



Report on an inspection visit to police custody suites in Sussex

7–11 February 2011

by

HM Inspectorate of Prisons and

HM Inspectorate of Constabulary

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1. Introduction

This report is part of a programme of inspections of police custody carried out jointly by our two inspectorates. These inspections form a key part of the joint work programme of the criminal justice inspectorates and contribute to the United Kingdom's response to its international obligation to ensure regular and independent inspection of all places of detention¹. The inspections look at force-wide strategies, detainee treatment and conditions, respect for their individual rights and health care provision.

Sussex police have six designated custody suites, working 24 hours a day and providing 134 cells. During this announced inspection, all suites were visited. The inspection was informed by a survey at HMP Lewes of prisoners who had previously been held in Sussex police cells.

There was good strategic leadership for the custodial function, with solid support from the Police Authority and significant long-term investment in the custodial estate. There was a centralised management model in place which ensured robust accountability. Staff, including privately contracted custody staff, were well trained and motivated. There were excellent management information systems, with sound learning from adverse incidents. An active independent custody visitor scheme provided additional assurance.

Interactions witnessed between staff and detainees were professional. Basic decency issues were properly attended to and appropriate attention was paid to the needs of different groups of detainees, for example women, children or those with disabilities. Some booking-in areas lacked privacy, although risk assessments were comprehensive and staff handover arrangements were excellent. Custody suites were clean but some cells contained ligature points and these required remedial work and appropriate management to minimise risk.

A positive approach was taken to balancing the priorities of progressing cases and ensuring detainees' rights under the Police and Criminal Evidence Act. The 'appropriate adult' scheme was very good and a satisfactory approach was taken towards detainee complaints. The management of forensic samples was generally sound.

The quality of privately contracted health care services provided by Reliance was mixed, but clinical governance and medicines management were both sound. Substance misuse services were also variable and required better coordination. There were good mental health services but, despite links with the relevant NHS authorities, police custody was too often used as a 'place of safety' under the Mental Health Act.

Overall, this is a good inspection report on a force which has paid appropriate attention to developing its custodial provision and managing the inherent risks posed. The report sets out a small number of recommendations that we hope will assist the Chief Constable and the Police Authority to improve the quality of custody provision still further. We expect them to consider these in the wider context of force priorities and resourcing, and to provide us with an action plan in due course.

Sir Denis O'Connor
HM Chief Inspector of Constabulary

Nick Hardwick
HM Chief Inspector of Prisons

March 2011

¹ Optional Protocol to the United Nations Convention on the Prevention of Torture and Inhuman and Degrading Treatment.

2. Background and key findings

2.1 HM Inspectorates of Prisons and Constabulary have a programme of joint inspections of police custody suites, as part of the UK's international obligation to ensure regular independent inspection of places of detention. These inspections look beyond the implementation of the Police and Criminal Evidence Act 1984 (PACE) codes of practice and *Safer Detention and Handling of Persons in Police Custody* 2006 (SDHP) guide, and focus on outcomes for detainees. They are also informed by a set of *Expectations for Police Custody*² about the appropriate treatment of detainees and conditions of detention, which have been developed by the two inspectorates to assist best custodial practice.

2.2 At the time of this announced inspection, Sussex Police had six custody centres designated under PACE for the reception of detainees, operating 24 hours a day. These dealt with detainees arrested as a result of mainstream policing; we visited them all during the inspection. The force had a cell capacity of 134 in the custody centres. In 2010, 41,014 detainees had been held. In the same period, 310 detainees had been held for immigration matters.

2.3 The designated suites and cell capacity of each was as follows:

	Custody centre	Number of detainees	Number of cells
West Sussex division	Chichester	4,894	19
	Worthing	6,472	19
	Crawley	8,637	26
East Sussex division	Hastings	4,946	13
	Eastbourne	6,346	21
Brighton and Hove division	Brighton	9,719	36

2.4 HM Inspectorate of Prisons researchers carried out a survey of prisoners at HMP Lewes who had formerly been detained at custody centres in the force area to obtain additional evidence (see Appendix II).³

² <http://www.justice.gov.uk/inspectors/hmi-prisons/expectations.htm>

³ **Inspection methodology:** There are five key sources of evidence for inspection: observation; detainee surveys; discussions with detainees; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from detainees in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If

- 2.5 Comments in this report refer to all suites, unless specifically stated otherwise.

Strategic overview

- 2.6 There was good strategic leadership and long-term investment in the custody estate. Management lines of accountability were clear and staffing levels good. Relationships between the Sussex Police Authority (SPA) and the force were described as sound but appropriately challenging, and there was an active Independent Custody Visitors (ICV) scheme.
- 2.7 Sussex Police operated a centralised management model of custody, with a full-time inspector at each custody centre managing the day-to-day operation.
- 2.8 Custody staff were well motivated and felt valued and training arrangements were adequate, although there was scope for more refresher training. Custody sergeants were supported by custody staff employed by Reliance. Partnership work was well developed.
- 2.9 The force and Reliance collected a range of management information about custody which they used to drive performance. There were excellent arrangements to capture, monitor and learn the lessons from significant (adverse) incidents.
- 2.10 Use of force was monitored and the data collated centrally with any lessons disseminated to custody staff.

Treatment and conditions

- 2.11 Custody staff were respectful in their dealings with detainees. There was a good newly developed strategy for dealing with the diverse range of detainees in custody, and there was some positive work in this regard. Arrangements for detainees with disabilities were adequate. There were some privacy concerns in the custody centres, notably when booking in detainees. Risk assessments completed on arrival were comprehensive, although some information was not recorded on the police national computer (PNC). Shift handover arrangements were excellent.
- 2.12 The physical environment of custody centres was generally good, and they were clean and free of graffiti. We found a number of ligature points in each of the custody centres. Health and safety walk-throughs were carried out. Fire evacuation procedures were good.
- 2.13 Detainees were given clean blankets, a mattress and a pillow. Replacement clothing was available if needed. Outside exercise was rarely offered. Reading materials were available, and the food provided was adequate.

Individual rights

- 2.14 We found a positive approach to balancing the rights of individuals with progressing investigations. Custody sergeants checked to ensure detention was appropriate and had a focus on alternative disposals.

a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from Towel et al (eds), *Dictionary of Forensic Psychology*.)

- 2.15 Detainees were asked if they had dependants to care for and action was taken if needed. Pre-release risk assessments were sometimes completed, but not always. PACE was adhered to. Detainees held for immigration matters were generally not held for longer than a day. Professional interpreting services were used when needed.
- 2.16 Arrangements for providing appropriate adults (AAs) were better than we normally see. Arrangements for storing and managing DNA and forensic samples were mainly good. Court cut-off times were sometimes too late, resulting in unnecessary delays for detainees.
- 2.17 Detainees were not told how to complain but when they did the arrangements for dealing with them were appropriate. There was good monitoring of complaints in custody.

Health care

- 2.18 Primary care services were provided by Reliance and there were good clinical governance arrangements. All the custody centres had full resuscitation kits and staff were trained in their use.
- 2.19 Detainee health care was mixed. Waiting times were reasonable and we observed some good examples of the delivery of care. The management of medicines held in custody centres was good. Arrangements for providing symptomatic relief for substance users were inadequate. Responses to our survey were very negative about the overall quality of health care.
- 2.20 Substance use services were adequate, although coordination was poor. There were inconsistencies in how juveniles were dealt with.
- 2.21 Mental health diversion services were well developed, but despite good strategic arrangements too many detainees were held under Section 136 of the Mental Health Act 1983.⁴

Main recommendations

- 2.22 **The force should address the safety issues involving ligature points and, where resources do not allow them to be dealt with immediately, the risks should be effectively managed.**
- 2.23 **Police custody should only be used as a place of safety for Mental Health Act Section 136 assessments in extreme cases and, in such cases, there should be a clear management policy for the treatment of these individuals.**

⁴Section 136 enables a police officer to remove someone from a public place and take them to a place of safety – for example, a police station. It also states clearly that the purpose of being taken to the place of safety is to enable the person to be examined by a doctor and interviewed by an approved social worker, and for the making of any necessary arrangements for treatment or care.

3. Strategy

Expected outcomes:

There is a strategic focus on custody that drives the development and application of custody specific policies and procedures to protect the wellbeing of detainees.

- 3.1 There was evidence of strong strategic leadership on custody issues within Sussex Police, with an assistant chief constable (ACC) as the strategic lead for custody. This ACC also chaired the Local Criminal Justice Board and the Regional Mental Health Group. Custody was centrally managed by the community and justice department led by a superintendent. This department was responsible for ensuring custody standards were maintained and for the development of policies and protocols. The force had an estates strategy for custody, which it regularly reviewed.
- 3.2 Sussex Police had six designated custody centres, known officially as investigation and detainee handling centres but locally simply as custody centres. The force operated a centralised custody model, working with Reliance Secure Task Management under contract to deliver custody facilities and services. Reliance had provided four of the centres under a private finance initiative, with the other two owned by Sussex Police Authority.
- 3.3 The custody centres were a mix of purpose-built custody facilities, converted buildings and conventional police stations. An inspector managed each centre, including Police and Criminal Evidence Act (PACE) reviews. When the centre inspector was not available, these duties fell to operational inspectors.
- 3.4 The ongoing care and welfare of detainees was provided by Reliance custody assistants, who were line managed by Reliance detention supervisors. Custody sergeants were line managed by the centre inspector. Staffing arrangements in custody centres was adequate.
- 3.5 All custody sergeants and assistants had received specific custody training. The three-week training course for custody sergeants was based on a nationally approved training programme. Reliance delivered a four-week training course for its staff. Both courses covered PACE legal responsibilities and were based on the SDHP.
- 3.6 All staff working in custody also received regular refresher training in first aid and personal safety. Reliance had recently begun delivering one-day 'well-being' training, which incorporated lessons learned from adverse incidents in custody.
- 3.7 The force had comprehensive custody procedures, with policies easily accessible to all staff via the IT system. Staff working in custody centres received a weekly custody bulletin from the centre inspectors, covering such matters as housekeeping, custody management information, legal changes and a link to Independent Police Complaints Commission (IPCC) reports on deaths in custody.
- 3.8 There were custody centre management meetings every two months. They were chaired by the head of custody and attended by the force's custody inspectors. There was also a custody safety meeting every two months, also chaired by the head of custody, which was well attended. A standing item on the agenda was a review of significant incidents (see below).
- 3.9 There was a Police Authority lead for the Independent Custody Visitor (ICV) scheme, which was seen as an important independent oversight mechanism. There was an active and well-

supported ICV scheme, made up of six panels with a coordinator for each. Panels met regularly and custody inspectors had attended these meetings. ICVs had also given inputs on custody training courses to give staff a better understanding of their role.

- 3.10 As part of the PFI contract, Reliance staff conducted monthly dip sampling of detainee care, which included reviewing CCTV. Although the force had recently introduced monthly checks by the centre inspectors, we found little evidence that they carried out formal quality assurance checks, such as sampling custody records. This was being addressed by the force
- 3.11 Individual officers, including those working in custody, reported use of force using an online system. The force told us that it had achieved near 100% compliance with the requirement to report the use of force, and there was an effective system for checking this. There was a similar system for recording significant incidents in custody centres. These might include use of force but could also refer to other events, such as a detainee being sent to hospital. In every instance where a significant incident involving use of force was reported by a custody sergeant, the corresponding use of force forms were scrutinised and forwarded to the appropriate inspector. Trends could be identified, and we were told that, in some instances, there had been further training for officers where the system had raised concerns about their practice. Learning points that emerged from the process were disseminated through the regular custody safety meeting and frequent email bulletins to all custody staff.

Housekeeping point

- 3.12 Quality assurance processes should be improved, with centre inspectors making regular dip sampling of custody records and CCTV recordings.

Good practice

- 3.13 *The use of force was well recorded and monitored for trends, and any significant incident in custody was recorded and scrutinised for lessons to be learned.*

4. Treatment and conditions

Expected outcomes:

Detainees are held in a clean and decent environment in which their safety is protected and their multiple and diverse needs are met.

Respect

- 4.1 The booking-in process was respectful with all staff displaying a courteous and caring attitude to detainees, often addressing them by their first name. Detainees told us that staff treated them well throughout their time in the custody centres, although in Brighton we observed more of a focus on process and less on detainees.
- 4.2 The booking-in areas gave little privacy for detainees when disclosing confidential and sensitive information, and could inhibit them from disclosing information about any vulnerability. This problem was exacerbated by the many staff and others often present in the booking-in area. We saw custody sergeants actively managing this traffic through the suites, but with varying degrees of success. For example, in the Crawley booking-in area we saw at least 12 people, including other detainees, present while a detainee was answering medical questions as part of the risk assessment process.
- 4.3 Some booking-in desks were very high. At Brighton, the custody sergeant was in an elevated position looking down on the detainee who was made to stand on stencilled footprints a few feet from the desk. This could adversely affect communication between the custody sergeant and the detainee. Booking-in areas also contained a microphone that recorded the conversation between the custody sergeant and the detainee, but there were not always signs informing detainees of this.
- 4.4 The force's recently published *Fairness in custody* guidance gave a broad outline of the issues facing young people and others in custody and was a positive initiative, although still bedding in. Custody staff understood the need to treat children and young people sensitively, and this was shown by the more relaxed and friendly interviewing style by custody sergeants. Any female under 17 was allocated a nominated female officer who was introduced to the detainee and called on to speak to her at her request or that of the custody sergeant. Some young people we observed were accompanied by a parent acting as an appropriate adult and allowed to sit with them in waiting rooms for reasonable lengths of time, rather than being put in a cell. We were told that this was common in all the custody centres.
- 4.5 Most custody centres had either discrete cell corridors reserved mainly for young people's detention or dedicated detention rooms closer to the booking-in desk to facilitate observation. Custody staff said that they had received no specific child-centred training, for example child protection or safeguarding awareness training.
- 4.6 On arrival in custody, female detainees were offered the opportunity to speak to a female member of staff who they could liaise with if they had any concerns while in custody. We observed some good care being provided to distressed women brought into custody. We were concerned to be told by staff that female detainees had in the recent past been strip searched by male police officers, although we did not witness this ourselves. We could think of no contingency when this might be appropriate, and it was contrary to force policy and PACE.

- 4.7 Religious books, such as the Bible and the Qur'an, were available in all sites. Each custody centre had a designated prayer cell, with no toilet or sink, for all religions, and each had the direction of Mecca clearly marked to assist Muslim worshippers. Washing facilities for Muslim worshippers were available on request.
- 4.8 Wheelchairs were available in each custody centre and each suite had a cell adapted for detainees with disabilities. This cell included a larger door opening, lower intercom system and a clearly defined painted line around the cell to assist detainees with sight difficulties. However, there was no use of hearing loops or Braille documentation. It was positive that custody staff had a specific sheet of basic simple questions for use with detainees suspected of having a learning disability.

Recommendations

- 4.9 **Booking-in areas should provide sufficient privacy to facilitate effective communication between staff and detainees.**
- 4.10 **Female detainees should only be searched by staff of the same gender.**
- 4.11 **Hearing loops and information in Braille should be available in custody suites.**

Housekeeping points

- 4.12 Signs should be displayed at the booking-in desks to inform detainees that conversations are being recorded.
- 4.13 Custody staff should receive child protection awareness training and refresher training on law and procedure.

Good practice

- 4.14 *Each custody suite had a cell adapted for use as a prayer room.*

Safety

- 4.15 All detainees were risk assessed using a standardised set of questions along with a visual judgement to ensure action was taken to safeguard individuals. We saw evidence that issues raised were followed through. For example, at Chichester we observed a risk assessment where a detainee was recorded as bipolar and the custody sergeant had ensured that a nurse followed up and checked the detainee. We were told by staff that detainees who were non-compliant with the risk assessment were usually placed on 15-minute observations until they were compliant enough to be risk assessed
- 4.16 We observed custody sergeants making common-sense decision based on the evidence available to them about how any risk presented by detainees should be managed. Many were initially placed on 30-minute observations which in many cases were appropriate, although this appeared to be the 'default' position for any concern raised. We found some cases where safety markers were not transcribed on to the police national computer (PNC) for future reference, although the information was used in managing the risk presented by the detainee.

- 4.17 Staff were aware of the importance of rousing detainees and getting a response from those who were unfit due to drink or drugs. In some suites, there was a special notice outside the cell door of detainees subject to rousing, which ensured staff knew which cells to attend. Custody staff were given regular training in safer custody procedures. In all custody centres, staff carried ligature cut-down knives.
- 4.18 Handover arrangements were the best we have seen. They included all staff working in the suite, including agency workers, and each detainee held was discussed in detail. There were arrangements to review risk assessments during the handover.
- 4.19 All cells were single occupancy, and daily checks included any potential self-harm materials or weapons. All mattresses and pillows were frequently checked with metal detecting equipment.
- 4.20 Searching at the booking-in desk was carried out respectfully but thoroughly. Detainees suspected of secreting items on their person were taken to a dedicated room for a full search.

Recommendation

- 4.21 **All safety information should be recorded on the police national computer, and decisions about the management of risk should be proportionate.**

Good practice

- 4.22 *Handovers were systematic, involved all staff working in custody and discussed in detail the relevant issues for each detainee held.*

Use of force

- 4.23 The decision as to whether a detainee was referred to a health care professional after force was used was made by the custody sergeant and depended on the type of force deployed and whether or not any injuries had been sustained. All police staff were appropriately trained and refreshed twice yearly in relevant subjects, including de-escalation techniques. We observed a good example of this at Worthing where a drunken detainee refused to be searched but was persuaded to agree to this rather than be forced.
- 4.24 In Brighton and Hastings, but not elsewhere, *all* the detainees we saw arriving in the custody centre were wearing handcuffs. Furthermore, the detainees were required to remain handcuffed during their time in the holding area and when brought before the custody sergeant. Handcuffs were removed only after the authorisation for detention had been made and preliminary personal details recorded. All the arresting and escorting police officers we talked to about the reason for handcuffing all detainees said that it was 'force policy' or 'standard operating procedure', although we could find no such written policy or procedure. We were told at these two suites that all arrested persons (except those arriving at the police station by appointment) were handcuffed irrespective of the circumstances.

Recommendation

- 4.25 **Detainees should only be handcuffed when a risk assessment indicates it is necessary for the safety of staff, the public or the detainee.**

Physical conditions

- 4.26 The condition of the custody estate was generally good. Four of the six custody suites were relatively new builds but some areas in Crawley, and the Hastings suite, were older facilities that were tired and needed refurbishment. A number of cells needed work to eliminate ligature points and these were pointed out to the force during the inspection.
- 4.27 Cells and other detainee areas were mostly clean and well maintained, although we observed some staining above eye level in cells at Brighton. Cells were thoroughly cleaned in between occupations. In our survey, 49% of detainee respondents, against the comparator of 31%, said that their cell cleanliness was good. Detainees we interviewed confirmed that cells were clean when they occupied them. Cell temperatures and ventilation were good and they had natural light.
- 4.28 Staff in custody centres were expected to carry out daily checks to identify health and safety or maintenance issues. We found consistency in the recording of issues, which was helped by central management of the process. The on-site janitor dealt with minor maintenance and peripatetic maintenance engineers were deployed across the force area to deal with more complex issues. Further work that was needed was contracted to a suitable external company.
- 4.29 There were regular fire evacuation exercises, usually three times a year, which were recorded. There was a comprehensive fire contingency plan in all suites, and staff demonstrated a good understanding of their role in a fire evacuation. There were weekly checks of the fire safety equipment, which were recorded.
- 4.30 Cells had an intercom call bell system. The use of this was explained to detainees before they were located in the cell. Detainees told us that calls were always answered promptly by the custody assistants and their individual issues dealt with.

Personal comfort and hygiene

- 4.31 All cells contained a mattress and a pillow and detainees were given two blankets, which were clean and in good condition. In our survey, detainees responded more positively than the comparator about receiving clean bedding. Although there was a clear laundering process, staff said that there were often not enough freshly laundered blankets, especially at the weekend.
- 4.32 The toilets were clean and well maintained and toilet paper was available in every cell. We were concerned that, other than a few new cells at Crawley, the cell toilet area was not obscured in cells covered by CCTV. This was observed in Brighton when one cell CCTV expanded to fill an entire screen observable in the custody area, and a female detainee was seen to use the toilet in potential view of at least four people. We were told this was a force-wide policy decision.
- 4.33 Hygiene packs were available for women detainees and we saw examples where they were offered to women on arrival in custody, but mostly this only happened on request.
- 4.34 Shower areas were clean and the water was hot and of an adequate pressure. We were told that detainees were offered a shower before going to court in the morning but we did not observe this happening routinely. Detainees we spoke to said that they were not offered a shower and were unaware they could request one. However, in our survey, 28% of respondents, against the comparator of 9%, said they were offered a shower.

- 4.35 Detainees whose clothing was removed while in custody were offered a jogging suit. We saw a suitable supply of new clothing, including underwear, in a variety of sizes. There was a facility for relatives to bring in clothes for detainees and no restrictions that disadvantaged the detainee.

Recommendations

- 4.36 The toilet area in cells should be obscured on closed circuit television screens.
- 4.37 All detainees held overnight, or who require one, should be offered a shower.

Housekeeping points

- 4.38 There should be sufficient blankets in custody centres to meet demand.
- 4.39 Hygiene packs should be routinely offered to women.

Catering

- 4.40 Hot drinks and meals were generally provided at regular meal times but also on request. The custody record indicated that this took place as and when requested by the detainee. There was a good range of meals available, including vegetarian and halal options, as well as a selection of fresh sandwiches, and we saw detainees offered a choice. In our survey, 24% of detainee respondents, against the comparator of only 8%, said that the quality of the food and drinks was good.

Activities

- 4.41 Each custody centre had at least one exercise yard. We were told that exercise was offered on request from the detainee. Most staff said that the yards were seldom used. Detainees told us they were not offered exercise and were unaware it was available. In our survey, only 10% of respondents indicated that they had taken exercise.
- 4.42 There were good stocks of books and magazines, which were mostly available on request. In Brighton and Crawley we saw staff offer detainees reading material unprompted early in detention. However, some detainees we spoke to had not been offered reading material and were unaware of its existence. In our survey, 28% of respondents said they were offered reading material, against the comparator of 14%.
- 4.43 A closed visits room was available at each custody centre and staff told us that its use was limited. We found no evidence in the detention logs we viewed that any visits had taken place.

Housekeeping point

- 4.44 Detainees should be informed that exercise and reading material are available on request.

5. Individual rights

Expected outcomes:

Detainees are informed of their individual rights on arrival and can freely exercise those rights while in custody.

Rights relating to detention

- 5.1 Custody sergeants were clear about their obligations to ensure that detention was appropriate. The authorisations we observed showed early consideration of the necessity for detention. Many sergeants said that they had refused detention reasonably regularly. We were told that the most common reasons for refusal were that the incident could have been dealt with without using detention, such as minor offences that could be handled through community resolution approaches. Custody sergeants also said that they had refused detention for vulnerable people. At Eastbourne, police officers were encouraged, wherever appropriate, to process people for alleged minor and less complex offences at the local police stations rather than bring them to the custody centre. We observed some custody sergeants making good efforts to ensure that cases proceeded quickly by contacting investigating officers on the progress of the investigation.
- 5.2 Custody sergeants were clear about the role and function of the custody centre as a place of detention only and said they would not permit it to be used as a formal place of safety for children and young people under Section 46 of the Children Act 1989.
- 5.3 We observed that detainees were routinely asked about any dependants they had responsibility for and that appropriate action was taken if required.
- 5.4 Three hundred and ten detainees had been held for immigration matters in 2010. Custody inspectors reported that UK Border Agency was generally good at responding quickly to requests to deal with immigration detainees, and figures provided by the force indicated that their average length of stay in custody was 18 hours
- 5.5 All detainees were given a short straightforward copy of their rights and entitlements. They were informed about the PACE codes of practice and given the opportunity to consult them if they wished. We saw some custody officers explain rights to some detainees in a simple manner, such as to children and young people or vulnerable adults. For example, a detainee in Eastbourne who could not read or write said that his entitlements had been explained to him fully by the custody sergeant, and an appropriate adult at Worthing said that she was allowed to sit with particularly vulnerable detainees before interview and was encouraged to explain processes to those who found it difficult to understand them.
- 5.6 Professional telephone interpreting services were readily available and well used. We observed detainees of several nationalities having their rights explained to them through this facility, which appeared prompt and effective. Staff told us that interpreters were readily available during investigation interviews. A sign language interpreter was available for deaf detainees.
- 5.7 Custody sergeants gave examples where they had completed rigorous pre-release assessments. However, the majority of custody records we reviewed did not reflect this with a 'tick-box' approach adopted. Staff we talked to had no common understanding of the

vulnerabilities that might cause concern and what action could be taken to ameliorate them. However, it was clear that custody sergeants did consider the needs of more vulnerable detainees about to be released, although the main intervention was to assist them with travel arrangements. Detainees were given a list of useful contacts when they left the custody centre, and those who were alcohol or drug users were offered the opportunity to be referred to a specialist support service.

Rights relating to PACE

- 5.8 We found no examples of detainees who were interviewed while under, or thought to be under, the influence of alcohol or drugs. We saw evidence in custody records that interviews took place only after a custody sergeant had satisfied themselves that detainees who had come in drunk had recovered sufficiently. We were also told that a medical opinion was always sought if there was any doubt. Custody sergeants ensured that detainees received adequate breaks during formal interviews. The custody records we read confirmed that reviews of detainees' continued detention were normally carried out at the times required by PACE and were seldom late.
- 5.9 Custody records indicated that all detainees were offered legal representation, and a duty solicitor scheme was in place. Posters indicating this were displayed prominently in all custody centres. Each custody centre had sufficient adequately equipped interview rooms
- 5.10 Custody records indicated that all detainees were offered legal representation, and a duty solicitor scheme enabled them to consult legal representatives free of charge. Posters indicating this were displayed prominently in all custody centres. Duty solicitors told us that they were generally content with the arrangements in all custody centres.
- 5.11 Family members and friends were usually the first consideration when an appropriate adult (AA) was required. When this was not possible or appropriate, the arrangements for providing AAs were better developed in Sussex than many other forces we have visited, and the force had invested money to achieve this for vulnerable adults. Services across the force were provided by a range of providers, but during the working day provision was good. The service was less reliable out of hours and the force was in advanced discussions to address this issue with a projected 24-hour service to cover all six custody centres. Staff told us that if an AA were not available for any reason, they would consider bailing the child rather than keeping them in custody overnight. The force adhered to the PACE definition of a child (as a person under 18) instead of the Children Act definition, which meant those aged 17 were not provided with an AA unless they were otherwise deemed to be vulnerable. Police were aware of the requirements for local authorities to provide place of safety beds for juveniles but told us these were not available in the county.
- 5.12 The management of DNA/forensics was generally good, but there were differences in practice across the force. For example, in Crawley staff knowledge about DNA storage was vague, and the management of freezers and samples outside the immediate custody environment needed to be improved.
- 5.13 Court cut-off times during the week varied throughout the force, but were usually approximately 3pm from all custody centres. However, we were told that Chichester and Eastbourne had occasionally been unable to get people to court after 9am, which was unacceptable, especially on a Saturday as it would be another 48 hours before the next available court.

Recommendations

- 5.14 Senior police officers should engage with the local authority to ensure the provision of place of safety beds for juveniles.
- 5.15 Appropriate adults should be available out of hours and also to support juveniles aged 17.
- 5.16 Sussex police should liaise with court managers to ensure that early court cut-off times do not result in unnecessarily long stays in custody.

Rights relating to treatment

- 5.17 The force accepted complaints from detainees while they were still in custody. However, detainees were not advised of the process if they wished to make a complaint. The force collected data on complaints and analysed patterns and trends. This information was shared with staff working in and managing custody.

Recommendation

- 5.18 Detainees should routinely be told how to make a complaint in line with the Independent Police Complaints Commission statutory guidance.⁵

⁵ IPCC statutory guidance (2010)

6. Health care

Expected outcomes:

Detainees have access to competent health care professionals who meet their physical health, mental health and substance use needs in a timely way.

Clinical governance

- 6.1 Reliance Medical Services (RMS) had been contracted to provide health services to detainees since October 2007. It supplied both nurses – forensic nurse practitioners (FNPs) – and doctors – forensic medical examiners (FMEs). Services for detainees with mental health problems were reasonable, although we were concerned by the number of detainees arrested under Section 136 of the Mental Health Act who were taken to police custody. Provision of substance use services varied across the force area, but in all areas take-up of services was voluntary and data collection was poor.
- 6.2 RMS had robust clinical governance arrangements that included clear lines of management and a process for staff to contact more senior staff if they needed to obtain further advice at any time. There was a thorough induction programme for new staff, and a programme for staff appraisal but opportunities for clinical supervision were limited. Staff had access to a range of continual professional development and training, and Reliance had a comprehensive clinical audit programme. Detailed policies and method statements were available in every suite.
- 6.3 The state of the clinical rooms across the force area was reasonable. Worthing and Chichester had a separate room for taking forensic samples, although these were also used for searching detainees so were not forensically clean or suitable for the purpose, as, for example, they did not have running water or hand gel. RMS had recently piloted an infection control audit and identified some problems that they were attempting to rectify. Some clinical waste sacks contained domestic rubbish and some couches did not have any paper couch roll. None of the sharps bins were signed and dated on commencement of use.
- 6.4 Medicines were stored in locked cupboards in each room. There was minimal stock in each cupboard, but the stock varied although there was a stock list. Each cupboard had a record book for diazepam and dihydrocodeine that was completed on each administration; we found the records to be accurate. FNPs were only able to supply and administer diazepam and dihydrocodeine using patient group directions (PGDs). They also left them for custody staff to administer at a later time; this constituted secondary dispensing, which was poor practice. Custody staff had access to a small range of medications at the suite, supplied by RMS, such as asthma inhalers and mild analgesics. They could administer these following telephone advice from a nurse or doctor.
- 6.5 All the suites had resuscitation equipment, including an automated external defibrillator (AED) kept at the custody desk. We were impressed to find that every suite had a clear procedure for the documented checking of the equipment on every night shift. All the custody staff we spoke to had received resuscitation training, including the use of oxygen and the AED. Some staff recalled occasions when they had used the equipment and commented on their confidence in doing so.

Recommendation

- 6.6 The practice of secondary dispensing by health care professionals should cease.

Housekeeping points

- 6.7 All examination couches should be covered with paper couch roll.
- 6.8 Sharps bins should be signed and dated on assembly and commencement of use.

Patient care

- 6.9 RMS provided three nurses and one FME across the force area 24 hours a day. RMS supplied Reliance Secure Task Management with monthly reports, which were added to a more comprehensive document for the police. There were specific response times for different types of calls, ranging from an immediate response (grade 1) to 150 minutes (grade 4). In our analysis of custody records we found that the average wait for a health professional was 59 minutes; the longest wait was one hour and 49 minutes.
- 6.10 In our prisoner survey, none of the respondents seen by a health professional rated the quality of care as good or very good, against the comparator of 29%. While we did not see many consultations during our inspection, evidence in clinical records indicated that clinical consultations were thorough, although most took place in the cells in the presence of a custody assistant. This was unnecessarily cautious and contrary to providing detainees with a confidential clinical consultation.
- 6.11 In our sample of custody records, six detainees (20%) reported being on medication on arrival in custody. Two had been seen by a health care professional. The health care professional recommended that the medication for one detainee should be retrieved from his home address, and this did happen. However, the same detainee also had methadone in his possession and there was no evidence that he received it or a substitute, although he was held for 16 hours. A prisoner in our sample told us that:

'I was forced to withdraw from prescribed medication so I was weak and vulnerable for the interview and couldn't think straight. They said I couldn't have my meds as I wouldn't be fit for interview when the opposite was true!'

- 6.12 In our prisoner survey, only 10% of those who said that they had a drug or alcohol problem on arrival in custody said that they were offered symptomatic relief for their immediate symptoms, against the comparator of 32%. Clinical staff did not use any form of formal assessment of withdrawal to assess detainees. Custody staff, substance use workers and RMS staff all told us that methadone was not given in custody unless the detainee was pregnant. This was poor practice.
- 6.13 All clinical records were paper based and kept appropriately in a locked metal filing cabinet accessible only to RMS staff. Clinical records were collected regularly by RMS staff and stored in line with Caldicott guidelines on the confidentiality of personal health information and the Data Protection Act. There were strict policies on the safeguarding of medically confidential information.

- 6.14 The contemporaneous clinical records consisted of a two-sided pro forma that provided a reasonable assessment of the detainee's medical condition. Although there was a section on the form for verbal or written consent to be recorded, only 17 (62%) of the 27 clinical records that we looked at had evidence of verbal consent being obtained and none had written consent. While we found some excellent record keeping, we also found some records that were not signed, timed or dated, or were almost illegible, with very little record of any care or treatment given. RMS had recently undertaken a national audit of clinical records and a quality assurance of individual staff records and the results were due to be discussed at a future national clinical governance meeting.

Recommendations

- 6.15 All detainees should be able to continue to receive prescribed medications, and symptomatic relief for substance use withdrawal.
- 6.16 Clinical staff should use a documented assessment tool for the assessment of withdrawal symptoms.
- 6.17 All contemporaneous clinical records should conform to guidance from professional bodies and include evidence that consent has been sought.

Housekeeping point

- 6.18 Detainees should be seen by health professionals in the clinical room to maintain confidentiality, unless risk assessment suggests otherwise.

Substance use

- 6.19 In our survey, 64% of respondents said that they had a drug or alcohol problem; of these, only 21% said they were offered the chance to see a substance use worker, against the comparator of 42%.
- 6.20 Substance use services across the force area were provided by a multiplicity of organisations, and services for drugs and alcohol were often provided by separate organisations. Services in West Sussex were in danger of being discontinued due to budget cuts. There was no senior officer in the force responsible for the coordination of substance use services. None of the agencies appeared to keep comprehensive statistics about the number of clients seen or taken on to their caseloads. At the time of the inspection, all the schemes were voluntary; workers either visited the suites once or twice a day or picked up referrals from custody staff and then followed up clients in the community. In Eastbourne, we were told that the drug service (CRI) had taken on 15 clients from the custody centre in the previous three months, of whom 12 were already in prescribed treatment programme.
- 6.21 There was some discrepancy over how juveniles were cared for. For example, in Hastings, CRI said it was 'not allowed' to see under-19s, while in Brighton the same organisation's workers spoke to juveniles and signposted them to other services.
- 6.22 While there was provision for needle exchange in the custody centres, it was evident that kits were rarely given out. For example, in Eastbourne the records showed that the last time a kit had been issued had been over five months previously. Substance use workers confirmed that kits were not routinely issued.

Recommendation

- 6.23 There should be comprehensive data kept to monitor the provision and performance of services to problem substance users in custody.

Mental health

- 6.24 Sussex and Surrey Probation Trust provided mental health diversion schemes. There were two schemes, although they had a single management structure and staff were interchangeable. There was a pilot mental health court scheme at Brighton Magistrates' Court, where all defendants were considered for a mental health assessment. The second scheme covered all the magistrates' courts in the rest of Sussex. Detainees who had been remanded in custody overnight to court were assessed and seen if necessary. We were told that the scheme had led to a marked decrease in the number of remands to prison for psychiatric reports. Police could refer an individual to the service before charge, but mental health staff told us that this rarely happened, possibly because of the comprehensive screening process already in place.
- 6.25 The force had a dedicated civilian mental health liaison officer and a clear strategic commitment to support this officer. There was a service level agreement with a single NHS provider, the Sussex Partnership NHS Foundation Trust. There were quarterly meetings between chief officers of the force, the trust, the three commissioning primary care trusts and local authorities.
- 6.26 There were five Section 136 suites across the force area, all based at NHS locations. There was a joint working policy on the implementation of Section 135 and 136 of the Mental Health Act 1983. It had been revised within the previous six months and was due to be reviewed again, at the request of the police force. The policy stated that, where a person was fit for assessment, the assessment would commence within four hours and be completed within six. The criteria for assessment included 'a person who has had a drink but who is not drunk and preventing an assessment'. Equally, 'anyone who is drunk, preventing an assessment within two hours' was excluded.
- 6.27 Custody staff perceived that S136 suites were frequently unavailable, either because they were occupied or because they had been closed due to staff shortages. However, the records at the two S136 suites we visited stated that one had been closed four times in the previous five months and the other 10 times in the previous two months. Both suites used breathalysers in support of their judgement on intoxication. One suite had a practice of refusing admission to people with a blood alcohol level in excess of the drink drive limit. This was not supported by the policy. The second used the breathalyser to assist individual judgement and did not stipulate a particular limit. We were told of an occasion when the S136 suite at Worthing had declined to accept a detention because the person had had 'one can of drink' earlier that day.
- 6.28 There were monthly meetings for the agencies involved at each S136 suite. They examined the detention of each individual, shared information and provided feedback. There was also a monthly 'conveyance' meeting. This had become necessary because of the delays by South East Coast Ambulance Service in providing ambulances. There was a new agreement, in draft form and not yet ratified, which aimed to resolve these delays.
- 6.29 In the first six months of 2010/11, 1,095 adults between 18 and 65 had been detained in the force area under a S136, of whom 684 (63%) had been taken to custody centres. In the vast majority of cases that we looked at for the second three months of the period, those detained

had been taken directly to a S136 suite and further mental health care had been required and provided.

7. Summary of recommendations

Main recommendations

To Sussex Police

- 7.1 The force should address the safety issues involving ligature points and, where resources do not allow them to be dealt with immediately, the risks should be managed. (2.22)
- 7.2 Police custody should only be used as a place of safety for Mental Health Act Section 136 assessments in extreme cases. (2.23)

Recommendations

To Sussex Police

Strategy

- 7.3 Quality assurance processes should be improved, with centre inspectors making regular dip sampling of custody records and CCTV recordings. (3.12)

Treatment and conditions

- 7.4 Booking-in areas should provide sufficient privacy to facilitate effective communication between staff and detainees. (4. 9)
- 7.5 Female detainees should only be searched by staff of the same gender. (4.10)
- 7.6 Hearing loops and information in Braille should be available in custody suites. (4.11)
- 7.7 All safety information should be recorded on the police national computer, and decisions about the management of risk should be proportionate. (4.21)
- 7.8 Detainees should only be handcuffed when a risk assessment indicates it is necessary for the safety of staff, the public or the detainee. (4.25)
- 7.9 The toilet area in cells should be obscured on closed circuit television screens. (4.36)
- 7.10 All detainees held overnight, or who require one, should be offered a shower. (4.37)

Individual rights

- 7.11 Senior police officers should engage with the local authority to ensure the provision of place of safety beds for juveniles. (5.14)
- 7.12 Appropriate adults should be available out of hours and also to support juveniles aged 17. (5.15)
- 7.13 Sussex police should liaise with court managers to ensure that early court cut-off times do not result in unnecessarily long stays in custody. (5.16)

- 7.14 Detainees should routinely be told how to make a complaint in line with the Independent Police Complaints Commission statutory guidance. ⁶ (5.18)

Health care

- 7.15 The practice of secondary dispensing by health care professionals should cease. (6.6)
- 7.16 All detainees should be able to continue to receive prescribed medications, and symptomatic relief for substance use withdrawal. (6.15)
- 7.17 Clinical staff should use a documented assessment tool for the assessment of withdrawal symptoms. (6.16)
- 7.18 All contemporaneous clinical records should conform to guidance from professional bodies and include evidence that consent has been sought. (6.17)
- 7.19 There should be comprehensive data kept to monitor the provision and performance of services to problem substance users in custody. (6.23)

Housekeeping points

Treatment and conditions

- 7.20 Signs should be displayed at the booking-in desks to inform detainees that conversations are being recorded. (4.12)
- 7.21 Custody staff should receive child protection awareness training and refresher training on law and procedure. (4.13)
- 7.22 There should be sufficient blankets in custody centres to meet demand. (4.38)
- 7.23 Hygiene packs should be routinely offered to women. (4.39)
- 7.24 Detainees should be informed that exercise and reading material are available on request. (4.44)

Health care

- 7.25 All examination couches should be covered with paper couch roll. (6.7)
- 7.26 Sharps bins should be signed and dated on assembly and commencement of use. (6.8)
- 7.27 Detainees should be seen by health professionals in the clinical room to maintain confidentiality, unless risk assessment suggests otherwise. (6.18)

⁶ IPCC statutory guidance (2010)

Good practice

- 7.28 The use of force was well recorded and monitored for trends, and any significant incident in custody was recorded and scrutinised for lessons to be learned. (3.13)
- 7.29 Each custody suite had a cell adapted for use as a prayer room. (4.14)
- 7.30 Handovers were systematic, involved all staff working in custody and discussed in detail the relevant issues for each detainee held. (4.22)

Appendix I: Inspection team

Sean Sullivan	HMIP team leader
Ian Thomson	HMIP inspector
Kevin Parkinson	HMIP inspector
Gary Boughen	HMIP inspector
Peter Dunn	HMIP inspector
Paddy Craig	HMIC inspector
Mark Ewan	HMIC inspector
Elizabeth Tysoe	HMIP health care inspector
Huw Jenkins	CQC inspector
Adam Altoft	HMIP researcher
Hayley Cripps	HMIP researcher

Appendix II: Summary of detainee questionnaires and interviews

Prisoner survey methodology

A voluntary, confidential and anonymous survey of the prisoner population at HMP Lewes who had been through a police station in Sussex was carried out for this inspection. The results of this survey formed part of the evidence base for the inspection.

Choosing the sample size

The survey was conducted on 1 February 2011. A list of potential respondents to have passed through Sussex police stations was created, listing all those who had arrived from Brighton, Chichester, Crawley, Eastbourne, Lewes, Hastings, Haywards Heath or Worthing magistrates' court within the past two months.

Selecting the sample

In total, 72 respondents were approached: 19 respondents reported either being held in police stations outside Sussex or having come straight to prison from court, and one respondent could not speak English and so it was not possible to determine they police station they had been in. On the day, the questionnaire was offered to 52 respondents; there were two refusals and two non-returns. All of those sampled had been in police custody within the last two months.

Completion of the questionnaire was voluntary. Interviews were carried out with any respondents with literacy difficulties. One respondent was interviewed.

Methodology

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

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

- to fill out the questionnaire immediately and hand it straight back to a member of the research team;
- have their questionnaire ready to hand back to a member of the research team at a specified time; or
- to seal the questionnaire in the envelope provided and leave it in their room for collection.

Response rates

In total, 48 (92%) respondents completed and returned their questionnaires.

Comparisons

The following details the results from the survey. Data from each police area have been weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The current survey responses were analysed against comparator figures for all prisoners surveyed in other police areas. This comparator is based on all responses from prisoner surveys carried out in 36 police areas since April 2008.

In the comparator document, statistical significance is used to indicate 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. Orange shading has been used to show a significant difference in prisoners' background details.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'not held over night' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data are excluded). The actual numbers will match up as the data are cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2% from that shown in the comparison data as the comparator data have been weighted for comparison purposes.

Survey results

Section 1: About you

Q2	What police station were you last held at?		
		Brighton – 22; Chichester – 1; Eastbourne – 15; Hastings – 5; Worthing – 2; Unknown - 3	
Q3	How old are you?		
	16 years or younger.....	0 (0%)	40-49 years..... 12 (25%)
	17-21 years	9 (19%)	50-59 years..... 2 (4%)
	22-29 years	10 (21%)	60 years or older..... 1 (2%)
	30-39 years	14 (29%)	
Q4	Are you:		
	Male.....		48 (100%)
	Female		0 (0%)
	Transgender/transsexual		0 (0%)
Q5	What is your ethnic origin?		
	White - British.....		38 (79%)
	White - Irish		2 (4%)
	White - other		3 (6%)
	Black or black British - Caribbean.....		2 (4%)
	Black or black British - African		1 (2%)
	Black or black British - other		0 (0%)
	Asian or Asian British - Indian.....		0 (0%)
	Asian or Asian British - Pakistani.....		0 (0%)
	Asian or Asian British - Bangladeshi		1 (2%)
	Asian or Asian British - other		1 (2%)
	Mixed heritage - white and black Caribbean		0 (0%)
	Mixed heritage - white and black African		0 (0%)
	Mixed heritage- white and Asian		0 (0%)
	Mixed heritage - Other		0 (0%)
	Chinese		0 (0%)
	Other ethnic group		0 (0%)
Q6	Are you a foreign national (i.e. you do not hold a British passport, or you are not eligible for one)?		
	Yes.....		3 (7%)
	No		41 (93%)
Q7	What, if any, would you classify as your religious group?		
	None.....		17 (36%)
	Church of England		14 (30%)
	Catholic		12 (26%)
	Protestant.....		0 (0%)
	Other Christian denomination		1 (2%)
	Buddhist.....		0 (0%)
	Hindu		0 (0%)
	Jewish.....		0 (0%)

Muslim.....	3 (6%)
Sikh	0 (0%)

Q8	How would you describe your sexual orientation?	
	<i>Straight/heterosexual.....</i>	45 (98%)
	<i>Gay/lesbian/homosexual</i>	1 (2%)
	<i>Bisexual.....</i>	0 (0%)

Q9	Do you consider yourself to have a disability?	
	<i>Yes</i>	15 (33%)
	<i>No</i>	31 (67%)

Q10	Have you ever been held in police custody before?	
	<i>Yes</i>	46 (98%)
	<i>No</i>	1 (2%)

Section 2: Your experience of this custody suite

Q11	How long were you held at the police station?	
	<i>Less than 24 hours.....</i>	12 (27%)
	<i>More than 24 hours, but less than 48 hours (2 days)</i>	26 (58%)
	<i>More than 48 hours (2 days), but less than 72 hours (3 days).....</i>	4 (9%)
	<i>72 hours (3 days) or more</i>	3 (7%)

Q12	Were you given information about your arrest and your entitlements when you arrived there?	
	<i>Yes</i>	39 (81%)
	<i>No</i>	6 (13%)
	<i>Don't know/can't remember</i>	3 (6%)

Q13	Were you told about the Police and Criminal Evidence (PACE) codes of practice (the 'rule book')?	
	<i>Yes</i>	23 (48%)
	<i>No</i>	17 (35%)
	<i>I don't know what this is/I don't remember</i>	8 (17%)

Q14	If your clothes were taken away, were you offered different clothing to wear?	
	<i>My clothes were not taken</i>.....	23 (50%)
	<i>I was offered a tracksuit to wear.....</i>	8 (17%)
	<i>I was offered an evidence/paper suit to wear</i>	6 (13%)
	<i>I was offered a blanket</i>	3 (7%)
	<i>Nothing.....</i>	6 (13%)

Q15	Could you use a toilet when you needed to?	
	<i>Yes</i>	44 (92%)
	<i>No</i>	4 (8%)
	<i>Don't know</i>	0 (0%)

Q16	If you have used the toilet there, was toilet paper provided?	
	<i>Yes</i>	24 (52%)
	<i>No</i>	22 (48%)

Q17	Did you share a cell at the police station?					
	Yes			0 (0%)		
	No			48 (100%)		
Q18	How would you rate the condition of your cell:					
		<i>Good</i>	<i>Neither</i>	<i>Bad</i>		
	Cleanliness	22 (49%)	13 (29%)	10 (22%)		
	Ventilation/air quality	15 (36%)	13 (31%)	14 (33%)		
	Temperature	9 (22%)	10 (24%)	22 (54%)		
	Lighting	16 (40%)	12 (30%)	12 (30%)		
Q19	Was there any graffiti in your cell when you arrived?					
	Yes			19 (40%)		
	No			28 (60%)		
Q20	Did staff explain to you the correct use of the cell bell?					
	Yes			12 (26%)		
	No			34 (74%)		
Q21	Were you held overnight?					
	Yes			44 (92%)		
	No			4 (8%)		
Q22	If you were held overnight, which items of clean bedding were you given?					
	<i>Not held overnight</i>			4 (7%)		
	<i>Pillow</i>			7 (13%)		
	<i>Blanket</i>			39 (71%)		
	<i>Nothing</i>			5 (9%)		
Q23	Were you offered a shower at the police station?					
	Yes			13 (27%)		
	No			35 (73%)		
Q24	Were you offered any period of outside exercise while there?					
	Yes			5 (10%)		
	No			43 (90%)		
Q25	Were you offered anything to:					
		<i>Yes</i>	<i>No</i>			
	Eat?	41 (87%)	6 (13%)			
	Drink?	42 (91%)	4 (9%)			
Q26	What was the food/drink like in the police custody suite?					
	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very Bad</i>	<i>N/A</i>
	2 (4%)	8 (17%)	7 (15%)	14 (30%)	9 (20%)	6 (13%)
Q27	Was the food/drink you received suitable for your dietary requirements?					
	<i>I did not have any food or drink</i>			6 (13%)		
	Yes			19 (41%)		
	No			21 (46%)		

Q28	If you smoke, were you offered anything to help you cope with the smoking ban there?		
	<i>I do not smoke</i>	5	(10%)
	<i>I was allowed to smoke</i>	2	(4%)
	<i>I was not offered anything to cope with not smoking</i>	41	(84%)
	<i>I was offered nicotine gum</i>	0	(0%)
	<i>I was offered nicotine patches</i>	0	(0%)
	<i>I was offered nicotine lozenges</i>	1	(2%)
Q29	Were you offered anything to read?		
	Yes	13	(27%)
	No	35	(73%)
Q30	Was someone informed of your arrest?		
	Yes	18	(38%)
	No	18	(38%)
	<i>I don't know</i>	4	(8%)
	<i>I didn't want to inform anyone</i>	8	(17%)
Q31	Were you offered a free telephone call?		
	Yes	18	(38%)
	No	30	(63%)
Q32	If you were denied a free phone call, was a reason for this offered?		
	<i>My telephone call was not denied</i>	22	(52%)
	Yes	0	(0%)
	No	20	(48%)
Q33	Did you have any concerns about the following, while you were in police custody?		
		Yes	No
	Who was taking care of your children	2 (9%)	20 (91%)
	Contacting your partner, relative or friend	19 (61%)	12 (39%)
	Contacting your employer	3 (13%)	20 (87%)
	Where you were going once released	16 (50%)	16 (50%)
Q34	Were you interviewed by police officials about your case?		
	Yes	37	(80%)
	No	9	(20%) If No, go to Q36
Q35	Were any of the following people present when you were interviewed?		
		Yes	No
			<i>Not needed</i>
	Solicitor	32 (84%)	5 (13%)
	Appropriate Adult	1 (5%)	9 (43%)
	Interpreter	0 (0%)	8 (40%)
			12 (60%)
Q36	How long did you have to wait for your solicitor?		
	<i>I did not requested a solicitor</i>	6	(15%)
	<i>2 hours or less</i>	3	(8%)
	<i>Over 2 hours but less than 4 hours</i>	8	(20%)
	<i>4 hours or more</i>	23	(57%)

Section 3: Safety

- Q38 Did you feel safe there?**
 Yes 32 (71%)
 No 13 (29%)
- Q39 Had another detainee or a member of staff victimised (insulted or assaulted) you there?**
 Yes 16 (35%)
 No 30 (65%)
- Q40 If you have felt victimised, what did the incident involve? (Please tick all that apply to you.)**
I have not been victimised 30 (65%) *Because of your crime* 5 (11%)
Insulting remarks (about you, your family or friends) 5 (11%) *Because of your sexuality* 0 (0%)
Physical abuse (being hit, kicked or assaulted) 5 (11%) *Because you have a disability* 3 (7%)
Sexual abuse 1 (2%) *Because of your religion/religious beliefs* 0 (0%)
Your race or ethnic origin 0 (0%) *Because you are from a different part of the country than others* 1 (2%)
Drugs 4 (9%)
- Q41 Were your handcuffs removed on arrival at the police station?**
 Yes 30 (64%)
 No 15 (32%)
I wasn't handcuffed 2 (4%)
- Q42 Were you restrained while in the police custody suite?**
 Yes 9 (20%)
 No 37 (80%)
- Q43 Were you injured while in police custody, in a way that you feel was not your fault?**
 Yes 13 (28%)
 No 33 (72%)
- Q44 Were you told how to make a complaint about your treatment if you needed to?**
 Yes 2 (4%)
 No 43 (96%)

Section 4: Health care

- Q46 Did you need to take any prescribed medication when you were in police custody?**
 Yes 25 (54%)
 No 21 (46%)
- Q47 Were you able to continue taking your prescribed medication while there?**
Not taking medication 21 (46%)
 Yes 5 (11%)
 No 20 (43%)
- Q48 Did someone explain your entitlements to see a health care professional if you needed to?**
 Yes 11 (24%)
 No 31 (67%)
 Don't know 4 (9%)

Q49	Were you seen by the following health care professionals during your time there?	Yes	No
		Doctor	26 (70%)
	Nurse	21 (51%)	20 (49%)
	Paramedic	1 (3%)	28 (97%)
	Psychiatrist	0 (0%)	28 (100%)

Q50	Were you able to see a health care professional of your own gender?	
	Yes	6 (13%)
	No	29 (63%)
	Don't know	11 (24%)

Q51	Did you have any drug or alcohol problems?	
	Yes	29 (64%)
	No	16 (36%)

Q52	Did you see, or were offered the chance to see a drug or alcohol support worker?	
	<i>I didn't have any drug/alcohol problems</i>	16 (37%)
	Yes	6 (14%)
	No	21 (49%)

Q53	Were you offered relief or medication for your immediate symptoms?	
	<i>I didn't have any drug/alcohol problems</i>	16 (36%)
	Yes	3 (7%)
	No	26 (58%)

Q54	Please rate the quality of your health care while in police custody:					
	I was not seen by health care	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	18 (39%)	0 (0%)	0 (0%)	9 (20%)	9 (20%)	10 (22%)

Q55	Did you have any specific <u>physical</u> health care needs?	
	No	29 (62%)
	Yes	18 (38%)

Q56	Did you have any specific <u>mental</u> health care needs?	
	No	36 (78%)
	Yes	10 (22%)



Prisoner survey responses for Sussex Police 2011

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Sussex Police 2011	Police custody comparator
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		48	1293
SECTION 1: General information			
3	Are you under 21 years of age?	18%	9%
4	Are you transgender/transsexual?	0%	1%
5	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	10%	32%
6	Are you a foreign national?	7%	15%
7	Are you Muslim?	6%	11%
8	Are you homosexual/gay or bisexual?	2%	2%
9	Do you consider yourself to have a disability?	33%	21%
10	Have you been in police custody before?	98%	90%
SECTION 2: Your experience of this custody suite			
For the most recent journey you have made either to or from court or between prisons:			
11	Were you held at the police station for over 24 hours?	74%	66%
12	Were you given information about your arrest and entitlements when you arrived?	82%	74%
13	Were you told about PACE?	48%	52%
14	If your clothes were taken away, were you given a tracksuit to wear?	33%	44%
15	Could you use a toilet when you needed to?	92%	90%
16	If you did use the toilet, was toilet paper provided?	52%	50%
17	Did you share a cell at the station?	0%	3%
18	Would you rate the condition of your cell, as 'good' for:		
18a	Cleanliness?	49%	31%
18b	Ventilation/air quality?	36%	21%
18c	Temperature?	21%	15%
18d	Lighting?	41%	43%
19	Was there any graffiti in your cell when you arrived?	41%	55%
20	Did staff explain the correct use of the cell bell?	26%	22%
21	Were you held overnight?	92%	92%
22	If you were held overnight, were you given no clean items of bedding?	10%	29%
23	Were you offered a shower?	28%	9%
24	Were you offered a period of outside exercise?	10%	7%
25a	Were you offered anything to eat?	88%	80%
25b	Were you offered anything to drink?	92%	83%
For those who had food:			
26a	Was the quality of the food and drink you received 'good'/'very good'?	24%	8%
26b	Was the food/drink you received suitable for your dietary requirements?	48%	45%
27	For those who smoke: were you offered nothing to help you cope with the ban there?	96%	93%
28	Were you offered anything to read?	28%	14%
29	Was someone informed of your arrest?	38%	44%
30	Were you offered a free telephone call?	38%	51%

Key to tables

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31	If you were denied a free call, was a reason given?	0%	15%
32	Did you have any concerns about:		
32a	Who was taking care of your children?	9%	15%
32b	Contacting your partner, relative or friend?	63%	52%
32c	Contacting your employer?	13%	20%
32d	Where you were going once released?	50%	31%
34	If you were interviewed were the following people present:		
34a	Solicitor	85%	73%
34b	Appropriate Adult	5%	8%
34c	Interpreter	0%	7%
35	Did you wait over 4 hours for your solicitor?	69%	66%
SECTION 3: Safety			
39	Did you feel unsafe?	30%	40%
40	Has another detainee or a member of staff victimised you?	35%	41%
41	If you have felt victimised, what did the incident involve?		
41a	Insulting remarks (about you, your family or friends)	10%	20%
41b	Physical abuse (being hit, kicked or assaulted)	10%	14%
41c	Sexual abuse	2%	2%
41d	Your race or ethnic origin	0%	6%
41e	Drugs	8%	15%
41f	Because of your crime	10%	17%
41g	Because of your sexuality	0%	1%
41h	Because you have a disability	6%	3%
41i	Because of your religion/religious beliefs	0%	3%
41j	Because you are from a different part of the country than others	2%	4%
42a	Were your handcuffs removed on arrival at the police station?	66%	80%
42b	Were you restrained while in the police custody suite?	19%	15%
43	Were you injured while in police custody, in a way that you feel is not your fault?	29%	25%
44	Were you told how to make a complaint about your treatment?	4%	13%
SECTION 4: Health care			
46	Did you need to take any prescribed medication when you were in police custody?	54%	55%
47	For those who were on medication: were you able to continue taking your medication?	19%	36%
48	Did someone explain your entitlement to see a health care professional if you needed to?	23%	35%
49	Were you seen by the following health care professionals during your time in police custody:		
49a	Doctor	29%	49%
49b	Nurse	51%	18%
	Percentage seen by either a doctor or a nurse	55%	54%
49c	Paramedic	3%	4%
49d	Psychiatrist	0%	3%
50	Were you able to see a health care professional of your own gender?	13%	28%
51	Did you have any drug or alcohol problems?	64%	54%
	For those who had drug or alcohol problems:		
52	Did you see, or were offered the chance to see a drug or alcohol support worker?	21%	42%
53	Were you offered relief medication for your immediate symptoms?	10%	32%
54	For those who had been seen by health care, would you rate the quality as good/very good?	0%	29%
55	Do you have any specific physical health care needs?	39%	33%
56	Do you have any specific mental health care needs?	21%	24%