for better health. There were regular internal clinical governance meetings, attended by senior nursing staff, GPs and the pharmacist. There were also twice-yearly mental health clinical governance meetings attended by mental health nursing staff and the visiting psychiatrists. The department had a range of relevant policies and protocols, although some staff were unaware of some policies. There was a policy for communicable diseases, but not a specific pandemic flu policy, and some policies were PCT-based with little reference to the prison setting. The prison did not have an information sharing policy.
- 4.9 The head of healthcare was a registered mental health nurse (RMN). She was supported by a principal officer and a senior nurse, band seven, who also took the lead for the introduction of the new clinical IT system (see paragraph 4.14). There were four band six nurses, including a practice nurse who was also a nurse prescriber. As well as a group of band five nurses, most of whom were registered general nurses (RGNs), there were four healthcare assistants, a group of discipline staff who had been selected to work in healthcare, and two healthcare officers. The discipline staff were movement officers and also worked on the inpatient unit. They had all signed a confidentiality compact as they had access to clinical information, and also chaperoned health services staff during inpatient consultations. Two full-time administrative officers undertook a variety of tasks.
- 4.10 Nursing staff had a wide range of clinical skills, knowledge and competences which were well utilised. However, not all staff who undertook specialist clinics, such as those for asthma or coronary heart disease, had the relevant qualifications to do so. Clinical supervision was available, although some staff commented that the staff handover sessions each day provided peer supervision.
- 4.11 Medical cover was provided by two GPs. One took eight sessions a week at the prison, and the other provided the two remaining sessions and out-of-hours cover, assisted by two retired GPs. However, whenever possible the telemedicine links were used for out-of-hours consultations.
- 4.12 Emergency resuscitation kits, including automated external defibrillators, were at strategic points around the prison in locked cabinets that were accessible by health services staff. The cupboards were left open at night in line with night order instructions. The defibrillators were due to be replaced with new models that were compatible with UK Resuscitation Council protocols. The kits were checked weekly. Not all staff had received resuscitation training within the previous 12 months.
- 4.13 Despite good links with the PCT, and the demographics of the prisoner population, there were no formal arrangements for the loan of occupational therapy equipment. In several instances, the prison had to buy equipment for prisoners with specific needs, such as a reclining chair or a wheelchair, when a loan arrangement would have been advantageous. Similarly, continence aids were not available and the prison had to buy these.
- 4.14 The health services department had introduced an electronic clinical information system in the previous month, SystemOne. This system managed all prisoners' clinical interventions, waiting lists and arrangements for clinics, but prisoners' previous clinical records had yet to be added.

Staff were enthusiastic about the new system, which still had a few minor problems with the management of caseloads and waiting lists.

- 4.15 Paper-based records were held in filing cabinets, but were not always correctly filed, which affected retrieval. Records of prisoners who the security department considered high profile were held separately, and the security department was informed when this filing cabinet was unlocked. The dental records were appropriately annotated and stored. The computerised medical records were also annotated using coded entries.
- 4.16 All prescriptions, except those for daily in-possession and supervised administration, were written electronically on SystemOne. Daily in-possession and supervised administration prescriptions were written on a standard prison prescription form. The electronic prescription was accessed on a terminal in the pharmacy and a copy printed. Pharmacy staff labelled the medication on a stand-alone pharmacy manager system. The electronic prescriptions we inspected complied with the current relevant legislation. A sample of prison prescription forms used before the introduction of electronic prescribing, and those for daily in-possession and supervised administration, were all validly written.
- 4.17 Some private prescriptions for prison staff had been written by the doctors and supplied by the pharmacy. The staff had not paid for the medication, although the cost was recorded for administrative purposes. A private prescription register was maintained appropriately in the pharmacy.
- 4.18 Records of prisoners who left the prison were sent to a central store, and their electronic record was removed from the main system but could be retrieved if the prisoner returned. SystemOne was updated from LIDS (the local inmate database system) each day, which meant that all the information held, such as waiting lists, was validated daily.
- 4.19 Staff from the health services department attended the prisoner forum when health service matters were discussed, but the department had recently introduced a specific health services forum for better engagement with prisoners. There had been a small survey of patients, which was used as a basis for discussions at the forum.
- 4.20 Prisoners could make complaints about health services on a specific form that had links with the PCT's complaints system. The head of healthcare had identified a recent increase in the number of complaints about health services, and was in discussion with the PCT about further analysis of these. Initial analysis had revealed that most were about medications.

## Primary care

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- 4.21 A nurse saw new arrivals for an initial health assessment. This was followed the next day by a more comprehensive screening by a nurse or the GP, if required. New arrivals were also given information about the health services and referred to any clinics or services they required. However, some prisoners who had been on ongoing care for a specific condition at their previous establishment were not referred to the relevant department when they arrived at Full Sutton. There were also cases of prisoners who arrived with in-possession medication that they could not take because of the delays in access to their property (see paragraph 1.15).
- 4.22 Prisoners had to submit an application form if they wanted to consult a member of the health services team, but if they felt unwell in the morning they could tell the wing movements officer before they attended work to make an appointment or stay in their cell. If they just wanted information about when they were to be seen by a health professional, they spoke to one of

their wing staff who emailed an enquiry on their behalf. These systems had been introduced only recently, along with changes to how medications were delivered (see paragraph 4.45), and were not liked by prisoners who felt that they curtailed their ease of access to a nurse. Previously, a nurse had gone to each wing every morning. In our survey, only 40% of respondents said it was easy or very easy to see a nurse. In addition, only 23% of respondents said that the overall quality of healthcare was good or very good, against the comparator of 41%.

- 4.23 Some of the consternation from prisoners arose from the difficulties in getting application forms on the wings. Each wing had a different system of providing application forms. Some wings provided the forms on only five days per week, while on others they were available for one hour each evening. Thus there were delays in the system.
- 4.24 Prisoners who wished to report sick were called from their place of work to the walk-in centre in the morning. Although NHS triage algorithms were available through the IT system, we did not observe them being used, and staff told us they did not always use them. Patients were either dealt with there or referred to the practice nurse in the healthcare centre. Nursing staff did not have ready access to medications.
- 4.25 In an attempt to emulate a community model of a visiting district nurse, a nurse also visited each wing in the afternoon to provide assistance to prisoners as required. However, this was part of the new system and was not well understood by prisoners. We also noted that the nurse did not visit prisoners on the protected witness unit every day.
- 4.26 There was evidence of individual patient care on the wings, with a multidisciplinary approach involving the prisoner, discipline staff and nurses, and a joint care plan. This allowed a sick man to remain on the wing at his request with at least twice-daily support from health services staff.
- 4.27 Healthcare appointments for vulnerable prisoners and those from the main wings were arranged for separate sessions whenever possible, so that each clinic had two separate waiting lists. All the waiting lists were managed through SystmOne.
- 4.28 Prisoners with appointments were brought to the healthcare department during main movements, so often waited there for some time before they were seen. Where possible, they were returned to their place of work or wing immediately after their consultation. Prisoners were seen by the practice nurse, who was also a nurse prescriber. The nurse referred the patient to the GP if a further consultation was required. While this was an effective system, some prisoners felt this delayed their access to a doctor.
- 4.29 There were nurse-led clinics for lifelong conditions and vaccinations, and sessions for allied health professionals, such as the dentist, optician and physiotherapist. While the latter sessions were on fixed days, the nurse-led clinics were only arranged when a clinical room was available and the relevant nurse was on duty. Nursing staff followed national service frameworks and National Institute for Health and Clinical Excellence (NICE) guidance for prisoners with lifelong conditions, although some diabetic patients had not had retinopathy screening.
- 4.30 A range of vaccinations was available, including influenza and hepatitis B. Barrier protection was available, although it was unclear how prisoners were made aware of this. Most who required it obtained it at the nurse-led genitourinary medicine clinic.

- 4.31 Smoking cessation services were run by the healthcare assistants, who had all undertaken the relevant course to provide group support to those wishing to give up smoking. They ran two separate groups (main wing prisoners and vulnerable prisoners) over a 10-week period, which they deemed more beneficial than the community six-week course. They had varying levels of success, and reported their results to the PCT.
- 4.32 A lead nurse for older people ran a twice-weekly over-60s' club. This took place in the gym and was supported by PE staff and a member of the mental health in-reach team. The group played carpet bowls, dominoes and cards, and had the opportunity to discuss their general health and wellbeing.

## Inpatients

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- 4.33 There were theoretically 11 beds in the inpatient unit in single cells, none of which were on the certified normal accommodation. However, the ward had been converted into a Listener suite, which was also used as a group room. Two of the cells were gated safer cells, one of which also had a camera to observe the occupant. There was also a treatment room and an area for association activities. The bathroom had good access for the disabled and a ceiling hoist.
- 4.34 There were six inpatients at the time of our inspection, two of whom had clear physical nursing needs. However, we were concerned to note that the unit was used to accommodate disabled prisoners because there was no other suitable accommodation in the prison. Each patient had an individualised care plan.
- 4.35 There were a few therapeutic activities for inpatients, such as an art class, but there were no in-cell activities for those who were disabled or incapacitated.

## Pharmacy

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- 4.36 The PCT was responsible for commissioning the pharmacy service. There were two pharmacy technicians and a pharmacy assistant employed by the Prison Service and a pharmacist employed by the PCT. The pharmacy was staffed from 8.30am to 5pm, Monday to Friday.
- 4.37 Most medicines were stored in the stock room in the pharmacy and stored neatly and orderly, with appropriate separation of internal and external preparations. However, we saw several examples of mixed batches of medicines in a manufacturer's original container. All stock medicines were appropriately labelled. Dispensed medicines, awaiting delivery to the patient, were also stored in the pharmacy and were clearly segregated from stock medicines.
- 4.38 There were also pre-labelled stock medicines in a locked emergency cupboard in a treatment room in the health centre, which had restricted access. There was an agreed stock list and stock levels. The stock in this cupboard was suitably labelled. Medicines issued from the emergency stock out of hours were audited, but as they were not dual-labelled it was difficult for the pharmacist to verify the medicine that had been given.
- 4.39 There were two fridges to store heat-sensitive items, one in the pharmacy store room and the other in the treatment room with the emergency stock cupboard. Maximum and minimum temperature records were maintained for both. The temperature in the fridge in the treatment room was routinely above the permitted maximum.

- 4.40 No schedule two or three controlled drugs were held in the pharmacy. The pharmacy had an appropriate controlled drugs cabinet, which was locked, and appropriate controlled drugs registers were available.
- 4.41 Under the new community health services model, all medicines management was the responsibility of the pharmacy department and nursing staff were not involved in the administration of medicines. Prescriptions were dispensed from the pharmacy, and pharmacy staff dealt with routine requests for repeat prescription and any questions relating to medicines.
- 4.42 In our survey, 49% of respondents said they were taking medications, and 45% that they could have their medications in possession. Only seven patients received daily in-possession or supervised medicines.
- 4.43 Under the in-possession policy, prisoners were risk assessed by a nurse and had to sign a medicines compact before they were issued with medicines in possession. This usually took place at reception. When a prisoner received his first prescription issued at Full Sutton, the medicines were risk assessed by the pharmacist, an overall risk assessment was made, and the appropriate in-possession interval determined according to written standards.
- 4.44 The pharmacy staff were responsible for the issue of in-possession medication at the prison – except for daily in-possession medicines, those administered under supervision and insulin supplied in possession, which were undertaken by the nursing staff. This allowed patients to ask pharmacy professionals about their medicines. Patient information leaflets were supplied routinely in manufacturers' original packs, but not always when a medicine was supplied otherwise. There was no notice to advise prisoners collecting medicines that patient information leaflets were available on request.
- 4.45 Each wing had a designated day when pharmacy staff attended to distribute in-possession medications. Each wing was visited only once a week for the routine delivery of other medicines.
- 4.46 The pharmacy provided a walk-in dispensing service to patients attending the healthcare clinics each morning. If a patient was prescribed a medicine during a consultation, this was normally dispensed, in possession if appropriate, and given to him before he was returned to the wing. There were currently no patient group directives, although some were awaiting ratification to be introduced.
- 4.47 When medication was prescribed for the management of a chronic condition, repeat prescriptions were expected to be obtainable up to a specified review date, as in a community setting. This process was facilitated by the pharmacy, which offered an effective medicines management service to patients. The pharmacy staff noted when the next repeat issue was due, and dispensed and supplied the next repeat until the review date. The patient was notified when the review date was approaching. When a 'when required' medication was issued by the prescriber on a repeatable basis, the pharmacy supplied the patient with a pro-forma repeat request form that could be returned to healthcare to request a further supply
- 4.48 Under a new policy, most prisoners could receive 16 paracetamol or 12 ibuprofen tablets in possession to keep in their cells as a homely remedy if they required simple analgesia for a headache or similar. Cetirizine was also available in this way for the treatment of hay fever during the summer. There was a specific application form to request these. The application was to be forwarded to healthcare or given directly to a member of healthcare staff when they were on the wing. The prisoner received the items when medicines were next delivered to the wing.

- 4.49 This policy had been introduced relatively recently, and some prisoners were not aware of the procedure. There was also no standard application process. As medicines were delivered to the wings only once a week, there could be a delay of up to a week for a prisoner to receive medication under this system. Although, in cases of urgency, the nursing staff took medication to the wing in the afternoon, requests for simple analgesia were not considered to be urgent.
- 4.50 There was a medicines and therapeutic committee, which included the head of healthcare, prescribers, pharmacist and the PCT lead. The medicines policy was in draft. The pharmacist said that he was currently reviewing all pharmacy and medicines management policies in the prison. The prison formulary was also being reviewed. There were currently no audits of medicine use in the prison, although the pharmacist hoped to audit the use of various medicines, including diazepam, which was prescribed at the prison. SystemOne held prescribing data, which would facilitate any future audits.

## Dentistry

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- 4.51 The dental surgery was in the main healthcare block and had been refurbished about five years previously. The standard of equipment was good, but the autoclave had been out of service for six weeks and had been replaced with an older model.
- 4.52 The dentist had a contract with the PCT to provide dental care at the prison. Although the contract had been duly registered, no forms had been submitted or data sent direct to the PCT, so the PCT could not monitor the contract. The contract was for four sessions per week, usually all day on Thursday and Friday, although these were sometimes altered to accommodate the mix of main and vulnerable prisoners. The same dentist and qualified dental nurse team provided all four sessions. There was no formal protocol to deal with out-of-hours emergencies, which were dealt with ad hoc by the medical staff. Approximately six patients were booked in per session, and the length of the sessions was restricted by prisoner movements.
- 4.53 There were four separate waiting lists – main prisoners' initial assessment, main prisoners' follow up, vulnerable prisoners' initial assessment and vulnerable prisoners' follow up. Dental staff did not see the application forms before a prisoner was put on the appropriate initial assessment waiting list. The dentist then took prisoners off the list, giving priority to emergencies. Following initial assessment, the prisoner was placed on the appropriate follow-up waiting list for treatment. Prisoners were taken from this list in order, and were returned to the bottom of the list following each appointment.
- 4.54 At the time of the inspection, the waiting time for an initial assessment was approximately six weeks, and for a treatment appointment approximately seven weeks. Emergencies were normally seen on the next available session. However, the way the waiting lists were managed meant that some prisoners were not seen as quickly as they should have been. We found examples of prisoners with urgent needs waiting several weeks for an appointment.
- 4.55 All complaints about the dental service related to the length of time it took to see the dentist. This was highlighted in our prisoner survey, which showed that although access was poor, the quality of treatment was good.
- 4.56 The full range of treatments available on the NHS was provided. Oral health information was provided on a one-to-one basis, but there was no general oral health promotion work or materials available for prisoners.

## Secondary care

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- 4.57 The system for arranging outside hospital appointments was well organised, and there were few cancellations because of staff shortages or security issues. The prison benefited from its telemedicine links with the Airedale NHS Hospital Trust, whose consultants provided consultations for both emergency and routine patients. This meant that the number of prisoners who had to leave the prison for hospital appointments was low.

## Mental health

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- 4.58 The mental health nursing team was employed by the Prison Service. Three of the registered mental health nurses (RMNs) made up the primary mental team, and two RMNs made up the in-reach team, which cared for those with severe and enduring mental health problems. Two consultant psychiatrists from the local medium secure unit provided one session each per week, and both worked with a specialist registrar, giving a total of four sessions per week. The consultants had recently written to the governor to compliment the organisation, commitment and care delivered by the mental health in-reach team.
- 4.59 The primary mental health team ran two separate waiting lists, for main prisoners and vulnerable prisoners. Referrals were taken from healthcare and other prison staff, and from prisoners themselves. Following assessment, prisoners were followed up by the primary mental health team, referred to the in-reach team or referred directly to the psychiatrist.
- 4.60 The in-reach team had its own care programme approach (CPA) paperwork, but aimed to use centrally agreed paperwork that was compatible with SystemOne. Four prisoners had been transferred to NHS mental health beds in the previous six months, two of whom had waited over three months from assessment to transfer.
- 4.61 Day services were run in conjunction with mainstream prison activities. For example, there were two gym sessions per week specifically for prisoners known to the in-reach team. The sessions were co-facilitated by a member of the PE staff and one of the in-reach team.
- 4.62 The in-reach team held mental health awareness sessions in the Listener suite, which were often a precursor for prisoners with mental health problems to undertake offending behaviour programmes. All participants in the group sessions had evaluations every 12 weeks, and were given verbal feedback about their progress and a copy of the written evaluation, if they wished. Auricular acupuncture was also offered.
- 4.63 The mental health nurses provided mental health awareness training to all new discipline staff, and to an individual prisoner's personal officer on a one-to-one, ad hoc basis.

## Recommendations

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- 4.64 The waiting room should be refurbished with more appropriate furniture, and a range of health promotion materials, including oral health, should be available.
- 4.65 The NHS walk-in centre should provide a health service throughout the time that the workshops are occupied.
- 4.66 The recommendations of the infection control audit should be implemented as soon as possible.

- 4.67 There should be relevant communicable disease policies, including flu pandemic, and an information sharing protocol. All staff should be made aware of their content.
- 4.68 Staff who run lifelong conditions clinics should have appropriate qualifications.
- 4.69 All staff should have annual resuscitation and defibrillation training.
- 4.70 There should be formal arrangements with local health and social care agencies for the loan of occupational therapy equipment and the supply of continence aids.
- 4.71 The practice of writing and dispensing private prescriptions from prison staff is inappropriate and should cease forthwith.
- 4.72 Prisoners should have easy access without delay to medications they have brought from another establishment.
- 4.73 Staff should use the triage algorithms provided.
- 4.74 There should be more effective communication to prisoners about the procedure to obtain homely remedies, such as paracetamol, for their own use.
- 4.75 The rooms on A, B, C and D wings used to supply medicines should be clean and sanitary. Cleaning equipment should not be stored in them.
- 4.76 Prisoners on all wings should have ready access to healthcare applications.
- 4.77 Required medicines should be supplied in a timely manner to prisoners who miss the weekly delivery of medicines.
- 4.78 All pre-pack medications should be dual labelled. One label should be attached to the prescription chart when dispensed against a prescription, so the pharmacist can check that the prescription was appropriate and that the correct item was supplied.
- 4.79 The use of the out-of-hours cupboard and any medicines taken from the pharmacy under the emergency procedure should be audited and all checks recorded.
- 4.80 Patient group directives should be introduced to enable the pharmacist and/or nurse to supply more potent medication, and to avoid unnecessary consultations with the doctor.
- 4.81 The pharmacist should develop pharmacy-led clinics and medicine use reviews.
- 4.82 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management.
- 4.83 Management of the dental waiting lists should be revised urgently to reduce waiting times.
- 4.84 The primary care trust should monitor the dental contract.
- 4.85 Oral health promotion should be improved.
- 4.86 There should be a protocol for dealing with dental emergencies out of hours.

- 4.87 There should be a vacuum autoclave in the dental surgery.
- 4.88 Inpatient beds should not be used to accommodate prisoners solely because they are disabled.
- 4.89 Prisoners who require transfer to NHS mental health beds should be moved expeditiously.

### Housekeeping points

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- 4.90 Heat-sensitive items held in drug refrigerators should be stored within the 2-8°C range.
- 4.91 Patient information leaflets should be supplied wherever possible, and a notice should be prominently displayed to advise patients of their availability on request.

### Good practice

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- 4.92 *There was substantial use of in-possession medication, in accordance with documented risk assessments.*
- 4.93 *The arrangements for day services for the older population and those with mental health issues were good examples of integrated working.*
- 4.94 *There was a well-used telemedicine link with consultants at a local hospital, which reduced the need for external appointments.*

# Section 5: Activities

## Learning and skills and work activities

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### Expected outcomes:

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

5.1 All activities were offered part-time. Education provision was well managed, effectively delivered, and more than 85% of prisoners regularly took part. The curriculum was broad and at an appropriate level, but there were no evening classes. Some vocational training was available, and some workshops offered accreditation. There was high achievement of qualifications in many areas, and teaching and learning were generally satisfactory or better. Attendance in education was good, but punctuality was poor in some of the workshops. There was sufficient work available, and 90% of the population were engaged in purposeful activity. The core working day was short. Library facilities were good, although access to borrow books was in the evenings only.

5.2 The leadership and management of learning and skills were good. City College Manchester (CCM) provided most of the education, some personal development courses (such as drugs and alcohol awareness and assertiveness training) and information, advice and guidance (IAG). CCM subcontracted vocational training to East Riding College.

5.3 Learning and skills provision was well organised, and staff had clear roles and responsibilities that focused on improving the quantity and quality of education for prisoners. Education staff were effectively involved in the sentence planning review process. There had been a lack of teaching staff for literacy classes, and recruitment was currently underway. The head of learning and skills was on the senior management team, and worked well with partner providers to maximise provision. Attendance in education was good and classes were often full. All education, training and work were offered part-time, and more than 85% of prisoners were engaged in learning and skills.

5.4 There were strong and effective strategies to improve the education, training and accreditation opportunities for prisoners, as well as address reoffending behaviour. Motorcycle and car mechanics courses had ceased due to security restrictions. However, a comprehensive needs analysis and labour market review had identified a need for construction courses and additional information and communications technology (ICT) provision. This had resulted in a construction multi-skills training programme to improve employability for prisoners on release. There was a very successful Prisons Information Communication Technology Academy (PICTA) programme, and the prison continued to offer national vocational qualifications (NVQs) in catering at levels one and two. The introduction of part-time education workshops had widened participation. However literacy, numeracy and language support in these areas was insufficient.

5.5 Retention and achievement of qualifications were generally high. The curriculum was broad, and 30 prisoners were involved in higher-level and distance learning, a few taking masters'

degrees. The usual range of courses was available, including literacy and numeracy, social and life skills, and ICT, which offered a particularly good range of courses. There was sufficient provision in English for speakers of other languages (ESOL). Accredited vocational training was available, for example, in the Braille and multi-skills workshops and the main kitchen, but little accredited training was available elsewhere. Induction and the initial assessment of prisoners' literacy and numeracy needs were adequate.

- 5.6 Teaching and learning were generally satisfactory or better, and particularly good in basic skills, cookery and craft sessions. Experienced and well-qualified teachers worked well to support prisoners and help them develop competence and self-confidence. Lessons were well planned, often with a good range of stimulating learning activities. Staff coped well with mixed ability groups, and classes were well supported by prisoner peer mentors. Learners' standards of work were high, and there was good development of practical skills. Some of the resources were not well maintained, particularly in the cookery area where the kitchen needed refurbishment. There was insufficient literacy and numeracy support in the workshops and training areas.
- 5.7 There were 600 work places available, mainly in contract workshops, stores, kitchen, cleaning, and orderly work. Workshops included textiles, assembly of light fittings and cycle maintenance. Punctuality in the workshops was poor, with late starts and early finishes. In a few workshops, prisoners were often not fully engaged in employment. Good skills development took place, but much of this was not accredited. On average, 90% of the population were involved in purposeful activities. Only eight prisoners available for work were unemployed at the time of our inspection.

## Library

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- 5.8 The library was contracted to East Riding Library Services. There was one full-time community information officer for 32 hours per week, and two library officers trained in legal services (see paragraph 3.87). A further information officer was due to be appointed.
- 5.9 A recent comprehensive survey of library users had found that 370 out of 474 registered borrowers had used the facility. The library was open Monday to Thursday morning for learners to book study periods, and Friday morning for retired prisoners. It was shut in the afternoons, although the new learning resource centre was open then. The library was open each weekday evening from 5.30pm to 6.45pm for prisoners to borrow books, and they could visit twice a week. There was no library facility at the weekends.
- 5.10 The library stock was around 7,000, and included a good supply of reading materials, magazines and music CDs. Following the recent survey, the library had increased the stock of fantasy and science fiction books and the range of music CDs. Resources for literacy and numeracy needs were good, and there was a good range of language support materials and vocational books. Most requests from inter-library loans were met. There was a system of fines for late returns and ruined books. Stock loss was approximately 1.5%. There was also a range of books and a catalogue of library resources in the inpatient, protected witness and special secure units.

## Recommendations

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- 5.11 There should be an increase in the range of accredited training in the work areas.

- 5.12 There should be accreditation to recognise the skills that prisoners develop in workshops.
- 5.13 There should be an increase in staffing for literacy classes.
- 5.14 Literacy, numeracy and language support should be improved to meet the needs of prisoners in training and work areas.
- 5.15 There should be improved punctuality in the workshops, and an increase in the length of the core working day.
- 5.16 The cookery course kitchens should be refurbished.

## Physical education and health promotion

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### Expected outcomes:

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

- 5.17 Access to physical education was generally good, and recreational PE programmes were well supported. There was good accredited training, and many prisoners achieved qualifications. There were suitable indoor and outdoor facilities, but some of the cardiovascular equipment was underused. There were good links with healthcare for remedial PE, and appropriate arrangements for retired prisoners.
- 5.18 Prisoners had good access to the gym facilities with at least two sessions per week, although they could attend up to six. Recreational PE was available during the day and evening and on Saturdays.
- 5.19 A range of accredited courses was available in the gym, and achievement on these was good. Short courses encouraged prisoner to lead a healthy lifestyle. However, there was no literacy and numeracy support for courses in the gym. There were good links with healthcare staff, who were involved in programmes for remedial physical activities. There was a sufficient range of indoor activities to meet the needs of older and less fit prisoners, as well as the general prison population. Prisoners valued their PE and the help and support from staff.
- 5.20 Outside facilities consisted of an Astroturf pitch, which was used for football, cricket and volleyball. The sports hall was a good size and frequently used for a variety of activities, such as indoor football and badminton. The free weights area was sufficient for the number of prisoners who wished to use it. There was a range of cardiovascular and resistance equipment in two small areas adjoining the main gym. The PE department had additional accommodation where some classes took place and which had additional cardiovascular equipment, although this area was not fully utilised.
- 5.21 Changing rooms and showers were appropriate. Prisoners supplied and laundered their own kit.

## Recommendations

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- 5.22 There should be literacy and numeracy support for prisoners attending gym courses.
- 5.23 More prisoners should be encouraged to use the additional cardiovascular equipment.

## Faith and religious activity

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### Expected outcomes:

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

- 5.24 The chaplaincy was a well-integrated and widely supported department. There had been considerable effort to extend its role beyond faith issues, and the chaplaincy's wider pastoral role was valued and appreciated.
- 5.25 The prison chaplaincy had four full-time chaplains, including a Muslim chaplain, three of whom undertook the co-coordinating role for the prison. A wide range of religious groups was catered for by full- or part-time chaplains or visiting religious representatives. At the time of the inspection, there were vacancies for Sikh and Pagan chaplains, but other chaplains facilitated appropriate worship for these groups.
- 5.26 The range of religious and faith-based provision matched the current population of the prison. A chapel and multi-faith room offered appropriate environments, and most worship took place without the separation of main location and vulnerable prisoners. The exception to this was the Catholic mass. Prisoners unable to attend services in the chapel were catered for by other means. There was an appropriate room for services in the segregation unit – subject to risk assessment – and chaplains regularly visited the healthcare centre, protected witness and special secure units when required. In our survey, 70% of respondents said they could see a religious leader of their faith in private, significantly above the comparator of 64%. For foreign nationals, however, this figure dropped to 55% against 72% for British nationals.
- 5.27 Some faith study groups also met regularly, including a Catholic study group, a Quaker group, Islamic study, Qur'an study group and a Spiritualist group. There was a wide range of information across the prison about the chaplaincy's religious activity and its pastoral support. A weekly newsletter also identified forthcoming events, the times of services and any related information. Copies of the newsletter were available on each wing.
- 5.28 In our survey, only 44% of respondents felt that their religious beliefs were respected, significantly worse than the comparator of 52%. However, for Muslim respondents the response was 55% against 45% for non-Muslims, for foreign nationals 55% against 44% for British nationals, and for black and minority ethnic respondents 54% against 41% for white respondents. Celebrations of other festivals, including meals, had recently been introduced to offer some degree of equity with the festival of Eid (see paragraph 7.6).
- 5.29 The pastoral role of the chaplaincy was widely regarded. It held a weekly support group for prisoners attending the sex offender treatment programme. The meeting was minuted and operated within clear guidance, with feedback to programme managers. The Sycamore Tree restorative justice programme had been introduced in the past year (see paragraph 8.56). A

bereavement group and poor copers' group were also provided where necessary. The chaplaincy played a significant role in attending and/or contributing to sentence planning and offender management boards, as well as parole reviews

- 5.30 Although each of the chaplains represented a specific religious faith, they took a shared role and approach to general issues and the support provided. There had been considerable effort to break down religious intolerance and build up understanding across faiths. A recent world faith day had included information stands with representatives from different religious groups, and culminated in a question and answer session.

## Time out of cell

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### Expected outcomes:

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

5.31 Although the core day was short, almost every eligible prisoner was allocated to an activity and very few were locked in their cells. However, prisoners complained that published regime times were not always adhered to.

5.32 The provision for time out of cell was reasonable. Almost all eligible prisoners were assigned to an activity place. The core day was relatively short, with sessions less than five hours per day. However, attendance was effectively managed by wing staff, and prisoners who refused to engage with regime activities were challenged appropriately. Consequently, we found only a few prisoners locked in their cells.

5.33 Evening association and time in the fresh air were provided every weekday evening for prisoners on normal location, and prisoners told us that these activities were rarely cancelled.

5.34 These positive findings were also confirmed in our survey, where responses to all questions about the amount of time that prisoners spent unlocked were more favourable than the comparators.

5.35 The main complaint from prisoners was that published unlock times were not always adhered to, and we observed some sessions starting up to 15-20 minutes late. We were told that there had been some exceptional problems during the week of our inspection, but this complaint was a common one from prisoners and required monitoring.

## Recommendations

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5.36 The length of the core day should be increased.

5.37 A senior manager should ensure that published regime times are adhered to, unless there are exceptional circumstances.



# Section 6: Good order

## Security and rules

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### Expected outcomes:

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

6.1 The security department was well staffed and impressively organised. The work of the intelligence unit was particularly noteworthy. Security impacted across the establishment, but it was generally proportionate to prisoner risk. Despite some complaints from prisoners, categorisation and allocation arrangements were appropriate.

### Security

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- 6.2 The security department had an extremely high profile throughout the establishment. The prisoner population included up to 200 category A prisoners, of whom 17 were high risk and two exceptionally high risk. The security department was well staffed and had developed impressive and sometimes restrictive procedures to maintain control and evaluate intelligence. These restrictions were proportionate to the risk posed by the prisoner population.
- 6.3 The one exception to this was the routine restriction on civilian staff's access to the secure corridors during normal free-flow movements. This was unnecessary, as all corridors were supervised by staff and covered by a CCTV system.
- 6.4 The security committee was chaired by the deputy governor and met monthly. Meetings were well attended and routinely included representatives from key departments in the establishment and the police intelligence officer.
- 6.5 In 2007 to date, there had been 5,892 security information reports (SIRs), which already exceeded the total for 2006. Since the start of August 2007, 182 SIRs (9.6%) had been drug related. In our survey, 31% of respondents, against a comparator of just 21%, said that it was easy or very easy to get illegal drugs in the establishment.
- 6.6 Although most SIRs were observational, some information had been elicited through engagement with prisoners. Submitted SIRs were initially processed by the intelligence unit, which operated many impressive systems. All the SIRs we sampled had been processed efficiently. There was close monitoring and evaluation of all information received, particularly that relating to gang issues, terrorists, and prominent and development nominals (individuals targeted for legitimate security reasons).
- 6.7 A monthly sub-group chaired by the governor monitored all sensitive information. This meeting determined security targets for the establishment. Staff from the security department attended wing briefing meetings, which took place three mornings per week, to ensure staff were fully aware of relevant issues. Security targets were also publicised on the daily briefing sheet issued to all departments.

## Rules

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- 6.8 The rules of the establishment were fully explained on induction and reinforced in local compacts. There was some inconsistency in the wing application system between the wings (see paragraph 3.78).

## Categorisation

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- 6.9 All category A prisoners had their categorisation levels reviewed annually by staff in Prison Service headquarters. Categorisation of category B prisoners was considered as part of the sentence planning process (see paragraph 8.10).
- 6.10 All prisoners could request a transfer to another establishment. An officer in the population management office coordinated all transfers in and out of Full Sutton. Certain criteria had to be met, and prisoners needed to be free of adjudications for six months before their transfer requests were considered. If a prisoner was deemed eligible, a range of reports was compiled and forwarded to the requested prison for consideration, once a space became available there. If accepted, the prisoner was transferred shortly afterwards.
- 6.11 Some previous blanket restrictions applying to transfers out of the high security estate had been relaxed, and all cases were now considered on their individual merits. Although we received a number of complaints from prisoners about delays in the system, there was evidence that the existing systems operated reasonably effectively. Over 100 prisoners had been transferred out of Full Sutton in 2007 to date for progressive transfers to category B establishments.

## Recommendation

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- 6.12 Civilian staff should be allowed access to the secure corridors during normal activity movements.

## Discipline

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Expected outcomes:

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

- 6.13 Procedures for adjudications were good and hearings were thorough. Use of force and special accommodation was low, and down on the levels in 2006. The segregation unit was well run and its ethos had developed considerably since the previous inspection.

## Disciplinary procedures

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- 6.14 Processes for conducting adjudications were good. They took place in an office on the segregation unit, which was large, bright and suitable for purpose. The conduct of the hearings we observed was appropriate. Prisoners were fully aware of their rights, and most cases were adjourned initially for them to seek legal advice from their solicitor.

- 6.15 We reviewed a large number of completed records. The quality of the documentation was good. Records of hearings were full, and gave assurances that charges had been fully investigated and proceedings conducted thoroughly and fairly.
- 6.16 Punishment tariffs were in place and adjudication standardisation meetings were held monthly for all adjudicating governors. Punishments were not overly severe, and we saw evidence that mitigation was taken into account when punishments were decided.

## The use of force

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- 6.17 There had been 94 incidents involving force against prisoners in the first 10 months of 2007. This number was low, given the nature and size of the establishment, and was a considerable reduction from 2006, when there were 164 incidents. Our survey results, however, were more negative: 8% of respondents said they had been restrained in the previous six months, significantly worse than the comparator of 4%.
- 6.18 Governance arrangements were good, and the quality of documentation was generally reasonable. We reviewed around half the completed forms for 2007. Staff reports were clearly written, gave a good overall picture of the incident that led to the use of force, and provided assurances that force was only used as a last resort and was a proportionate response.
- 6.19 Use of the special cells was also relatively low. There were two special cells in the segregation unit, plus further cells in the special secure unit, although these had not been used for some years as this unit had only recently reopened. The special cells in the segregation unit had been used on only 15 occasions in the first 10 months of 2007, which was low. Governance arrangements were good. Most prisoners were only located in the special cells for a short time for de-escalation purposes, sometimes only a matter of a few minutes, and were moved to a furnished cell as soon as they had calmed down. However, on some occasions prisoners had spent up to 24 hours in the special cell, seemingly as they refused to communicate or engage with staff at all while they were there.

## Segregation unit

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- 6.20 The segregation unit occupied half of what was originally F wing. There were 30 normal cells, four safer cells, two cells allocated to the close supervision centre (CSC) estate, two special cells, and two dirty protest cells. The unit was clean and bright, and cells were properly furnished and maintained.
- 6.21 During the week of the inspection, the roll of the segregation unit was 25, including four prisoners serving a punishment of cellular confinement, 20 prisoners segregated under prison rule 45 (good order and/or discipline), and one CSC prisoner. In our survey, 29% of respondents, against a comparator of just 14%, said they had spent a night in the segregation unit in the past six months.
- 6.22 On arrival in the segregation unit, prisoners were given a detailed booklet explaining what they could expect during their time there. Within a couple of days of their first allocation to the unit, there was an investigation into the circumstances which had led to segregation. This investigation was usually carried out by wing staff, in consultation with the intelligence unit. Outcomes of these investigations were used to inform subsequent good order reviews.
- 6.23 The staff who worked in the unit had to manage some extremely difficult and demanding prisoners, and all had been specially selected for the role. No specific training was currently

provided, although some staff had recently been trained to provide a peer mentoring and support service to colleagues. The staff had made an effort to develop and improve the ethos of the segregation unit. This was confirmed by prisoners in the unit, who mostly reported positive working relationships with the staff.

- 6.24 A member of staff from the prisoner's normal wing visited the unit on most days to check up on him. Additionally, all segregated prisoners were allocated a member of segregation unit staff as their personal officer while they were in the unit. However, prisoners told us that they rarely had any specific contact with this officer.
- 6.25 The unit operated two parallel incentive-based schemes. In addition to the normal incentives and earned privileges (IEP) level, all prisoners were designated as level one, two or three. This system determined how many staff were required to unlock the prisoners, at meal times for example. However, it was confusingly described as 'an incentive level beyond that of IEP ... dictated by behaviour'. Some privileges were linked into the level system, such as access to the cardiovascular suite, and others were linked into both the level system and IEP. For example, in-cell TVs were available to prisoners on level three, but only subject to their IEP level. Only one level three prisoner had a TV in his cell, and one prisoner was on basic IEP regime while on level three. Some prisoners were on standard IEP regime and on level three, but did not, for example, have a TV. These arrangements were not transparent.
- 6.26 The regime in the segregation unit had improved considerably since the last inspection, particularly for those genuinely in need of protection. For example, the longest serving prisoners had in-cell electrics and could in theory have a TV in their cell and, subject to risk assessment, access to the cardiovascular fitness suite, corporate worship, and exercise in the fresh air with one other prisoner. Prisoners could also go off the unit for risk-assessed activities, such as offending behaviour interventions or association on their landings, and this was encouraged as part of a plan to return them to normal location wherever possible.
- 6.27 A significant number of prisoners in the segregation unit had chosen to locate themselves there for their own protection, due to perceived difficulties, usually with other prisoners on their wing or a more general failure to settle. Some new arrivals went straight to the segregation unit from reception, sometimes directly from the segregation unit of another dispersal prison. This could have been avoided by a dedicated induction unit to help prisoners settle in better (see main recommendation HP44).
- 6.28 Some prisoners in the unit were simply demanding a transfer out of Full Sutton, or the dispersal system, usually to a category B prison nearer to home. A number of these prisoners had been in the segregation unit for a considerable time, up to six months. Although every effort was made (with some success) to encourage and persuade prisoners back to normal location wherever possible, some did, for a variety of reasons, spend long periods in segregation before they moved on, often to another dispersal prison. All prisoners, however, had the reasons for their segregation reviewed thoroughly every two weeks by a multidisciplinary board.

## Recommendation

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- 6.29 The incentives and earned privileges and level systems should be clarified to distinguish those facilities and regime activities that are dependent upon behaviour and engagement, and those based on risk factors.

## Incentives and earned privileges

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### Expected outcomes:

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

- 6.30 The incentives and earned privileges scheme was well administered, and there was a strong multidisciplinary element to the review process. Movement within the scheme was based on patterns of behaviour. Decisions relating to those on the basic level were clearly justified by entries in wing history files. There was little evidence, however, that wing staff assisted those on the basic level to modify their behaviour. Differential pay rates for the three incentive levels were inappropriate.
- 6.31 The published policy document outlining the incentives and earned privileges (IEP) scheme had been reviewed in August 2007. The three normal IEP levels – basic, standard and enhanced – were in operation. At the time of our inspection, 1% of the population were on basic, 40% standard and 59% enhanced. The IEP scheme was fully explained on induction and well publicised across the establishment, although some of the publicised material was out of date.
- 6.32 Prisoners on enhanced level at their previous establishment retained that level on evidence of this. All other prisoners joined the scheme on the standard level.
- 6.33 Wing staff, and in particular personal officers, were required to make regular entries in wing history files. Poor behaviour frequently resulted in formal warnings, which were also recorded in wing history files and remained active for up to three months. Prisoners were informed both verbally and in writing of any formal warnings logged against them. Progress was normally based on a pattern of behaviour. Proven adjudications against enhanced level prisoners resulted in referral to the IEP review board, although only in the most serious of cases did a single incident result in the prisoner being downgraded.
- 6.34 Personal officers were responsible for completing quarterly assessments on all their charges. Prisoners' IEP status was routinely reviewed as part of the quarterly risk assessment management (RAM) board process. Prisoners were invited to attend the board or make written representations. Personal officers also made mid-period referrals where appropriate. By linking IEP reviews with RAM boards, the establishment ensured a strong multidisciplinary element in the process. A list was sent out to wing senior officers in advance of the board, and they were responsible for ensuring that all assessment forms were completed, as well as contributions from work supervisors. Appeals were heard by a residential governor.
- 6.35 Prisoners normally had to be at Full Sutton for a minimum of three months to be considered for the enhanced level. They had to be fully participating in their sentence planning and RAM board targets, comply with all rules and routines, remain employed, not have any findings of guilt at adjudication, and not be involved in bullying.
- 6.36 Prisoners on the enhanced level could have extra private cash sent in, two additional privilege visits per month, and could buy a play station or game cube. They could also have a few items of property sent in direct from an approved supplier. The additional visits did not have universal appeal, particularly as 65% of prisoners were over 100 miles from their home area and not all received their full visits entitlement. The biggest single incentive for enhanced level prisoners

was the higher pay rate – full-time enhanced level prisoners were paid £17 a week, standard £12 and basic just £5. While this served to motivate prisoners to progress within the scheme, we considered it unfair to pay prisoners different rates for the same work.

- 6.37 The published policy document also provided a guide to behaviour that could result in demotion to the basic level. This included failing to attend or seek work, failing to comply with routines and regimes, receiving more than two proven adjudications in the last three months or more than two formal warnings in the last month.
- 6.38 Prisoners on basic were issued with improvement targets, which were recorded in wing history files. If employed, they could still work, have two periods of association a day, and daily access to showers and exercise. The wing history files for basic level prisoners that we reviewed gave evidence of the reason for their status. However, we saw little written evidence that personal officers gave the necessary support to assist those on basic level achieve their improvement targets.
- 6.39 In our survey, 50% of respondents, against the comparator of 47%, felt that they had been treated fairly through the IEP scheme. We found that the scheme was consistently applied across all wings.

## Recommendations

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- 6.40 Prisoners should not receive different levels of pay for the same work. Enhanced level prisoners may receive a financial bonus that is unrelated to their work pay.
- 6.41 Staff should work with basic level prisoners to help them modify their behaviour, and this should be evidenced in wing history files.

## Housekeeping point

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- 6.42 Written information on the incentives and earned privileges scheme should be updated regularly.

# Section 7: Services

## Catering

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### Expected outcomes:

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

- 7.1 The catering was generally acceptable, and there had been attempts to engage those prisoners most dissatisfied with provision. Self-catering facilities were available to all prisoners, but were cramped on C wing.
- 7.2 One kitchen provided food for both vulnerable and main location prisoners, employing 22 vulnerable prisoners on a shift basis. This employment was flexible to allow continued access to education, gym activity and attendance on offending behaviour programmes. All kitchen prison workers had an appropriate induction programme covering each aspect of the work. Under a buddying system, all new workers were allocated to a member of staff or one of the more experienced prisoner workers for their first month for support and guidance. Training offered included the essential hygiene qualifications and national vocational qualifications (NVQs) at levels one and two. At the time of our inspection, five prisoners were on the NVQ course and a further two had recently achieved level one.
- 7.3 The kitchen was large with considerable storage space. It had been refurbished eight years earlier and was maintained to a good standard. Halal food was stored separately from non-halal, but, although it was also prepared separately, halal-only utensils were not identified. This issue had been discussed with the Muslim chaplain who felt procedures were sufficient to prevent contamination.
- 7.4 All prisoners could choose from two hot meals each day at lunch and in the evening. Breakfast consisted of cereal and toast. During the week, the midday and evening meals were served early, at 11.45am and 4.55pm, but at the weekends they were served even earlier, at 11.15am and 4.30pm. Given that breakfast was not served until 8am during the week and 8.30am at weekends, and that there was no weekend association in the evening when prisoners could self-cater, there were unacceptably long periods between the evening meals and breakfast at weekend. Extra snacks were provided, but these were not substantial.
- 7.5 Menus operated on a four-week cycle, with five options usually available at each meal. Dietary requirements, including religious and medical, were catered. We sampled food on four of the wings, which was generally of a reasonable standard. In our survey, only 19% of respondents, similar to the comparator of 18%, said the food was good or very good.
- 7.6 There were regular management checks of food comment books, although the number of complaints was low and generally related to portion sizes or the quality of vegetables. The catering department sent representatives to the monthly prisoner consultation group, and it also carried out regular surveys. The most recent survey had been in October 2007, but only 69 out of 250 questionnaires had been returned. In February 2007, the catering manager had distributed a questionnaire specifically for black and minority ethnic prisoners, in response to concerns they had raised. The respondents had suggested some recipes, which had been considered, and there had been an effort to accommodate their needs. However, in our

survey, black and minority ethnic respondents rated the quality of the food significantly lower than white respondents. There had been themed evenings with specific meals during the past year, including Eid, Passover and St Andrew's day.

- 7.7 Servery facilities were generally adequate, but some of the equipment was worn. Servery workers were trained in basic hygiene, and serveries had appropriate equipment, including labelled halal utensils. There were no communal eating areas, and prisoners usually ate in their cells.
- 7.8 Prisoners on all wings could also cater for themselves, whether they chose to have a prison meal or not. On wings A-D, prisoners could cook in the servery areas. E and F wings had separate areas for self-catering. Cooking facilities were generally adequate, except on C wing where the cooking area for prisoners had been reduced and could accommodate only six prisoners at a time. We were told that the cooking areas on E and F wings were often very dirty, but they were in a reasonable state when we visited.

## Recommendations

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- 7.9 Utensils used only for the preparation of halal food should be clearly identified.
- 7.10 The midday meal should not be served earlier than noon and the evening meal not earlier than 5pm.
- 7.11 Cooking areas for prisoners on C wing should be extended.

## Housekeeping point

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- 7.12 All servery equipment should be regularly serviced.

## Prison shop

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### Expected outcomes:

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

- 7.13 The prison shop was efficiently run and had a reasonable range of goods, but no capacity to extend the range. New arrivals were often unable to access the shop within their first week, and there were concerns that this could lead to debt.
- 7.14 The prison shop was operated by Aramark, whose staff were based and worked solely at Full Sutton and who, therefore, could offer some flexibility. Each wing had an allocated shop day. On the day before delivery, prisoners filled out their orders on an order form that included the money they had available to spend. The exception to this was the purchase of vegetables, which had to be ordered a week in advance. This caused some confusion, as the order form record of available spend did not include the cost of vegetables ordered.
- 7.15 The shop list had a reasonable range of 548 goods, including frozen meat and vegetables and many other foods. In our survey, 49% of respondents, significantly higher than the comparator of 43%, said the shop sold a wide enough range of goods to meet their needs. However, this

response was lower for Muslim and black and minority ethnic respondents, and went down to only 33% for foreign national respondents.

- 7.16 Aramark conducted its own surveys, but these were primarily about evaluation of the service rather than prisoner need. The one question about usefulness of provision did not differentiate between groups of prisoners. There was also no indication whether any of the issues raised in these surveys led to changes in practice. The prison had undertaken no independent survey, which was surprising, given that the kitchen had conducted a specific survey for black and minority ethnic prisoners (see paragraph 7.6).
- 7.17 The only avenue for improving or changing the shop goods range was the consultative committee. This committee had managed to effect some changes, in particular, the recent adoption of black and minority ethnic and Muslim prisoner requests for a range of fruits and bread. However, the Muslim chaplain told us that the provision of a wider range of items had been frustrated because Aramark had limited supply options. Aramark also had restricted storage space, and we were told that any new goods stocked had to be matched by the loss of an equal number.
- 7.18 Despite the on-site Aramark team, there was no capacity to offer full access to the prison shop outside the weekly routine. This meant that new arrivals could wait up to a week for their first order. In our survey, only 15% of respondents said they could access the prison shop within their first 24 hours, significantly worse than the comparator of 23%. The problem was compounded by the lack of reception packs (see paragraph 1.17 and recommendation 1.26). As a consequence, prisoners risked getting into debt almost immediately upon their arrival.
- 7.19 There were 18 shopping catalogues covering most needs, and the system for managing orders from these was reasonable. However, it was planned to introduce an administration fee for such orders, which we would not support.

## Recommendations

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- 7.20 The prison should conduct a twice-yearly survey of prisoners' shop needs.
- 7.21 The shop should widen supplies of minority ethnic goods.
- 7.22 The storage facilities for the prison shop should be extended to allow an expansion of provision.
- 7.23 New arrivals should be able to access the prison shop within their first 24 hours.
- 7.24 Prisoners should not be charged an administration fee for catalogue orders.

## Housekeeping point

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- 7.25 Vegetable order payments should be subtracted from statements of prisoners' available spend.



# Section 8: Resettlement

## Strategic management of resettlement

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Expected outcomes:

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

- 8.1 The prison focused on addressing prisoner resettlement within the context of risk management and reduction. This approach was appropriate and proportionate given the population, many of whom were in the early stages of long sentences.
- 8.2 The resettlement policy, dated 2006, included a broad overview of the delivery of good quality assessment, intervention and resettlement work in the prison. This was appropriate for the specific needs of the prisoner population, many of whom were serving lengthy determinate or life sentences for a range of serious offences. The policy also highlighted the responsibilities of staff in key roles associated with the resettlement function. The policy had recently been updated by an offender management policy (see paragraph 8.8). The resettlement policy committee had recently been subsumed into the offender management function meeting, which met monthly.
- 8.3 The psychology department had recently completed a needs analysis of vulnerable prisoners, which focused primarily on treatment needs. This had identified the need for motivational work with prisoners who denied their offence or refused to participate in interventions. The prison planned to convert C wing to accommodate deniers and refusers from March 2008. The intention was to provide targeted motivational work for this group in order to assess and manage their risk more effectively. A needs analysis of the rest of the prison population was also scheduled.
- 8.4 A resettlement officer undertook individual work with prisoners who had less than two years to serve, and used a 'resettlement passport' to highlight areas that required further work to secure their effective resettlement. This included assessments across the reducing reoffending pathways.
- 8.5 The prison had recently introduced a 10-week pre-release course for prisoners who were eligible for release within the following two years. This focused on building on learning and skills acquired in custody, and preparation for employment where appropriate. This course would need to be evaluated to assess its effectiveness.

### Recommendation

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- 8.6 The pre-release course should be evaluated to assess its effectiveness in equipping prisoners with the relevant skills and information to support their resettlement.

## Offender management and planning

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### Expected outcomes:

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

8.7 Sentence planning processes were effectively integrated into the operational management of the prison. Public protection arrangements were robust and proportionate to the needs of the prisoner population. Offender management arrangements were still developing, but the role of offender supervisors was affected because they were detailed to other duties.

8.8 A new offender management policy had updated the resettlement policy, and also highlighted projected work that would result from the implementation of phase three of the offender management model.

8.9 There were 11 full- and part-time offender supervisors, who had been appointed from uniformed staff and probation service officers. They were based in a unit alongside other relevant functions, including programmes, psychology, lifer staff, drugs workers and relevant governor grades. Because the uniformed staff were detailed to shifts in the main prison, the time they had to contribute to offender supervision varied considerably from week to week. Their detail to shifts also limited their ability to liaise with offender managers in the community. The rationale for this arrangement was that cover would be provided if any of the offender supervisors were absent. But, in practice, cover was provided for their wing-based duties, not their offender supervisor responsibilities. At the time of our inspection, there were just under 200 prisoners in scope for phase two of offender management and who required offender supervisors. Offender supervisors also participated in sentence planning processes for other prisoners, although these prisoners were not allocated a named offender supervisor. Three probation officers from the seconded team had been identified to mentor offender supervisors, but this had not yet become operational.

8.10 In our survey, most respondents said that they had a sentence plan and nearly half, well above the comparator, said they had been involved in developing it. Sentence planning was well integrated into the life of the prison, and board meetings were chaired by wing principal officers. These staff and offender supervisors had been given specific training to promote prisoner engagement and gain a more holistic understanding of risk management. Boards were generally well attended and included regular contributions from education and chaplaincy staff. Prisoners were encouraged to play an active part in the meetings, and comprehensive notes were produced. Due to the wide catchment area from which prisoners came, offender managers from the community did not generally attend or participate in these meetings. There were no video conferencing facilities to encourage greater involvement of offender managers.

8.11 Psychology staff played a key role in providing good quality assessment reports on high risk prisoners. However, lack of resources meant they were unable to attend sentence planning boards or deliver one-to-one interventions to designated prisoners. This was a concern for some prisoners, especially those in the protected witness or special secure unit or those who had complex psychological needs. Psychology staff were unaware of the basic elements of the offender management model, and occasionally worked in isolation from offender supervisors.

- 8.12 Public protection arrangements were led by the senior probation officer and were robust. Safeguarding children's meetings took place fortnightly to review requests for contact or visits from children. These meetings included regular contributions from the security department. Public protection panels took place six months before prisoners were due to be released, and played a major role in identifying suitable accommodation, determining additional licence requirements and facilitating liaison with external agencies. The senior probation officer was also the single point of contact for multi-agency public protection arrangements (MAPPA), and decided whether a report should be provided to external meetings or whether staff attendance was warranted.
- 8.13 Interdepartmental risk management meetings had been established in the previous six months. These meetings focused on the 'critical few' prisoners whose behaviour in custody indicated they would pose the greatest degree of risk to the public on release, and who were within two years of release. These meetings had brought together a range of disciplines, including mental health, and had successfully addressed complex resettlement issues for a number of prisoners.

## Indeterminate sentenced prisoners

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- 8.14 Over half the prisoner population were serving life sentences. These prisoners were located across all wings with determinate-sentenced prisoners. This arrangement worked well. A lifer officer and administrator oversaw the scheduling of reviews and planned moves to other establishments, although they reported that there were sometimes delays in this process.

## Recommendations

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- 8.15 Offender supervisors should not be detailed to other duties.
- 8.16 Video conferencing facilities should be available to support sentence planning processes.
- 8.17 Psychology staff should be more integrated into sentence planning boards and individual work with prisoners.
- 8.18 All key staff should be briefed on offender management.

## Resettlement pathways

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### Expected outcomes:

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

- 8.19 The approach to the resettlement pathways was appropriate to the needs of a long-term and higher risk population. Accommodation needs for those few who were released were addressed on an individual basis. Most prisoners were engaged in purposeful activity and received good support and guidance. Drug interventions were available on a one-to-one basis or through the accredited Focus programme. Other offending behaviour interventions were

provided. Family visits were available, although resettlement work with families was affected because many prisoners were held at considerable distances from their home area.

### **Accommodation**

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- 8.20 Only 20 prisoners had been released directly from the prison since April 2007. A resettlement officer attended public protection panels to identify and work with those prisoners who would have a problem with accommodation. A significant number of prisoners had additional licence conditions to reside in approved premises, and the resettlement officer worked actively with seconded probation staff and probation officers in the community to make appropriate accommodation arrangements for release. This individual approach worked well, as most prisoners were released to accommodation that assisted in managing their risk and provided appropriate support. Referrals were also made to the Langley House Trust to provide additional monitoring and support in particular cases.
- 8.21 Only three prisoners had been released in the past year without their accommodation status recorded. Two of these were licence revokees who were determined not to reveal their future plans, and the third had been sentenced before the 1991 Criminal Justice Act and was released without licence.

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

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- 8.22 Nearly all prisoners were purposefully employed, and there was a focus on their long-term employment needs. Prisoners obtained useful vocational and employability skills, and good training through a range of education and work activities.
- 8.23 Prisoners within two years of release were given priority in accessing the construction multi-skills course to increase their employment opportunities on release. Courses with a strong focus on self-employment were available in education. A preparation for release course with Jobcentre Plus, which had started in October 2007, gave valuable advice in preparation for release. There were very effective links between learning and skills and the sentence planning function.
- 8.24 Information, advice and guidance (IAG) was provided by the education provider, and was good and well managed. The IAG worker worked well with sentence planning to ensure the most appropriate activities to meet the prisoner's individual needs. However, resources were limited and only 100 prisoners were receiving support. Additional staff were to be appointed to increase the level of IAG support.

### **Recommendation**

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- 8.25 There should be an increase in staffing resources for information, advice and guidance.

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

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- 8.26 The only intervention to provide advice on finance, benefit and debt was a module on benefits, pensions and credit in the new pre-release course. Given that many prisoners were serving extremely long sentences, it was unsurprising that this work had a relatively low profile.

## Mental and physical health

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- 8.27 Staff were involved in the pre-release or MAPPA meetings of prisoners known to the primary mental health or in-reach team. However, pre-release planning by health services staff was minimal for prisoners with no mental health issues. The GP provided a letter to all prisoners two weeks before their release, which was given to the prisoner along with sufficient medications, if prescribed, for his first few days following release. However, prisoners due for release got no assistance in registering with a GP or accessing health services.
- 8.28 Although there was a palliative care policy, staff were not aware of it. It also needed review to ensure that it could meet prisoners' individual needs.

## Recommendations

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- 8.29 **All prisoners should be given information, and assistance if required, on accessing health and social care services on release.**
- 8.30 **The palliative and end-of-life policy should be reviewed and developed in partnership with local care services, and publicised to staff.**

## Drugs and alcohol

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- 8.31 The prison drug strategy group met quarterly and was supported by a comprehensive drug strategy document that detailed the core elements of provision. However, the strategy was not based on an up-to-date needs analysis, and there were no annual objectives against which the prison could measure progress.
- 8.32 Drug treatment was provided through a substance misuse team who delivered the counselling, assessment, referral, advice and throughcare (CARAT) service and the Focus rehabilitation programme. The drug workers were all provided in-house and had originally been prison officers. Each member of the team was supported by the prison to complete training and assessment in line with the drugs and alcohol national occupational standards (DANOS), as part of an initiative for all drug teams in the high security estate. A dedicated CARAT team leader with extensive treatment experience was employed directly, and the psychology department provided the treatment manager role for Focus.
- 8.33 At the time of our inspection, the CARAT team had an active caseload of 112. Most CARAT work was undertaken on a one-to-one basis and orientated to care plan objectives. The team had developed an outline of treatment options to structure the range of interventions. The CARAT case files we reviewed showed that most of the team's work was of a high standard. There had been some recent work by the team to develop an adapted relapse prevention programme for prisoners with limited literacy.
- 8.34 The Focus rehabilitation programme was a 59-session groupwork package delivered over six months that had been developed exclusively for the high security estate. The programme had achieved Correctional Services Accreditation Panel (CSAP) accreditation in 2003 and was well integrated within the establishment. Because the facilitators were also trained as CARAT workers, the link between the programme and subsequent post-programme provision was very good. Attendance was based on need, and delivery alternated between the main location and vulnerable prisoner wings.

- 8.35 Because of the length of the programme, prisoners could wait a considerable time to be offered a place. At the time of our inspection, 30 to 40 prisoners were on the waiting list. There was currently no CARAT groupwork, and one-to-one work was the only alternative to Focus. There were plans to introduce CARAT-based groupwork. The CARAT team delivered auricular acupuncture weekly on each side of the prison.
- 8.36 Because relatively few prisoners were released directly to the community from Full Sutton – only 16 CARAT clients had been released in the previous six months – drug intervention programme (DIP) links were limited. Nonetheless, the CARAT team was part of the Yorkshire and Humberside working group, which had agreed a range of procedures and protocols to support community reintegration. Pre-release work was undertaken on a one-to-one basis.
- 8.37 Voluntary drug testing was available throughout the prison, with two officers allocated to the task each day. Between 250 and 300 tests were undertaken monthly. Positive rates tended to be extremely low – less than 1% – but refusals were around 4.5%. The combined figures were thus broadly similar to those found through mandatory drug testing. In the previous six months, all positive tests had been for opiates.
- 8.38 Landings on each wing had been identified as voluntary testing spurs, and these were generally regarded as more positive living environments for prisoners. Although the criteria for acceptance on, or exclusion from, voluntary testing were clear, the criteria for allocation to a voluntary testing spur were less so. Given that many prisoners were allocated to the same cell for long periods, there was relatively little turnover, and some prisoners told us they felt there was some favouritism over allocation. While we saw no evidence to support this view, the process needed greater transparency.
- 8.39 The prison did not have an alcohol strategy and alcohol was not included in the overall substance misuse strategy document. Despite this, both Focus and CARATs worked with prisoners with alcohol-only treatment needs, and CARATs had recently developed a specific one-to-one alcohol programme. The lack of needs analysis, however, meant that it was not possible to establish the full extent of the problem, although in the previous two and a half months there had been 34 security information reports relating to alcohol misuse.

## Recommendations

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- 8.40 **The drug strategy should be informed by an annual needs analysis, and include annual development objectives that are monitored through the drug strategy group.**
- 8.41 **Counselling, assessment, referral, advice and throughcare (CARAT)-based groupwork should be provided to prisoners with assessed needs.**
- 8.42 **Prisoner allocation to voluntary drug testing spurs should be clarified and publicised.**
- 8.43 **An alcohol strategy should be developed or incorporated into the drug strategy and include both testing and treatment provision.**

## Good practice

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- 8.44 *The joint substance misuse team ensured an effective continuity between Focus and the counselling, assessment, referral, advice and throughcare (CARAT) service, supported effective integration and spread the staff workload.*

- 8.45 *The development of an adapted relapse prevention programme was an effective means to engage prisoners with literacy problems with the service.*

## Children and families of offenders

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- 8.46 Sixty-five per cent of prisoners were over 100 miles from their home areas, and the distances involved were a significant obstacle for many prisoners to maintain family ties. There was no provision for prisoners to exchange unused ordinary visiting orders for telephone credit.
- 8.47 Contact details for a range of prison visitor support groups were well publicised in the visitors' centre, and details were also included in various leaflets. Although this was useful, there was a lack of links with community-based groups.
- 8.48 Family visits were available on a monthly basis to standard and enhanced level prisoners. Because of the distances involved for many families, the take-up had been low, but was higher during school holidays. Requests for accumulated visits were considered and occasionally approved, but these were restricted given the category of prisoners at Full Sutton.
- 8.49 There was no parenting courses or relationship counselling. The establishment had tried to address these gaps through an accredited course, 'time for families', introduced in association with Relate. However, because of the distances involved, partners were unable to commit to the weekly sessions, which the establishment could only schedule midweek. Bereavement counselling was available through the chaplaincy.

## Recommendations

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- 8.50 **The establishment should establish links with external groups that focus specifically on supporting prisoners' families.**
- 8.51 **Prisoners should be able to exchange unused ordinary visiting orders for telephone credit.**
- 8.52 **Prisoners with identified needs should have access to an accredited parenting course.**

## Attitudes, thinking and behaviour

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- 8.53 There was a wide range of sex offender treatment programmes (SOTPs), which reflected the needs of a significant proportion of the prisoner population. The prison was developing links with other prisons to transfer in motivated prisoners to undertake these programmes, as two core SOTPs in 2007 had commenced with fewer than the minimum number of participants. Prisoner mentors were used to support new programme participants taking the first session of the core SOTP.
- 8.54 An enhanced thinking skills (ETS) programme was also available, and there was a waiting list of approximately 100 prisoners for this course. Prisoners were generally prioritised for all programmes according to release or parole dates, but for some prisoners this could mean waiting many years before they could go on to a programme specified in their sentence plans.
- 8.55 In the past year, the prison had introduced the A-Z programme, designed to tackle low motivation. This was used to address the significant percentage of prisoners who denied their offence or refused to participate in programmes. Attrition rates were generally low. The prison

believed that a full needs analysis of the population would also demonstrate a need for a programme targeted at anger management or violence reduction.

- 8.56 Five Sycamore Tree restorative justice programmes had been run in conjunction with the Prison Fellowship over the past year. Sixty-five prisoners had already completed the course successfully, and there was a waiting list of 80 prisoners for the 2008-09 programme. However, funding for this programme had been reduced, and external funding sources were being sought.

## Recommendations

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- 8.57 The prison should assess the viability of interventions to address anger management or violence reduction.
- 8.58 Funding should be made available to ensure the continuous delivery of restorative justice programmes.

# Section 9: Recommendations, housekeeping points and good practice

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

## Main recommendations

to the governor

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- 9.1 Procedures for the management of prisoners' property, including prisoner access, should be improved. (HP39)
  - 9.2 The supervision of A, B, C and D wings should be improved. (HP40)
  - 9.3 There should be work to understand and improve prisoner perceptions of, and relationships with, staff. (HP41)
  - 9.4 There should be a better regime and psychological support for prisoners held in the protected witness and special secure units. (HP42)
  - 9.5 Access to Listeners should be improved. (HP43)
  - 9.6 There should be a designated first night/induction unit for new arrivals. (HP44)
  - 9.7 Staff should regularly patrol the residential wings, particularly the areas near cells and stairwells. (HP45)

## Recommendation

to the director general

- 
- 9.8 There should be a standardised list of in-possession property for prisoners across the high security estate. (1.8)

## Recommendations

to the governor

### Courts, escorts and transfers

- 
- 9.9 Reception should remain open to receive prisoners over the lunch period. (1.7)

### First days in custody

- 
- 9.10 The number of staff who gather in reception to meet new arrivals should be kept to a minimum to avoid appearing intimidating. (1.24)
  - 9.11 New arrivals should be allowed a free telephone call once details of their approved telephone numbers have been received from the sending establishment. (1.25)
  - 9.12 A reception pack should be offered to new arrivals. (1.26)

9.13 Prisoners should be introduced to a Listener on their day of arrival. (1.27)

### **Residential units**

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9.14 There should be management checks to ensure that officers supervise prisoners adequately. (2.13)

9.15 All cells, particularly those on A and C wings, should be kept clean and properly decorated. (2.14)

9.16 Prisoners should have lockable cupboards in which to store their personal property. (2.15)

### **Staff-prisoner relationships**

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9.17 Senior managers should ensure that residential officers interact regularly and appropriately with prisoners. (2.20)

9.18 Prisoners should be addressed by their preferred names. (2.21)

### **Bullying and violence reduction**

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9.19 There should be regular management checks of anti-bullying documentation. (3.10)

9.20 The role of the anti-bullying officers should be publicised to staff and prisoners. (3.11)

9.21 An anti-bullying coordinator, reporting to the safer prison coordinator, should be appointed to ensure that implementation of the anti-bullying policy is consistent. (3.12)

9.22 There should be organised Interventions to deal with persistent bullies. (3.13)

9.23 There should be support interventions for victims of bullying, as stated in the policy document. (3.14)

9.24 CCTV cameras should be installed in blind spots on B, C and D wings. (3.15)

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

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9.25 Attendance at assessment, care in custody and teamwork (ACCT) reviews should be multidisciplinary and include staff who know the prisoner, as well as family members. (3.24)

9.26 There should be suitably equipped Listener suites on all wings. (3.25)

9.27 The direct telephone line to the Samaritans should be in operation on A, B, C and D wings. (3.26)

### **Diversity**

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9.28 A diversity policy should be implemented, supported by staff training. (3.33)

### **Race equality**

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- 9.29 All staff should receive cultural awareness training as soon as possible. (3.44)

### **Foreign national prisoners**

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- 9.30 The foreign nationals policy should be updated. (3.53)
- 9.31 There should be regular surgeries with the Border and Immigration Agency to assist foreign national prisoners facing deportation, and the prison should have links with an independent specialist advice agency. (3.54)
- 9.32 The prison shop should respond to collective prisoner requests for items on the shop list. (3.55)
- 9.33 An affordable international telephone call option should be put in place as soon as possible. (3.56)
- 9.34 The prison should improve the provision of foreign language material for foreign national prisoners. (3.57)

### **Contact with the outside world**

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- 9.35 All prisoners should have fair access to telephones every day. (3.72)
- 9.36 The search process for visitors entering the establishment should be pictorially explained in the visitors' centre. (3.73)
- 9.37 There should be a survey of visitors, and their perceptions closely monitored. (3.74)
- 9.38 Visits for basic level prisoners should not be restricted in length. (3.75)
- 9.39 Where possible, visitors should have the opportunity to book their next visit while at the establishment. (3.76)

### **Applications and complaints**

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- 9.40 The issue, logging and tracking of applications should be consistent across wings. (3.85)

### **Legal rights**

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- 9.41 The library should stock up-to-date references on immigration law and procedure. (3.91)
- 9.42 Facilities in the legal studies centre should be improved to include further information on the terminals, a printer and photocopier, and staff access to the intranet. (3.92)

### **Substance use**

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- 9.43 The healthcare department and counselling, assessment, referral, advice and throughcare (CARAT) service should jointly develop operational procedures to support the implementation of the substance misuse management policy. (3.104)
- 9.44 The prison should employ specialist substance misuse staff in the healthcare department. (3.105)
- 9.45 The system for requesting suspicion drug testing should operate in conjunction with the security information reports process. (3.106)

### **Protected witness unit**

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- 9.46 There should be interventions that allow prisoners in the protected witness unit to meet sentence plan targets. (3.113)

### **Special secure unit**

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- 9.47 All staff who work in the special secure unit (SSU) should be prioritised for training. (3.121)
- 9.48 Equipment identified for the SSU, such as computers, video recorder and running machine, should be installed as a priority. (3.122)
- 9.49 There should be appropriate assessment and support mechanisms, including detailed care plans, for prisoners likely to remain in the SSU for a protracted period. (3.123)

### **Health services**

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- 9.50 The waiting room should be refurbished with more appropriate furniture, and a range of health promotion materials, including oral health, should be available. (4.64)
- 9.51 The NHS walk-in centre should provide a health service throughout the time that the workshops are occupied. (4.65)
- 9.52 The recommendations of the infection control audit should be implemented as soon as possible. (4.66)
- 9.53 There should be relevant communicable disease policies, including flu pandemic, and an information sharing protocol. All staff should be made aware of their content. (4.67)
- 9.54 Staff who run lifelong conditions clinics should have appropriate qualifications. (4.68)
- 9.55 All staff should have annual resuscitation and defibrillation training. (4.69)
- 9.56 There should be formal arrangements with local health and social care agencies for the loan of occupational therapy equipment and the supply of continence aids. (4.70)
- 9.57 The practice of writing and dispensing private prescriptions from prison staff is inappropriate and should cease forthwith. (4.71)

- 9.58 Prisoners should have easy access without delay to medications they have brought from another establishment. (4.72)
- 9.59 Staff should use the triage algorithms provided. (4.73)
- 9.60 There should be more effective communication to prisoners about the procedure to obtain homely remedies, such as paracetamol, for their own use. (4.74)
- 9.61 The rooms on A, B, C and D wings used to supply medicines should be clean and sanitary. Cleaning equipment should not be stored in them. (4.75)
- 9.62 Prisoners on all wings should have ready access to healthcare applications. (4.76)
- 9.63 Required medicines should be supplied in a timely manner to prisoners who miss the weekly delivery of medicines. (4.77)
- 9.64 All pre-pack medications should be dual labelled. One label should be attached to the prescription chart when dispensed against a prescription, so the pharmacist can check that the prescription was appropriate and that the correct item was supplied. (4.78)
- 9.65 The use of the out-of-hours cupboard and any medicines taken from the pharmacy under the emergency procedure should be audited and all checks recorded. (4.79)
- 9.66 Patient group directives should be introduced to enable the pharmacist and/or nurse to supply more potent medication, and to avoid unnecessary consultations with the doctor. (4.80)
- 9.67 The pharmacist should develop pharmacy-led clinics and medicine use reviews. (4.81)
- 9.68 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management. (4.82)
- 9.69 Management of the dental waiting lists should be revised urgently to reduce waiting times. (4.83)
- 9.70 The primary care trust should monitor the dental contract. (4.84)
- 9.71 Oral health promotion should be improved. (4.85)
- 9.72 There should be a protocol for dealing with dental emergencies out of hours. (4.86)
- 9.73 There should be a vacuum autoclave in the dental surgery. (4.87)
- 9.74 Inpatient beds should not be used to accommodate prisoners solely because they are disabled. (4.88)
- 9.75 Prisoners who require transfer to NHS mental health beds should be moved expeditiously. (4.89)

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

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- 9.76 There should be an increase in the range of accredited training in the work areas. (5.11)

- 9.77 There should be accreditation to recognise the skills that prisoners develop in workshops. (5.12)
- 9.78 There should be an increase in staffing for literacy classes. (5.13)
- 9.79 Literacy, numeracy and language support should be improved to meet the needs of prisoners in training and work areas. (5.14)
- 9.80 There should be improved punctuality in the workshops, and an increase in the length of the core working day. (5.15)
- 9.81 The cookery course kitchens should be refurbished. (5.16)

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

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- 9.82 There should be literacy and numeracy support for prisoners attending gym courses. (5.22)
- 9.83 More prisoners should be encouraged to use the additional cardiovascular equipment. (5.23)

### **Time out of cell**

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- 9.84 The length of the core day should be increased. (5.36)
- 9.85 A senior manager should ensure that published regime times are adhered to, unless there are exceptional circumstances. (5.37)

### **Security and rules**

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- 9.86 Civilian staff should be allowed access to the secure corridors during normal activity movements. (6.12)

### **Discipline**

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- 9.87 The incentives and earned privileges and level systems should be clarified to distinguish those facilities and regime activities that are dependent upon behaviour and engagement, and those based on risk factors. (6.29)

### **Incentives and earned privileges**

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- 9.88 Prisoners should not receive different levels of pay for the same work. Enhanced level prisoners may receive a financial bonus that is unrelated to their work pay. (6.40)
- 9.89 Staff should work with basic level prisoners to help them modify their behaviour, and this should be evidenced in wing history files. (6.41)

### **Catering**

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- 9.90 Utensils used only for the preparation of halal food should be clearly identified. (7.9)

- 9.91 The midday meal should not be served earlier than noon and the evening meal not earlier than 5pm. (7.10)
- 9.92 Cooking areas for prisoners on C wing should be extended. (7.11)

### **Prison shop**

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- 9.93 The prison should conduct a twice-yearly survey of prisoners' shop needs. (7.20)
- 9.94 The shop should widen supplies of minority ethnic goods. (7.21)
- 9.95 The storage facilities for the prison shop should be extended to allow an expansion of provision. (7.22)
- 9.96 New arrivals should be able to access the prison shop within their first 24 hours. (7.23)
- 9.97 Prisoners should not be charged an administration fee for catalogue orders. (7.24)

### **Strategic management of resettlement**

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- 9.98 The pre-release course should be evaluated to assess its effectiveness in equipping prisoners with the relevant skills and information to support their resettlement. (8.6)

### **Offender management and planning**

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- 9.99 Offender supervisors should not be detailed to other duties. (8.15)
- 9.100 Video conferencing facilities should be available to support sentence planning processes. (8.16)
- 9.101 Psychology staff should be more integrated into sentence planning boards and individual work with prisoners. (8.17)
- 9.102 All key staff should be briefed on offender management. (8.18)

### **Resettlement pathways**

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- 9.103 There should be an increase in staffing resources for information, advice and guidance. (8.25)
- 9.104 All prisoners should be given information, and assistance if required, on accessing health and social care services on release. (8.29)
- 9.105 The palliative and end-of-life policy should be reviewed and developed in partnership with local care services, and publicised to staff. (8.30)
- 9.106 The drug strategy should be informed by an annual needs analysis, and include annual development objectives that are monitored through the drug strategy group. (8.40)
- 9.107 Counselling, assessment, referral, advice and throughcare (CARAT)-based groupwork should be provided to prisoners with assessed needs. (8.41)

- 9.108 Prisoner allocation to voluntary drug testing spurs should be clarified and publicised. (8.42)
- 9.109 An alcohol strategy should be developed or incorporated into the drug strategy and include both testing and treatment provision. (8.43)
- 9.110 The establishment should establish links with external groups that focus specifically on supporting prisoners' families. (8.50)
- 9.111 Prisoners should be able to exchange unused ordinary visiting orders for telephone credit. (8.51)
- 9.112 Prisoners with identified needs should have access to an accredited parenting course. (8.52)
- 9.113 The prison should assess the viability of interventions to address anger management or violence reduction. (8.57)
- 9.114 Funding should be made available to ensure the continuous delivery of restorative justice programmes. (8.58)

## Housekeeping points

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### **First days in custody**

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- 9.115 The walls in reception should be repainted. (1.28)
- 9.116 The graffiti in the holding rooms should be removed. (1.29)

### **Race equality**

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- 9.117 The race equality information file in the library should be kept up to date. (3.45)

### **Health services**

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- 9.118 Heat-sensitive items held in drug refrigerators should be stored within the 2-8°C range. (4.90)
- 9.119 Patient information leaflets should be supplied wherever possible, and a notice should be prominently displayed to advise patients of their availability on request. (4.91)

### **Incentives and earned privileges**

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- 9.120 Written information on the incentives and earned privileges scheme should be updated regularly. (6.42)

### **Catering**

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- 9.121 All servery equipment should be regularly serviced. (7.12)

## **Prison shop**

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- 9.122 Vegetable order payments should be subtracted from statements of prisoners' available spend. (7.25)

## **Examples of good practice**

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- 9.123 The prison had invested in training staff and prisoners to undertake mediation as an alternative, more lasting means of resolving grievances on race issues. (3.46)
- 9.124 Travellers groups were held to raise awareness of their needs within the prison and contributed to improved understanding. (3.58)
- 9.125 There was substantial use of in-possession medication, in accordance with documented risk assessments. (4.92)
- 9.126 The arrangements for day services for the older population and those with mental health issues were good examples of integrated working. (4.93)
- 9.127 There was a well-used telemedicine link with consultants at a local hospital, which reduced the need for external appointments. (4.94)
- 9.128 The joint substance misuse team ensured an effective continuity between Focus and the counselling, assessment, referral, advice and throughcare (CARAT) service, supported effective integration and spread the staff workload. (8.44)
- 9.129 The development of an adapted relapse prevention programme was an effective means to engage prisoners with literacy problems with the service. (8.45)

## Appendix I: Inspection team

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Anne Owers	-	Chief inspector
Martin Lomas	-	Team leader
Eileen Bye	-	Inspector
Jonathan French	-	Inspector
Keith McInnis	-	Inspector
Steve Moffatt	-	Inspector
Marie Orrell	-	Inspector
Gordon Riach	-	Inspector
Louise Falshaw	-	Head of research and development
Laura Nettleingham	-	Research officer

### **Specialist inspectors**

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Elizabeth Tysoe	-	Healthcare
William Riall	-	Pharmacy
Martin Wall	-	Dentist
Bob Cowdrey	-	Ofsted
Neil Edwards	-	Ofsted
Stephen Miller	-	Ofsted
Stephen Oliver-Watts	-	Ofsted

## Appendix II: Prison population profile

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(i) Status	Number of prisoners	%
Sentenced	586	100
<b>Total</b>	<b>586</b>	<b>100</b>

(ii) Sentence	Number of sentenced prisoners	%
12 months-less than 2 years	1	
4 years-less than 10 years	75	12.8
10 years and over (not life)	181	30.9
Life	329	56.1
<b>Total</b>	<b>586</b>	<b>100</b>

(iii) Length of stay	Sentenced prisoners	
	Number	%
Less than 1 month	10	
1 month to 3 months	38	
3 months to 6 months	67	
6 months to 1 year	84	
1 year to 2 years	144	
2 years to 4 years	119	
4 years or more	126	
<b>Total</b>	<b>586</b>	

(iv) Main offence	Number of prisoners	%
Violence against the person	256	
Sexual offences	183	
Burglary	12	
Robbery	68	
Drugs offences	27	
Other offences	36	
Offence not recorded/ Holding warrant	4	
<b>Total</b>	<b>586</b>	

(v) Age	Number of prisoners	%
21 years to 29 years	150	
30 years to 39 years	177	
40 years to 49 years	150	
50 years to 59 years	69	
60 years to 69 years	34	
70 plus years: <i>maximum age - 79</i>	17	
<b>Total</b>	<b>586</b>	

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison	68	
Between 50 and 100 miles of the prison	56	
Over 100 miles from the prison	386	
Overseas	4	
NFA	74	
<b>Total</b>		

<b>(vii) Nationality</b>	<b>Number of prisoners</b>	<b>%</b>
British	537	
Foreign nationals	49	
<b>Total</b>	<b>586</b>	

<b>(viii) Ethnicity</b>	<b>Number of prisoners</b>	<b>%</b>
<i>White:</i>		
British	392	
Irish	13	
Other White	27	
<i>Mixed:</i>		
White and Black Caribbean	15	
White and Black African	5	
White and Asian	1	
Other Mixed	2	
<i>Asian or Asian British:</i>	4	
Indian	14	
Pakistani	2	
Bangladeshi	6	
<i>Black or Black British:</i>		
Caribbean	63	
African	11	
Other Black	15	
<i>Other ethnic group:</i>	16	
<b>Total</b>	<b>586</b>	

<b>(ix) Religion</b>	<b>Number of prisoners</b>	<b>%</b>
Baptist	1	
Church of England	191	
Roman Catholic	124	
Other Christian denominations	18	
Muslim	92	
Hindu	3	
Buddhist	23	
Jewish	3	
Other	26	
No religion	105	
<b>Total</b>	<b>586</b>	

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## Appendix III: Safety interviews

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Twenty-one structured interviews covering various aspects of safety were carried out across the establishment; three each on A wing through to F wing and the segregation unit. All interviews were voluntary, and all were carried out on Monday 20 and Tuesday 21 November 2007.

### Demographic information

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- The average age of interviewees was 40 years, ranging from 23 to 65 years.
- The average length of time spent in prison on the current sentence was seven years 10 months, this ranged from approximately 1.5 to 20 years.
- The average length of time spent at HMP Full Sutton was three years four months, ranging from one month to 11 years.
- For three interviewees this was their first time in prison.
- All interviewees were sentenced. The average sentence length for the 17 prisoners who gave their sentence length/tariff was 15 years, ranging from six to 30 years. The remaining four gave their sentence length as life.
- Twelve interviewees identified themselves as from a black or minority ethnic background.
- Three interviewees identified themselves as foreign nationals and all but two spoke English as their first language.
- Eight interviewees stated that they had no religion and six described themselves as Muslim, four Christian, two Catholic and one Buddhist.
- No interviewees considered themselves to have a disability.
- All interviewees described themselves as heterosexual.

### Safety questions

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The seriousness score is calculated using the number of people who felt that the issue in question was a problem and multiplying it by the average rating score (1 a little – 4 very much). Those scores highlighted in red indicate issues where 50% or more of the interviewees stated that this was a problem for them.

Safety issue	No. of people who thought this was a problem	Average rating	Seriousness score
The way staff behave with prisoners	9	3.5	31.5
Discrimination on the basis of culture or ethnicity by staff	7	4	28
Availability of drugs	11	2	22
Aggressive body language of staff	7	2.5	17.5
Staff members giving favours in return for something	6	2.5	15
Layout/ structure of the prison	5	3	15
Aggressive body language of prisoners	6	2.5	15
Response of staff with regards to	3	3.5	10.5

fights/ bullying/ self- harm within the prison			
Lack of confidence in staff	4	2	8
Not enough surveillance cameras on the wing	2	4	8
Gang culture	5	1.5	7.5
Discrimination on the basis of religion by staff	2	3.5	7
Procedures for discipline	2	3	6
Lack of info regarding the prison regime	2	2.5	5
Not enough surveillance cameras elsewhere in the prison	3	1.5	4.5
Discrimination on the basis of culture or ethnicity by prisoners	1	3	3
Lack of staff on duty during association	1	2	2
Discrimination on the basis of your age by staff	1	2	2
Overcrowding	0	0	0
Existence of an illegal market	0	0	0
Lack of staff on duty during the day	0	0	0
Movement to gym/work/education	0	0	0
The way meals are served	0	0	0
Detox facilities	0	0	0
Healthcare	0	0	0
Isolation (within the prison)	0	0	0
Lack of staff on duty at night	0	0	0
Discrimination on the basis of religion by prisoners	0	0	0
Discrimination on the basis of disability by staff	0	0	0
Discrimination on the basis of disability by prisoners	0	0	0
Discrimination on the basis of sexuality by staff	0	0	0
Discrimination on the basis of sexuality by staff	0	0	0
Discrimination on the basis of your status by prisoners	0	0	0
Discrimination on the basis of your status by staff	0	0	0
Discrimination on the basis of your age by prisoners	0	0	0

The comments and reasoning behind the answers given by interviewees were noted. Examples for the most significant issues were:

## **The way staff behave with prisoners**

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'Staff swear at you and then apologise. Young officers try to intimidate you and they turn things round that you say or do. They push your buttons so you'll kick off and get moved. Staff will get you if they want to. Some staff are ok but it doesn't help.'

'Staff are lazy – there are always delays in unlock. Staff are rude and intimidatory towards prisoners.'

'Staff are worse here than other prisons, intimidation tactics, loads of them hanging around and confronting you. Attitude - hard to get anything done. Minority ok but rest treat you like shit. Seg is awful look for trouble down there.'

'Majority are good but some talk down to you and belittle you. Younger staff are worse and are over zealous and always by the book. Older staff have been around a while.'

'Here they use first names but others have lots of problems. You cannot have a different opinion to staff and you can't challenge them or you get a warning and if you start complaining they come gunning for you. You can't show any emotion or have a bad day as you get a warning. They don't know how to deal with London accents and think you're intimidating them even when you challenge them graciously. They put everything in SIRs and twist the reports.'

'Never had any problems - you create your own. Staff are always approachable and helpful.'

## **Discrimination on the basis of ethnicity or culture**

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'Racial complaints are not answered, very racist here. Some staff will acknowledge this but unofficially. Staff refer to prisoners as 'black c\*\*\*\*s'.'

'Heard little remarks and when you confront them they deny it. Mutter under their breath, most racist prison I've been in. The way they look at you, it's the northern attitude and they don't like you. 50/50 but some staff hide it well.'

'Certain staff, but its the institution more. Yorkshire prison - northern staff don't like interacting with blacks. Bully system. Subtle racism, don't always notice it but they are clichéd. When you challenge them they backtrack and apologise but they make the comments. No black cat AA has been taken off it since I have been here.'

'When prisoners don't get the response they want they complain it's racism - being in prison is the first time I've heard the word used so much.'

'Put complaint in but never enough evidence to support it. Subtle digs here and there but nothing ever happens. Gov will always support the staff.'

## **Availability of drugs**

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'Rife - have to keep meds locked up as debt and bullying is a consequence. A lot of moving round and threatening and the staff never catch them.'

'A wing is bad - no cameras. Lots of drugs and moving around.'

'Prisoners will do anything to get money for drugs - they will sell themselves, steal.'

## Other safety issues

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- Issues around mixing lifers with fixed termers

'Surrounded by 40 year termers and they have nothing to lose. They don't like to see people going home. They could do anything to me and that makes me feel vulnerable. They are happy to do anything in here the violence isn't fists its knives.'

- Lack of cameras on the older wings

'Stairs - no cameras and they're needed. It's where things happen. Should be someone patrolling the landings some of the times but not much violence on this wing.'

## Overall rating

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Interviewees were asked to give an overall rating for safety at Full Sutton, with 1 being very bad and 5 being very good. **The average rating was 3.**

# Appendix IV: Summary of prisoner questionnaires and interviews

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## Prisoner survey methodology

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

### Choosing the sample size

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

At the time of the survey on 25 October 2007, the prisoner population at HMP Full Sutton was 573. The sample size was 130. Overall, this represented 23% of the prisoner population.

### Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was interviewed.

## Methodology

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

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

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

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

### Response rates

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In total, 113 respondents completed and returned their questionnaires. This represented 20% of the prison population. The response rate was 87%. In addition to the 13 respondents who

refused to complete a questionnaire, two questionnaires were not returned and two were returned blank.

## **Comparisons**

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

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

In addition, a further comparative document is attached. Statistically significant differences between the responses of white prisoners and those from a black and minority ethnic group are shown, alongside statistically significant differences between those who are British nationals and those who are foreign nationals, as well as statistically significant differences between Muslim and non-Muslim prisoners.

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



## Prisoner Survey Responses HMP Full Sutton 2007

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

### Key to tables

		HMP Full Sutton	High security prisons comparator
	Any percent highlighted in green is significantly better than the high security prisons comparator		
	Any percent highlighted in blue is significantly worse than the high security prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the high security prisons comparator		
<b>SECTION 1: General Information (not tested for significance)</b>			
1	Number of completed questionnaires returned	113	249
2	Are you under 21 years of age?	0%	1%
3	Are you transgender or transsexual?	1%	
4	Are you sentenced?	100%	97%
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	17%	
6	If you are sentenced, are you on recall?	5%	
7	Is your sentence less than 12 months?	0%	0%
8	Do you have less than six months to serve?	10%	8%
9	Have you been in this prison less than a month?	3%	2%
10	Are you a foreign national?	11%	14%
11	Is English your first language?	92%	93%
12	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	28%	28%
13	Are you Muslim?	11%	
14	Are you gay or bisexual?	4%	
15	Do you consider yourself to have a disability?	19%	
16	Is this your first time in prison?	27%	34%
17	Do you have any children?	55%	46%
<b>SECTION 2: Transfers and Escorts</b>			
18a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	42%	48%
18b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	45%	49%
18c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	18%	18%
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	15%	23%
18e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	9%	9%
19	Did you spend more than four hours in the van?	25%	26%
20	Were you treated well/very well by the escort staff?	51%	61%
21a	Did you know where you were going when you left court or when transferred from another establishment?	51%	62%
21b	Before you arrived here did you receive any written information about what would happen to you?	4%	9%
22c	When you first arrived here did your property arrive at the same time as you?	64%	77%

**Key to tables**

	Any percent highlighted in green is significantly better than the high security prisons comparator	HMP Full Sutton	High security prisons comparator
	Any percent highlighted in blue is significantly worse than the high security prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the high security prisons comparator		
<b>SECTION 3: Reception, first night and induction</b>			
<b>23a</b>	Did you have any problems when you first arrived?	73%	56%
<b>23b</b>	Did you have any problems with loss of transferred property when you first arrived?	36%	17%
<b>23c</b>	Did you have any housing problems when you first arrived?	6%	4%
<b>23d</b>	Did you have any problems contacting employers when you first arrived?	3%	1%
<b>23e</b>	Did you have any problems contacting family when you first arrived?	38%	27%
<b>23f</b>	Did you have any problems ensuring dependents were being looked after when you first arrived?	3%	7%
<b>23g</b>	Did you have any money worries when you first arrived?	23%	11%
<b>23h</b>	Did you have any problems with feeling depressed or suicidal when you first arrived?	14%	17%
<b>23i</b>	Did you have any drug problems when you first arrived?	12%	5%
<b>23j</b>	Did you have any alcohol problems when you first arrived?	7%	3%
<b>23k</b>	Did you have any health problems when you first arrived?	26%	21%
<b>23l</b>	Did you have any problems with needing protection from other prisoners when you first arrived?	12%	7%
<b>24a</b>	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	16%	
<b>24b</b>	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	8%	
<b>24c</b>	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	6%	
<b>24d</b>	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	42%	
<b>24e</b>	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	12%	
<b>24f</b>	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	22%	
<b>24g</b>	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	28%	
<b>24h</b>	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	11%	
<b>24i</b>	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	10%	
<b>24j</b>	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	31%	
<b>24k</b>	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	27%	
<b>25a</b>	Please answer the following question about reception: were you seen by a member of healthcare staff?	62%	68%
<b>25b</b>	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	43%	63%
<b>26</b>	Were you treated well/very well in reception?	42%	59%
<b>27a</b>	Did you receive a reception pack on your day of arrival?	28%	38%
<b>27b</b>	Did you receive information about what was going to happen here on your day of arrival?	28%	30%
<b>27c</b>	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	23%	28%
<b>27d</b>	Did you have the opportunity to have a shower on your day of arrival?	19%	38%

**Key to tables**

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		HMP Full Sutton	High security prisons comparator
<b>SECTION 3: Reception, first night and induction continued</b>			
27e	Did you get the opportunity to have a free telephone call on your day of arrival?	14%	28%
27f	Did you get information about routine requests on your day of arrival?	20%	25%
27g	Did you get something to eat on your day of arrival?	64%	60%
27h	Did you get information about visits on your day of arrival?	26%	23%
28a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	35%	35%
28b	Did you have access to someone from healthcare within the first 24 hours?	58%	67%
28c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	13%	24%
28d	Did you have access to the prison shop/canteen within the first 24 hours?	15%	23%
29	Did you feel safe on your first night here?	72%	64%
30	Did you go on an induction course within the first week?	45%	45%
31	Did the induction course cover everything you needed to know about the prison?	36%	44%
32	Did you receive a 'basic skills' assessment within the first week?	22%	
<b>SECTION 4: Legal Rights and Respectful Custody</b>			
34a	Is it very easy/easy to communicate with your solicitor or legal representative?	61%	
34b	Is it very easy/easy for you to attend legal visits?	54%	
34c	Is it very easy/easy for you to obtain bail information?	19%	
35	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	60%	53%
36a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	55%	82%
36b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	97%	97%
36c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	83%	85%
36d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	82%	74%
36e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	44%	55%
36f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	43%	69%
36g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	17%	27%
37	Is the food in this prison good/very good?	19%	18%
38	Does the shop/canteen sell a wide enough range of goods to meet your needs?	49%	43%
39a	Is it easy/very easy to get a complaints form?	86%	86%
39b	Is it easy/very easy to get an application form?	94%	91%
40a	Do you feel applications are sorted out fairly?	45%	51%
40b	Do you feel your applications are sorted out promptly?	34%	52%
40c	Do you feel complaints are sorted out fairly?	18%	22%
40d	Do you feel complaints are sorted out promptly?	25%	27%
40e	Are you given information about how to make an appeal?	40%	43%
41	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	29%	28%
42	Do you know how to apply to the Prisons and Probation Ombudsman?	54%	65%

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<b>SECTION 4: Legal Rights and Respectful Custody continued</b>			
43	Is it easy/very easy to contact the Independent Monitoring Board?	48%	42%
44	Are you on the enhanced (top) level of the IEP scheme?	60%	53%
45	Do you feel you have been treated fairly in your experience of the IEP scheme?	50%	47%
46a	In the last six months have any members of staff physically restrained you (C & R)?	8%	4%
46b	In the last six months have you spent a night in the segregation/care and separation unit?	29%	14%
47a	Do you feel your religious beliefs are respected?	44%	52%
47b	Are you able to speak to a religious leader of your faith in private if you want to?	70%	64%
48	Are you able to speak to a Listener at any time, if you want to?	64%	65%
49a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	64%	72%
49b	Do <b>most</b> staff, in this prison, treat you with respect?	54%	76%
<b>SECTION 5: Safety</b>			
51	Have you ever felt unsafe in this prison?	58%	50%
52	Do you feel unsafe in this establishment at the moment?	20%	
54	Have you been victimised (insulted or assaulted) by another prisoner?	34%	28%
55a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	15%	17%
55b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	12%	12%
55c	Have you been sexually abused since you have been here? (By prisoners)	1%	4%
55d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	4%
55e	Have you been victimised because of drugs since you have been here? (By prisoners)	7%	1%
55f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	9%	5%
55g	Have you ever been victimised because you were new here? (By prisoners)	3%	4%
55h	Have you ever been victimised because of your sexuality? (By prisoners)	3%	
55i	Have you ever been victimised because you have a disability? (By prisoners)	1%	
55j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	4%	
55k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	11%	7%
56	Have you been victimised (insulted or assaulted) by a member of staff?	53%	35%
57a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	32%	25%
57b	Have you been hit, kicked or assaulted since you have been here? (By staff)	13%	10%
57c	Have you been sexually abused since you have been here? (By staff)	1%	2%
57d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	16%	7%
57e	Have you been victimised because of drugs since you have been here? (By staff)	5%	1%
57f	Have you ever been victimised because you were new here? (By staff)	11%	9%
57g	Have you ever been victimised because of your sexuality? (By staff)	1%	
57h	Have you ever been victimised because you have a disability? (By staff)	7%	
57i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	6%	

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<b>SECTION 5: Safety continued</b>			
57j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	16%	9%
58	Did you report any victimisation that you have experienced?	29%	21%
59	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	39%	
60	Have you ever felt threatened or intimidated by a member of staff in here?	52%	
62	Is it very easy/easy to get illegal drugs in this prison?	31%	21%
<b>SECTION 6: Healthcare</b>			
63	Do you think the overall quality of the healthcare is good/very good?	23%	41%
64a	Is it very easy/easy to see the doctor?	17%	
64b	Is it very easy/easy to see the nurse?	40%	
64c	Is it very easy/easy to see the dentist?	13%	
64d	Is it very easy/easy to see the optician?	12%	
64e	Is it very easy/easy to see the pharmacist?	17%	
65a	Do you think the quality of healthcare from the doctor is good/very good?	27%	48%
65b	Do you think the quality of healthcare from the nurse is good/very good?	39%	69%
65c	Do you think the quality of healthcare from the dentist is good/very good?	60%	38%
65d	Do you think the quality of healthcare from the optician is good/very good?	39%	49%
65e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	25%	56%
66	Are you currently taking medication?	49%	
67	Are you allowed to keep possession of your medication in your own cell?	45%	
<b>SECTION 7: Purposeful Activity</b>			
69a	Do you feel your job will help you on release?	27%	36%
69b	Do you feel your vocational or skills training will help you on release?	44%	37%
69c	Do you feel your education (including basic skills) will help you on release?	53%	54%
69d	Do you feel your offending behaviour programmes will help you on release?	51%	37%
69e	Do you feel your drug or alcohol programmes will help you on release?	33%	27%
70	Do you go to the library at least once a week?	36%	64%
71	Can you get access to a newspaper every day?	45%	58%
72	On average, do you go to the gym at least twice a week?	53%	49%
73	On average, do you go outside for exercise three or more times a week?	36%	33%
74	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	13%	7%
75	On average, do you go on association more than five times each week?	85%	81%
76	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	20%	24%

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<b>SECTION 8: Resettlement</b>			
78	Did you first meet your personal officer in the first week?	42%	35%
79	Do you think your personal officer is helpful/very helpful?	55%	53%
80	Do you have a sentence plan?	79%	74%
81	Were you involved/very involved in the development of your sentence plan?	46%	36%
82	Can you achieve all or some of your sentence plan targets in this prison?	44%	
83	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	45%	
84	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	34%	
85	Do you feel that any member of staff has helped you to prepare for release?	10%	
86	Have you had any problems with sending or receiving mail?	49%	44%
87	Have you had any problems getting access to the telephones?	33%	23%
88	Did you have a visit in the first week that you were here?	12%	16%
89	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	57%	66%
90	Did you receive five or more visits in the last week?	0%	
91a	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	25%	
91b	Do you think you will have a problem with finding a job following your release from this prison?	48%	
91c	Do you think you will have a problem with finding accommodation following your release from this prison?	33%	
91d	Do you think you will have a problem with money and finances following your release from this prison?	49%	
91e	Do you think you will have a problem with claiming benefits following your release from this prison?	41%	
91f	Do you think you will have a problem with arranging a place at college or continuing education following your release from this prison?	43%	
91g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	27%	
91h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	24%	
91i	Do you think you will have a problem with opening a bank account following your release from this prison?	38%	

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<b>SECTION 8: Resettlement continued</b>			
92a	Do you think you will have a problem with drugs when you leave this prison?	10%	4%
92b	Do you think you will have a problem with alcohol when you leave this prison?	7%	4%
93a	Do you know who to contact, within this prison, to get help with finding a job on release?	27%	22%
93b	Do you know who to contact, within this prison, to get help with finding accommodation on release?	26%	24%
93c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	24%	21%
93d	Do you know who to contact, within this prison, to get help with claiming benefits on release?	28%	25%
93e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	21%	18%
93f	Do you know who to contact within this prison to get help with external drugs courses etc	21%	21%
93g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	27%	27%
93h	Do you know who to contact, within this prison, to get help with opening a bank account on release?	23%	
94	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	68%	57%

## Key Question Responses (Ethnicity, Nationality and Religion) HMP Full Sutton 2007

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

## Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Percentages which are not highlighted show there is no significant difference						
<b>Number of completed questionnaires returned</b>		<b>31</b>	<b>80</b>	<b>12</b>	<b>97</b>	<b>11</b>	<b>94</b>
4	Are you sentenced? (Not tested for significance)	100%	100%	100%	100%	100%	100%
10	Are you a foreign national? (Not tested for significance)	20%	7%			30%	9%
11	Is English your first language? (Not tested for significance)	80%	96%	75%	94%	73%	95%
12	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories. (Not tested for significance)			50%	24%	91%	20%
13	Are you Muslim? (Not tested for significance)	35%	1%	27%	8%		
17	Is this your first time in prison? (Not tested for significance)	40%	21%	50%	24%	50%	24%
21	Were you treated well/very well by the escort staff?	42%	53%	42%	52%	55%	51%
22a	Did you know where you were going when you left court or when transferred from another establishment?	58%	50%	50%	53%	36%	54%
24	Did you have any problems when you first arrived?	66%	74%	82%	71%	67%	72%
26a	Please answer the following question about reception: were you seen by a member of healthcare staff?	63%	61%	64%	62%	55%	63%
26b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	43%	45%	36%	46%	46%	44%
27	Were you treated well/very well in reception?	33%	45%	25%	45%	27%	43%
30	Did you feel safe on your first night here?	64%	75%	50%	74%	27%	75%
31	Did you go on an induction course within the first week?	48%	45%	33%	48%	46%	47%
35a	Is it very easy/easy to communicate with your solicitor or legal representative?	66%	60%	58%	63%	70%	60%
37a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	48%	57%	36%	56%	46%	54%
37b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	100%	96%	100%	97%	100%	98%
37e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	58%	39%	42%	45%	82%	40%
38	Is the food in this prison good/very good?	10%	21%	18%	19%	10%	19%
39	Does the shop/canteen sell a wide enough range of goods to meet your needs?	43%	51%	33%	52%	46%	50%
40a	Is it easy/very easy to get a complaints form?	93%	83%	82%	86%	100%	83%
40b	Is it easy/very easy to get an application form?	93%	94%	91%	94%	100%	92%

41a	Do you feel applications are sorted out fairly?	50%	44%	50%	46%	60%	45%
41c	Do you feel complaints are sorted out fairly?	17%	18%	16%	19%	10%	20%
45	Are you on the enhanced (top) level of the IEP scheme?	71%	55%	58%	60%	73%	60%
46	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	50%	50%	52%	46%	53%
47a	In the last six months have any members of staff physically restrained you (C & R)?	7%	8%	9%	7%	30%	6%
47b	In the last six months have you spent a night in the segregation/care and separation unit?	21%	30%	46%	26%	46%	28%
48a	Do you feel your religious beliefs are respected?	54%	41%	55%	44%	55%	45%
48b	Are you able to speak to a religious leader of your faith in private if you want to?	71%	69%	55%	72%	82%	71%
50a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	63%	64%	55%	66%	73%	64%
50b	Do most staff, in this prison, treat you with respect?	40%	59%	50%	55%	46%	57%
52	Have you ever felt unsafe in this prison?	58%	56%	75%	55%	82%	54%
53	Do you feel unsafe in this establishment at the moment?	22%	18%	25%	18%	36%	17%
55	Have you been victimised (insulted or assaulted) by another prisoner?	35%	33%	18%	34%	30%	35%
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	10%	6%	9%	7%	10%	8%
56j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	4%	0%	4%	10%	3%
57	Have you been victimised (insulted or assaulted) by a member of staff?	62%	49%	58%	51%	60%	51%
58d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	31%	10%	33%	14%	40%	13%
58i	Have you been victimised because of your religion/religious beliefs? (By staff)	10%	4%	0%	7%	30%	2%
60	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	24%	44%	25%	41%	30%	39%
61	Have you ever felt threatened or intimidated by a member of staff in here?	52%	51%	75%	48%	60%	51%
62	Is it very easy/easy to get illegal drugs in this prison?	7%	41%	18%	34%	9%	33%
64	Do you think the overall quality of the healthcare is good/very good?	24%	23%	9%	26%	30%	23%
65a	Is it very easy/easy to see the doctor?	20%	17%	0%	20%	20%	17%
65b	Is it very easy/easy to see the nurse?	50%	35%	40%	39%	50%	37%
70a	Do you feel your job will help you on release?	46%	20%	30%	27%	11%	25%
70b	Do you feel your vocational or skills training will help you on release?	62%	35%	50%	42%	44%	42%
70c	Do you feel your education (including basic skills) will help you on release?	63%	49%	55%	53%	22%	55%
70d	Do you feel your offending behaviour programmes will help you on release?	50%	52%	60%	51%	11%	54%
70e	Do you feel your drug or alcohol programmes will help you on release?	50%	28%	75%	29%	29%	31%

71	Do you go to the library at least once a week?	23%	41%	16%	39%	18%	36%
73	On average, do you go to the gym at least twice a week?	83%	42%	84%	49%	73%	52%
75	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	10%	15%	16%	13%	9%	15%
76	On average, do you go on association more than five times each week?	86%	86%	84%	87%	91%	87%
77	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	21%	21%	8%	23%	27%	21%
79	Did you first meet your personal officer in the first week?	35%	46%	33%	45%	30%	45%
81	Do you have a sentence plan?	76%	80%	84%	78%	60%	79%
91	Have you had any problems with sending or receiving mail?	55%	45%	33%	50%	50%	48%
92	Have you had any problems getting access to the telephones?	38%	30%	25%	32%	30%	33%
94	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	45%	60%	25%	59%	63%	55%
99	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	75%	64%	63%	68%	75%	68%