

Report on an unannounced full follow-up
inspection of

HMP Full Sutton

27 October – 5 November 2010

by HM Chief Inspector of Prisons

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Introduction

Full Sutton is one of five dispersal prisons in England and Wales. These prisons hold some of the country's most serious offenders in conditions of the highest security. On our last visit in 2007, we commended much of what we found, but noted weaknesses in safety and called for improved relationships between staff and prisoners, without which neither stability nor dynamic security could be ensured. On our return for this unannounced inspection, we identified some significant progress but also some concerns about the treatment of the most challenging prisoners and a need to address the negative perceptions of Muslim and black and minority ethnic prisoners.

Rigorous security underpins the dispersal estate and Full Sutton's procedures were very good, not least because they were generally proportionate and calibrated to the range of risks faced. Safety arrangements had improved, with better management of early days in the prison, satisfactory suicide and self-harm prevention work and more robust anti-violence work. As a result, most prisoners reported feeling safe. The misuse of prescription drugs remained a significant issue but appropriate steps were being taken to address the problem.

While we were satisfied that a sharp increase in recorded use of force was explicable and justified, we had some concerns over some arrangements for dealing with the most challenging and difficult prisoners. Thus the regime in the segregation unit was inadequate and there continued to be a confused approach to behaviour management. We were also not assured from the paperwork that use of special accommodation and mechanical restraints were always appropriate. Similarly, we had concerns about the use of strip clothing in both segregation and health care. These aspects of extreme custody required review and closer management.

The prison remained generally clean and well maintained. Relationships between staff and most prisoners had improved, supported by a good personal officer scheme, regular consultation and an impressive mediation initiative. However, despite satisfactory diversity structures, Muslim and black and minority ethnic prisoners reported much more negatively than their non-Muslim and white counterparts on a range of issues. The chaplaincy continued to provide a valued service, including working sensitively and effectively to support Muslim prisoners while challenging attempts at radicalisation. Health care services were good.

Prisoners spent a reasonable amount of time out of their cells. The importance of keeping long term, serious offenders busy and engaged was fully recognised and it was therefore commendable that the quantity and quality of purposeful activity had continued to improve. Educational and vocational achievements were high. Work was plentiful, if sometimes mundane. Access to PE and the library was satisfactory.

Resettlement arrangements properly focused on addressing the needs of long, mostly indeterminate sentenced prisoners with very high levels of risk. Public protection procedures were appropriately robust. Offender management and sentence planning were thorough and a range of suitable interventions were available to address offending behaviour. There were satisfactory reintegration arrangements for the small number of prisoners released from Full Sutton each year.

This is an essentially positive report on a high security prison tasked with holding some of the country's most serious and dangerous offenders. It does so with a rigorous but thoughtful approach to security. Safety had generally improved, although the management of aspects of the most challenging prisoners required review. There had been impressive progress in

developing the quantity and quality of purposeful activity. Relationships between most staff and prisoners had also improved, but the prison needed to address the negative perceptions of Muslim and black and ethnic minority prisoners. Overall, managers and staff at Full Sutton are to be commended on their work in very challenging circumstances.

Nick Hardwick
HM Chief Inspector of Prisons

January 2010

Fact page

Task of the establishment

High security male establishment

Prison status

Publicly owned

Department

Directorate of High Security

Number held

580

Certified normal accommodation

608

Operational capacity

596

Date of last full inspection

November 2007

Brief history

Full Sutton originally opened in 1987 as a dispersal prison.

Short description of residential units

A, E, F wings - Main prisoner wings.
B, C, D wings - Vulnerable prisoner wings.
G wing - Induction wing

Segregation unit

Health care

Escort contractor

Global Solutions Limited (GSL)

Health service commissioner and provider

NHS East Riding of Yorkshire

Learning and skills provider

The Manchester College

Healthy prison summary

Introduction

- HP1 All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:
- | | |
|----------------------------|---|
| Safety | prisoners, even the most vulnerable, are held safely |
| Respect | prisoners are treated with respect for their human dignity |
| Purposeful activity | prisoners are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | prisoners are prepared for their release into the community and 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.
- **outcomes for prisoners are good against this healthy prison test.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
 - **outcomes for prisoners are reasonably good 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. Procedures to safeguard outcomes are in place.
 - **outcomes for prisoners are not sufficiently good 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.
 - **outcomes for prisoners are poor 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.
- HP3 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner

focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

- HP4 At the last inspection in 2007 we found that Full Sutton was not performing sufficiently well against the healthy prison test of safety. We made 28 recommendations, of which 12 had been achieved, six partially achieved, five not achieved and a further five were no longer relevant (due to the closure of the protected witness and special secure units). We have made 23 further recommendations.
- HP5 In 2007 we found that Full Sutton was performing reasonably well against the healthy prison test of respect. We made 55 recommendations, of which 27 had been achieved, 16 partially achieved and 12 were not achieved, and one was no longer relevant. We have made 24 further recommendations.
- HP6 In 2007 we found that Full Sutton was performing well against the healthy prison test of purposeful activity. We made 10 recommendations, of which nine had been achieved and one partially achieved. We have made 13 further recommendations.
- HP7 In 2007 we found that Full Sutton was performing reasonably well against the healthy prison test of resettlement. We made 21 recommendations, of which 12 had been achieved, three were partially achieved, four not achieved and two were no longer relevant. We have made 12 further recommendations

Safety

- HP8 The reception and induction of new arrivals, including risk assessment, were planned and reasonably well managed. Safer custody procedures were effective with demonstrable improvements in the thoroughness and coordination of violence reduction arrangements. Levels of violence were relatively low but there had been some very serious incidents. The approach to security was impressive and the application of security procedures generally proportionate. The segregation unit was reasonably well managed but the application of some risk assessments was crude. Use of force had increased but was not excessive. Governance and management of the segregation unit needed improvement. We were assured that special accommodation and mechanical restraints were only used when necessary, but the documentation to support accountability needed to be reviewed. In our survey,¹ the majority of prisoners, including vulnerable prisoners, indicated that they felt safe, although findings among Muslim prisoners were more negative. The improper use of prescription medication was being addressed. Due to improvements, notably in

¹ **Inspection methodology:** There are five key sources of evidence for inspection: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, 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 prisoners/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 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 the Dictionary of Forensic Psychology: HM Inspectorate of Prisons.*

violence reduction arrangements and in prisoner perceptions, we concluded that outcomes for prisoners were now reasonably good against this healthy prison test.

- HP9 The number of prisoners passing through reception on arrival, for discharge and transfer was relatively low. Escort vehicles were clean. Prisoners were handcuffed when embarking and disembarking vehicles at reception, which seemed needless in view of the short distance, the security of the compound and the security measures beyond. Most escorts were planned and there were no apparent delays in vehicles entering the prison or disembarkation.
- HP10 Reception was clean but the three holding rooms were austere and poorly equipped. Reception processes were, however, swift and prisoners spent minimal time in the facility. The planning of transfers ensured the details of all new arrivals were known in advance, which aided risk assessment. Vulnerable prisoners were similarly fast tracked through reception and had no contact with others. Searching was carried out sensitively and reception staff were courteous. New arrivals' property was held back for searching by the dedicated search teams and prisoners usually received their in-possession property within four days.
- HP11 G wing was the designated first night centre and induction wing where new arrivals stayed until they completed induction. There were parallel regimes for vulnerable and mainstream prisoners. However the wing also housed some prisoners being reintegrated to the normal regime, which impacted negatively on the regime of the wing. First night risk assessments carried out on G wing were thorough, although there was no such assessment for almost a fifth of prisoners who had arrived on Fridays in previous months. The delay in their assessments was a significant gap in risk assessment arrangements. All prisoners were locked up on their first night.
- HP12 There was a five-day induction programme consisting of one-to-one assessment and interviews, and departmental induction classes off the wing. A good tracking system ensured that all elements were covered. Between induction sessions prisoners spent considerable time locked in cell, although they were able to associate in the evening on the wing were they were due to be located. Prisoners could remain on G wing for up to two weeks following completion of induction awaiting a cell on their allocated wing.
- HP13 Systems to evaluate risk and monitor the levels of violence had improved since the last inspection. The collection of data on the number and nature of violent incidents was consistent and the overarching structures to monitor the progress of the violence reduction strategy were very good. A full-time coordinator ensured that investigations of reported incidents and unexplained injuries took place and that this information was fed into the monthly violence reduction committee meeting, informing follow-up actions. However, there continued to be opportunities for bullying in many areas, and CCTV cameras were still not in place in risk areas, particularly on B and C wings, but staff supervision had improved. The number of violent incidents was relatively low, given the risks posed, but many were very serious. Although most prisoners in our survey said that they felt safe at Full Sutton, with findings significantly better than similar prisons, Muslim prisoners' perceptions of safety were poor and significantly worse than for non-Muslims – 47% said that they felt unsafe at the moment compared with only 18% of non-Muslims.
- HP14 The suicide prevention policy was comprehensive. Protocols were managed directly by a senior officer coordinator with solid support from residential managers. A high

priority had been given to suicide and self-harm prevention meetings and minutes showed a good standard of debate and consideration of relevant issues. The number of active assessment, care in custody and teamwork (ACCT) self-harm monitoring documents was relatively low, although the quality of casework was mixed. Too many entries in ACCT documents were observational and failed to evidence staff awareness of important issues about the personal circumstances of their prisoners. Case reviews usually happened on time, but were sometimes poorly attended and not always multidisciplinary.

- HP15 The prison had a well-resourced and sophisticated security department that managed the large volume of information impressively. Actions, particularly concerning gangs and extremist activity, were proportionate. There was evidence, supported by security staff, that the perceptions of some staff and prisoners about Muslim prisoners were exaggerated and ongoing work was required to mitigate some of the myths. This was notwithstanding some of the serious and real risks the prison was managing in relation to potential extremism. The application of rules and security procedures were applied in a generally proportionate way.
- HP16 The segregation unit communal areas were clean but exercise yards were small and austere. Cells were often cold, some were dirty and contained graffiti, and most toilets were filthy. Cardboard furniture intended for prisoners who posed a high risk was used inappropriately for prisoners assessed as a lower risk. The designated dirty protest cells smelt of urine. Segregated prisoners had insufficient access to showers and daily facilities, such as showers, telephones and exercise, were only permitted following written application. Long-term residents in segregation received multidisciplinary reviews fortnightly and there were robust strategies to discourage long stays. However, this needed to be complemented by a more developed approach to individualised care and case management. The risk assessment tool used to determine unlock levels was crude and confused with incentives and earned privileges (IEP) procedures. Progression through the levels was neither consistent nor transparent. Nevertheless, the regime for some prisoners was good. Adjudication procedures were fair and well managed, and there was some evidence that the number of hearings was falling.
- HP17 There had been a significant increase in the number of documented uses of force, but many were low-level handcuffing incidents required to manage one prisoner held in close supervision centre (CSC) conditions. All planned interventions were video-recorded but recordings often did not show the prisoner either prior to staff entering the cell or on entry. Many prisoners told us that they were restrained even though they had offered no resistance. Resulting paperwork was completed thoroughly. Routine handcuffing of all prisoners taken to the segregation unit had ceased and was now based upon risk assessment. Documented uses of special accommodation were relatively low but we were concerned about the unjustified provision of strip clothing in certain circumstances, as well as the length of time some prisoners spent in these cells when records suggested they were calm. The records also did not evidence regular observation and engagement in too many cases. The use of the body belt on two occasions to manage two particularly challenging individuals appeared reasonable but records did not provide the necessary assurances needed to justify the continued application of the belt over the extended period.
- HP18 Some integrated drug treatment system (IDTS) procedures were in place and arrangements were progressing towards full implementation in 2011, although demand for services was very low. We found good levels of integration between

clinical and psychosocial staff in the care planning and case management of prisoners needing interventions. Illicit drug use was low. The misuse of prescribed medication was the most significant drug-related problem facing the prison. The potential for medication diversion, bullying and unwarranted prescribing were all components of this problem. Staff in the relevant departments were well focused on the issues and using a range of innovative approaches to address them.

Respect

- HP19 The prison's environment was clean and access to amenities was good. Relations between staff and prisoners had improved, although black and minority ethnic and Muslim prisoners were less positive. Personal officer arrangements were reasonable and staff had a good knowledge of their prisoners. The quality of food was good and prisoners valued the option to self-cater. Prisoners had confidence that applications and complaints were dealt with promptly. Work to address most diversity strands was in place but the negative perceptions of Muslim prisoners were complex and concerning. The chaplaincy was integrated and supported important priorities in the prison. Health care provision was good. Outcomes for prisoners remained reasonably good against this healthy prison test.
- HP20 Wings were clean and well maintained with adequate recreational facilities. Cells were similarly clean and well maintained and the offensive displays policy was followed, but prisoners still did not have lockable cupboards in their cells to store personal items. Good prisoner consultative meetings were held monthly with motivated prisoner wing representatives. Wings were calm and quiet even though some of the older accommodation was difficult to supervise due to its layout, and there was no camera coverage on B and C wings. Access to cell cleaning materials and amenities such as showers and telephones was good. Cell call bells were usually answered promptly by staff
- HP21 The incentives and earned privileges (IEP) policy was understood by staff and prisoners and many prisoners progressed to, and maintained, enhanced status. Some IEP warnings appeared petty but most prisoners were given sufficient opportunity to improve their behaviour before they were considered for regression. Prisoners placed on basic regime were given targets for improvement but there was little evidence in case notes of staff support to complete them. Basic prisoners in the segregation unit did not get timely reviews and improvement targets were generally standardised and formulaic.
- HP22 In our survey, nearly three-quarters of respondents said that staff treated them with respect. This was both better than the comparator and a big improvement over the response of only just over half of prisoners saying this on our last visit. However, black and minority ethnic and Muslim prisoners expressed worse perceptions of respect and victimisation from staff. Most prisoners we spoke to, individually and in groups, indicated that they had established good personal relationships with staff, but that trust was more difficult to establish. Our own observations were generally positive. Staff were at ease with prisoners and their approach seemed consistent and courteous.
- HP23 In our survey, most prisoners said they had a personal officer, although findings indicated that they found them less helpful than at our last inspection. Case notes

were generally completed to a good standard, with some excellent individual examples. Most officers had very small caseloads which would make it reasonable to expect the highest standards of personal officer work. There were routine management checks but supervisory standards were inconsistent. Coordination of the personal officer scheme with offender management arrangements was informal and could be developed further.

- HP24 In our survey, about a third of prisoners, significantly more than the comparator, appreciated the provision of food, although findings among Muslim and black and minority ethnic prisoners were much worse. Food was of a good quality with a variety of menu choices. There was monthly consultation with prisoners about food and the food comments books were actively used. Annual food surveys included a generic survey and seasonal survey. Over 100 prisoners had also chosen the option to cater for themselves, and this was well supported by the prison.
- HP25 The prison shop service was operated through the national DHL contract. The range of items for the general population was good, including frozen food for self-catering. There was a range of goods to meet the needs of black and minority ethnic prisoners, although they were more negative than white prisoners about the service provided. There was a large number of catalogues that prisoners could order from, but they were levied an administration fee. New arrivals only had a smoker's pack and £2 telephone credit until their first shop order day. There were quarterly consultation arrangements.
- HP26 The two-year diversity and equality strategy and action plan was being updated. It addressed most but not all diversity strands and lacked specific detail about how the needs of minority groups would be met. Work on the sexual orientation strand, for example, was underdeveloped. The current monitoring arrangements to ensure equality of access to services only considered ethnic monitoring data and needed to be extended, particularly to areas such as faith. Work on single equality impact assessments was ongoing. In our survey, prisoners who considered they had a disability and those over 50 generally reported positively across a range of indicators. Prisoners could disclose disabilities on reception and received follow-up assessments. Multidisciplinary care plans had been used for prisoners with complex needs. A committed member of health care staff worked in collaboration with others to provide a range of activities for older prisoners. Prisoners of retirement age or the medically retired were unlocked during the core day. There was good support for Travellers through weekly groups. In our survey, however, and in discussions throughout the week, Muslim prisoners expressed negative perceptions about their treatment which needed to be explored, understood and addressed. The prison did have a faith action plan which included a range of faith awareness events for staff.
- HP27 Race equality action team meetings were well attended and included representation from an external community organisation and prisoners. The full-time race equality officer was new in post and not yet trained but was supported by senior managers. There was a separate forum to encourage consultation with nominated prisoner representatives but no wider consultation with black and minority ethnic prisoners, who, in our survey, responded more negatively than white prisoners across a range of indicators. Those we spoke to in focus groups described a lack of cultural awareness by staff. Although black and minority ethnic prisoners accounted for around a third of the prison's total population, their representation was significantly greater among the general population than vulnerable prisoners. Ethnic monitoring data was not disaggregated to examine this anomaly and, although there had been some

comprehensive research into identified some areas of concern, others had yet to be investigated by the diversity team. Racist incident report forms were not always readily available to prisoners, and although most investigations were timely, not all were sufficiently rigorous. The mediation initiative using both trained staff and prison mediators continued to make a positive contribution to the well-being of the establishment.

- HP28 All foreign national new arrivals were interviewed to assess individual need. Those with language needs were signposted to English for speakers of other languages (ESOL) education provision for support. Foreign national prisoners we spoke to were sometimes unaware of avenues of support in the prison, such as weekly surgeries facilitated by the foreign nationals' liaison officer or the immigration material available in the library. Although there were good links with the criminal casework directorate, prisoners we spoke to were confused about deportation and immigration issues and did not feel they had ready access to advice and guidance. Prisoners had to reapply each month for a free international telephone call, which was unnecessary, and told us that allocated funds were not sufficient for a five-minute telephone call with family overseas.
- HP29 Prisoners had ready access to applications processes. In our survey, significantly more prisoners than at the previous inspection said applications and complaints were dealt with promptly. The prison received a large number of formal complaints, some of which could have been dealt with informally. Complaint replies we sampled were generally respectful but some were not personalised to the complainant and some did not provide a complete response. Many complaint boxes also lacked a full stock of all complaint forms. Prisoners had regular access to the legal studies centre in the library with relevant legal publications. A legal services officer was not always available at these sessions, which often delayed the completion of legal applications.
- HP30 Three coordinating chaplains and sessional staff worked well together to ensure prisoners' faith needs were met. Facilities for services were well maintained and levels of attendance at them good. A broad range of faith and non-faith activities were available and the chaplaincy team was well integrated with other key areas of the prison, such as the work of the diversity team, safer custody and security.
- HP31 The health care department provided an extensive range of services delivered by in-house and visiting specialists. In our survey, 41% of respondents said the overall quality of health care was good, which was above the comparator and an improvement on the 25% in 2007. Access to health professionals was very good. A GP was in the prison every weekday and access was normally within four days. There were many nurse-led clinics. On-site scanning facilities had improved diagnostic services for prisoners and were very cost effective. The walk-in centre was an excellent facility providing quick and effective health advice without the need to see the GP. The inpatient unit was well managed with a good regime for patients. Mental health support was very good but under-resourced.

Purposeful activity

- HP32 Learning and skills were well managed and there were sufficient activity places for the population with equitable access, but prisoners were often diverted to other activities. There was high achievement of qualifications on education and vocational training

courses. There were satisfactory work opportunities, although many were low skilled and not all work skills were accredited. Access to and the range of activities in PE were adequate to meet the needs of the population. Time out of cell was reasonable with good access to association and time in the fresh air, especially at weekends. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment remained good against this healthy prison test.

- HP33 There were sufficient activity places for approximately 90% of the population and unemployment was very low. However, there was often poor attendance in work and education owing to the diversion of prisoners to other regime activity. Allocation to activities was equitable. Individualised timetables for each prisoner were managed well and many had up to nine sessions of planned activity a week. Both vulnerable and mainstream prisoners could access a full regime. Achievement of qualifications was high on most courses. The education curriculum was broad and met the needs of the population well – 48% of the population accounting for between 60 and 90 prisoners each half-day. Prisoners on Open University (OU) and distance learning courses were supported, but enrolment had been suspended for new learners due to lack of funds for administrative support. Some artwork was outstanding, and learners produced good and thought-provoking written work in some courses. Teaching and learning were satisfactory or better. The better sessions were well planned and managed. However, teachers did not use the available information learning technologies sufficiently to add interest and stimulus in learning sessions.
- HP34 There was a range of vocational training opportunities for over 90 prisoners, including construction skills, industrial cleaning, PE and IT. Achievement of qualifications was high and prisoners developed good personal and employment skills. Teaching and learning sessions were generally well planned. Literacy and numeracy skills were developed well and contextualised to the subject. Attendance at vocational training was satisfactory but the number taking up catering qualifications was disappointing.
- HP35 The range of work opportunities was satisfactory, providing 188 work places, although some were low skilled. Workshops, particularly the textile workshop and the kitchen, provided purposeful working environments that reflected commercial standards and helped prisoners to develop an appropriate work ethic. Prisoners in the Braille workshop developed good skills and qualifications and produce high standards of work. Attendance was good. Workshop supervisors provided effective support to develop prisoners' skills and confidence. However, with the exception of the Braille shop and some limited work in the kitchen, work skills were not generally recognised or accredited.
- HP36 Library use was satisfactory, with approximately 78% of the population using it over the previous 12 months. Weekday opening times were adequate and librarians facilitated the study centre on weekday afternoons to support OU and distance learning programmes. The range of library activity in support of the broader regime was impressive. Access was equitable for vulnerable and mainstream prisoners.
- HP37 PE courses and programmes met the needs of the population. Achievement on all accredited courses, such as healthy lifestyle management, health improvement and leader awards, was good. The variety of activities offered by the gym was satisfactory and included bowling, badminton, tennis, football, cricket, volley and basketball. Recreational access appeared to meet need. Typically, a prisoner could participate in two weekly sessions and up to three sessions in the evening or weekends. The

accommodation in the sports hall was satisfactory but some other areas were cramped, and the changing room and limited shower area were poorly maintained.

HP38 The core day programmed about 9.5 hours out of cell on Monday to Thursdays and 7.5 hours on Fridays and weekends. The prison's reported figure of about 8.8 hours largely reflected the amount of time employed prisoners could usually spend out of their cells. Time out of cell for the unemployed or for those not required for their scheduled activity was less, at about five to six hours. Evening association and daily exercise in the fresh air were provided and rarely cancelled, and the regime offered at the weekend was better than we see elsewhere.

Resettlement

HP39 Resettlement and offender management arrangements were generally good. The introduction of layered offender management had been well managed but was recent and needed to be embedded further. The use of wing-based offender supervisors had allowed good links between them, offenders and wing staff. Sentence plans were generally good although much offender supervision was too informal. Public protection arrangements were good. Pre-release arrangements were appropriate to the long term nature of the population and pathway development broadly met the needs of prisoners. Programmes, in particular, were well managed. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were reasonably good against this healthy prison test.

HP40 The resettlement policy was reasonable and was supported by an appropriate action plan addressing each pathway. There was a further detailed action plan to support and direct the introduction of the new layered offender management model. The resettlement committee had been replaced by a pathways meeting, which met monthly and included identified pathway managers. Meetings were generally well attended and covered key issues. It was positive that public protection was also included as one of the pathways. Separate monthly offender management meetings were also well managed and focused on ongoing development.

HP41 All prisoners were allocated an offender supervisor, although approximately 50 to 60 were not formally in scope. All offender supervisors were officers allocated to a wing where they also undertook general officer duties. The principle underlying this model was positive, allowing offender supervisors to have regular, if informal, contact with prisoners on their wings. Although, in effect, working part time, the number of offender supervisors allowed manageable caseloads of around 25. Their primary focus was the management of sentence planning, undertaking reviews, completing OASys (offender assessment system) assessments and managing board meetings. The quality was reasonable but much follow-up work was informal and undertaken during general wing duties. The two roles needed clearer distinction and definition. Quality assurance systems were in place for OASys and although other work was not scrutinised as well, the prison was addressing this shortcoming. The 382 (around 65% of the population) indeterminate-sentenced prisoners were managed through offender management protocols, and there were monthly clinics led by one of the offender management unit (OMU) managers to respond to individual queries.

HP42 Public protection arrangements were good. All prisoners were screened and reviewed following reception. The monthly meetings of both the safeguarding children and

inter-departmental risk management teams were well attended and incorporated detailed analysis. Offender supervisors, however, did not routinely attend these meetings. The pre-release strategy meetings were also well managed and the quality of assessments generally good.

- HP43 The prison typically released 25 to 30 prisoners a year, mostly on licence. Adequate and appropriately targeted services were provided to address housing, employment, training and education, health, drugs and finance resettlement pathways before discharge.
- HP44 Arrangements for visits were reasonable. The visitors' centre was appropriately resourced and facilities generally good. The visits area was relaxed and informal, although the children's play area was small and inconsistently staffed by volunteers. Family visits occurred four times a year but were sometimes poorly attended. A more structured family day, oriented around a 10-week family learning course in education, was more successful and a positive initiative to be encouraged. Consultation with visitors and a visitors' forum had been introduced
- HP45 The programmes team was large and multidisciplinary and provided an appropriate range of programmes that included the sex offender treatment programme, controlling anger and learning to manage it (CALM), thinking skills programme and Focus. Although a formal needs analysis had only been undertaken on the vulnerable prisoner side of the prison, integration with OMU ensured referrals were appropriately managed and waiting times to access programmes were not excessive.

Main recommendations

- HP46 Governance arrangements for special accommodation and mechanical restraints should be improved to give assurance that their use is always properly authorised and used only for the shortest possible time.
- HP47 The removal of normal clothing and provision of strip clothing, whether in health care or the segregation unit, should not be routine, but only in exceptional circumstances be properly justified, appropriately authorised and for the shortest possible time.
- HP48 Staff should regularly patrol the residential wings, particularly the areas near cells and stairwells, and CCTV cameras should be installed in blind spots on B and C wings.
- HP49 The prison should conduct frequent consultation with Muslim prisoners to explore and address their negative perceptions.

Progress on main recommendations since the previous report

(The paragraph numbers at the end of each main recommendation refer to its location in the previous inspection report)

MR1 Procedures for the management of prisoners' property, including prisoner access, should be improved. (HP39)

Achieved. Arrangements for prisoners' property were controlled via reception with specific days for prisoners to collect their property, including stored property and that recently sent in by family and friends. There was a good system for tracking prisoner property, including searching items sent in. The records showed that a prisoner could receive his sent-in property within four days of receipt into the establishment. There were satisfactory measures to control the volume of property that prisoners could keep.

MR2 The supervision of A, B, C and D wings should be improved. (HP40)

Partially achieved. We saw some evidence of staff interacting with prisoners and supervising them, adequately but we also saw too many staff in wing offices and congregating together during association. Staff supervision had improved since our last inspection but CCTV coverage remained insufficient.
See main recommendation HP48.

MR3 There should be work to understand and improve prisoner perceptions of, and relationships with, staff. (HP41)

Partially achieved. There was no evidence of a specific strategy or programme to address this recommendation, although there were a variety of initiatives conducive to improved relationships. For example, the prison had re-launched the 'prison officer development programme' that included components such as pro-social modelling, motivational skills and diversity training. Prisoner consultation arrangements were well developed and most prisoners had a personal officer. It was clearly evident that prisoners' views of staff had improved considerably. In our survey, 72% of respondents said that staff treated them with respect, compared with the 54% finding in 2007 and the current comparator of 64%. There was a similarly positive response when prisoners were asked if they knew a member of staff they could turn to if they needed help, except for black and minority ethnic respondents, particularly Muslim prisoners.
See main recommendation HP49.

MR4 Access to Listeners should be improved. (HP43)

Partially achieved. The Listener scheme was well established. Listeners generally felt that they were valued by staff and prisoners, and were properly supported by the Samaritans at a formal monthly meeting. Prisoners told us that they understood their role and knew how to access them during the day. However, as at the last inspection, access to Listeners at night was limited. Prisoners in crisis had to be taken to Listeners' cells 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 Samaritans telephone line.
See further recommendation 3.16.

MR5 **There should be a designated first night/induction unit for new arrivals. (HP44)**

Achieved. In November 2009, the prison had converted the witness protection unit on G wing into a dedicated first night and induction wing. (See first night and induction sections.)

MR6 **Staff should regularly patrol the residential wings, particularly the areas near cells and stairwells. (HP45)**

Partially achieved. There had been improvements in the regular patrolling of landings and supervision since the last inspection. There were usually regular patrols of cell areas and officers clearly knew where most of their prisoners were most of the time. Handover arrangements for staff coming on duty were good and residential managers ensured that officers were aware of any issues affecting the safety of prisoners in specific areas of the wing. However, the patrolling of the stairwells, particularly on B and C wings, was inconsistent and we saw staff in wing offices when they should have been out patrolling the narrow corridors. See main recommendation HP48.

Progress on recommendations since the last report

Section 1: Arrival in custody

Courts, escorts and transfers

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

Achieved. Although staff were not profiled for working over the lunch period, they said reception did remain open, and the reception log book and our observation confirmed that prisoners were processed during this period.

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

Partially achieved. This had been accepted in principle at the last inspection, although it had been decided to include a standardised list of in-possession property as an agenda item at the high security prisons meeting and leave the final decision to individual governors after discussion.

Additional information

1.3 Prison staff escorted category A prisoners and Global Solutions Limited (GSL) usually escorted category B prisoners, unless there was specific intelligence that meant they were escorted by prison staff. In our survey, 56% of respondents, against the comparator of 45%, said that the cleanliness of the van was good. The contractor and prison vehicles that we saw were clean, graffiti-free and had padded seats.

1.4 In the previous six months, there had been 122 discharges or transfers and 143 new receptions. We observed good and courteous interactions between escort staff and prisoners. In our survey, 61% of respondents, against the comparator 50%, said that they were treated well by the escort staff.

1.5 Most journey times of the prisoners we spoke to had been less than four hours, and in our survey only 12% of respondents, against the comparator of 22%, said that they had spent more than four hours in the escort van. Waiting times outside the prison gate and in the sterile area were kept to a minimum. The new arrivals we observed spent less than 15 minutes waiting on the vehicles, and recently arrived prisoners told us that they had spent no longer than 30 minutes on vehicles.

- 1.6 Prison dogs were deployed when prisoners were loaded or unloaded on to escort vehicles. Prisoners were always handcuffed between the vehicle and reception and vice versa, despite the high level of staff and dog presence and the relatively short distance involved.

First days in custody

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.

Reception

- 1.7 The number of staff who gather in reception to meet new arrivals should be kept to a minimum to avoid appearing intimidating. (1.24)

Achieved. Recent prisoner arrivals told us that there were only on average three staff and a senior officer in reception when they arrived, which our own observations confirmed.

- 1.8 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)

Not achieved. New arrivals were not given a free telephone call once the details of their approved telephone numbers had been received and authorised, but they could pay for a call. For prisoners with limited finance, staff made a telephone call to their next of kin on their behalf.

We repeat the recommendation.

- 1.9 A reception pack should be offered to new arrivals. (1.26)

Partially achieved. Smoker's and non-smoker's packs were available on the induction wing, although wing managers told us that they did not offer the non-smoker's pack as they felt it did not provide value for money. Prisoners who had arrived the previous week confirmed that they had not been offered a non-smoker's pack. In our survey, only 43% of respondents, against the comparator of 53%, said that they were offered a reception pack on the day they arrived.

Further recommendation

- 1.10 Non-smoker's packs should be offered to new arrivals.

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

Achieved. A Listener resided and worked on G wing, the first night and induction unit, and he saw all new arrivals on their day of arrival. Prisoners who had arrived in the previous weeks said that they had seen a Listener as part of their first night procedures.

Additional information

- 1.12 The reception was small but clean and had been recently painted. There were three holding rooms that were bleak and had no natural daylight. None of the holding rooms had any reading material for prisoners, although one had a television. Staff told us that prisoners did not stay in the rooms for long as the reception process was speedy, and this was confirmed by recent new arrivals who told us that they had been processed quickly.
- 1.13 Vulnerable prisoners were known in advance and, as new arrivals were received one at a time and no prisoner worked in reception, vulnerable prisoners were dealt with safely during their reception.
- 1.14 All prisoners arriving on transfer or escort return were subject to a full search, carried out in a separate room. The searching that we observed was carried out very well with a good rapport between staff and prisoners. In our survey, 65% of respondents, compared with only 43% in our 2007 survey, said that their search in reception was carried out in a respectful way.
- 1.15 Staff in reception were courteous and polite with prisoners. In our survey, 49% of respondents, compared with 42% in 2007, said that they were treated well in reception. Reception staff told prisoners what was going to happen to them next, and new arrivals told us that this helped to put them at ease. In our survey, 36% of respondents, against the comparator of 31%, said that they were given information on the day they arrived about what was going to happen to them.
- 1.16 The property of new arrivals was held back in a separate room in reception and subject to a full search by the dedicated search team (DST). The prison aimed to have in-possession property searched and back with the prisoner within four days, but in the previous weeks they had achieved delivery of property to the prisoner in an average of two days.

First night

No recommendations were made under this heading at the last inspection.

Additional information

- 1.17 All new arrivals were pre-planned and staff on the first night and induction wing (G) received a pen picture of the prisoners they were due to receive so that they could make adequate provision. The prison chose the wing for new arrivals once their induction was completed.
- 1.18 The first night process consisted of a one-to-one interview with the G wing senior officer, which addressed any immediate needs or issues for the prisoner, and a visit to see a nurse in the health care department, which was next door to the first night centre. The prisoner was offered a shower, but if he arrived on the wing during the evening having been in reception all afternoon he was locked up after the risk interview and not offered the opportunity to shower or associate with other prisoners.
- 1.19 New prisoners who arrived on a Friday, when there were fewer staff because of the reduced core day, were less likely to have the full first night process, including the risk assessment interview and health care assessment. In the previous six months, 17% of new prisoners had arrived on a Friday.

- 1.20 G wing was clean and well maintained and was staffed by a dedicated first night and induction team. There were 20 cells, all single occupancy. The cells were clean and well maintained and prepared for new arrivals with new bedding and a toiletry pack, as well as a tray outside the door with an information booklet and other relevant material about the prison. Prisoners told us that this information was useful and that, by reading it in their cells on the first night, they had a better understanding of the prison and the regime within 24 hours. The information booklet was available in a range of languages.

Further recommendations

- 1.21 New arrivals should not be routinely locked in their cells on the evening of their arrival and should be allowed time out of cell.
- 1.22 New prisoners arriving on a Friday should be given the full first night assessment on the day they arrive.

Induction

No recommendations were made under this heading at the last inspection.

Additional information

- 1.23 G wing ran two parallel regimes, one for vulnerable and one for mainstream prisoners. The wing also held a few prisoners who were being reintegrated on to the wings and who had regimes tailored to meet their individual needs. Staff and prisoners told us that this affected the available induction regime as staff dealt with these individuals. Each case was unique, so no forward planning was possible.
- 1.24 There were separate five-day induction programmes for vulnerable prisoners and mainstream prisoners. Prisoners joined the programme the day after they arrived. Induction started with a one-to-one interview with the induction officer that included a synopsis of what the prison regime had to offer. The rest of the programme consisted of prisoners moving to the individual departments to undertake induction.
- 1.25 In the first 12 months of its operation, 233 prisoners had passed through the wing. There was a tracking system to ensure that prisoners accessed all elements of the induction programme, even if this was completed after they had left G wing. We saw evidence that some prisoners had remained on G wing for several weeks after they had completed their induction, although this had improved in the previous two months.
- 1.26 Inductees were allowed to have evening and weekend association on the wing they were due to reside on. However, they had too much lock-up time during the core day and they told us that this affected the impact of the induction programme and the information they got. In our survey, only 45% of respondents, against the comparator of 57%, said that the induction course covered everything they needed to know about the prison.

Further recommendations

- 1.27 The induction wing should be used solely for inductees and not as a quasi-reintegration wing.

1.28 New prisoners should not spend a protracted time on the induction wing after they have completed the programme.

1.29 The induction programme should be restructured to minimise the lock-up time for inductees during the core day.

Good practice

1.30 *Inductees were allowed to spend evening and weekend association on their allocated wing, which was a good way of integrating them into the prison.*

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

Accommodation and facilities

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

Partially achieved. Each wing had a standardised management book that included a check on staff supervision of prisoners. We did, however, find evidence of checks not being completed and of being completed early in the morning before a true assessment could be made.

We repeat the recommendation.

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

Achieved. A painting programme had been introduced and this ensured that all cells were properly decorated. All the cells we saw were clean and well maintained.

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

Not achieved. None of the cells that we saw had lockable cupboards for prisoners to store their personal belongings.

We repeat the recommendation.

- 2.4 All prisoners should have fair access to telephones every day. (3.72)

Achieved. Each wing had an adequate ratio of telephones to prisoners and prisoners had access to them throughout the time when they were unlocked.

Additional information

- 2.5 Seven wings provided single cell accommodation for up to 608 prisoners. A, E and F wings held mainstream prisoners and B, C and D wings were the designated vulnerable prisoner wings. G wing was the first night and induction wing.

- 2.6 E and F wings had galleried landings that afforded good sightlines for staff, A, B, C and D wings each had two landings and four spurs that formed a square. CCTV had been installed on A and D wings, which aided staff supervision, but it had not been installed on B and C wings (see paragraph 3.7 and main recommendation HP48). The wings were generally bright, clean and well maintained.

- 2.7 Cells were well maintained, clean and had in-cell electrics, televisions and good quality furniture. Prisoners were allowed their own duvets and curtains.
- 2.8 Cell call bells were answered promptly. In our survey, 58% of respondents, against the comparator of 49% and the finding of only 44% in 2007, said that cell call bells were answered within five minutes.
- 2.9 The prison had a succinct offensive displays policy and this was adhered to by prisoners with all the cells we observed free from offensive material.
- 2.10 Each wing had a dedicated kitchen area where prisoners could cook their own food. Association areas had adequate recreational facilities which included cardiovascular gym equipment. Notice boards were updated and contained relevant information.
- 2.11 Prisoners we spoke to said that they felt safe in their cells and on the wings and that the wings were calm and quiet, especially at night.
- 2.12 Prisoner wing representatives had been appointed for each wing and they met prison staff and managers monthly for a good quality consultative meeting. Minutes of the meetings showed that prisoners could express the collective views of prisoners without prejudice, although some items raised had taken several months to be concluded.
- 2.13 There was a good system to deal with incoming and outgoing mail, and incoming mail was received promptly by prisoners. In our survey, only 51% of respondents, against the comparator of 57%, said that staff had opened legal correspondence when they were not present.

Housekeeping point

- 2.14 All items raised by prisoners at consultative meetings should receive a response within 28 days.

Clothing and possessions

No recommendations were made under this heading at the last inspection.

Additional information

- 2.15 Prisoners were allowed to wear their own clothes, prison clothing or a mix of both. Some prisoners chose to wear prison clothes for work and their own clothes for recreation. Prison clothing was of a satisfactory quality. Each wing had a properly equipped laundry that prisoners could use weekly, and there was a weekly exchange of prison clothing. There was a good supply of adequate new clothing in reception for prisoners being discharged who needed them, and no restrictions were applied to this.

Hygiene

No recommendations were made under this heading at the last inspection.

Additional information

- 2.16 In our survey, 92% of respondents, against the comparator of 69%, said that they got cell cleaning materials weekly, and prisoners we spoke to said that they had daily access to cell cleaning materials.
- 2.17 Communal showers were screened and clean and prisoners said that they could use them at any time they were on the wing and unlocked.
- 2.18 Clean bedding was offered weekly and in our survey 81% of respondents, against the comparator of 77%, said that they received clean sheets every week.

Staff-prisoner relationships

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.

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

Achieved. Although we often found many staff in wing offices, their engagement with prisoners was evident and supervision seemed better than at our last inspection. The requirements of security, not least the frequent searches, were not helpful to relationships, and many of the encounters we observed were formal and distant. Despite this, many prisoners indicated that they got on well with staff at a personal level, although some felt that establishing trust was more problematic. Our observations were consistent with the findings of the prison's most recent measuring the quality of prison life (MQPL) survey in which over 60% of prisoners suggested they got on well with staff but under 15% said they trusted them. Staff on the whole appeared at ease with prisoners, and the atmosphere on all the wings we visited was calm and ordered. We saw no evidence of delinquent staff attitudes, and most staff appeared courteous and consistent in their dealings with individuals

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

Not achieved. Although we saw some staff address some prisoners by their preferred name or title – more likely to be longer stay prisoners who they knew well – this was not the general practice or approach.
We repeat the recommendation.

Personal officers

Expected outcomes:

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

No recommendations were made under this heading at the last inspection.

Additional information

- 2.21 The prison did not have a dedicated personal officer policy document. The only policy reference to personal officers was in the incentives and earned privileges (IEP) policy document but this was specific to a personal officer's role within the IEP scheme. The induction booklet that prisoners received on the induction wing had a brief outline of the service. Prisoners we spoke to said they had a personal officer and they knew who they were. In our survey, 94% of respondents, against the comparator of 86%, said that they had a personal officer.
- 2.22 Prison officers had a caseload of four prisoners for whom they were personal officer. Staff we spoke to knew the prisoners for whom they had personal officer responsibility and their personal circumstances, including up-to-date issues. Staff saw their role primarily as dealing with day-to-day issues and, although interaction was good, their small caseload ensured that there was room for further improvement. Personal officers were allocated to prisoners when they resided on the segregation unit or the induction unit. Links between personal officers and offender supervisors was through daily contact on the wing but was informal.
- 2.23 Case history notes were completed electronically usually at least every two weeks. Those we observed were completed in general to a good standard with several excellent examples of quality staff-prisoner interaction. There were electronic management checks of the case history notes but there were inconsistencies in the standard of the quality checks – some managers assessed limited entries as good while others assessed quality twice-weekly entries as poor.

Further recommendation

- 2.24 Links between personal officers and the offender management unit should be developed and formalised.

Housekeeping points

- 2.25 The prison should have a specific personal officer policy document that staff and prisoners can refer to.
- 2.26 Management checks of case history notes should be consistent on the quality and frequency of the entries.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

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

Achieved. The violence reduction coordinator checked all the anti-bullying documentation regularly, usually each week. Checks of samples were also made by the head of prisoner safety (see additional information) The bullying documentation we examined showed that there were regular reviews of cases, and investigations into alleged incidents, usually by residential managers, were thorough. Officers' entries in documentation showed that they were reasonably engaged in the day-to-day management of actual and suspected perpetrators and this was encouraged by managers.

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

Not achieved. Although described in the violence reduction policy as part of the overall strategy to support prisoners on residential units, wing officers acting as anti-bullying liaison officers were no longer in place.

Further recommendation

3.3 The role of anti-bullying officers should be reviewed and, if appropriate, fully implemented.

3.4 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)

Achieved. A full-time coordinator had been appointed since the last inspection and was ensuring that investigations of all reported incidents and unexplained injuries took place. This information was fed into the monthly violence reduction committee meeting to help inform actions (also see additional information). He regularly interviewed all alleged perpetrators, checked for relevant comments in wing occurrence books, and advised residential managers in determining levels of required observation based on a formal assessment of the prisoner.

3.5 There should be organised interventions to deal with persistent bullies. (3.13)

Not achieved. As at the last inspection, bullying behaviour was dealt with exclusively through immediate intervention, such as close monitoring, sanctions applied through the incentives and earned privileges (IEP) scheme or segregation. Organised intervention to deal with the specific longer-term behaviour of persistent bullies had not been developed.

We repeat the recommendation.

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

Achieved. Victim support plans were routinely raised and were used to support victims of bullying. The quality of most we inspected was adequate and addressed prisoner needs.

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

Partially achieved. Although CCTV cameras had been installed on A and D wings they were not in place on B or C (see main recommendation HP48).

Additional information

- 3.8 The violence reduction strategy had been recently reviewed and the policy redrafted in October 2010. There continued to be an appropriately high priority given to organisational arrangements to deal with overall levels of violence. The violence reduction committee met every month to monitor overall progress of the strategy with good support from key areas in the prison, such as security, residential units and the senior management team. Minutes indicated that meetings were appropriately focused on issues concerning the full range of violent incidents, from minor fights to serious assaults. Information provided by the violence reduction coordinator and the security department about the amount, type and location of violent incidents each month was analysed to identify trends, patterns and hotspots. Potential problem areas were identified and action plans for individual residential units were raised by residential managers, with progress monitored by the violence reduction committee.
- 3.9 As at the last inspection, there were strong links between the violence reduction committee and the security department. The security department continued to manage structured intelligence systems used to identify and deal with the more sophisticated and covert forms of bullying associated with organised gang and terrorist activity (also see security and rules). Information received from security information reports, custodial history records and police reports was correlated and used to inform interventions. These were generally managed by the security department but often in conjunction with the violence reduction coordinator. Risk management plans, usually generated by cell sharing risk assessments, were also regularly reviewed by the violence reduction coordinator and the committee, with particular attention to high risk prisoners.
- 3.10 There was a three-stage anti-bullying strategy to identify incidents of bullying, challenge this behaviour and address persistent bullies. Prisoners suspected of violent or bullying behaviour were put on to stage one, which was sanctioned by the residential unit manager following receipt of an anti-bullying incident report, security information report or other information, such as wing occurrence books, complaints from other prisoners or written entries in personal files. Residential officers monitored the prisoner's behaviour for a minimum of seven days, and he was then formally reviewed following an investigation by the wing manager. If the behaviour was proven or continued, the prisoner faced sanctions under the IEP scheme. If there were no changes after 14 days, he was placed on stage three and admitted to the segregation unit. Although the system had changed little since the last inspection, its application across all the residential units had improved. Our observations showed that, on the whole, protocols were consistently followed and that effective oversight of the scheme by the violence reduction coordinator had improved. Most prisoners were made aware of the anti-bullying policy during their induction and generally understood the procedures; many said that they had some confidence in staff to deal with incidents.

- 3.11 Given the nature and size of the establishment overall, the number of recorded violent incidents (fights and assaults) was relatively low, at about 35 in the first six months of 2010. This was a slight reduction of about five compared to the same period during the last inspection. Although these figures included low level incidents, such as minor fights and threats, nearly half were very serious.
- 3.12 All reported incidents were fully investigated by the violence reduction coordinator or a residential unit manager. The quality of investigation was particularly good with evidence that all allegations were taken seriously. Outcomes were recorded and consistently acted upon, usually by residential managers supported by officers on the wings and the violence reduction coordinator.
- 3.13 Although most prisoners said that they generally felt safe, in our survey responses from Muslim prisoners about their perceptions of safety, across the indicators, were poor and significantly worse than non-Muslims – 47% said that they felt unsafe during the time of inspection, compared with only 18% of non-Muslim respondents. (See main recommendation HP49.)

Self-harm and suicide

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.

- 3.14 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)

Partially achieved. Case reviews usually happened on time, but were sometimes poorly attended and not always multidisciplinary. Although there were examples of well-attended multidisciplinary meetings, there were too many that were not and some where the only people attending were the prisoner and the case manager.

We repeat the recommendation.

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

Not achieved. A single cell in the induction unit on G wing had been designated as a Listener suite. Conditions were generally poor. It was small, cramped, inadequately furnished and dark. Prisoners and staff said that it was seldom used. Listeners usually saw prisoners in their cells, but not during the night (see paragraph MR4).

We repeat the recommendation.

Further recommendation

- 3.16 Prisoners should have better access to Listeners at night.

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

Achieved. A landline was available to all prisoners to contact and speak in private with the Samaritans at all times during the day and night.

Additional information

- 3.18** A recently reviewed suicide prevention policy document, specific to the identified needs of dispersal prisoners, had been published. We found copies on all residential units, in reception and in the education department. Staff and prisoners we spoke to said that they were aware of its content.
- 3.19** The safer custody committee monitored the implementation of the strategy at two-monthly suicide prevention meetings. The minutes showed that individual cases were appropriately discussed and that the specific needs of prisoners were met consistently. The committee also used historical information, provided by the safer custody coordinator, to help identify trends and patterns of behaviour in terms of type, timing and peripheral circumstances of individual incidents. This was being used to develop the strategy.
- 3.20** Protocols were managed by an effective full-time safer prison coordinator who was also responsible for the day-to-day management of violence reduction arrangements. He was responsible for ensuring that procedures to manage prisoners at risk from self-harm were properly implemented, and also acted as a central point for advice and guidance for staff and prisoners. The role was given a high profile and was understood throughout the prison.
- 3.21** Tragically, there had been one self-inflicted death at the establishment in 2010 before our inspection. The case had been fully considered by the governor with the suicide prevention committee and interim action plans had been raised pending the completion of full investigations by the Prisons and Probation Ombudsman. The progress of the action plans was monitored directly by the deputy governor.
- 3.22** There was an average of about five assessment, care in custody and teamwork (ACCT) self-harm monitoring documents open per month. At the time of inspection there were eight. Reasonable support plans were prepared through consultation with the prisoner that identified specific needs. The progress of plans was reviewed at times agreed with the prisoner, and there was good support from mental health in-reach workers in the more complicated cases.
- 3.23** Despite regular management checks by the coordinator of the quality of entries in documents, we found the quality of written entries generally poor and worse than at our last inspection. Although some demonstrated an in-depth understanding of the individual circumstances and feelings of prisoners, too many were cursory and did not show high levels of care and support.
- 3.24** Prisoners considered to present a serious risk of suicide or self-harm could be placed in one of two safer cells in the health care centre. They were gated and contained fewer ligature points than ordinary cells. We were told that, before location there, prisoners were risk assessed to determine whether they should be deprived of their normal clothes and what, if any, possessions they could retain. Although not used automatically, health care staff said that strip clothing had been used on a few occasions to prevent self-harm. We were unconvinced by this justification for an action which demeaned an already disturbed prisoner. It was not possible to determine the number of times that strip clothing had been used for prisoners in crisis because there was no separate log recording incidents. There had been no operational instruction

setting out the protocols and authorisation procedures for use of strip clothing and we were not assured that governance arrangements were properly maintained.

Applications and complaints

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.

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

Partially achieved. All wings operated the same application procedures. Each had an application log into which submitted applications were entered and given a log number. The date they were received and the nature of the application were also recorded. Although log books allowed staff to record the date applications were returned to the prison, this column was frequently blank. Staff told us that this could be because some application were actioned by the relevant department without written notification sent to the prisoner and that application responses were sometimes sent directly to the prisoner. It was, therefore, not possible to assess the timeliness or completeness of replies. However, in our survey 47% of respondents said applications were dealt with promptly, which was better than the response of 36% at the last inspection.

Housekeeping point

3.26 There should be an audit trail of the progress of applications to ensure they are answered in a timely manner.

Additional information

3.27 Prisoners could submit application on five evenings a week. The older wings A – D had an application office, and on E and F wings staff took the applications log and a range of application forms on to the landing. Prisoners were also able to obtain application forms outside these times. Triplicate forms were used for general applications and there was also a range of other application forms for specific requests, such as for catalogue purchases or pay queries. There was a separate health care application form and a box opened only by health care staff to maintain confidentiality.

3.28 The prison received a significant number of formal complaints; almost 2,500 in the six months from April 2010. We saw some complaints that could have been dealt with through informal means. Information about the process was provided during induction and displayed on wing notice boards.

3.29 Complaint boxes were opened by night orderly officers which was inappropriate and could undermine prisoner confidence in the process. Many complaint boxes did not have a full stock of complaint forms when we checked.

3.30 A full-time complaints clerk logged all submitted complaints on an electronic database and forwarded them to the appropriate department or individual for a response. Confidential access

complaints, of which 106 had been received in the six months from April 2010, were logged and sent unopened to the governor for a response. There were systems to track the timeliness of complaint responses, including where they had been forwarded to another prison for a response. There was comprehensive monthly analysis of complaints by location, subject and ethnicity which was discussed at monthly senior management team meetings.

- 3.31 Complaint replies we sampled were generally timely and respectful but we did see some that were not personalised to the complainant or which did not provide a complete response. A senior manager made a monthly quality assurance check of a random sample of complaint responses and we saw examples of feedback to individuals when responses had not met the required standard. In our survey, 42% of respondents said complaints were dealt with promptly, which was better than the comparator of 32% and the 30% response in 2007.

Further recommendations

- 3.32 Complaint boxes should only be opened by staff responsible for processing complaints.
- 3.33 All complaint replies should be addressed to the complainant and should provide a full and complete response to all aspects of the complaint.

Housekeeping point

- 3.34 All complaints boxes should be stocked with the full range of complaint forms.

Legal rights

Expected outcomes:

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

- 3.35 The library should stock up-to-date references on immigration law and procedure. (3.91)

Achieved. Relevant reference books on immigration law and procedures had been purchased and were available in the library.

- 3.36 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)

Achieved. The legal studies centre had been relocated to the library where prisoners were able to access relevant legal publications and information. Prisoners could request printed and photocopied legal documents, subject to security requirements. Staff had access to the intranet in the library office. Once prisoners had been security cleared they could book a study session in the library six mornings a week through an application. Records indicated good use of the facility – for example, 10 prisoners had booked study slots during the week of the inspection.

Additional information

- 3.37 The prison had three trained legal services officers, although in practice at the time of the inspection the work was undertaken by one member of staff. New arrivals were given a leaflet

that outlined the services available. A legal services officer was not always available during library study sessions due to redeployment to other duties, which also affected staff in ensuring applications were dealt with promptly. The prison had 35 registered appellants who regularly used the study facility.

- 3.38 In our survey, 63% of respondents, against the comparator of 57%, said it was easy to communicate with their solicitor. Legal visits took place on three weekday mornings. There were three legal visits rooms in the social visits area, one of which also had a video link facility. Solicitors could request use of these private rooms but otherwise legal visits took place in the social visits area.

Faith and religious activity

Expected outcomes:

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

No recommendations were made under this heading at the last inspection.

Additional information

- 3.39 The chaplaincy team consisted of full-time Anglican, Catholic and Muslim chaplains who all functioned as coordinating chaplains and were supported by part-time and sessional staff. The prison had no Buddhist or Pagan leaders at the time of the inspection. The team was well integrated into the prison and supported important work, such as that for those at risk of suicide and self-harm. Staff had recently attended the relevant national training to deliver a planned staff faith awareness programme.
- 3.40 Chaplaincy staff worked well together to fulfil statutory responsibilities, such as seeing new arrivals during induction. The chaplaincy had produced a leaflet for prisoners describing the chaplaincy team, activities and worship. Information about access to religious services was also outlined in the chaplaincy policy document.
- 3.41 The multi-faith facility was well maintained and had recently been improved with partition screening around the altar. Attendance at services was good with around 80 prisoners attending Muslim Friday prayers, 50 at the Anglican service and 60 at Catholic services. Anglican and Muslim services were integrated for vulnerable and general population prisoners but there were separate Catholic services.
- 3.42 There were weekly Catholic and Qur'an study groups, as well as a weekly programmes group for prisoners undergoing the sex offender treatment programme and a poor copers group. Traveller support groups (see paragraph 4.8) were facilitated by the Catholic chaplain and there was a weekly session in the chaplaincy for older prisoners. The chaplaincy also ran the Sycamore Tree victim awareness and restorative justice programme four times a year (see paragraph 9.58). Prisoners had access to a range of faith literature in the faith library. Prisoners could buy religious artefacts through a catalogue, and the chaplaincy could loan guitars and radios.

Substance use

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.

Clinical management

- 3.43 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)

Achieved. Two integrated drug treatment system (IDTS) band six nurses were working alongside the head of health care to develop the clinical side of treatment, which they delivered as an integrated service with the counselling, assessment, referral, advice and throughcare (CARAT) team. There were joint clinical reviews with CARAT workers, as needed, and nurses joined the weekly CARAT team meetings.

- 3.44 The prison should employ specialist substance misuse staff in the healthcare department. (3.105)

Achieved. Two IDTS band six nurses were in place as substance use specialist nurses.

Additional information

- 3.45 IDTS was progressing well towards going live in April 2011, depending on the construction of a new clinical treatment facility and a shared office space for CARAT workers and IDTS nurses. A project manager was overseeing the introduction of the service, which had a well-developed action plan. We found good levels of integration between clinical and psychosocial staff, in prisoners' care planning and case management.
- 3.46 Only two prisoners were receiving methadone treatment at the time of the inspection: one was on a maintenance dose and the other was on a very low reducing dose. Both prisoners had been transferred in while on treatment. There had been an additional three prisoners requiring secondary detoxification in the previous 12 months.
- 3.47 Subutex (buprenorphine) was available, though none was being prescribed at the time of the inspection. Illicit Subutex had, however, been detected in recent mandatory drug testing (MDT).
- 3.48 Methadone was administered in a small interview room, which was planned to be used until the new build became available. The facility was appropriate as an interim measure.
- 3.49 The misuse and over-use of prescribed medication was the most significant drug-related problem for the prison. This manifested in many prisoners demanding pain medication, either for their own use or for diversion. The diversion appeared to be partly a response to bullying and coercion by other prisoners. Despite these problems, we found that staff in all relevant departments were well focused on the issues and used a range of innovative approaches to address them. For instance, the two IDTS nurses ran the daily walk-in clinic to add their

substance misuse knowledge to the clinical challenge of prisoners who persistently asked for analgesia without sufficient diagnostic evidence of need. Additionally, mobile scanning and ultrasound diagnostic equipment was regularly brought into the establishment to quantify prisoners' specific pain relief needs. One IDTS nurse and one CARAT worker were due to be trained in auricular acupuncture as an alternative to medication. To reduce bullying, there were medication lockers in wing offices for prisoners to store in-possession medication away from their cells and in sight and under the supervision of officers.

Drug testing

- 3.50 The system for requesting suspicion drug testing should operate in conjunction with the security information reports process. (3.106)

Achieved. Staff were required to submit suspicion drug test requests with security information reports (SIRs). Suspicion test requests were also issued directly by the security department when other intelligence made this appropriate. Positive suspicion test rates were, however, relatively low at 21.4% in the six months to September 2010. A previous system of using internal mail to deliver test requests had been changed to speed up the overall testing process and meet the 72-hour deadline for test completion.

Additional information

- 3.51 Random mandatory drug testing (MDT) positive rates were low at 3.3% in the six months to September 2010, against a target of 5%. In our survey, only 17% of respondents said that it was easy to get illegal drugs in this prison, against the comparator of 31%. In the six months to September 2010, there had been eight drug finds and eight hooch finds. Three dog handlers had three passive and two active drugs dogs between them. The monitoring of bullying for medication was among the top priorities for security staff, which also demonstrated the good integration and cooperation between departments to tackle the prescribed medication problems.
- 3.52 The MDT suite was clean, tidy and appropriately equipped. Staff had also provided a more open seating area with comfortable chairs for older prisoners, some of whom had become very uncomfortable, and even unwell, when placed in the small holding cells while waiting for tests.
- 3.53 Reception testing, risk testing and frequent testing programmes were in place. MDT was well resourced overall, with staff who were enthusiastic about testing and respectful of the needs of prisoners.

Protected witness unit and special secure unit

- 3.54 These two units were no longer open and therefore the five previous recommendations relating to them were no longer applicable.

Section 4: Diversity

Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities. Multiple diversity needs should be recognised and met.

Diversity

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

Partially achieved. The prison had a two-year diversity and equality strategy for 2008 to 2010. Many action points were out of date but the strategy was being reviewed and updated at the time of the inspection. The policy incorporated an action plan for most, but not all, diversity strands. For example, there was no action plan for religion or sexual orientation. There was some confusion among staff about whether previous separate policies covering some diversity strands, such as race and disability, were still valid, and the existing strategy did not include sufficient detail about how the needs of minority groups would be met. To date, only 309 directly employed staff, around 40%, had attended 'challenge it change it' diversity training.

Further recommendations

- 4.2 The diversity and equality strategy and action plan should cover all diversity strands and should include clear guidance about the levels of support to be provided across each strand.
- 4.3 All staff should receive appropriate diversity and cultural awareness training, with refresher training at least every three years.

Additional information

- 4.4 The prison had a full-time diversity manager with overarching responsibility for all diversity strands. Before November 2010, there had been separate diversity meetings and race equality action team meetings (REAT) every two months but during the week of the inspection these had been replaced by the first combined bimonthly equalities action team (EAT) meeting, chaired by the deputy governor. Terms of reference for EAT meetings indicated that the membership was appropriate and included both community and prisoner representation. An administrator worked alongside the diversity manager and race equality officer.
- 4.5 Previous diversity meetings covered both staff and prisoner diversity issues and were not attended by prisoner representatives. An overview of work by the race equality officer, diversity manager and work with prisoners with disabilities and older prisoners were discussed at meetings.
- 4.6 The prison had a well-established prisoner representatives' scheme for race and foreign national diversity strands and representatives had met bimonthly at the REAT. The prison had decided to broaden the role of prisoner representatives to include all diversity strands and this was under way at the time of the inspection, with suitable representatives being identified to

champion a specific diversity strand. Representatives we spoke to were clear about this development in their role and understood its requirements in supporting other prisoners.

- 4.7 The current monitoring to ensure prisoner equality of access to services did not extend beyond ethnic monitoring. Work on single equality impact assessments had begun with an appropriate focus on key areas, including access to work and segregation.
- 4.8 There was good support for Travellers through weekly groups facilitated by the coordinating Catholic chaplain who was experienced in working with this minority group and had a good understanding of how custody affected them and their families.

Further recommendation

- 4.9 Prison monitoring should include other elements of diversity, including disability, age and religion.

Race equality

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

Partially achieved. Since the previous inspection, all staff had received a copy of the comprehensive user-friendly cultural and religious awareness guide *Faces of Britain* (produced by Avon and Somerset Constabulary). In addition, a community representative had visited the prison to talk to staff about extremism. However, there was no ongoing cultural awareness training for staff beyond the national 'challenge it change it' training (see further recommendation 4.3). In discussion, black and minority ethnic prisoners commented upon the lack of staff cultural awareness which they believed led them to interpret some behaviour with suspicion. For example, they perceived that some staff misinterpreted the use of hand movements when talking as aggression. Chaplaincy staff had attended training for trainers to enable them to deliver faith awareness training to all staff but this was yet to be rolled out.

Additional information

- 4.11 At the time of the inspection, there were 153 black and minority ethnic prisoners, approximately 26% of the population. The prison's own data showed that there were significantly more black and minority ethnic prisoners among the general population than the vulnerable prisoner population. For example, in September 2010, black and minority ethnic prisoners accounted for 47% of the general population and just 21% of vulnerable prisoners. Only 1.23% of staff in contact roles with prisoners were from a black and minority ethnic background and prisoners we spoke to were very aware of this.
- 4.12 The full-time race equality officer (REO) was very new in post and not yet trained but was supported by senior managers with the deputy governor having overall responsibility for race issues. The race equality action team (REAT) meetings were well attended and included representation from an external community organisation and prisoners. The deputy governor had not chaired the last three REAT meetings. The race equality policy had been superseded by the diversity and equality strategy. The race equality action plan was reviewed at the REAT.
- 4.13 Ethnic monitoring data was discussed at meetings and findings shared with prisoners. Representatives we spoke to were familiar with ethnic monitoring data. Ethnic monitoring data were not disaggregated to explore how the difference in the proportion of black and minority

ethnic prisoners in the general and vulnerable prisoner populations (see above) affected equality of access to provision and services for these two distinct populations. Black and minority ethnic prisoners had been consistently over-represented in the use of force throughout 2010, although this was explained by one prisoner in the segregation unit. Black and minority ethnic prisoners had also been over-represented in the segregation unit under good order for three of the five months from May to September 2010 and over-represented in complaints for the previous three months. This finding had not yet been explored by the REAT. We did see an example of detailed research by the psychology department in 2009 into the over-representation of black and minority ethnic prisoners in proven adjudications.

Further recommendations

- 4.14 Ethnic monitoring should be disaggregated and analysed to ensure the prison gives appropriate consideration to the proportionate representation of black and minority ethnic prisoners in both the general and vulnerable prisoner populations.
- 4.15 The prison should ensure that any areas of disparity identified in ethnic monitoring data are promptly investigated and necessary remedial action taken.

Managing racist incidents

- 4.16 Racist incident report forms (RIRFs) were not readily available to prisoners on most wings. Although there was a racist incident box in the visitor centre, no RIRFs were available. A total of 166 racist incident forms had been processed between January and mid-October 2010, which was a reduction on the 304 received in the previous 12 months. There were clear links between the complaint and RIRF processes and many RIRFs were opened as a result of prisoners initially submitting a complaint form and indicating that there was a racial element to their complaint.
- 4.17 RIRF investigations were timely but we were not assured that all investigations were sufficiently rigorous to have investigated and fully addressed all aspects of the prisoner's complaint. In the case of staff complaints when prisoners had accused them of racism, we did not see evidence of a thorough investigation into the events that had led up to the incident. We saw some examples where staff had appropriately reported a racist incident but it was not always clear what action the REO had taken to address the behaviour. Some formal investigations had been commissioned as a result of an RIRF.
- 4.18 There were several trained staff and prisoner mediators, and the mediation scheme was well promoted across the prison and was a positive initiative. We saw examples of referrals to mediation as an appropriate response to a RIRF.
- 4.19 Although we were given examples of support to victims, RIRFs did not indicate that appropriate consideration was always given to safeguarding victims. RIRFs were subject to independent scrutiny by the Independent Monitoring Board and staff from Humberside Criminal Justice Board with written feedback. Feedback questionnaires were distributed to complainants but diversity staff said they were seldom completed.
- 4.20 The prison maintained a log of all prisoners found to have engaged in racist behaviour. There was no programme to challenge inappropriate behaviour of those identified through RIRFs or who had previous convictions for racially motivated offending. A diversity course was available in education through the social and life skills programme but the education manager was not

aware of whether prisoners were signposted to the course as a result of the outcome of a RIRF.

Further recommendations

- 4.21 Investigations into racist incident report forms (RIRFs) should deal in full with all issues raised in the complaint and, in particular, investigations raised by staff defending themselves against an accusation of racism should explore beyond the original reason for the accusation.
- 4.22 Completed RIRFs should demonstrate the consideration given to safeguarding victims and describe the support given.
- 4.23 The establishment should develop and implement a programme to challenge racist and discriminatory prisoner behaviour at Full Sutton as soon as possible.

Housekeeping points

- 4.24 Racist incident report forms should be available consistently on all residential units and in the visitor centre.
- 4.25 The race equality officer should always record the action taken to challenge prisoners perceived to have engaged in racist behaviour.

Good practice

- 4.26 *The prison had trained staff and prisoner mediators and mediation was a positive initiative that had been used following submission of a racist incident report form.*

Race equality duty

- 4.27 In our survey, black and minority ethnic respondents were more negative than white prisoners across a range of indicators. For example, only 59% of black and minority ethnic respondents, compared with 75% of white prisoners, said staff treated them with respect, and 43% compared with just 18% of white prisoners said they felt unsafe at the moment.
- 4.28 The REAT allowed for consultation with nominated prisoner representatives but there was no annual race survey or wider consultation with black and minority ethnic prisoners.
- 4.29 Through the REAT forum, diversity staff had consulted with prisoner representatives about appropriate activities to promote and celebrate cultural diversity, and specifically about events to celebrate black history month in October 2010. External speakers had been invited to the prison and one speaker was due to return in December 2010. A special edition of the prison magazine celebrating black history month had also been produced, along with a themed menu choice for one week. There had been a Travellers event attended by external agencies in 2009.

Further recommendation

- 4.30 The prison should hold regular consultation with black and minority ethnic prisoners. Consultations should include but not be confined to those identified as representatives and issues considered should be wide-ranging.

Religion

No recommendations were made under this heading at the last inspection.

Additional information

- 4.31 A representative of the chaplaincy always attended the REAT and diversity meetings but minutes of meetings showed that matters related to religion were not routinely raised or discussed. The chaplaincy had developed a faith action plan but this was not incorporated into the diversity and equality action plan.
- 4.32 There were 127 Muslim prisoners at the time of the inspection, approximately 22% of the population. In our survey, individual safety interviews and discussions throughout the week Muslim prisoners expressed some negative perceptions about their treatment. For example, only 33% of Muslim respondents compared with 49% of non-Muslims said their religious beliefs were respected, and 50%, compared with just 27% of non-Muslims, said they had felt threatened or intimidated by a member of staff. Some Muslim prisoners felt they were singled out and treated differently by staff. We also spoke to some non-Muslim prisoners who perceived that Muslim prisoners were treated more favourably.
- 4.33 The chaplaincy facilitated faith classes for Muslim prisoners but there were no regular groups to explore these negative perceptions, although this had been identified in the faith action plan. There was no monitoring to identify the representation of prisoners from minority religions in key areas of activity or sanctions, such as disciplinary procedures or the incentives and earned privileges scheme (see further recommendation 4.9).
- 4.34 The prison had developed an Islamic practice booklet that was issued to all new Muslim arrivals outlining clearly what was in place at Full Sutton to enable them to practise their faith. This was being revised and updated. There were well-developed plans to deliver an Islamic awareness programme to staff. The prison was also involved in the national piloting of the Tarbiyah programme in 13 prisons, which would involve 15 Muslim prisoners at Full Sutton exploring the Islamic faith using the work of classical Islamic scholars. The programme was due to begin the week after the inspection.
- 4.35 The prison monitored the number of religious conversions and, through a formal protocol, provided support for those who chose to do so with the chaplaincy working closely with other relevant departments in the prison.

Housekeeping point

- 4.36 Religion should be a standing agenda item at equalities action team meetings.

Foreign nationals

4.37 The foreign nationals policy should be updated. (3.53)

Partially achieved. The foreign national policy had been reviewed and updated since the last inspection. The published policy was dated April 2009. However, it was not based on a needs assessment and it included some processes that were no longer used, such as a local flagging system to identify foreign national prisoners and track individual cases. Both this system and the maintenance of a local foreign national database had ceased following the introduction of the P-Nomis Prison Service IT system.

Further recommendation

4.38 The published foreign national policy should be based on an assessment of need and should be frequently reviewed to ensure it accurately reflects the systems and support processes in place.

4.39 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)

Partially achieved. The foreign national liaison officer (FNLO) told us he had made contact with several independent specialist immigration advice agencies but had been unsuccessful in finding an organisation to visit the prison and provide ongoing advice and support for prisoners. Good links had been established with the criminal casework directorate (CCD), which had been visiting the prison to see prisoners quarterly but this had been revised to twice-yearly, which was appropriate given the length of sentences at the prison. In addition to surgeries with CCD, the FNLO facilitated weekly surgeries for foreign national prisoners. However, despite these arrangements, foreign national prisoners in our focus group expressed some confusion about immigration and deportation procedures and did not feel that they had access to ready advice about immigration matters. There was no opportunity for foreign national prisoners to meet regularly as a group with the FNLO and forum groups were not facilitated.

Further recommendations

4.40 Foreign national prisoners should have access to independent specialist immigration advice.

4.41 There should be regular opportunities for foreign national prisoners to meet with the foreign national liaison officer as a group to obtain information about immigration procedures.

4.42 The prison shop should respond to collective prisoner requests for items on the shop list. (3.55)

Achieved. There was regular consultation with prisoners about the prison shop list, including with representatives who attended the REAT forum, although in discussion foreign national prisoners felt that the number of items on sale was not sufficient to meet their needs.

4.43 An affordable international telephone call option should be put in place as soon as possible. (3.56)

Achieved. The prison did not sell international telephone cards but had introduced reduced rate international telephone calls, which the FNLO told us were virtually in line with telephone

card costs. Foreign national prisoners who made international calls could also open a separate international call PIN (personal identification number) account with no limit on the funds they could place in it. In addition, foreign national prisoners who had not received a family visit could apply for a free monthly telephone call. Records showed that around 25 prisoners a month used this provision. Funds allocated to the prisoner's account were determined by the country he was calling and were supposed to be sufficient to enable a five-minute call, but all the foreign national prisoners we spoke to said the money allocated did not enable them to make a call lasting this long. Prisoners had to apply to receive this call each month, which was unnecessary, and money not spent one month could not be carried over to a subsequent month.

Further recommendation

- 4.44 Foreign national prisoners should be able to have a monthly telephone conversation with family overseas of at least five minutes duration.

Housekeeping point

- 4.45 Free overseas telephone calls should be readily accessible with no requirement to submit a monthly application, and foreign national prisoners should be able to carry over any funds not used.

- 4.46 **The prison should improve the provision of foreign language material for foreign national prisoners. (3.57)**

Partially achieved. The FNLO said the prison encountered few language difficulties among foreign national prisoners. A list of prisoners and staff able to speak foreign languages and willing to act as interpreters was maintained. Records showed there had been very little use of professional telephone interpreting services in 2010 to date. A range of foreign language material was available in the library and library staff were active in trying to source reading material and newspapers which met the language needs of the current population. The induction information booklet had also been translated into appropriate languages. There were touch screens on each wing that included translated material but all but one of these screens were not working at the time of the inspection and virtually all written information on display was only in English. A language survey was under way at the time of the inspection. The FNLO saw all foreign national new arrivals and made a basic assessment of their needs, including language needs. Referrals to learning and skills were made for prisoners with language need, and they could access the English for speakers of other languages (ESOL) provision available for both vulnerable prisoners and the general population.

Further recommendation

- 4.47 The range of translated information on display in the prison should be developed and increased.

Housekeeping point

- 4.48 Touch screens should be maintained in full working order.

Additional information

- 4.49 At the time of the inspection, there were 57 foreign national prisoners representing 32 different nationalities and a further seven prisoners whose nationality had yet to be established.
- 4.50 The part-time FNLO had taken on responsibility for the role of race equality officer two weeks previously but would also maintain oversight of work with foreign national prisoners, supported by a part-time officer for around one and half days a week. There were no prisoners held solely on immigration matters at the time of the inspection but the FNLO said four prisoners had been deported in 2010 to date and that notification of deportation usually came within days of their departure.
- 4.51 The FNLO produced a monthly report which was now considered at EAT meetings and had previously been discussed at diversity meetings and REAT meetings. These reports showed that prisoners were submitting applications for repatriation and the facilitated return scheme (FRS) and that applications were actively pursued by the FNLO. One prisoner showed us a letter he had received in December 2009 that stated his application for FRS had been approved but he remained at Full Sutton and, as a prisoner subject to discretionary release, it was unclear when he was likely to be eligible to return.
- 4.52 The FNLO endeavoured to maintain monthly contact with all foreign national prisoners and recorded this contact in P-Nomis case notes. We sampled case notes of 15 foreign national prisoners since August 2010 and found entries from the FNLO in only two cases. However, we did see records where personal officers had provided support to foreign national prisoners. For example, in one case a personal officer had recognised a prisoner's need to earn money to enable him to telephone family overseas and had endeavoured to speed up his employment application as a result. There were nominated staff foreign national officer representatives on each wing but they had not attended diversity meetings and were not included in the EAT membership.

Further recommendations

- 4.53 The prison should liaise with UKBA to ensure that prisoners are informed as early as possible whether they are being considered for deportation.
- 4.54 Foreign national prisoners should have regular contact with and support from the foreign national liaison officer and records of this support should be maintained.

Housekeeping point

- 4.55 Staff foreign national representatives should attend equalities action team meetings.

Disability and older prisoners

No recommendations were made under this heading at the last inspection.

Additional information

- 4.56 In our survey, prisoners who considered they had a disability and those over 50 generally reported positively across a range of indicators. Until recently, the prison had a separate disability liaison officer (DLO) who was a health care manager, but the diversity manager now had responsibility for the lead on both disability and age. The diversity and equality strategy included an action plan for both strands.

- 4.57 New arrivals were able to disclose disabilities on reception with follow-up assessments by a designated member of health care staff if necessary. Reasonable adjustments were made as a result of this assessment. The only records the prison maintained to indicate those with a disability was on the clinical health care system, SystemOne, which showed that 43 prisoners had an assessed disability. This might have been an under-representation as it equated to 7% of the population while, in our survey, 17% of respondents said they had a disability.
- 4.58 It was particularly difficult to establish the number of prisoners with learning difficulties. The prison had recently begun to pilot a learning disability screening tool that was completed voluntarily by new arrivals and by other prisoners across the prison when they were approached by their offender supervisor.
- 4.59 There had been a full assessment of the establishment to assess compliance with the Disability Discrimination Act and an action plan put in place. Three stair lifts had been fitted and some showers had been equipped with handrails and seats. Work was currently under way to install such adaptations in all showers on C wing. There were wheelchairs on all wings but the only cell that could accommodate a wheelchair user was in health care.
- 4.60 Each residential wing had a list of all prisoners who would need assistance in the event of an emergency and personal emergency and evacuation plans were in place, although prisoners did not have a copy of their plan and were not aware of their existence. Multidisciplinary care plans had been used for prisoners with complex needs, although one active care plan had not been updated since 2008.
- 4.61 The prison had four prison support workers who provided a carer service for older prisoners or those with disabilities, for which they received a bonus payment.
- 4.62 The oldest prisoner in Full Sutton was 81 and there were 52 prisoners over 60. Most of these prisoners were on the vulnerable prisoner wings. A committed member of the health care staff worked in collaboration with staff from other departments to provide a range of activities for older prisoners each weekday, which included a gym session and a designated library session. These activities also served as support groups for older prisoners. Prisoners of retirement age or those who were medically retired were unlocked during the core day and received £11.50 a week retirement pay. They were not required to pay for their in-cell television.
- 4.63 Age Concern (now Age UK) had visited the prison in March 2009 and conducted a dignity audit, although an action plan to address areas for development was not incorporated into the diversity and equality strategy action plan for this strand.

Further recommendation

- 4.64 The diversity team should maintain a database of all prisoners with disabilities, including learning difficulties, which all staff are able to access.

Housekeeping points

- 4.65 Multidisciplinary care plans should be updated at least annually.
- 4.66 Prisoners should be provided with a copy of their personal emergency and evacuation plan.
- 4.67 An action plan to address areas of concern identified in the 2009 dignity audit should be incorporated into the diversity and equality strategy action plan.

Sexual orientation

No recommendations were made under this heading at the last inspection.

Additional information

- 4.68 In our survey, 8% of prisoners regarded themselves as gay or bisexual. No work had yet been undertaken by the diversity manager on this diversity strand. The current diversity and equality strategy did not include an action plan to take work forward (see further recommendation 4.2). We spoke to a gay prisoner who said he had received verbal abuse from other prisoners in the prison about his sexuality. The prison had not established any sources of support and help for gay prisoners. The diversity manager was keen to develop a forum but was mindful of the need to take this work forward in a sensitive manner.

Further recommendation

- 4.69 The prison should identify and widely promote sources of support and help for gay and bisexual prisoners.

Section 5: 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.

General

- 5.1 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)

Achieved. The waiting room had been refurbished and was a professional and welcoming place. It included comfortable chairs and a large selection of health promotion material for prisoners.

- 5.2 The NHS walk-in centre should provide a health service throughout the time that the workshops are occupied. (4.65)

Partially achieved. The walk-in centre, which was in the workshop area and provided a confidential area for patients to be assessed, was open from 8am to 10.30am Monday to Friday and from 2pm to 3.30pm Monday to Thursday. There were not enough staff for the centre to be open throughout the working day. The service was delivered by well-qualified nursing staff and worked extremely well.

- 5.3 The recommendations of the infection control audit should be implemented as soon as possible. (4.66)

Achieved. The primary care trust (PCT) had conducted an infection control audit for 2010 and the head of health care had developed an action plan for implementation.

- 5.4 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)

Not achieved. While the cleaning materials had been removed, some of the rooms on A, B, C, D, E and F wings were shared with voluntary drug testing staff, so their cleanliness and sanitary condition could not be assured. The rooms on A, B, C and D also needed redecoration.

Further recommendation

- 5.5 All rooms used for the supply of medicines should be regularly cleaned and maintained in a clean and sanitary condition.

Additional information

- 5.6 A 24-hour health service was commissioned by the NHS East Riding Primary Care Trust (PCT) and provided by Prison Service staff. A prison local health delivery plan, including a

health needs assessment, workforce analysis and commissioning intentions for 2009-11, had been completed and was awaiting agreement with the PCT and the prison.

- 5.7 The outpatient department was on the upper floor of the health care department and the inpatient unit on the ground floor. There were several outpatient clinical and office areas which were generally clean and well organised. The whole centre was tidy and very health focused with a good range of health promotion material.
- 5.8 Telemedicine was fully established in the outpatient area and was well used. It allowed live medical assessments to be undertaken through consultation with hospital specialists using the medium of television. The practice had resulted in fewer prisoners required to attend external health facilities.
- 5.9 The inpatient area had six health care cells and two safer gated custody cells. The treatment room was well equipped and the association room was comfortable with various books for patients.
- 5.10 Health promotion was being developed and the deputy head of health care had the task to improve health promotion across the prison through collaboration with the gym and the catering department.
- 5.11 New arrivals were given a booklet on health services during their induction and further advice during the health screening process.
- 5.12 A senior registered mental health nurse (RMN) was responsible for the health management of older prisoners, which involved a high level of excellent support (see paragraph 4.62).

Clinical governance

- 5.13 **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)**

Achieved. There were robust communicable disease policies and a flu vaccination programme had been initiated. There had been a good response to the offer of the flu vaccine and 167 of the 296 eligible prisoners had taken this up. The vaccinations took place on the wings to reach the majority of those requesting vaccinations.

- 5.14 **Staff who run lifelong conditions clinics should have appropriate qualifications. (4.68)**

Achieved. All staff had completed familiarisation courses for the management of patients with lifelong illnesses, and patients were regularly monitored.

- 5.15 **All staff should have annual resuscitation and defibrillation training. (4.69)**

Achieved. All health care staff had completed annual resuscitation and defibrillation training. A member of the nursing team was a qualified immediate life support and defibrillator instructor and had responsibility for arranging initial training and annual updates for health care staff. Some wing staff had been trained to use the defibrillator and oxygen, and there were plans to ensure all senior officers were trained in their use.

- 5.16 **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)**

Achieved. There were good links with local NHS and social services who provided excellent support with medical and support equipment.

5.17 The practice of writing and dispensing private prescriptions from prison staff is inappropriate and should cease forthwith. (4.71)

Not achieved. The prison GPs still issued private prescriptions for staff, which were dispensed by the pharmacy without charge. The practice had been reviewed but it had been decided to allow it to continue on the basis that it avoided the need for staff to take sick leave. However, the GP was paid to treat prisoners not staff, treatment of staff was outside the business of the prison pharmacy, which was not legally required to dispense such prescriptions, and the practice took services away from prisoners. The cost involved should have been used to improve services for prisoners.

We repeat the recommendation.

Additional information

- 5.18** There was a clinical governance and performance development plan dated September 2010 and regular clinical governance meetings with nursing, medical and pharmacy staff. Access to NHS, PCT and internal policies was good.
- 5.19** The head of health care was an experienced RMN with extensive prison experience. She was also the head of the drug strategy and the counselling, assessment, referral, advice and throughcare service (CARATs). She was supported by a governor grade manager who provided the operational oversight and experience that facilitated the excellent integration of health services in the prison.
- 5.20** The health care nursing team was well qualified. The skill mix was very good with registered general nurses (RGNs) and RMNs providing support to patients. Two RGNs were also nurse prescribers. If the prison could recruit they would be well staffed but, although recruitment was said to be good, the process to get new qualified staff into post was extremely lengthy and many had found alternative jobs while waiting for their successful application to be processed. Regular team meetings would restart once recruitment had improved. Two full-time administrators provided good support to health care staff.
- 5.21** Training opportunities were good and clinical supervision was fully supported. Nurses were trained in general competencies, including asthma and diabetic nursing. There were advanced plans to attach two nurses to the local hospital to work alongside staff in the renal unit with a view to setting up haemodialysis facilities in the prison.
- 5.22** GP cover was provided by two regular GPs, one of whom was in the prison every weekday. Although GP provision was excellent, prisoners complained about them, and in our survey only 35% of respondents said that the overall quality of care from the doctors was good, against the comparator of 50%. Our view was that this dissatisfaction was mainly due to the strict regime for the prescribing of opiate medications.
- 5.23** Prisoners also complained about access to the GPs, although this was within NHS guidelines. In our survey overall, only 35% of respondents said it was easy to see the GP, against the comparator of 44%, although the response from vulnerable prisoners was 39% compared with 30% for mainstream respondents. The GP waiting time was up to four days, but emergencies were seen at the next available clinic.

- 5.24 The health care department had dedicated discipline officers to support its functions. The officers, some of whom were trained to national vocational qualification (NVQ) level 3 in care, were fully integrated into the department and had signed confidentiality compacts to work there. They provided essential and excellent support and allowed clinical staff to concentrate fully on clinical issues.
- 5.25 A good range of health professionals, including ear, nose and throat, orthopaedic, hepatology and endocrinology clinical specialists, provided expert input to patient care.
- 5.26 Every residential wing had defibrillator and oxygen equipment. Wing staff checked and documented this twice a day and health care staff weekly. There was a comprehensive range of emergency equipment in the main health care department, which was checked by nursing staff twice daily.
- 5.27 Clinical records were held on SystmOne and those we reviewed were comprehensive and appropriate. Paper records for current and past prisoners were held securely in health care.
- 5.28 A health care user group met regularly to discuss prisoners' concerns.
- 5.29 Complaints were dealt with by the deputy health care manager through the NHS complaints system framework. There was a good audit trail of all complaints.
- 5.30 A shared information protocol was in place and completed by new arrivals on admission.

Further recommendation

5.31 The process for the appointment of specialist clinical staff should be speeded up to prevent the loss of successful candidates.

Primary care

- 5.32 **Prisoners should have easy access without delay to medications they have brought from another establishment. (4.72)**

Achieved. Nurses checked medicines brought with new arrivals from other establishments and, provided there was a prescription, they received their medication without any delay. The GP saw the prisoner the next day to assess his continuing requirement for medication.

- 5.33 **Staff should use the triage algorithms provided. (4.73)**

Partially achieved. Staff used NHS Choices (an NHS assessment tool accessed through the internet) to assess patients and continue their management. However, the system was not used at the walk-in centre clinic we observed.

Further recommendation

5.34 Staff working in the walk-in centre should standardise their clinical assessments by using NHS Choices.

- 5.35 **There should be more effective communication to prisoners about the procedure to obtain homely remedies, such as paracetamol, for their own use. (4.74)**

Achieved. Printed forms listing simple remedies were available on each wing and prisoners could request the remedy they wished to obtain. The forms were returned to the pharmacy which provided the requested items.

- 5.36 **Prisoners on all wings should have ready access to healthcare applications. (4.76)**

Achieved. There was a well-structured application system which provided confidentiality for prisoners (see below).

Additional information

- 5.37 Primary care services provided a wide range of clinical interventions, health promotion and visiting health professionals. In our survey, 41% of respondents said that the overall quality of health care was good, against the comparator of 35%
- 5.38 Health staff saw all new prisoners on their day of arrival for a comprehensive health screen and the prisoner was referred to the GP if there were any health concerns or if he was on medication.
- 5.39 Prisoners could submit a dedicated health care application form to see any health professional. Applications were posted in a locked healthcare box on the wings which administrative staff emptied daily and made relevant appointments. The appointment slips were returned to the prisoner's wing the same day. There were clear audit trails of health care applications. Although the general management of applications was very good, they were not triaged to prioritise more urgent requests to see health staff. Where possible, clinics lists were divided into main and vulnerable prisoners. Prisoners unable to access health care were visited by nurses on the wings.
- 5.40 Prisoners had access to a wide range of clinical services. Nurses provided several clinics, such as vaccinations, including hepatitis, triage, diabetic and chronic heart disease. Diabetic prisoners were followed up regularly to check their blood and urine. Where appropriate, they were seen by the visiting endocrinologist and chiropodist as well undergoing retinal screening. Minor surgery was also done in health care.
- 5.41 Prisoners requesting to see the nurse in the walk-in clinic telephoned in the morning to make an appointment for that day. The system worked well and was normally staffed by one of the two nurse prescribers. Up to 10 patients were seen each session. The clinic held a limited range of medicines that could be distributed to prisoners as necessary. Prisoners appeared content with the system and some preferred it to seeing the GP.
- 5.42 An RGN ran the sexual health clinic and was supported by a visiting sexual health consultant who visited once or twice a month depending on need. Prisoners with HIV were seen regularly by the consultant and managed on site by the nurse. Health promotion on sexual health was a high priority and included offering all eligible prisoners chlamydia screening. Barrier protection was available from health care.
- 5.43 An impressive range of health specialists, including a physiotherapist and optician, visited the prison regularly. Most visiting health professionals had been trained to use SystemOne, which ensured that all assessments and treatments were immediately entered into the patient's clinical record.

- 5.44 Mobile X-ray equipment, including MRI, CT scans and ultrasound, was brought into the prison and – along with the use of telemedicine – had greatly reduced the number of prisoners attending external health facilities.
- 5.45 Prisoners held in the segregation wing were seen by a GP three times a week and by a nurse every other day. Those on medication were given it by a nurse as required. Relationships between the health care department and the segregation unit were said to be very good.

Further recommendation

- 5.46 Staff making health care appointments should carefully vet all applications to prioritise potentially urgent ones.

Good practice

- 5.47 *The introduction of telemedicine, and the use on site of sophisticated X-ray and scanning facilities, had greatly improved diagnosis, diminished the need for patients to attend external hospitals and had made significant cost savings.*

Pharmacy

- 5.48 **Required medicines should be supplied in a timely manner to prisoners who miss the weekly delivery of medicines. (4.77)**

Achieved. Prisoners who did not attend the normal distribution of in-possession medicines were recalled to the pharmacy to collect them.

- 5.49 **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)**

Achieved. Dual-labelled pre-packs were used to allow the pharmacist to exercise professional control of medicines supplied when the pharmacy was closed.

- 5.50 **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)**

Achieved. Clear records and stock checks of medicines were carried out regularly.

- 5.51 **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)**

Not achieved. Patient group directions had been agreed by the PCT and prison but had not been implemented due to technical problems within SystmOne and governance issues at strategic health authority level.

Further recommendation

5.52 There should be pressure on the strategic health authority to agree or amend the patient group directions and the governance issues around them. The locally agreed patient group directions should be implemented as soon as possible to improve patient accessibility and care. Technological problems within SystmOne should be dealt with as a matter of urgency.

5.53 **The pharmacist should develop pharmacy-led clinics and medicine use reviews. (4.81)**

Not achieved. There were no pharmacy-led clinics or medicine reviews. Prisoners could request to see the pharmacist, although this was not listed on the general health care application form.

We repeat the recommendation.

Housekeeping point

5.54 The general health care application form should include the option to see the pharmacist.

5.55 **Prescribing data should be used to demonstrate value for money, and to promote effective medicines management. (4.82)**

Partially achieved. PCT-determined projects were used to guide the assessments of cost or benefit relationships and there was little, if any, audit into medicine use at the prison.

Further recommendation

5.56 Local medicine use data should be extracted to provide information on which the medicines and therapeutics committee can make better judgements and decisions.

Additional information

5.57 The pharmacy service was reasonable although pharmacy staff were struggling to meet the demands for it. The service was provided by in-house staff. The full-time pharmacist was employed by the PCT but the technicians were employed by the prison. There was one full- and one part-time registered technician and one full-time non-registered technician.

5.58 There were no clear written procedures for pharmacy staff. Standard operating procedures were stored electronically but there was no record that pharmacy staff had read and agreed to comply with these. Patients' medication records were held on SystmOne. There was an out of hours procedure with relevant records of medicines supplied. This was audited by pharmacy staff. Medicine use reviews were infrequent.

5.59 Medicines were supplied in possession for up to 28 days. Very few prisoners received their medicines under supervision. In-possession medicines were distributed to prisoners from wing treatment rooms, supervised by officers, and prisoners failing to attend for medication were followed up. Some limited special sick medicines were available and included paracetamol and ibuprofen. There was no specific prescribing formulary available.

- 5.60 The GP generated prescriptions electronically indicating how often the medicine should be given. Prisoners could order repeat prescriptions, which they collected from wing treatment rooms. Patients signed for their medications. Prisoners concerned about bullying for medicines could collect their in-possession medicines from dedicated lockers in wing offices, under the supervision of wing staff who held the locker keys.
- 5.61 There were two prisoners on methadone, which was administered from the pharmacy area. The procedure involved the decanting of the methadone mixture from a stock bottle into another unlabelled container, which was taken to another area to be administered. This practice was unacceptable as the container was not labelled.
- 5.62 A medicines and therapeutics committee met quarterly and was attended by the pharmacist, but there was limited representation from the PCT. Policies for in-possession, special sick and out of hours supply were in place but there were no records that staff had read and complied with the policies.
- 5.63 Limited prescribing trend data was provided to the medicines and therapeutics committee. There were systems to monitor abusable drugs and, while their use was limited, there was no evidence that these drugs were subject to audit.

Further recommendations

- 5.64 Standing operating procedures should be used as training resources for all relevant staff, and there should be records to show that staff understand and agree to comply with procedures.
- 5.65 The procedure for administering methadone should ensure safer and compliant medicine management.
- 5.66 There should be regular auditing of abusable drugs.
- 5.67 The medicines and therapeutics committee should introduce a prison formulary containing medication appropriate to the population.

Housekeeping point

- 5.68 The prison should take steps to ensure that the primary care trust is more involved in medicines and therapeutics committee meetings.

Dentistry

- 5.69 **Management of the dental waiting lists should be revised urgently to reduce waiting times. (4.83)**

Achieved. The waiting list had been reduced significantly. Current waiting times for initial treatment were no more than nine days (see below).

- 5.70 **The primary care trust should monitor the dental contract. (4.84)**

Not achieved. There was no evidence that the PCT had monitored the dental contract. **We repeat the recommendation.**

5.71 Oral health promotion should be improved. (4.85)

Achieved. Oral health promotion had improved. The dentist provided advice and there was oral health promotion information in the outpatient department.

5.72 There should be a protocol for dealing with dental emergencies out of hours. (4.86)

Not achieved. There was no protocol for out of hours dental emergencies.
We repeat the recommendation.

5.73 There should be a vacuum autoclave in the dental surgery. (4.87)

Achieved. The vacuum autoclave was installed and in good working order.

Additional information

5.74 Dental services were good and the treatment offered was equal to that in the community. The dental contract was due to be reviewed.

5.75 The dental surgery had been refurbished about eight years ago and the standard of equipment was generally satisfactory. An infection control audit had recently been completed by the PCT but its recommendations had not yet been implemented.

5.76 The dentist was supported by dental nurses and had been at the prison some time. There were four sessions a week and up to six prisoners were seen at each session. There were two waiting lists, one for mainstream and one for vulnerable prisoners. Lists were small with nine and four days wait respectively for initial assessment. Continuing treatment could take up to six weeks to commence following initial assessment.

Further recommendation

5.77 The recommendations of the PCT infection control audit of the dental surgery should be implemented.

Inpatient care

5.78 Inpatient beds should not be used to accommodate prisoners solely because they are disabled. (4.88)

Achieved. There was no evidence that inpatient beds were misused. All patients in the unit were there for medical reasons.

Additional information

5.79 The inpatient unit had six normal cells and two safe cells, all with in-cell sanitation. There was a well-equipped treatment room, a bathroom with an overhead hoist and a shower area. The association room was well furnished and comfortable with television and a small pool table, and there was plenty of reading material for patients. The listener suite had been converted into a palliative care suite. The room was well equipped with an electric bed and chair, a telephone and television and en suite area that needed some minor attention to its décor.

- 5.80 At the time of the inspection, there were five inpatients, who were all there because of a physical or mental health diagnosis. The regime for inpatients was very good and they were able to be out of their cells for most of the day. We observed all inpatients to be either out and about in the unit or in their cells with their doors open. Those we spoke with were content with their care and very complimentary about the officers. Inpatients were encouraged to take part in group activity, such as art, and education staff provided support in the unit.
- 5.81 The unit was staffed mainly by discipline staff, some of whom had an NVQ level 3 in care. A nurse was dedicated to cover the unit clinically as well administering medicines as prescribed. Although nurses were not on the unit permanently, they visited every day to administer medication and speak with all patients and the staff on duty. A GP visited the unit every day. Officers kept a ward handover book so that incoming staff could check inpatients' previous activity. Officers could make entries into SystmOne and care plans, and those we saw were well written. The interaction between the officers and inpatients was excellent.

Secondary care

No recommendations were made under this heading at the last inspection.

Additional information

- 5.82 Secondary care appointments were managed very well by the administrators who had developed excellent relationships with local NHS facilities. Although two prisoners had to attend outside hospitals for renal dialysis three days a week, the prison managed to keep its commitment to other patients' NHS appointments.
- 5.83 Administrators liaised closely with security staff and made entries on to prisoners' wing files so that those waiting for urgent appointments were not moved until they had attended these. The administrators also made an entry on to the record if a prisoner was not fit for work etc.

Mental health

- 5.84 **Prisoners who require transfer to NHS mental health beds should be moved expeditiously. (4.89)**

Achieved. Action to transfer prisoners to NHS secure beds was taken as soon as possible but such matters were often out of the prison's control. There was no recent evidence of delays in accessing the need for secure beds. The mental health team assured us that they worked tirelessly to ensure that transfers to secure beds were as swift as possible.

Additional information

- 5.85 The quality of mental health provision was excellent but the mental health team was under-resourced with vacancies for an RMN team leader, one RMN and two registered nurses for learning disabilities, although recruitment was under way. The two RMNs worked in cohesion and managed both primary and secondary mental health patients. A consultant psychiatrist from Newton Lodge, the local medium secure psychiatric unit, held two sessions a week
- 5.86 Prisoners with mental health care needs were identified through the reception screening and, where necessary, referred to the team. New arrivals on antipsychotic medication were automatically seen by the GP the same day and a thorough assessment completed. Written or

verbal referrals to the mental health team were accepted from across the prison. All referrals were dealt with within a week or earlier if urgent.

- 5.87 At the time of the inspection there were over 45 prisoners on the RMNs' caseload and 37 on the psychiatrist's caseload. Reviews were conducted as necessary and there was regular dialogue between the nurses, psychology staff and the psychiatrist. Clinical records and care plans were recorded on SystemOne and accessible to authorised users. Many of the patients had reactive depression, anxiety and personality disorder.
- 5.88 The two RMNs maintained a high profile on the wings with a good level of dialogue with wing staff. The RMNs were part of the ACCT reviews, case reviews and many other meetings involving the review of their patients, such as multi-agency public protection arrangements (MAAPA), CARATs and substance use. They also collaborated well with the gym and education so that prisoners with mental health issues could participate more fully with the prison regime. For example, there were two dedicated gym sessions a week for mental health patients.
- 5.89 The team attended all care programme approach (CPA) reviews of their patients held in local secure units. They linked in with local and national community mental health teams and participated in CPA reviews. The RMNs told us there were no patients waiting for transfer to secure units.
- 5.90 An RMN delivered mental health awareness training for prison staff during their induction and RMNs also provided informal training for wing and segregation unit staff.

Section 6: Activities

Learning and skills and work activities

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.

Leadership and management

No recommendations were made under this heading at the last inspection.

Additional information

- 6.1 Learning and skills provision was well managed. There were sufficient places for 90% of the population and a high proportion participated in learning and skills activities. Unemployment was very low. Allocation to activities was equitable and well managed. Individualised timetables for each prisoner were planned and managed well, with many having up to nine sessions of planned activity a week. However, prisoners were diverted from education and work by other prison activities resulting in poor attendance at certain times. There had been a thorough review and evaluation of prison activities, including the factors that adversely affected attendance, but improvement actions had not yet been agreed. A thorough annual training needs analysis of prisoners informed improvements and developments in provision effectively.
- 6.2 The prison reorganisation in April 2010 had combined education, work, vocational training, PE and library under one function to improve management of provision and meet the needs of prisoners. Relationships between prison officers and education, careers information and advice service (CIAS) and industries staff were very productive and staff worked well together to meet the needs of prisoners. Partnership working with other heads of prison learning and skills within the region was well established.
- 6.3 Quality improvement processes were satisfactory. The self-assessment process was well established and the current self-assessment report gave a realistic assessment of provision. The implementation of some quality assurance arrangements, such as observations of teaching and learning, had been delayed by a staffing restructure at the prison and by the education provider, The Manchester College (TMC).

Further recommendations

- 6.4 The impact of regime demands should be reduced to ensure there is efficient and effective use of available education and work places.
- 6.5 Quality assurance arrangements should be fully implemented to support quality improvement.

Induction

No recommendations were made under this heading at the last inspection.

- 6.6 An induction booklet, available in a range of languages, gave new arrivals a comprehensive and detailed overview of work, education and activities available at the prison. Prisoners were inducted to education, vocational training, the library and the gym in small groups or as individuals. A CIAS worker from Working Links interviewed each prisoner and provided effective advice on available activities, taking good account of his previous skill development and work history, to help him settle into the regime. Information from the managing information across prisons (MIAP) system was well used to prevent unnecessary repetition of information and initial assessment screening.

Work

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

Partially achieved. The prison had well-developed plans to introduce accredited training in the two textile workshops but they had yet to be implemented. In addition, there had been a great deal of work to allow the prison to offer performing manufacturing operations (PMO) qualifications to prisoners on assembly work, but their introduction had been suspended due to funding restrictions. Other accredited training, such as in the recycling workshop, had yet to be introduced.

We repeat the recommendation.

- 6.8 **There should be accreditation to recognise the skills that prisoners develop in workshops. (5.12)**

Achieved. The prison had opened an industrial cleaning workshop that offered accredited training qualifications, and had refurbished the multi-skills workshops to provide a wider range of accredited construction craft training. National vocational qualifications (NVQs) level 1 and 2 in catering was available for kitchen workers. However, there were no effective arrangements to recognise and record comprehensively the improvements prisoners made in the development of personal skills and work ethic.

Housekeeping point

- 6.9 The development of prisoners' personal skills and work ethic should be recognised and recorded.

- 6.10 **Literacy, numeracy and language support should be improved to meet the needs of prisoners in training and work areas. (5.14)**

Achieved. The education department supported prisoners' literacy and numeracy skills development in training and work areas, and literacy and numeracy accreditation was widely available.

- 6.11 **There should be improved punctuality in the workshops, and an increase in the length of the core working day. (5.15)**

Achieved. The prison had introduced new staffing structures to support strategies aimed at

improving punctuality. The walk-in medical centre introduced in the workshop area had also reduced potential delays for prisoners seeking health care support. Workshop attendance had improved and was satisfactory within the context of the regime. Due to budgetary constraints, there were no plans to expand the core day.

6.12 The cookery course kitchens should be refurbished. (5.16)

Achieved. The teaching kitchen in the education department had been refurbished to an adequate standard.

Additional information

6.13 The prison had sufficient work spaces to occupy the population. Six workshops offered a total of 188 places. The range of work was satisfactory and provided a variety of activities, including furniture restoration, two workshops for fabric cutting, sewing and clothes manufacture and two workshops that offered a Braille translation service. In addition, there was a packaging workshop for two days a week. Wing and corridor cleaner posts provided work for 98 prisoners. The kitchen provided 30 work places and 10 prisoners worked as orderlies in areas that included the gym, library, chapel and health care.

6.14 Workshops were generally well run and encouraged prisoners to develop an appropriate work ethic. Workshop supervisors provided effective support for prisoners who received a satisfactory workshop induction. Most work allowed prisoners to move from simple tasks to the more complex, though some workshops provided limited opportunities for progression. All workshops were in appropriate accommodation that replicated industry standards. The textiles workshops and kitchen offered prisoners very good opportunities to experience the challenges of a commercial environment. The Braille workshop was very productive, had good external links and produced very good quality work. Prisoners could gain appropriate employment-related qualifications in Braille and catering. Achievement rates were high.

6.15 Waiting lists were low. The labour allocation process provided a suitable system for allocating prisoners to work. Rates of pay and the allocation of prisoners to activities were fair and equitable. Attendance in some workshops was low or erratic due to the demands of the prison regime.

Vocational training

No recommendations were made under this heading at the last inspection.

Additional information

6.16 There were 92 places for prisoners on vocational courses, which included painting and decorating, bricklaying and joinery (OLASS provision subcontracted to East Riding College), industrial cleaning (OLASS contractor provision, The Manchester College), PE, catering and ICT within the Prisons Information Communication Technology Academy (PICTA) workshop. Prisoners achieved high pass rates for all vocational qualifications. Most prisoners developed good employability and personal skills that were relevant to their life in prison or for use on release. They were able to demonstrate improved effectiveness while working as part of a team or independently. Most prisoners in the workshops reported that they enjoyed the training. Prisoners developed very good craft skills in all construction trades and produced

work of a high commercial standard. The kitchen offered a good training environment, but the number of participants in NVQ catering programmes was low.

- 6.17 Teaching and coaching were satisfactory and often good. Prisoners received a satisfactory initial assessment of their literacy and numeracy skills. Support to develop prisoners' skills was well embedded and contextualised in their learning programme. Instructors gave health and safety an appropriately high priority and effectively reinforced prisoner understanding of safe working practices and the use of personal protective equipment. Learning took place in a working environment of mutual respect between prisoners and instructors. Staff provided effective coaching and support for prisoners. In the kitchens, there was good use of a buddy system to facilitate learners' progress. Internal verification of assessment drove quality improvement effectively. In some vocational workshops, attendance patterns were affected by clashes with the prison regime.
- 6.18 Tutors were appropriately qualified and experienced. Workshops were well managed and maintained. Resources were generally of a good standard and well used to support learning. However, the classroom in the smaller of the two construction workshop was not big enough for effective group teaching.

Further recommendations

- 6.19 The number of prisoners participating in NVQ catering programmes should be increased.
- 6.20 Classroom accommodation in the construction workshop should be large enough for effective group teaching.

Education

- 6.21 **There should be an increase in staffing for literacy classes. (5.13)**

Achieved. A teacher had been appointed to offer GCSE English language and literature courses which provided learners on literacy programmes with progression routes to higher qualifications.

Additional information

- 6.22 The education curriculum was broad and access was equitable for mainstream and vulnerable prisoners. Literacy, numeracy and English for speakers of other languages (ESOL) programmes were offered from entry level to level 2. Spanish, music, drugs and alcohol awareness, healthy living and cookery extended the provision further up to level 2. In addition, GCSE courses were offered in English language, English literature, mathematics, history, humanities and art and design technology. Advanced subsidiary (AS) level programmes were offered in four subjects and advanced level in two. Education staff provided art classes for prisoners with mental health support needs, as a first step to being integrated in education classes. Educational books and worksheets were provided weekly for 24 prisoners in the segregation unit.
- 6.23 Twenty-eight prisoners were studying on distance learning and Open University (OU) courses, some at degree level. Education staff and the librarian provided support four afternoons a week in the study centre in the education department. However, recruitment to these courses had recently ceased due to a lack of funding for sufficient administrative support.

- 6.24 Prisoners attended education sessions part-time. Approximately 48% of the population attended between one and five sessions a week, accounting for between 60 and 90 prisoners each half-day. Some attendance at afternoon sessions was adversely affected by visits for mainstream prisoners, and daily Muslim prayers resulted in some classes finishing very early with the loss of much learning time.
- 6.25 Achievement of qualifications and retention rates on the majority of courses were outstanding at 100%. Only a few information technology courses had lower achievement rates, mostly due to removal of prisoners for prison reasons.
- 6.26 Teaching and learning sessions were generally satisfactory. The better sessions were well planned and managed with a good variety of stimulating learning activities and materials. However, there was too much use of paper materials and teachers did not use the available information learning technologies sufficiently to add interest and stimulus in sessions. Peer support workers were used well in many sessions, but their skills were not recognised or rewarded as employment as they were counted as learners, which also limited class places.
- 6.27 Prisoners produced some outstanding artwork, using particularly innovative and creative skills in a variety of media. A range of their art had recently been displayed in the local community and 11 prisoners had won Koestler awards in 2010. Prisoners on humanities, history and critical thinking courses had produced good and thought-provoking poems and essays.
- 6.28 The majority of classrooms were spacious and well equipped. The small art room, however, had poor electrical lighting and lacked natural light; this was inappropriate for the long sessions requiring the use of colour and intricate artwork.

Further recommendations

- 6.29 Recruitment to distance learning courses should re-start and the administration organised by the prison.
- 6.30 Teachers should use information learning technologies to vary and stimulate learning and reduce the amount of paper-based activities.
- 6.31 Peer mentors should be recognised and rewarded for using their skills by being employed and so releasing places in classes.

Housekeeping point

- 6.32 The lighting in the small art room should be much brighter.

Library

No recommendations were made under this heading at the last inspection.

Additional information

- 6.33 The library was contracted to East Riding Library Services. Staffing was good. The two full-time librarians, who held NVQs level 2 in adult learning support, were supported by five orderlies and four designated prison officers, two of whom were trained in legal services advice. Three further officers were receiving training to expand the legal advice service. A

comprehensive prison-wide library and study centre survey was used to inform improvements to the service.

- 6.34 New arrivals received a very useful library information guide at induction. In the last year, 457 prisoners had used the library (78% of the population). The library was small, but conveniently placed off the main access corridor. There was a trolley service for prisoners unable to access the main facilities. The library opened four mornings and four evenings during the week. Vulnerable and mainstream prisoners had equitable access. There was a popular reading and discussion group for retired prisoners on Friday morning. Legal advice sessions could be booked through the applications process and were available four mornings a week. The librarians also staffed the study centre based in the education department four afternoons a week and provided support for prisoners on distance learning courses and those involved in the production of the prisoners' newspaper to use computers.
- 6.35 The library stock was good and included fiction, non-fiction and some foreign language books, newspapers, audio and music CDs and DVDs. Stock loss was low. Prison Service Orders and legal books were available. Prisoners could request books not stocked through the inter-library loan service.
- 6.36 Library staff provided a good range of additional activities, including resources and support for family visits and family learning courses, story writing workshops and prison reading groups. They planned and coordinated visiting speakers and drama workshops, the Six Book Challenge and a writer-in-residence course. They also coordinated the Toe-by-Toe peer reading support provision, which had 18 mentors and 11 learners. The librarians had recently facilitated six Storybook Dads recordings. Two library orderlies were due to be trained in the editing process to support the scheme and offer it more widely.

Physical education and health promotion

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.

- 6.37 There should be literacy and numeracy support for prisoners attending gym courses. (5.22)

Achieved. Prisoners on gym courses with identified literacy and numeracy needs received appropriate and helpful support through attendance on relevant education programmes.

- 6.38 More prisoners should be encouraged to use the additional cardiovascular equipment. (5.23)

Achieved. Prisoners now had access to an appropriate range of cardiovascular equipment on the wings and in a converted workshop that were very well used.

Additional information

- 6.39 The PE department was staffed by a physical education senior officer and eight physical education officers, who were supported by six gym orderlies. PE activities were adequately promoted throughout the prison. The PE department was open every weekday, at weekends and in the evening Monday to Thursday. Access to the gym was appropriate: prisoners on the standard regime had two weekly sessions and up to three sessions during the evening or at weekends. Access to the gym for prisoners who had restricted mobility was satisfactory but there were no appropriate toilet facilities. Data was collected and analysed to ensure usage by different groups reflected the prison profile. In our survey, only 43% of vulnerable respondents, compared with 79% of mainstream respondents, and only 30% of over-50s, compared with 71% of under 50s, said that they used the gym at least twice a week. The prison kept and monitored adequate records of accidents, injuries, assaults and self-harm to support improvements.
- 6.40 There was an adequate range of PE activities that catered for the needs of the population. A good variety of sports, including bowling, badminton, tennis, football, cricket, volley and basketball, took place in the large sports hall. An outdoor all-weather surface was used for football but, due to security requirements, the extensive turfed football field was not in use. The main gym provided a good standard and range of equipment that included free weights and resistance machines.
- 6.41 Achievement of qualifications was good. An appropriate range of accredited courses included healthy lifestyle management, health improvement and leader awards. There was specific provision for the over 40 and 60 age groups. There were no significant waiting lists. Six prisoners had received training to champion healthy lifestyles. The gym classroom was small and adequate, but it had no access to computer facilities and prisoners could only enter it through the gym changing room.
- 6.42 Links with the health care department were satisfactory and effectively supported remedial PE. Prisoners completed a self-declaration of fitness form as part of their induction to PE but did not receive an assessment by health service staff before using the gym or undertaking strenuous exercise.
- 6.43 The sports hall accommodation was of an adequate standard. However, other parts of the main gym were cramped with some activities carried out in a passageway. Ventilation in the weights area was poor. The prison did not sufficiently maintain the changing room facilities and had too few showers. Most prisoners used the showers on their wing. All prisoners could access appropriate prison gym kit for PE sessions, which could be cleaned as part of their wing laundry.

Further recommendations

- 6.44 There should be appropriate toilets in the gym for wheelchair users.
- 6.45 The PE classroom should have computer facilities and better access for prisoners.
- 6.46 Gym activities should be carried out in an appropriate venue with adequate space.
- 6.47 The ventilation in the weights area should be improved.

6.48 The gym changing room facilities should be improved and have more showers.

Housekeeping point

6.49 Prisoners should receive an assessment by health care staff before using the gym or undertaking exercise.

Time out of cell

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.

6.50 The length of the core day should be increased. (5.36)

Achieved. The core day had been extended for about an hour with corresponding extensions of most activity sessions.

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

Achieved. Senior staff and residential managers ensured that the regime times were normally adhered to (see below).

Additional information

6.52 Most prisoners had been assigned to an activity place and the provision for time out of cell, including exercise and association, was reasonable. Attendance continued to be effectively managed by wing staff, and prisoners who refused to engage with regime activities were challenged appropriately. We found few prisoners locked in their cells during the core day.

6.53 The hours booked for activities, including association and exercise, were reasonably accurate. Although there was a small amount of slippage in the regime, particularly after lunch, the prison's reported figures of about 8.8 hours a day largely reflected the time employed prisoners could usually spend out of their cells. Time out of cell for the small number of unemployed prisoners or those not required for their scheduled activity was less, at about five to six hours. The regime at weekends was better than we often see and provided up to about seven hours out of cell through exercise, association, visits and sporting activities.

6.54 On the whole, we were assured that the prison's recording of the amount of time prisoners spent unlocked was an accurate reflection of the reality. Residential staff entered information about each activity, in terms of the time it began and ended, on a central computer system and this was collated by administrative staff. The amount of time out of cell was calculated and presented to the senior management team for analysis.

Section 7: Good order

Security and rules

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.

Security

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

Partially achieved. Although the restrictions on non-operational staff had been lifted, many staff supervising the secure corridors were unaware of the changes and still routinely prevented non-operational staff from moving freely during prisoner movements.

Further recommendation

- 7.2 All staff responsible for supervising the secure corridors should be made aware that non-operational staff can move freely during prisoner movements if they choose to do so.

Additional information

- 7.3 The well-resourced security department maintained a high profile throughout the prison and managed a considerable volume of information impressively. Subsequent actions taken as a result of this information were proportionate to the risks presented by the population, which at the time of the inspection included 161 category A and seven high risk category A prisoners.
- 7.4 In 2009, 7,314 security information reports (SIRs) were submitted and there had been 6,152 to the end of October 2010. Many of the SIRs were observational but some elicited information through engagement with prisoners. SIRs were processed efficiently by the intelligence unit and there was sophisticated monitoring and evaluation of all information, particularly that relating to extremist/terrorist and gang activity.
- 7.5 Notwithstanding some of the serious risks managed by the prison, some security managers shared our concern that the negative perceptions from some prisoners and staff of Muslim prisoners in general, even those with no involvement in terrorism or extremism, were exaggerated. These negative perceptions needed to be mitigated and there was a need for further cultural awareness of the Islamic faith (see section on religion in diversity).
- 7.6 The intelligence executive team (IET) met monthly to scrutinise sensitive information and intelligence and set security objectives. The security committee that met subsequently was given a high priority. It was chaired by the deputy governor and attended regularly by a well-appointed membership, including the police intelligence officers.

- 7.7 Security staff disseminated information appropriately to other departments through briefings with residential staff three times a week, a daily security briefing and regular targeted emails.
- 7.8 Closed visits were enforced infrequently but proportionately and were in place for only four prisoners at the time of the inspection.

Rules

- 7.9 Rules were fully explained to prisoners during their induction and were reinforced through compacts and personal officers. The application of rules appeared generally proportionate.

Discipline

Expected outcomes:

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

Disciplinary procedures

No recommendations were made under this heading at the last inspection.

Additional information

- 7.10 The number of adjudications was reasonably low at 636 in the year to date and had reduced since the last inspection. The room in the segregation unit used to hear adjudications was large and suitable. The hearing we observed was conducted appropriately and prisoners were aware of their rights. Many adjudications were adjourned for prisoners to seek legal advice – in these situations, prisoners were generally given a free letter to help them contact their legal representative.
- 7.11 We reviewed a large number of completed adjudication records and generally found them to be completed to a good standard but there were some instances where there had been insufficient exploration before reaching a finding of guilt. Some adjudications had been quashed on appeal as a result of witnesses not being called, and this had been raised as a point of learning at the bimonthly adjudication standardisation meeting which was well attended and discussed appropriate issues.
- 7.12 A punishment tariff was in place and punishments were broadly fair. Where mitigation was offered, it was generally taken into account.

Further recommendation

- 7.13 Adjudicators should ensure that all charges are appropriately investigated before reaching a verdict.

The use of force

No recommendations were made under this heading at the last inspection.

Additional information

- 7.14 Use of force documentation had been completed 285 times to the end of October 2010, which was a significant increase since the last inspection. However, many of these uses of force were attributed to the routine handcuffing of the close supervision centre (CSC) prisoner to and from the exercise yard. There were 58 uses of control and restraint which was low for the nature and size of the prison and lower than at the last inspection.
- 7.15 All planned control and restraint interventions were filmed but recordings did not show the prisoner before staff entered the cell or on entry, and we were concerned that many prisoners told us that they were restrained even though they offered no resistance to the control and restraint team. Notwithstanding these concerns, resulting paperwork was completed thoroughly. The routine application of handcuffs for prisoners en route to the segregation unit had also ceased and was now only undertaken following a risk assessment.
- 7.16 Batons had been drawn and used several times in 2010. Although their use appeared justified, there had been no specific investigation to scrutinise this.
- 7.17 Use of special accommodation was relatively low, at 21 in 2010 to date, but we had several concerns about governance of its use. We were told that it was routine practice for prisoners placed in special accommodation to have their own clothing removed and 'strip clothing' provided. Some documentation that authorised use of special or dirty protest cells recorded that normal clothing had been removed and replaced with strip clothing but there was little, if any, recorded justification for this. Ongoing records often recorded that the prisoner appeared calm for significant periods before he was moved to a normal cell, and supervision was often less frequent than required. (See main recommendation HP47.)
- 7.18 Mechanical restraints (body belts) had been authorised twice in 2010 and was explained by managers in a manner that gave assurances that it appeared a reasonable measure to manage two particularly challenging individuals. However, records did not always provide the necessary assurances needed to justify the initial or continued application of the belt or the removal of normal clothing, which left the prisoners with only their boxer shorts and 'strip blankets'. Ongoing records again showed the prisoners as calm for lengthy periods before the belt was removed, and supervision arrangements were insufficient. (See main recommendation HP46.)
- 7.19 Use of force documentation also suggested that prisoners placed in dirty protest cells were deprived of their own clothing and provided strip clothing without any justification or documentation to authorise this. (See main recommendation HP47.)

Further recommendations

- 7.20 Recordings of planned control and restraint interventions should film the demeanour, behaviour and level of compliance of the prisoner prior to staff entering the cell.
- 7.21 Any use of a baton should be independently investigated to give assurance that its use was appropriate and proportionate.

Segregation unit

- 7.22 **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)**

Not achieved. The segregation unit continued to offer two parallel incentive-based schemes, which had not been clarified since the last inspection. In addition to the normal incentives and earned privileges (IEP) level, all prisoners were designated as level one, two or three. A crude risk assessment tool was used to determine this level which, in addition to dictating how many staff were required to unlock prisoners, was still described as 'an incentive level beyond that of IEP'. Some privileges, such as access to the cardiovascular room, were linked into this system and others, such as access to in-cell television, were linked into both this system and IEP. The level system was neither consistent nor transparent. We were also concerned about the validity of an initial risk assessment in an example we saw where an individual assessed as posing such a threat to warrant level one (requiring four staff dressed in personal protective equipment to unlock him) could be returned to normal location less than two hours later. **We repeat the recommendation.**

Additional information

- 7.23 Communal areas in the segregation unit were clean and bright but the five exercise yards were austere with no seating. 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. Cells were generally cold, some were dirty and contained graffiti, and most toilets were filthy. Cardboard furniture intended for prisoners who posed a high risk of causing damage (level one) was also issued inappropriately to some other prisoners assessed as a lower risk. The designated dirty protest cells, although recently painted, stank of urine.
- 7.24 During the inspection, the roll of the unit was 24, including one prisoner there for his own protection, 16 for reasons of good order, four serving punishments of cellular confinement, one CSC prisoner and two cleaners. The longest resident had been there for eight months and the average length of stay was 28 days.
- 7.25 On location to the segregation unit, all prisoners were strip-searched regardless of the reason for their location and without a proper risk assessment. Prisoners were given a booklet telling them what they should expect during their time in the segregation unit but prisoners said this was not reinforced by staff and that parts of it were out of date.
- 7.26 The segregation unit managed some particularly challenging prisoners, each of whom was subject to fortnightly multidisciplinary reviews. It was, therefore, disappointing that some good order or discipline (GOOD) paperwork used to authorise both initial and ongoing segregation was often incomplete and did not always fully justify segregation, and targets set were often not individualised.
- 7.27 Many prisoners had placed themselves in segregation as a means of securing a transfer out of the prison. The management team had adopted a robust approach with these prisoners and had reduced their IEP level to basic and withdrawn their pay, which in isolation was disproportionate. Although a few prisoners were motivated to return to normal location as a result, significantly more remained in the unit, some for a considerable time. Care planning for prisoners who remained in the unit longer than 30 days was perfunctory and concentrated on standardised behaviour targets, with no individualised care and case management.

- 7.28 All unit staff had been specifically selected to work there and prisoners generally reported positive working relationships with most staff. Although prisoners were allocated personal officers, there was limited evidence of engagement in either daily history sheets or P-Nomis case notes. Although an officer from the sending wing was expected to visit the prisoner in segregation daily, this did not happen consistently.
- 7.29 Prisoners on the unit were only permitted to access showers three times a week, which was insufficient. Access to all other aspects of the regime, including telephones, exercise and library, was considered following a written application. We were concerned that regime activities that were requested were not always received. Some prisoners told us that on occasion they did not receive access to telephones when they had made an application for this. For some, regime provision was good, including access to corporate worship, cardiovascular room, in-cell televisions and limited engagement with education staff. Some prisoners could also go off the unit for risk assessed activities, such as offending behaviour programmes or association, which was encouraged as part of the informal plans to return them to normal location where possible. It was also positive that, since the last inspection, most prisoners were generally permitted to collect their meals from the servery.
- 7.30 Some prisoners had been held in camera cells in the segregation unit under the secreted items policy, generally because it was believed that they had received items such as drugs through visits. Initial authorisation for segregation was appropriate, but records suggested that some prisoners remained in the unit for too long, and it was never recorded whether any unauthorised articles were subsequently found or handed over as a result of the period of closer supervision.
- 7.31 The segregation monitoring and review group met quarterly, guided by a comprehensive report, to monitor all aspects of segregation and was focused on most of the challenges faced by the unit.

Further recommendations

- 7.32 Segregation unit cells and toilets should be clean, furnished appropriately and fit for purpose.
- 7.33 Prisoners should not be strip-searched routinely on location into the segregation unit.
- 7.34 Good order or discipline paperwork used to authorise segregation (including for those segregated under the secreted items policy) should be completed thoroughly, justify reasons for segregation and contain individualised behaviour improvement targets.
- 7.35 Care plans for prisoners who remain in the segregation unit for longer than 30 days should concentrate on individualised care and case management.
- 7.36 Personal officers in the segregation unit should engage with prisoners in a more meaningful way and should document this in daily history sheets and P-Nomis case notes.

Housekeeping point

- 7.37 The written application system in the segregation unit should be reliable and consistent and subject to regular quality assurance.
- 7.38 The information booklet issued to segregated prisoners should be revised and updated.

Incentives and earned privileges

Expected outcomes:

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

- 7.39 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)

Not achieved. Despite undertaking the same work, prisoners on the enhanced privilege level were still eligible to receive higher rates of pay, which continued to be unfair.

We repeat the recommendation.

- 7.40 Staff should work with basic level prisoners to help them modify their behaviour, and this should be evidenced in wing history files. (6.41)

Not achieved. Of the 10 prisoners on the basic level at the time of the inspection, nine were in the segregation unit. Few timely reviews took place and in the majority of cases prisoners were not involved with these. Behaviour targets that were set were often standardised and not tailored to the individual needs of each prisoner. There was little, if any, evidence of positive engagement in daily history sheets or in P-Nomis case notes to demonstrate that prisoners were helped and encouraged to modify their behaviour. There was, however, a continued focus on negative behaviour in case notes for prisoners on the basic regime.

We repeat the recommendation.

Additional information

- 7.41 The published policy outlining the incentives and earned privileges (IEP) scheme had been reviewed in March 2009 and was understood by prisoners and staff. The three usual privilege levels – basic, standard and enhanced – were in operation and at the time of the inspection accounted for 1.7%, 33.3% and 65% of the population respectively, clearly demonstrating that there was opportunity for progression to the higher level.

- 7.42 Prisoners on the enhanced privilege level on transfer to Full Sutton were able to retain this status while everyone else joined the scheme on the standard level.

- 7.43 Some warnings appeared petty and remained in force on prisoner files for three months. Despite this, most prisoners were given sufficient opportunity to improve their behaviour before they were considered for regression. The exception was when an enhanced prisoner was found guilty on adjudication and a review was generated, which generally resulted in their downgrade, regardless of previous behaviour.

- 7.44 Personal officers completed quarterly assessments on prisoners but IEP status was only formally reviewed annually, at the same time as the sentence planning review. However, if personal officers believed prisoners were demonstrating either negative or positive behaviour they could submit paperwork to generate a review board to consider up- or downgrading.

- 7.45 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 targets, comply with all rules and routines, remain employed, not have any findings of guilt at

adjudication, and not be involved in bullying. Prisoners who could not maintain full employment through no fault of their own were still allowed to progress to or maintain the enhanced privilege level.

- 7.46 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 or 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.
- 7.47 The downgrading of prisoners to the basic regime was generally proportionate and a result of a pattern of negative behaviour. Prisoners were given improvement targets and, if employed, they could still work, have two periods of association a day, and daily access to showers and exercise. Initial reviews were meant to take place after seven days, and there was evidence that when this happened many prisoners who had responded positively to their period on the basic regime were often restored to the standard privilege level. It was, therefore, disappointing that some reviews were not convened after seven days which meant that some prisoners could have spent longer than necessary on the basic regime.

Further recommendation

- 7.48 Prisoners should only be downgraded under the incentives and earned privileges scheme when there is a pattern of negative behaviour to support this, and prisoners found guilty on adjudication should not be downgraded automatically.

Housekeeping point

- 7.49 All initial reviews of prisoners on the basic regime should take place after seven days.

Section 8: Services

Catering

Expected outcomes:

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

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

Achieved. All utensils for the preparation of halal food were colour-coded and stored separately. This procedure was the same in the kitchen and servery areas.

8.2 The midday meal should not be served earlier than noon and the evening meal not earlier than 5pm. (7.10)

Partially achieved. The serving of lunch started at 11.45am and was usually completed by noon. The serving of the evening meal started at 5pm.

Further recommendation

8.3 The midday meal should not be served earlier than noon.

8.4 Cooking areas for prisoners on C wing should be extended. (7.11)

Partially achieved. Work had begun on extending the cooking areas for prisoners and a separate purpose-built kitchen was under construction.

Additional information

8.5 The kitchen was large with adequate storage, preparation and cooking facilities. Halal food was stored separate to non-halal food with separate identified areas for its preparation and cooking.

8.6 A maximum of 30 prisoners could work in the kitchens, but the average number was 18. There were up-to-date training records for all prisoners who worked in the kitchens and they had a good level of basic training. There was a separate classroom for prisoners undertaking an NVQ level 2, but as it had no CCTV facility only theory had been carried out with a few prisoners.

8.7 In our survey, 33% of respondents, against the comparator of 23%, said that the food was good, but only 22% of black and minority respondents and 18% of Muslim respondents, compared with 37% of white and non-Muslim respondents, said that the food was good. The prison had not consulted with black and minority ethnic groups to understand this perception. The quality of food we saw was good, there was a four-week menu cycle with a varied choice of food covering a range of cultural and healthy options, and breakfast was served on the morning it was eaten.

- 8.8 The wing serveries were clean, although only C wing had adequate covers to protect the food. Prisoners had the option to buy and cook their own food, and at the time of the inspection 115 prisoners took advantage of this. Each wing had separate cooking facilities that were clean and adequate fridge and freezer storage. The prison supplied a weekly choice of four different staples packs for prisoners who self-catered for which they were not charged.
- 8.9 There was an annual food survey as well as specific surveys for seasonal alterations to the menu. Each wing had a food comments book that prisoners used appropriately and that kitchen staff checked and responded to. Prison food was a standing agenda item on the monthly consultative meetings and a representative from the kitchen usually attended.

Further recommendations

- 8.10 All wing serveries should have covers to protect the food.
- 8.11 The prison should carry out an annual food survey with black and minority ethnic groups.

Prison shop

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.

- 8.12 The prison should conduct a twice-yearly survey of prisoners' shop needs. (7.20)

Not achieved. Due to the new contractual arrangements, the prison did not conduct a six-monthly survey of the shop list but there was a quarterly analysis of shop items through the prisoner consultative meetings in which prisoners could select and deselect items.

- 8.13 The shop should widen supplies of minority ethnic goods. (7.21)

Achieved. There was a wide range of goods suitable for minority ethnic prisoners and this extended to frozen goods for those who self-catered. Consultation with black and minority ethnic prisoners through the consultative meetings was satisfactory. However in our survey, only 38% of black and minority ethnic respondents, compared with 59% of white respondents, said that the shop sold a wide enough range of goods to meet their needs.

Further recommendation

- 8.14 The prison should hold further consultation with black and minority ethnic prisoners about what they would like to see on the shop list.

- 8.15 The storage facilities for the prison shop should be extended to allow an expansion of provision. (7.22)

Achieved. A cold room had been installed in 2009 which had allowed an expansion of food provision.

8.16 New arrivals should be able to access the prison shop within their first 24 hours. (7.23)

Partially achieved. New arrivals could buy a reception pack (see paragraph 1.9), but they could only access the prison shop on the designated day for G (first night and induction) wing, which meant that a new arrival could wait up to six days to make an order.

We repeat the recommendation.

8.17 Prisoners should not be charged an administration fee for catalogue orders. (7.24)

Not achieved. The prison charged £1 administration fee for each individual transaction with each external catalogue company that prisoners could order from.

We repeat the recommendation.

Additional information

8.18 The prison shop was run on a national contract with DHL Booker whose staff and packing facility were on site. Each wing had an allocated shop day and prisoners completed their order the day before. They also received a statement of their financial accounts with their shop order list. Supervision of the distribution of orders on the wings was good.

8.19 The shop had a reasonable range of goods, including food items for those who self-catered. Prisoners could also place weekly orders from 12 catalogues that covered a wide range of items.

8.20 Consultation about the shop was through the monthly consultative meeting, which the shop manager attended as a representative. Shop goods lists and price changes were displayed on wing notice boards.

Section 9: Resettlement

Strategic management of resettlement

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.

- 9.1 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)

No longer applicable. The pre-release course had been evaluated but had ceased running in April 2010, primarily because of the change in contract with the education provider and the probation contract. Pre-release work was now coordinated through the resettlement officer and via provision under each pathway.

Additional information

- 9.2 The most recent resettlement policy was dated 2008 but, following the reorganisation of offender management in April 2010, had become defunct. It had been replaced by the offender management policy which had been reviewed in February 2010. This policy was reasonably comprehensive but had, in part, also become out of date as the new layered offender management model had been rolled out in the previous six months. For example, the outlined offender management monthly meeting had been replaced by a monthly reducing reoffending and pathways meeting, which was also attended by the lead managers for offender management along with pathway managers. Separate offender management meetings were also held monthly, which included offender supervisors and case administrators.
- 9.3 Both meetings were reasonably well attended and there were clear appropriate links between the two groups. The public protection manager also attended both meetings which ensured that public protection matters remained central to all discussions and developments. A supporting action plan outlining developments against each resettlement pathway, including public protection, was evaluated and updated monthly.
- 9.4 Full Sutton was one of several prisons in the region to introduce layered offender management during 2010. A detailed action plan had been produced with clear development objectives that were reviewed regularly with the area lead and shared with the prison's senior management team. Progress against these objectives had been reasonable.
- 9.5 Although the psychology department undertook a quarterly needs analysis of prisoners on the vulnerable prisoner units, specifically with regard to their programme and offending behaviour needs, there was no equivalent for prisoners on main location. Equally, although the number of prisoners released by the prison was low, there was no needs analysis regarding resettlement pathway provision.

Further recommendation

- 9.6 The prison should undertake an annual needs analysis against each resettlement pathway and use the outcomes to identify development work required to meet prisoner resettlement needs.

Offender management and planning

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.

Sentence planning and offender management

- 9.7 Offender supervisors should not be detailed to other duties. (8.15)

Not achieved. In April 2010, the probation contract with Full Sutton changed and the number of probation staff reduced to a senior probation officer and 1.6 probation officers, based in the public protection unit. All offender supervisors were now officer grades, although the number had risen to 25 across the establishment. Although based in the offender management unit (OMU), offender supervisors were allocated to wings where they undertook the role of prison officer while also managing a caseload as an offender supervisor. Given the number of offender supervisors, caseloads were relatively low, averaging about 25. The principle of this model was reasonable, as it allowed offender supervisors to spend a lot of time on wings and see the prisoners for whom they were responsible. The time dedicated to offender management work varied, but offender supervisors indicated that their work was manageable and that they preferred the current model. This arrangement was broadly reflected in the case files and review documentation we saw.

- 9.8 Video conferencing facilities should be available to support sentence planning processes. (8.16)

Achieved. Video conferencing to support sentence planning had been introduced approximately a year previously. While used for a number of purposes, there was very high demand for it to facilitate sentence planning boards and there were problems meeting the demand. A second video link had been installed in the previous fortnight and a third was due.

- 9.9 Psychology staff should be more integrated into sentence planning boards and individual work with prisoners. (8.17)

Achieved. The psychology department was co-located with programme staff and offender supervisors. There were generally good links between all three and we saw examples of psychology staff offering guidance to offender supervisors. Since the advent of the layered offender management model, sentence planning boards were no longer centrally organised or multidisciplinary. Boards were organised and facilitated by offender supervisors and usually attended only by the prisoner and the offender manager (usually as a telephone or video conference). Reports were requested from other departments with knowledge of the prisoner, including the psychology department, and information was incorporated into reviews. The psychology department undertook some individual work but this was relatively rare. In most

cases, issues oriented to addressing offending behaviour were managed through the range of programmes available.

9.10 All key staff should be briefed on offender management. (8.18)

Achieved. Information on the implementation of offender management was widely circulated across all departments, and included a 'frequently asked questions' document. With offender supervisors based on each wing, most staff were aware of the department, how it worked and how reviews were undertaken.

Additional information

- 9.11** All new arrivals were allocated an offender supervisor, depending on their wing. Nearly all determinate-sentenced prisoners were in scope for offender management. Of the 382 indeterminate prisoners (about 65% of the population), approximately 330 were serving mandatory or discretionary life sentences and, although not formally in scope, were nevertheless allocated an offender supervisor and nearly all had identified offender managers in the community.
- 9.12** Under the relatively new model of layered offender management, the primary focus of most work since April 2010 had been on the process of sentence planning and management. Review meetings were usually undertaken on wings and, from our review of cases, to a reasonable standard. In our survey, 88% of respondents, against the comparator of 71%, said they had a sentence plan and 56% of these, against 49%, said that they had been involved in its creation.
- 9.13** Subsequent reviews of progress against identified targets were to be undertaken quarterly but there had been relatively few so far. General contact between prisoners and offender supervisors was variable. In most cases, this was done informally while officers were on general wing duties. Although this informal contact was useful in developing working relationships, it did not allow for challenging attitudes and behaviour, exploring offending behaviour in detail or analysing offences. The recording of contact was also variable. Some offender supervisors maintained their own log of contacts while others used the central P-Nomis system, and while some supervisors recorded all contact others only noted significant incidents. Nevertheless, in our survey, 44% of respondents, against the comparator of 29%, said that a member of staff had helped them address their offending behaviour while they had been at Full Sutton.
- 9.14** OASys (offender assessment system) assessments were generally up to date and quality assurance systems were in place. There was no formal supervision for offender supervisors, although psychology and probation staff based in the public protection unit offered informal guidance and support. There had also been a recent initiative in which a psychologist offered group supervision monthly, and a training needs analysis of offender supervisors was being undertaken.
- 9.15** Indeterminate-sentenced prisoners were managed on a day-to-day basis in the same way as other prisoners. The head of offender management held monthly clinics and saw prisoners on application to respond to specific queries about their progress and development.
- 9.16** All prisoners were assessed by the resettlement officer two years before their release, or on their arrival if there was less time to serve. This assessment focused on resettlement pathways and identified any specific work or support needed before release. Work was appropriately managed in conjunction with the public protection unit. Although, on average, only between 25

and 30 prisoners a year were released from Full Sutton, the approach ensured that, wherever possible, pre-release was planned appropriately. In our survey, 15% of respondents, against a comparator of 9%, said that a member of staff had helped them prepare for release.

Further recommendations

- 9.17 Record keeping by offender supervisors should be consistent.
- 9.18 Offender supervisors should have regular individual supervision to support personal development of offender supervision skills.
- 9.19 There should be a quality assurance scheme to review work undertaken by offender supervisors beyond OASys (offender assessment system) work.

Housekeeping point

- 9.20 The role of offender supervisor should be clearly defined and distinct from that of personal officers, and training provided to facilitate this.

Public protection

No recommendations were made under this heading at the last inspection.

Additional information

- 9.21 Public protection arrangements were good. The formation of the public protection unit in April 2010 had ensured dedicated provision for the management of public protection generally and safeguarding children issues in particular. All new arrivals were screened for issues of public protection, irrespective of any provision at previous establishments. Weekly review meetings had recently been convened to consider all information available on new arrivals and/or to identify any further information deemed necessary. This meeting also considered monitoring levels that were required.
- 9.22 There were two monthly multidisciplinary review meetings – the safeguarding meeting considered any cases involving child protection, and the inter-departmental risk management team meeting. The safeguarding meeting reviewed all cases regularly, and at the time of the inspection 204 prisoners were subject to some form of safeguarding monitoring.
- 9.23 The inter-departmental risk management meeting considered prisoners identified as a particular concern in the last two years of their sentence. Any member of prison staff could ask for a prisoner to be reviewed, and subsequent reviews depended upon the level and nature of the concerns raised. There were good links with community-based offender managers, and the public protection unit prepared reports for all community-based MAPPAs (multi agency public protection arrangements) meetings. Meetings were also, where appropriate, attended by staff from the prison.
- 9.24 All prisoners were also subject to a pre-release review meeting through the public protection unit. As nearly all prisoners at Full Sutton were subject to MAPPAs, this meeting focused specifically on pre-release arrangements and how issues of concern were to be managed post-release. Offender managers were always invited, although attendance varied.

- 9.25 Although links between offender supervisors and public protection staff were generally good, offender supervisors did not, as a matter of course, attend pre-release meetings or the two monthly review meetings, even when one of their prisoners was being considered. The different recording systems also gave few assurances that information was relayed back to offender supervisors. As public protection and the management of risk were central to the work of the offender management unit, this separation of tasks increased the potential for work to be undertaken in isolation.

Further recommendation

- 9.26 Offender supervisors should attend all public protection and safeguarding meetings associated with prisoners they are responsible for.

Resettlement pathways

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.

Reintegration planning

Accommodation

No recommendations were made under this heading at the last inspection.

Additional information

- 9.27 As the majority of prisoners at Full Sutton were subject to MAPPA, accommodation arrangements were generally managed through liaison with community-based offender managers, in most cases involving approved premises.
- 9.28 The resettlement officer offered contact with all prisoners during their last two years in custody and included liaison with offender managers or, where necessary, local housing support services in the area they were to return to. There was also work in conjunction with the Langley House Trust who attended the prison one day a week. Although its remit was primarily for prisoners in the Yorkshire and Humberside area, some referral support was offered to similar projects elsewhere in the country. Generally, these arrangements for managing accommodation provision worked well.
- 9.29 At the time of the inspection the prison was recording a settled accommodation figure of 91.37%. Two prisoners had left the prison in 2010 so far and, because they were licence recalls and at their sentence expiry point, they had refused to engage with or inform the prison of their accommodation arrangements.

Education, training and employment

For further details, see Learning and skills and work activities in Section 6

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

No longer applicable. Although staffing levels for information, advice and guidance were increased following the last inspection, when the new Offender Learning and Skills Service contract came into force, Working Links was contracted to provide careers information and advice support (CIAS) and reduced the staffing in line with the contract

Additional information

- 9.31 Working Links provided a good CIAS service to prisoners during induction. Further intervention by information, advice and guidance staff was minimal. A prison officer responsible for resettlement held an individual interview with the few prisoners who were released and contacted external agencies, such as Jobcentre Plus, to arrange interviews on release. However, the support was limited. The prison has recently started to work with the Langley House Trust (see paragraph 9.28) who worked in partnership with SOVA through the Yorkshire and Humberside Offender Partnership to provide housing and through the gate support. This 12-month European Social Fund project was starting to provide prisoners with individual support before and on release.

Mental and physical health

- 9.32 All prisoners should be given information, and assistance if required, on accessing health and social care services on release. (8.29)

Achieved. The GP saw all prisoners before release to assess their physical and mental health. Prisoners were given a letter for their GP which advised of any ongoing health issues as well as medicine details. Those not registered with a GP were advised how to register with one. Prisoners were seen on the morning of release by a nurse and given a supply of their medication to last them till they saw their GP.

- 9.33 The palliative and end-of-life policy should be reviewed and developed in partnership with local care services, and publicised to staff. (8.30)

Achieved. A palliative care policy had been developed in partnership with health care and prison staff, the PCT and the palliative care team. The policy included the management of prisoners seeking to apply for early release from custody either through release on temporary licence (ROTL) or to the Parole Board for consideration under compassionate release. Once placed on the palliative care register, the patient was subject to regular multidisciplinary team reviews. There were excellent links with local cancer organisations, including Macmillan Nurses

Finance, benefit and debt

No recommendations were made under this heading at the last inspection.

Additional information

- 9.34 Provision under this pathway was limited. Before April 2010, a pre-release programme had offered some support under this pathway, which was now being taken up by separate departments. The education department did offer one session a week on financial literacy to all prisoners. There had been no needs analysis to ascertain the extent of prisoner debt and there was no debt management service.

Further recommendations

- 9.35 The prison should offer debt management to prisoners.

Drugs and alcohol

- 9.36 **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)**

Achieved. There had been a needs analysis in September 2009 relating to the introduction of the integrated drug treatment system (IDTS) by April 2011. This had led to an action plan, which was then focus of all IDTS treatment development. Drug supply reduction was dealt with separately by the supply reduction strategy, overseen by the security department. The treatment teams and supply reduction team met every two months at the drug strategy meeting.

- 9.37 **Counselling, assessment, referral, advice and throughcare (CARAT)-based groupwork should be provided to prisoners with assessed needs. (8.41)**

Achieved. Validated groupwork was delivered as needed. Subjects covered were delivered according to prisoners' assessments and care plans, including motivational enhancement, harm minimisation and relapse prevention. In 2009-10, 57 group place sessions were delivered. From April 2011, the IDTS 28-day psychosocial programme of 15 sessions was due to be added to the groupwork and jointly delivered by CARAT workers and IDTS nurses.

- 9.38 **Prisoner allocation to voluntary drug testing spurs should be clarified and publicised. (8.42)**

Partially achieved. The voluntary testing compact document stated that allocation was 'at the discretion of the wing management and the drug support unit (now CARATs)'. However, we were told that, in practice, CARAT workers had little or no input into the allocation of places and that, furthermore, prisoners were not offered extra support from CARATs when on the drug-free wing. Prisoners told us that they would benefit from peer support groups but these too were not available. A total of 90 compacts were for available prisoners on the drug-free spurs, with a further 90 compacts for prisoners on other locations. There were no compliance-based compacts, although prisoners working in higher risk areas were subject to mandatory drug testing (MDT) risk testing.

Further recommendation

9.39 The counselling, assessment, referral, advice and throughcare (CARAT) team should be involved in the allocation of prisoners to voluntary drug testing spurs.

9.40 An alcohol strategy should be developed or incorporated into the drug strategy and include both testing and treatment provision. (8.43)

Partially achieved. There was a combination of drug and alcohol policy documents. The alcohol component included treatment provision but no testing regime. However, the CARAT team worked with primary alcohol users. Treatment options included: weekly Alcoholics Anonymous meetings; alcohol awareness delivered by CARAT workers who were introducing the recently published NOMS *Alcohol information booklet for prisoners*; the Focus programme, which was open to primary alcohol users and poly-drug users alike; and a drug and alcohol awareness Level 1 qualification offered by the education department.

Additional information

9.41 The CARAT service was staffed by a civilian manager, three officers and an administrative worker who also worked with the Focus programme. All CARAT workers were trained to the Royal College of General Practitioners (RCGP) level 1 certificate in substance use treatment. The CARAT team's caseload comprised 79 active cases, 110 suspended and 128 triaged. The CARAT officers were also required to perform evening and weekend duties on the wings which, while it gave them opportunities to be among their clients, meant a loss of face-to-face hours due to rest day requirements during the week.

9.42 Focus was the only drug/alcohol related programme with targets of 18 starts and 14 completions from two cohorts a year. In the first cohort of 2010, nine starts and eight completions indicated that at the half-year point the target was being achieved. Although the programme's future was under review, prisoners told us that it was extremely effective for those who were ready to make changes in their thinking and behaviour.

Children and families of offenders

9.43 The search process for visitors entering the establishment should be pictorially explained in the visitors' centre. (3.73)

Not achieved. Although there was information on searching procedures in the visitor centre, this was not available pictorially. There was no specific information for visitors about what to expect, even though the procedure followed was, necessarily, comprehensive. Visitors we spoke to who had never visited a prison before were understandably nervous, although staff were courteous and clear in their dealings with them and description of the procedure.
We repeat the recommendation.

9.44 There should be a survey of visitors, and their perceptions closely monitored. (3.74)

Achieved. The prison had undertaken a visitors' survey and, from this, established a visitors' forum meeting which had met quarterly since July 2009. Six forum members had been identified, although not all attended every meeting. The head of offender management had facilitated a drop-in session in March 2010 to seek wider views and encourage active involvement in the forum.

9.45 Visits for basic level prisoners should not be restricted in length. (3.75)

Not achieved. Basic level prisoners were still entitled to only two standard visits a month and these were restricted to one hour, regardless of how far visitors had travelled.
We repeat the recommendation.

9.46 Where possible, visitors should have the opportunity to book their next visit while at the establishment. (3.76)

Partially achieved. Visitors to non-category A prisoners could, in theory, book their next visit while at the prison as the staff in the visitor centre also managed the booking line. However, we were told that staff did not encourage or advertise this as they also had to facilitate visitors being booked. There was no information in the visitors' centre indicating that a visit could be booked while there. There was no mechanism for visits to be booked by email or text.
We repeat the recommendation.

Further recommendation

9.47 Visitors should be able to book visits by email and/or text.

9.48 The establishment should establish links with external groups that focus specifically on supporting prisoners' families. (8.50)

Achieved. There was a range of information in the visitor centre about external organisations that offered support to families visiting prisons. Given the distances that many visitors had to travel, local organisations could offer little direct support. The advent of the visitors' forum had helped to establish a means for visitors to raise concerns, and the prison had recently developed a contract with Hull City Council to develop a family learning course for prisoners (see paragraph 9.51).

9.49 Prisoners should be able to exchange unused ordinary visiting orders for telephone credit. (8.51)

Not achieved. Although foreign national prisoners could exchange unused visiting orders for telephone credits, this was not the case for other prisoners.
We repeat the recommendation.

9.50 Prisoners with identified needs should have access to an accredited parenting course. (8.52)

Achieved. The prison had introduced a family learning course in conjunction with Hull City Council. The programme was delivered one day a week over 10 weeks and covered key issues oriented to relationships and parenting. Because of the nature of the establishment and its geographic location it was not possible to include partners in this programme, but the course culminated with an all-day family visit. So far one course had been completed and a second, along with the all-day visit, was due to conclude in December 2010.

Additional information

- 9.51 Domestic visits were available Wednesday, Thursday and Friday afternoons and all day at weekends. The visitor centre was open from about 8.30am and visitors could arrive at any time. Although booking visits was not difficult, due to the comprehensive nature of the searching there were still some problems moving visitors through the search process and into the visits area. Prisoners were processed on a first-come basis, but waits of half an hour before even starting the search procedures was not unusual. On busy days, although the process started at 1.30am, visitors could miss the first half hour of visits, even though they would receive the statutory one hour. In our survey, more prisoners than in 2007 said that they had had a visit within their first week at Full Sutton and that they had had a visit within the last week.
- 9.52 To speed the process up, prisoners were brought down to the visits area before the start of the session. Although this meant that they could wait for some time, it did maximise the available time. There was also no mechanism for visitors travelling the furthest distances to be prioritised.
- 9.53 The visits hall was bright and airy. Comfortable seats had been installed since the last inspection and, although this had reduced the number of available seats from 40 to 36, the facility was more conducive to domestic visits. Prisoners had been consulted about the refurbishment. Snacks were available from a small tea bar run by the catering department and there was also a small crèche. Some volunteers had been identified to run the crèche but their availability was unpredictable.
- 9.54 Along with all-day family visits (see paragraph 9.51) other family visits took place on four mornings a year, where prisoners could spend time playing and reading with their children or grandchildren.

Further recommendation

- 9.55 The prison should ensure all visitors can access the full visits time.

Attitudes, thinking and behaviour

- 9.56 **The prison should assess the viability of interventions to address anger management or violence reduction. (8.57)**

Achieved. The prison had introduced the CALM (controlling anger and learning to manage it) course which was delivered three times a year with an anticipated 21 annual completions.

- 9.57 **Funding should be made available to ensure the continuous delivery of restorative justice programmes. (8.58)**

Achieved. The prison continued the delivery of the Sycamore Tree restorative justice programme. The course was delivered four times a year.

Additional information

- 9.58 Along with the CALM programme, the prison delivered several sex offender treatment programmes – the healthy sexual functioning, the extended and core programmes. The prison was on target to meet its 35 completions for the year. The thinking skills programme was also reasonably well established and had a completion target of 36 (four courses). There were two Focus drug courses (14 completions a year. In our survey, 25% of respondents, against the comparator of 18%, said that they were currently on an offending behaviour programme.
- 9.59 The large multidisciplinary programme team was well integrated into the prison and linked well with the offender management unit where it was co-located, along with the public protection unit. Although there had been no formal needs analysis of main location prisoners, these links ensured prisoners identified for programme assessments were known and managed appropriately.
- 9.60 Although virtually all prisoners had sentence planning targets that included programmes, there were no significant waiting lists. Sequencing was a main factor in considering who was most suited to upcoming courses and, given the length of sentences some prisoners were serving, programme work was unlikely to be an issue for some while. Generally, prisoners needing to undertake work could access courses quickly.
- 9.61 Full Sutton had ceased to deliver the cognitive self-change programme (CSCP) as demand had been too low. At the time of the inspection, the only high security prison delivering the course was Long Lartin and there could be considerable delays in transferring prisoners there. To mitigate the impact of this, psychology staff at Full Sutton had started to undertake the necessary assessments. At the time of the inspection, although only one prisoner was waiting to transfer to Long Lartin, a further five were in the process of assessment.

Section 10: Summary of 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

-
- 10.1 Governance arrangements for special accommodation and mechanical restraints should be improved to give assurance that their use is always properly authorised and used only for the shortest possible time. (HP46)
 - 10.2 The removal of normal clothing and provision of strip clothing, whether in health care or the segregation unit, should not be routine, but only in exceptional circumstances be properly justified, appropriately authorised and for the shortest possible time. (HP47)
 - 10.3 Staff should regularly patrol the residential wings, particularly the areas near cells and stairwells, and CCTV cameras should be installed in blind spots on B and C wings. (HP48)
 - 10.4 The prison should conduct frequent consultation with Muslim prisoners to explore and address their negative perceptions. (HP49)

Recommendation

To Offender Health

-
- 10.5 The process for the appointment of specialist clinical staff should be speeded up to prevent the loss of successful candidates. (5.31)

Recommendations

To the governor

First days in custody: reception

-
- 10.6 New arrivals should be allowed a free telephone call once details of their approved telephone numbers have been received from the sending establishment. (1.8)
 - 10.7 Non-smoker's packs should be offered to new arrivals. (1.10)

First days in custody: first night

-
- 10.8 New arrivals should not be routinely locked in their cells on the evening of their arrival and should be allowed time out of cell. (1.21)
 - 10.9 New prisoners arriving on a Friday should be given the full first night assessment on the day they arrive. (1.22)

First days in custody: induction

- 10.10 The induction wing should be used solely for inductees and not as a quasi-reintegration wing. (1.27)
- 10.11 New prisoners should not spend a protracted time on the induction wing after they have completed the programme. (1.28)
- 10.12 The induction programme should be restructured to minimise the lock-up time for inductees during the core day. (1.29)

Residential units: accommodation and facilities

- 10.13 There should be management checks to ensure that officers supervise prisoners adequately. (2.1)
- 10.14 Prisoners should have lockable cupboards in which to store their personal property. (2.3)

Staff-prisoner relationships

- 10.15 Prisoners should be addressed by their preferred names. (2.20)

Personal officers

- 10.16 Links between personal officers and the offender management unit should be developed and formalised. (2.24)

Bullying and violence reduction

- 10.17 The role of anti-bullying officers should be reviewed and, if appropriate, fully implemented. (3.3)
- 10.18 There should be organised interventions to deal with persistent bullies. (3.5)

Self-harm and suicide

- 10.19 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. (3.14)
- 10.20 There should be suitably equipped Listener suites on all wings. (3.15)
- 10.21 Prisoners should have better access to Listeners at night. (3.16)

Applications and complaints

- 10.22 Complaint boxes should only be opened by staff responsible for processing complaints. (3.32)

- 10.23 All complaint replies should be addressed to the complainant and should provide a full and complete response to all aspects of the complaint. (3.33)

Diversity

- 10.24 The diversity and equality strategy and action plan should cover all diversity strands and should include clear guidance about the levels of support to be provided across each strand. (4.2)
- 10.25 All staff should receive appropriate diversity and cultural awareness training, with refresher training at least every three years. (4.3)
- 10.26 Prison monitoring should include other elements of diversity, including disability, age and religion. (4.9)

Diversity: race equality

- 10.27 Ethnic monitoring should be disaggregated and analysed to ensure the prison gives appropriate consideration to the proportionate representation of black and minority ethnic prisoners in both the general and vulnerable prisoner populations. (4.14)
- 10.28 The prison should ensure that any areas of disparity identified in ethnic monitoring data are promptly investigated and necessary remedial action taken. (4.15)
- 10.29 Investigations into racist incident report forms (RIRFs) should deal in full with all issues raised in the complaint and, in particular, investigations raised by staff defending themselves against an accusation of racism should explore beyond the original reason for the accusation. (4.21)
- 10.30 Completed RIRFs should demonstrate the consideration given to safeguarding victims and describe the support given. (4.22)
- 10.31 The establishment should develop and implement a programme to challenge racist and discriminatory prisoner behaviour at Full Sutton as soon as possible. (4.23)
- 10.32 The prison should hold regular consultation with black and minority ethnic prisoners. Consultations should include but not be confined to those identified as representatives and issues considered should be wide-ranging. (4.30)

Diversity: foreign nationals

- 10.33 The published foreign national policy should be based on an assessment of need and should be frequently reviewed to ensure it accurately reflects the systems and support processes in place. (4.38)
- 10.34 Foreign national prisoners should have access to independent specialist immigration advice. (4.40)
- 10.35 There should be regular opportunities for foreign national prisoners to meet with the foreign national liaison officer as a group to obtain information about immigration procedures. (4.41)
- 10.36 Foreign national prisoners should be able to have a monthly telephone conversation with family overseas of at least five minutes duration. (4.44)

- 10.37 The range of translated information on display in the prison should be developed and increased. (4.47)
- 10.38 The prison should liaise with UKBA to ensure that prisoners are informed as early as possible whether they are being considered for deportation. (4.53)
- 10.39 Foreign national prisoners should have regular contact with and support from the foreign national liaison officer and records of this support should be maintained. (4.54)

Diversity: disability and older prisoners

- 10.40 The diversity team should maintain a database of all prisoners with disabilities, including learning difficulties, which all staff are able to access. (4.64)

Diversity: sexual orientation

- 10.41 The prison should identify and widely promote sources of support and help for gay and bisexual prisoners. (4.69)

Health services: general

- 10.42 All rooms used for the supply of medicines should be regularly cleaned and maintained in a clean and sanitary condition. (5.5)

Health services: clinical governance

- 10.43 The practice of writing and dispensing private prescriptions from prison staff is inappropriate and should cease forthwith. (5.17)

Health services: primary care

- 10.44 Staff working in the walk-in centre should standardise their clinical assessments by using NHS Choices. (5.34)
- 10.45 Staff making health care appointments should carefully vet all applications to prioritise potentially urgent ones. (5.46)

Health services: pharmacy

- 10.46 There should be pressure on the strategic health authority to agree or amend the patient group directions and the governance issues around them. The locally agreed patient group directions should be implemented as soon as possible to improve patient accessibility and care. Technological problems within SystmOne should be dealt with as a matter of urgency. (5.52)
- 10.47 The pharmacist should develop pharmacy-led clinics and medicine use reviews. (5.53)
- 10.48 Local medicine use data should be extracted to provide information on which the medicines and therapeutics committee can make better judgements and decisions. (5.56)

- 10.49 Standing operating procedures should be used as training resources for all relevant staff, and there should be records to show that staff understand and agree to comply with procedures. (5.64)
- 10.50 The procedure for administering methadone should ensure safer and compliant medicine management. (5.65)
- 10.51 There should be regular auditing of abusable drugs. (5.66)
- 10.52 The medicines and therapeutics committee should introduce a prison formulary containing medication appropriate to the population. (5.67)

Health services: dentistry

- 10.53 The primary care trust should monitor the dental contract. (5.70)
- 10.54 There should be a protocol for dealing with dental emergencies out of hours. (5.72)
- 10.55 The recommendations of the PCT infection control audit of the dental surgery should be implemented. (5.77)

Learning and skills and work activities: leadership and management

- 10.56 The impact of regime demands should be reduced to ensure there is efficient and effective use of available education and work places. (6.4)
- 10.57 Quality assurance arrangements should be fully implemented to support quality improvement. (6.5)

Learning and skills and work activities: work

- 10.58 There should be an increase in the range of accredited training in the work areas. (6.7)

Learning and skills and work activities: vocational training

- 10.59 The number of prisoners participating in NVQ catering programmes should be increased. (6.19)
- 10.60 Classroom accommodation in the construction workshop should be large enough for effective group teaching. (6.20)

Learning and skills and work activities: education

- 10.61 Recruitment to distance learning courses should re-start and the administration organised by the prison. (6.29)
- 10.62 Teachers should use information learning technologies to vary and stimulate learning and reduce the amount of paper-based activities. (6.30)

- 10.63 Peer mentors should be recognised and rewarded for using their skills by being employed and so releasing places in classes. (6.31)

Physical education and health promotion

- 10.64 There should be appropriate toilets in the gym for wheelchair users. (6.44)
- 10.65 The PE classroom should have computer facilities and better access for prisoners. (6.45)
- 10.66 Gym activities should be carried out in an appropriate venue with adequate space. (6.46)
- 10.67 The ventilation in the weights area should be improved. (6.47)
- 10.68 The gym changing room facilities should be improved and have more showers. (6.48)

Security and rules

- 10.69 All staff responsible for supervising the secure corridors should be made aware that non-operational staff can move freely during prisoner movements if they choose to do so. (7.2)

Discipline: disciplinary procedures

- 10.70 Adjudicators should ensure that all charges are appropriately investigated before reaching a verdict. (7.13)

Discipline: the use of force

- 10.71 Recordings of planned control and restraint interventions should film the demeanour, behaviour and level of compliance of the prisoner prior to staff entering the cell. (7.20)
- 10.72 Any use of a baton should be independently investigated to give assurance that its use was appropriate and proportionate. (7.21)

Discipline: segregation unit

- 10.73 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. (7.22)
- 10.74 Segregation unit cells and toilets should be clean, furnished appropriately and fit for purpose. (7.32)
- 10.75 Prisoners should not be strip-searched routinely on location into the segregation unit. (7.33)
- 10.76 Good order or discipline paperwork used to authorise segregation (including for those segregated under the secreted items policy) should be completed thoroughly, justify reasons for segregation and contain individualised behaviour improvement targets. (7.34)
- 10.77 Care plans for prisoners who remain in the segregation unit for longer than 30 days should concentrate on individualised care and case management. (7.35)

- 10.78 Personal officers in the segregation unit should engage with prisoners in a more meaningful way and should document this in daily history sheets and P-Nomis case notes. (7.36)

Incentives and earned privileges

- 10.79 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. (7.39)
- 10.80 Staff should work with basic level prisoners to help them modify their behaviour, and this should be evidenced in wing history files. (7.40)
- 10.81 Prisoners should only be downgraded under the incentives and earned privileges scheme when there is a pattern of negative behaviour to support this, and prisoners found guilty on adjudication should not be downgraded automatically. (7.48)

Catering

- 10.82 The midday meal should not be served earlier than noon. (8.3)
- 10.83 All wing serveries should have covers to protect the food. (8.10)
- 10.84 The prison should carry out an annual food survey with black and minority ethnic groups. (8.11)

Prison shop

- 10.85 The prison should hold further consultation with black and minority ethnic prisoners about what they would like to see on the shop list. (8.14)
- 10.86 New arrivals should be able to access the prison shop within their first 24 hours. (8.16)
- 10.87 Prisoners should not be charged an administration fee for catalogue orders. (8.17)

Strategic management of resettlement

- 10.88 The prison should undertake an annual needs analysis against each resettlement pathway and use the outcomes to identify development work required to meet prisoner resettlement needs. (9.6)

Offender management and planning: sentence planning and offender management

- 10.89 Record keeping by offender supervisors should be consistent. (9.17)
- 10.90 Offender supervisors should have regular individual supervision to support personal development of offender supervision skills. (9.18)
- 10.91 There should be a quality assurance scheme to review work undertaken by offender supervisors beyond OASys (offender assessment system) work. (9.19)

Offender management and planning: public protection

- 10.92 Offender supervisors should attend all public protection and safeguarding meetings associated with prisoners they are responsible for. (9.26)

Resettlement pathways: finance, benefit and debt

- 10.93 The prison should offer debt management to prisoners. (9.35)

Resettlement pathways: drugs and alcohol

- 10.94 The counselling, assessment, referral, advice and throughcare (CARAT) team should be involved in the allocation of prisoners to voluntary drug testing spurs. (9.39)

Resettlement pathways: children and families of offenders

- 10.95 The search process for visitors entering the establishment should be pictorially explained in the visitors' centre. (9.43)
- 10.96 Visits for basic level prisoners should not be restricted in length. (9.45)
- 10.97 Where possible, visitors should have the opportunity to book their next visit while at the establishment. (9.46)
- 10.98 Visitors should be able to book visits by email and/or text. (9.47)
- 10.99 Prisoners should be able to exchange unused ordinary visiting orders for telephone credit. (9.49)
- 10.100 The prison should ensure all visitors can access the full visits time. (9.55)

Housekeeping points

Residential units: accommodation and facilities

- 10.101 All items raised by prisoners at consultative meetings should receive a response within 28 days. (2.14)

Personal officers

- 10.102 The prison should have a specific personal officer policy document that staff and prisoners can refer to. (2.25)
- 10.103 Management checks of case history notes should be consistent on the quality and frequency of the entries. (2.26)

Applications and complaints

- 10.104 There should be an audit trail of the progress of applications to ensure they are answered in a timely manner. (3.26)
- 10.105 All complaints boxes should be stocked with the full range of complaint forms. (3.34)

Diversity: race equality

- 10.106 Racist incident report forms should be available consistently on all residential units and in the visitor centre. (4.24)
- 10.107 The race equality officer should always record the action taken to challenge prisoners perceived to have engaged in racist behaviour. (4.25)

Diversity: religion

- 10.108 Religion should be a standing agenda item at equalities action team meetings. (4.36)

Diversity: foreign nationals

- 10.109 Free overseas telephone calls should be readily accessible with no requirement to submit a monthly application, and foreign national prisoners should be able to carry over any funds not used. (4.45)
- 10.110 Touch screens should be maintained in full working order. (4.48)
- 10.111 Staff foreign national representatives should attend equalities action team meetings. (4.55)

Diversity: disability and older prisoners

- 10.112 Multidisciplinary care plans should be updated at least annually. (4.65)
- 10.113 Prisoners should be provided with a copy of their personal emergency and evacuation plan. (4.66)
- 10.114 An action plan to address areas of concern identified in the 2009 dignity audit should be incorporated into the diversity and equality strategy action plan. (4.67)

Health services: pharmacy

- 10.115 The general health care application form should include the option to see the pharmacist. (5.54)
- 10.116 The prison should take steps to ensure that the primary care trust is more involved in medicines and therapeutics committee meetings. (5.68)

Learning and skills and work activities: work

10.117 The development of prisoners' personal skills and work ethic should be recognised and recorded. (6.9)

Learning and skills and work activities: education

10.118 The lighting in the small art room should be much brighter. (6.32)

Physical education and health promotion

10.119 Prisoners should receive an assessment by health care staff before using the gym or undertaking exercise. (6.49)

Discipline: segregation unit

10.120 The written application system in the segregation unit should be reliable and consistent and subject to regular quality assurance. (7.37)

10.121 The information booklet issued to segregated prisoners should be revised and updated. (7.38)

Incentives and earned privileges

10.122 All initial reviews of prisoners on the basic regime should take place after seven days. (7.49)

Offender management and planning: sentence planning and offender management

10.123 The role of offender supervisor should be clearly defined and distinct from that of personal officers, and training provided to facilitate this. (9.20)

Examples of good practice

10.124 Inductees were allowed to spend evening and weekend association on their allocated wing, which was a good way of integrating them into the prison. (1.30)

10.125 The prison had trained staff and prisoner mediators and mediation was a positive initiative that had been used following submission of a racist incident report form. (4.26)

10.126 The introduction of telemedicine, and the use on site of sophisticated X-ray and scanning facilities, had greatly improved diagnosis, diminished the need for patients to attend external hospitals and had made significant cost savings. (5.47)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Martin Lomas	Team leader
Keith McInnis	Inspector
Kellie Reeve	Inspector
Kevin Parkinson	Inspector
Gordon Riach	Inspector
Andrea Walker	Inspector
Samantha Booth	Senior research officer
Laura Nettleingham	Senior research officer
Adam Altoft	Researcher
Catherine Nichols	Researcher

Specialist inspectors

Bridget McEvilly	Health services inspector
Paul Roberts	Substance use inspector
Martin Wall	Dental inspector
Steve Gascoigne	Pharmacy inspector
Stan Brandwood	Pharmacy inspector
Nigel Bragg	Ofsted inspector
Julia Horseman	Ofsted inspector
Sheila Willis	Ofsted inspector

Appendix II: Prison population profile

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

Status	21 and over	%
Sentenced	581	64.79
Recall	1	0.17
Convicted unsentenced	6	1.02
Total	588	100

Sentence	21 and over	%
2 years to less than 3 years	1	0.17
3 years to less than 4 years	1	0.17
4 years to less than 10 years	43	7.31
10 years and over (not life)	161	27.38
ISPP	55	9.35
Life	327	55.31
Total		100

Age	Number of prisoners	%
21 years to 29 years	143	24.31
30 years to 39 years	158	26.87
40 years to 49 years	137	23.29
50 years to 59 years	98	16.66
60 years to 69 years	41	6.97
70 plus years	11	1.87
Total		100

Nationality	21 and over	%
British	524	89.11
Foreign nationals	57	9.8
Not stated	7	1.19
Total		100

Security category	21 and over	%
Cat A	161	27.3
Cat B	427	72.61
Total		100

Ethnicity	21 and over	%
<i>White</i>		
British	385	
Irish	15	
Other white	23	
Total	423	71.59
<i>Mixed</i>		
White and black Caribbean	7	
White and black African	2	
White and Asian	2	
Other mixed	6	
Total	17	2.89
<i>Asian or Asian British</i>		
Indian	7	
Pakistani	27	

Bangladeshi	4	
Other Asian	11	
Total	49	8.33
<i>Black or black British</i>		
Caribbean	11	
African	49	
Other black	22	
Total	82	13.94
<i>Chinese or other ethnic group</i>		
Chinese	5	0.85
Not stated	12	2.04
Total		100

Religion	21 and over	%
Baptist	1	0.17
Church of England	178	30.27
Roman Catholic	99	16.8
Other Christian denominations	36	6.12
Muslim	127	5.88
Hindu	2	0.34
Buddhist	21	3.57
Jewish	2	0.34
Other	14	2.38
No religion	108	18.36
Total	588	100

Length of stay	21 and over	
	Number	%
1 month to 3 months	37	6.3
3 months to 6 months	72	12.2
6 months to 1 year	98	16.7
1 year to 2 years	150	25.5
2 years to 4 years	120	20.4
4 years or more	91	15.5
Total	588	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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 27 October 2010, the prisoner population at HMP Full Sutton was 584. The sample size was 195. Overall, this represented 33% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a P-Nomis 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. Fourteen respondents refused to complete a questionnaire.

Interviews are carried out with any respondents with literacy difficulties. In this case no interviews were required.

Methodology

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;
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- 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

In total, 172 respondents completed and returned their questionnaires. This represented 29% of the prison population. The response rate was 88%. In addition to the 14 respondents who refused to complete a questionnaire, three questionnaires were not returned and six were returned blank.

Comparisons

The following details the results from the survey. Data from each establishment 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 following analyses have been conducted:

- The current survey responses in 2010 against comparator figures for all prisoners surveyed in high security prisons. This comparator is based on all responses from prisoner surveys carried out in four high security prisons since 2008.
- The current survey responses in 2010 against the responses of prisoners surveyed at HMP Full Sutton in 2007.
- A comparison within the 2010 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2010 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2010 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2010 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2010 survey between those who are on the vulnerable prisoner units and those on other units.

In all the above documents, 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.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and that of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys. However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

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 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 is excluded). The actual numbers will match up as the data is 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 has been weighted for comparison purposes.

Section 1: About you

Q1.2	How old are you?	
	<i>Under 21</i>	1 (1%)
	<i>21 - 29</i>	33 (19%)
	<i>30 - 39</i>	51 (30%)
	<i>40 - 49</i>	37 (22%)
	<i>50 - 59</i>	33 (19%)
	<i>60 - 69</i>	13 (8%)
	<i>70 and over</i>	4 (2%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	170 (99%)
	<i>Yes - on recall</i>	2 (1%)
	<i>No - awaiting trial</i>	0 (0%)
	<i>No - awaiting sentence</i>	0 (0%)
	<i>No - awaiting deportation</i>	0 (0%)
Q1.4	How long is your sentence?	
	Not sentenced	0 (0%)
	<i>Less than 6 months</i>	0 (0%)
	<i>6 months to less than 1 year</i>	0 (0%)
	<i>1 year to less than 2 years</i>	1 (1%)
	<i>2 years to less than 4 years</i>	1 (1%)
	<i>4 years to less than 10 years</i>	14 (8%)
	<i>10 years or more</i>	48 (28%)
	<i>IPP (indeterminate sentence for public protection)</i>	17 (10%)
	<i>Life</i>	88 (52%)
Q1.5	Approximately, how long do you have left to serve? (If you are serving life or IPP, please use the date of your next board.)	
	Not sentenced	0 (0%)
	<i>6 months or less</i>	8 (6%)
	<i>More than 6 months</i>	129 (94%)
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	2 (1%)
	<i>1 to less than 3 months</i>	6 (4%)
	<i>3 to less than 6 months</i>	9 (5%)
	<i>6 to less than 12 months</i>	9 (5%)
	<i>12 months to less than 2 years</i>	35 (21%)
	<i>2 to less than 4 years</i>	34 (20%)
	<i>4 years or more</i>	74 (44%)
Q1.7	Are you a foreign national (i.e. do not hold UK citizenship)?	
	<i>Yes</i>	13 (8%)
	<i>No</i>	154 (92%)
Q1.8	Is English your first language?	
	<i>Yes</i>	150 (89%)

No..... 18 (11%)

Q1.9 What is your ethnic origin?

<i>White - British</i>	119 (70%)	<i>Asian or Asian British - Bangladeshi</i>	2 (1%)
<i>White - Irish</i>	1 (1%)	<i>Asian or Asian British - other</i>	3 (2%)
<i>White - other</i>	6 (4%)	<i>Mixed heritage - white and black Caribbean</i>	7 (4%)
<i>Black or black British - Caribbean</i>	14 (8%)	<i>Mixed heritage - white and black African</i>	2 (1%)
<i>Black or black British - African</i> ...	3 (2%)	<i>Mixed heritage - white and Asian</i>	0 (0%)
<i>Black or black British - other</i>	1 (1%)	<i>Mixed heritage - other</i>	1 (1%)
<i>Asian or Asian British - Indian</i>	0 (0%)	<i>Chinese</i>	0 (0%)
<i>Asian or Asian British - Pakistani</i>	8 (5%)	<i>Other ethnic group</i>	2 (1%)

Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?

Yes..... 1 (1%)
 No..... 167 (99%)

Q1.11 What is your religion?

<i>None</i>	36 (21%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	48 (29%)	<i>Jewish</i>	1 (1%)
<i>Catholic</i>	25 (15%)	<i>Muslim</i>	33 (20%)
<i>Protestant</i>	3 (2%)	<i>Sikh</i>	0 (0%)
<i>Other Christian denomination</i> ..	6 (4%)	<i>Other</i>	11 (7%)
<i>Buddhist</i>	5 (3%)		

Q1.12 How would you describe your sexual orientation?

Heterosexual/straight..... 154 (92%)
Homosexual/gay..... 8 (5%)
Bisexual..... 3 (2%)
Other..... 2 (1%)

Q1.13 Do you consider yourself to have a disability?

Yes..... 29 (17%)
 No..... 141 (83%)

Q1.14 How many times have you been in prison before?

<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
66 (39%)	31 (18%)	47 (27%)	27 (16%)

Q1.15 Including this prison, how many prisons have you been in during this sentence/remand time?

<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
8 (5%)	136 (80%)	27 (16%)

Q1.16 Do you have any children under the age of 18?

Yes..... 75 (44%)

No..... 96 (56%)

Section 2: Courts, transfers and escorts

Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons. How was:

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van?	14 (8%)	80 (48%)	17 (10%)	37 (22%)	12 (7%)	5 (3%)	3 (2%)
Your personal safety during the journey?	26 (17%)	69 (45%)	27 (17%)	19 (12%)	11 (7%)	0 (0%)	3 (2%)
The comfort of the van?	3 (2%)	27 (16%)	21 (13%)	70 (43%)	40 (24%)	1 (1%)	2 (1%)
The attention paid to your health needs?	9 (6%)	45 (28%)	45 (28%)	23 (15%)	25 (16%)	4 (3%)	7 (4%)
The frequency of toilet breaks?	3 (2%)	15 (9%)	23 (14%)	37 (23%)	56 (34%)	1 (1%)	28 (17%)

Q2.2 How long did you spend in the van?

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
9 (5%)	57 (34%)	80 (47%)	20 (12%)	3 (2%)

Q2.3 How did you feel you were treated by the escort staff?

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
21 (12%)	82 (49%)	46 (27%)	12 (7%)	7 (4%)	1 (1%)

Q2.4 Please answer the following questions about when you first arrived here:

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	86 (50%)	83 (49%)	2 (1%)
Before you arrived here did you receive any written information about what would happen to you?	18 (11%)	145 (86%)	5 (3%)
When you first arrived here did your property arrive at the same time as you?	111 (68%)	50 (30%)	3 (2%)

Section 3: Reception, first night and induction

Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)

<i>Didn't ask about any of these.....</i>	51 (33%)	<i>Money worries.....</i>	14 (9%)
<i>Loss of property.....</i>	23 (15%)	<i>Feeling depressed or suicidal..</i>	55 (36%)
<i>Housing problems.....</i>	10 (7%)	<i>Health problems.....</i>	69 (45%)
<i>Contacting employers</i>	10 (7%)	<i>Needing protection from other prisoners</i>	31 (20%)

Contacting family.....	41 (27%)	Accessing phone numbers.....	36 (24%)
Ensuring dependants were being looked after	7 (5%)	Other.....	4 (3%)

Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)

Didn't have any problems	43 (30%)	Money worries.....	17 (12%)
Loss of property.....	46 (32%)	Feeling depressed or suicidal..	20 (14%)
Housing problems.....	2 (1%)	Health problems.....	35 (24%)
Contacting employers	2 (1%)	Needing protection from other prisoners	18 (13%)
Contacting family.....	37 (26%)	Accessing phone numbers.....	32 (22%)
Ensuring dependants were looked after	4 (3%)	Other.....	7 (5%)

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	111 (65%)	43 (25%)	16 (9%)
When you were searched, was this carried out in a respectful way?	107 (65%)	50 (30%)	8 (5%)

Q3.4 Overall, how well did you feel you were treated in reception?

Very well	Well	Neither	Badly	Very badly	Don't remember
20 (12%)	62 (37%)	52 (31%)	29 (17%)	4 (2%)	2 (1%)

Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)

Information about what was going to happen to you	57 (36%)
Information about what support was available for people feeling depressed or suicidal	45 (28%)
Information about how to make routine requests	51 (32%)
Information about your entitlement to visits.....	51 (32%)
Information about health services	62 (39%)
Information about the chaplaincy	63 (40%)
Not offered anything	68 (43%)

Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)

A smokers/non-smokers pack.....	72 (43%)
The opportunity to have a shower.....	54 (33%)
The opportunity to make a free telephone call.....	27 (16%)
Something to eat.....	112 (67%)
Did not receive anything	30 (18%)

Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)

Chaplain or religious leader	52 (33%)
Someone from health services	99 (62%)
A Listener/Samaritans.....	11 (7%)

	Did not meet any of these people.....	46 (29%)
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	Yes	17 (10%)
	No.....	151 (90%)
Q3.9	Did you feel safe on your first night here?	
	Yes	123 (73%)
	No.....	38 (22%)
	Don't remember.....	8 (5%)
Q3.10	How soon after your arrival did you go on an induction course?	
	Have not been on an induction course.....	26 (16%)
	Within the first week	55 (33%)
	More than a week	63 (38%)
	Don't remember.....	23 (14%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course.....	26 (15%)
	Yes	64 (38%)
	No.....	55 (33%)
	Don't remember.....	23 (14%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to:						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	Communicate with your solicitor or legal representative?	20 (12%)	83 (51%)	18 (11%)	23 (14%)	11 (7%)	8 (5%)
	Attend legal visits?	19 (12%)	78 (50%)	26 (17%)	13 (8%)	5 (3%)	15 (10%)
	Obtain bail information?	4 (3%)	9 (7%)	17 (13%)	5 (4%)	3 (2%)	88 (70%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	Not had any letters						12 (7%)
	Yes						85 (51%)
	No.....						70 (42%)
Q4.3	Please answer the following questions about the wing/unit you are currently living on:						
				<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>
	Are you normally offered enough clean, suitable clothes for the week?			104 (65%)	32 (20%)	6 (4%)	19 (12%)

Are you normally able to have a shower every day?	163 (96%)	5 (3%)	1 (1%)	1 (1%)
Do you normally receive clean sheets every week?	133 (81%)	13 (8%)	1 (1%)	17 (10%)
Do you normally get cell cleaning materials every week?	152 (92%)	10 (6%)	3 (2%)	1 (1%)
Is your cell call bell normally answered within five minutes?	97 (58%)	33 (20%)	31 (19%)	5 (3%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	105 (64%)	56 (34%)	1 (1%)	2 (1%)
Can you normally get your stored property, if you need to?	39 (24%)	70 (43%)	41 (25%)	13 (8%)

Q4.4 What is the food like here?

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
4 (2%)	51 (30%)	54 (32%)	44 (26%)	15 (9%)

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?

<i>Have not bought anything yet</i>	1 (1%)
Yes	89 (53%)
No.....	77 (46%)

Q4.6 Is it easy or difficult to get either

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
A complaint form	60 (36%)	86 (52%)	7 (4%)	9 (5%)	1 (1%)	3 (2%)
An application form	70 (44%)	83 (52%)	3 (2%)	2 (1%)	0 (0%)	2 (1%)

Q4.7 Have you made an application?

Yes	161 (96%)
No.....	6 (4%)

Q4.8 Please answer the following questions concerning applications:

(If you have not made an application please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	6 (4%)	79 (48%)	80 (48%)
Do you feel <i>applications</i> are dealt with promptly (within seven days)?	6 (4%)	76 (46%)	84 (51%)

Q4.9 Have you made a complaint?

Yes	124 (73%)
No.....	46 (27%)

Q4.10 Please answer the following questions concerning complaints: (If you have not made a complaint please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	46 (28%)	29 (18%)	88 (54%)
Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	46 (28%)	50 (30%)	68 (41%)
Were you given information about how to make an appeal?	29 (18%)	60 (38%)	69 (44%)

Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?

Not made a complaint	46 (28%)
Yes.....	41 (25%)
No.....	80 (48%)

Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
24 (15%)	8 (5%)	57 (36%)	47 (30%)	19 (12%)	3 (2%)

Q4.13 What level of the IEP scheme are you on now?

Don't know what the IEP scheme is	0 (0%)
<i>Enhanced</i>	123 (72%)
<i>Standard</i>	45 (26%)
<i>Basic</i>	3 (2%)
<i>Don't know</i>	0 (0%)

Q4.14 Do you feel you have been treated fairly in your experience of the IEP scheme?

Don't know what the IEP scheme is	0 (0%)
Yes	95 (56%)
No	61 (36%)
<i>Don't know</i>	13 (8%)

Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?

Don't know what the IEP scheme is	0 (0%)
Yes	70 (42%)
No.....	81 (49%)
<i>Don't know</i>	15 (9%)

Q4.16 Please answer the following questions about this prison:

	Yes	No
In the last six months have any members of staff physically restrained you (C&R)?	7 (4%)	160 (96%)
In the last six months have you spent a night in the segregation/care and separation unit?	22 (13%)	144 (87%)

Q4.17	Please answer the following questions about your religious beliefs:			
		Yes	No	<i>Don't know/N/A</i>
	Do you feel your religious beliefs are respected?	76 (46%)	47 (28%)	44 (26%)
	Are you able to speak to a religious leader of your faith in private if you want to?	99 (61%)	20 (12%)	42 (26%)
Q4.18	Can you speak to a Listener at any time if you want to?			
	Yes	No	<i>Don't know</i>	
	89 (53%)	15 (9%)	64 (38%)	
Q4.19	Please answer the following questions about staff in this prison:			
		Yes	No	
	Is there a member of staff you can turn to for help if you have a problem?	123 (73%)	45 (27%)	
	Do most staff treat you with respect?	116 (72%)	46 (28%)	

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?		
	Yes	99 (59%)	
	No	69 (41%)	
Q5.2	Do you feel unsafe in this prison at the moment?		
	Yes	40 (24%)	
	No	127 (76%)	
Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)		
	<i>Never felt unsafe</i>	69 (42%)	<i>At mealtimes</i> 14 (9%)
	<i>Everywhere</i>	27 (17%)	<i>At health services</i> 15 (9%)
	<i>Segregation unit</i>	20 (12%)	<i>Visits area</i> 16 (10%)
	<i>Association areas</i>	21 (13%)	<i>In wing showers</i> 22 (13%)
	<i>Reception area</i>	8 (5%)	<i>In gym showers</i> 9 (6%)
	<i>At the gym</i>	19 (12%)	<i>In corridors/stairwells</i> 36 (22%)
	<i>In an exercise yard</i>	11 (7%)	<i>On your landing/wing</i> 24 (15%)
	<i>At work</i>	17 (10%)	<i>In your cell</i> 20 (12%)
	<i>During movement</i>	28 (17%)	<i>At religious services</i> 4 (2%)
	<i>At education</i>	17 (10%)	
Q5.4	Have you been victimised by another prisoner or group of prisoners here?		
	Yes	45 (27%)	
	No	119 (73%)	If No, go to question 5.6
Q5.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)		
	<i>Insulting remarks (about you or your family or friends)</i>	18 (11%)	<i>Because of your sexuality</i> 8 (5%)

<i>Physical abuse (being hit, kicked or assaulted).....</i>	16 (10%)	<i>Because you have a disability.</i>	1 (1%)
<i>Sexual abuse.....</i>	4 (2%)	<i>Because of your religion/religious beliefs.....</i>	12 (7%)
<i>Because of your race or ethnic origin.....</i>	6 (4%)	<i>Because of your age.....</i>	1 (1%)
<i>Because of drugs.....</i>	5 (3%)	<i>Being from a different part of the country than others.....</i>	6 (4%)
<i>Having your canteen/property taken.....</i>	6 (4%)	<i>Because of your offence/crime</i>	13 (8%)
<i>Because you were new here...</i>	9 (5%)	<i>Because of gang related issues.....</i>	6 (4%)

Q5.6 Have you been victimised by a member of staff or group of staff here?

Yes.....	59 (36%)	If No, go to question 5.8
No.....	106 (64%)	

Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends).....</i>	18 (11%)	<i>Because you have a disability.</i>	2 (1%)
<i>Physical abuse (being hit, kicked or assaulted).....</i>	6 (4%)	<i>Because of your religion/religious beliefs.....</i>	16 (10%)
<i>Sexual abuse.....</i>	1 (1%)	<i>Because of your age.....</i>	4 (2%)
<i>Because of your race or ethnic origin.....</i>	14 (8%)	<i>Being from a different part of the country than others.....</i>	7 (4%)
<i>Because of drugs.....</i>	1 (1%)	<i>Because of your offence/crime</i>	18 (11%)
<i>Because you were new here...</i>	8 (5%)	<i>Because of gang related issues.....</i>	5 (3%)
<i>Because of your sexuality.....</i>	3 (2%)		

Q5.8 If you have been victimised by prisoners or staff, did you report it?

Not been victimised	80 (50%)
Yes.....	42 (26%)
No.....	37 (23%)

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?

Yes.....	60 (37%)
No.....	102 (63%)

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?

Yes.....	53 (32%)
No.....	111 (68%)

Q5.11 Is it easy or difficult to get illegal drugs in this prison?

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
15 (9%)	12 (7%)	17 (10%)	8 (5%)	10 (6%)	102 (62%)

Section 6: Health services

Q6.1 How easy or difficult is it to see the following people?

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	10 (6%)	7 (4%)	51 (31%)	31 (19%)	53 (32%)	13 (8%)
The nurse	10 (6%)	15 (9%)	72 (45%)	26 (16%)	32 (20%)	6 (4%)
The dentist	12 (7%)	5 (3%)	34 (21%)	22 (13%)	58 (35%)	33 (20%)
The optician	27 (17%)	5 (3%)	30 (19%)	20 (12%)	54 (34%)	25 (16%)

Q6.2 Are you able to see a pharmacist?

Yes	93 (65%)
No	51 (35%)

Q6.3 What do you think of the quality of the health service from the following people?

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	14 (8%)	9 (5%)	44 (27%)	29 (18%)	31 (19%)	38 (23%)
The nurse	10 (6%)	24 (15%)	72 (44%)	26 (16%)	16 (10%)	14 (9%)
The dentist	30 (19%)	68 (42%)	36 (22%)	16 (10%)	5 (3%)	6 (4%)
The optician	48 (30%)	30 (19%)	40 (25%)	26 (16%)	7 (4%)	7 (4%)

Q6.4 What do you think of the overall quality of the health services here?

<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
4 (2%)	11 (7%)	55 (34%)	32 (20%)	40 (24%)	22 (13%)

Q6.5 Are you currently taking medication?

Yes	89 (54%)
No	77 (46%)

Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?

<i>Not taking medication</i>	77 (46%)
Yes	76 (46%)
No	13 (8%)

Q6.7 Do you feel you have any emotional well-being/mental health issues?

Yes	47 (29%)
No	116 (71%)

Q6.8 Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)

<i>Do not have any issues/not receiving any help</i>	126 (81%)
<i>Doctor</i>	9 (6%)
<i>Nurse</i>	6 (4%)
<i>Psychiatrist</i>	11 (7%)
<i>Mental health in-reach team</i>	18 (12%)
<i>Counsellor</i>	2 (1%)
<i>Other</i>	4 (3%)

Q6.9	Did you have a problem with either of the following when you came into this prison?			
		Yes	No	
	Drugs	27 (17%)	133 (83%)	
	Alcohol	25 (16%)	133 (84%)	
Q6.10	Have you developed a problem with drugs since you have been in this prison?			
	Yes		9 (5%)	
	No		157 (95%)	
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes		34 (21%)	
	No		4 (2%)	
	<i>Did not/do not have a drug or alcohol problem</i>		124 (77%)	
Q6.12	Have you received any intervention or help (including, CARATs, health services etc.) for your drug/alcohol problem, while in this prison?			
	Yes		36 (22%)	
	No		4 (2%)	
	<i>Did not / do not have a drug or alcohol problem</i>		124 (76%)	
Q6.13	Was the intervention or help you received, while in this prison, helpful?			
	Yes		24 (15%)	
	No		11 (7%)	
	<i>Did not have a problem/have not received help</i>		128 (79%)	
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		Yes	No	<i>Don't know</i>
	Drugs	4 (2%)	146 (89%)	14 (9%)
	Alcohol	3 (2%)	142 (87%)	19 (12%)
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes		12 (8%)	
	No		9 (6%)	
	N/A		138 (87%)	

Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)		
	Prison job		130 (78%)
	Vocational or skills training		30 (18%)
	Education (including basic skills)		78 (47%)

Offending behaviour programmes.....	41 (25%)
Not involved in any of these	20 (12%)

Q7.2 If you have been involved in any of the following, while in this prison, do you think it will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	17 (12%)	51 (35%)	66 (45%)	13 (9%)
Vocational or skills training	25 (22%)	56 (50%)	22 (20%)	9 (8%)
Education (including basic skills)	19 (14%)	82 (60%)	28 (20%)	8 (6%)
Offending behaviour programmes	22 (18%)	66 (53%)	25 (20%)	12 (10%)

Q7.3 How often do you go to the library?

Don't want to go	14 (9%)
Never.....	30 (18%)
Less than once a week.....	52 (32%)
About once a week.....	48 (29%)
More than once a week.....	12 (7%)
Don't know.....	8 (5%)

Q7.4 On average how many times do you go to the gym each week?

Don't want to go	0	1	2	3 to 5	More than 5	Don't know
30 (18%)	25 (15%)	10 (6%)	31 (19%)	46 (28%)	20 (12%)	2 (1%)

Q7.5 On average how many times do you go outside for exercise each week?

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
13 (8%)	36 (22%)	44 (27%)	40 (25%)	26 (16%)	4 (2%)

Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)

Less than 2 hours.....	6 (4%)
2 to less than 4 hours.....	23 (14%)
4 to less than 6 hours.....	28 (17%)
6 to less than 8 hours.....	41 (25%)
8 to less than 10 hours.....	36 (22%)
10 hours or more.....	21 (13%)
Don't know.....	8 (5%)

Q7.7 On average, how many times do you have association each week?

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
0 (0%)	2 (1%)	0 (0%)	10 (6%)	144 (89%)	6 (4%)

Q7.8 How often do staff normally speak to you during association time?

Do not go on association	4 (2%)
Never.....	19 (12%)
Rarely.....	50 (30%)
Some of the time.....	56 (34%)
Most of the time.....	26 (16%)
All of the time.....	10 (6%)

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?					
	<i>Still have not met him/her</i>					11 (7%)
	<i>In the first week</i>					58 (35%)
	<i>More than a week</i>					68 (41%)
	<i>Don't remember</i>					30 (18%)
Q8.2	How helpful do you think your personal officer is?					
	<i>Do not have a personal officer/ still have not met him/ her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	11 (7%)	36 (22%)	46 (28%)	31 (19%)	26 (16%)	16 (10%)
Q8.3	Do you have a sentence plan/OASys?					
	<i>Not sentenced</i>					0 (0%)
	<i>Yes</i>					146 (87%)
	<i>No</i>					21 (13%)
Q8.4	How involved were you in the development of your sentence plan?					
	<i>Do not have a sentence plan/OASys</i>					21 (13%)
	<i>Very involved</i>					35 (21%)
	<i>Involved</i>					45 (27%)
	<i>Neither</i>					18 (11%)
	<i>Not very involved</i>					30 (18%)
	<i>Not at all involved</i>					15 (9%)
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?					
	<i>Do not have a sentence plan/OASys</i>					21 (13%)
	<i>Yes</i>					85 (53%)
	<i>No</i>					54 (34%)
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?					
	<i>Do not have a sentence plan/OASys</i>					21 (13%)
	<i>Yes</i>					66 (41%)
	<i>No</i>					74 (46%)
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?					
	<i>Not sentenced</i>					0 (0%)
	<i>Yes</i>					69 (44%)
	<i>No</i>					88 (56%)
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?					
	<i>Yes</i>					23 (15%)
	<i>No</i>					134 (85%)

- Q8.9 Have you had any problems with sending or receiving mail?**
 Yes 62 (38%)
 No 92 (56%)
 Don't know 10 (6%)
- Q8.10 Have you had any problems getting access to the telephones?**
 Yes 32 (20%)
 No 130 (79%)
 Don't know 2 (1%)
- Q8.11 Did you have a visit in the first week that you were here?**
Not been here a week yet 10 (6%)
 Yes 29 (17%)
 No 121 (72%)
 Don't remember 8 (5%)
- Q8.12 How many visits did you receive in the last week?**
- | Not been in a week | 0 | 1 to 2 | 3 to 4 | 5 or more |
|---------------------------|-----------|---------------|---------------|------------------|
| 10 (6%) | 119 (72%) | 36 (22%) | 0 (0%) | 1 (1%) |
- Q8.13 How are you and your family/friends usually treated by visits staff?**
Not had any visits 47 (28%)
 Very well 15 (9%)
 Well 43 (26%)
 Neither 26 (16%)
 Badly 19 (11%)
 Very badly 5 (3%)
 Don't know 12 (7%)
- Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?**
 Yes 56 (34%)
 No 107 (66%)
- Q8.15 Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)**
- | | |
|--|--|
| Don't know who to contact .. 102 (78%) | Help with your finances in preparation for release 8 (6%) |
| Maintaining good relationships 18 (14%) | Claiming benefits on release ... 8 (6%) |
| Avoiding bad relationships 14 (11%) | Arranging a place at college/continuing education on release 7 (5%) |
| Finding a job on release 9 (7%) | Continuity of health services on release 7 (5%) |
| Finding accommodation on release 14 (11%) | Opening a bank account 7 (5%) |

Q8.16 Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)

<i>No problems</i>	61 (42%)	<i>Help with your finances in preparation for release</i>	32 (22%)
<i>Maintaining good relationships</i>	14 (10%)	<i>Claiming benefits on release</i> ...	46 (32%)
<i>Avoiding bad relationships</i>	11 (8%)	<i>Arranging a place at college/continuing education on release</i>	25 (17%)
<i>Finding a job on release</i>	68 (47%)	<i>Continuity of health services on release</i>	30 (21%)
<i>Finding accommodation on release</i>	52 (36%)	<i>Opening a bank account</i>	44 (30%)

Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?

<i>Not sentenced</i>	0 (0%)
<i>Yes</i>	89 (61%)
<i>No</i>	57 (39%)

Main comparator and comparator to last time



Prisoner survey responses HMP Full Sutton 2010

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

		HMP Full Sutton	High security prisons comparator	HMP Full Sutton 2010	HMP Full Sutton 2007
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	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		172	417	172	113
SECTION 1: General information					
2	Are you under 21 years of age?	1%	0%	1%	0%
3a	Are you sentenced?	100%	99%	100%	100%
3b	Are you on recall?	1%	2%	1%	5%
4a	Is your sentence less than 12 months?	0%	0%	0%	0%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	10%	11%	10%	17%
5	Do you have six months or less to serve?	6%	9%	6%	10%
6	Have you been in this prison less than a month?	1%	5%	1%	
7	Are you a foreign national?	8%	8%	8%	11%
8	Is English your first language?	89%	92%	89%	92%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	25%	24%	25%	28%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	1%		1%	
11	Are you Muslim?	20%	14%	20%	11%
12	Are you homosexual/gay or bisexual?	8%	7%	8%	4%
13	Do you consider yourself to have a disability?	17%	26%	17%	19%
14	Is this your first time in prison?	39%	37%	39%	27%
15	Have you been in more than five prisons this time?	16%	16%	16%	
16	Do you have any children under the age of 18?	44%	43%	44%	55%
SECTION 2: Transfers and escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	56%	45%	56%	42%
1b	Was your personal safety during the journey good/very good?	61%	46%	61%	45%
1c	Was the comfort of the van good/very good?	18%	17%	18%	18%
1d	Was the attention paid to your health needs good/very good?	34%	27%	34%	15%
1e	Was the frequency of toilet breaks good/very good?	11%	10%	11%	9%
2	Did you spend more than four hours in the van?	12%	22%	12%	25%
3	Were you treated well/very well by the escort staff?	61%	50%	61%	51%
4a	Did you know where you were going when you left court or when transferred from another prison?	50%	59%	50%	51%
4b	Before you arrived here did you receive any written information about what would happen to you?	11%	6%	11%	4%
4c	When you first arrived here did your property arrive at the same time as you?	68%	71%	68%	64%

Key to tables

Main comparator and comparator to last time

Key to tables		HMP Full Surton	High security prisons comparator	HMP Full Surton 2010	HMP Full Surton 2007
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SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	15%	9%	15%	
1c	Housing problems?	7%	7%	7%	
1d	Problems contacting employers?	7%	6%	7%	
1e	Problems contacting family?	27%	26%	27%	
1f	Problems ensuring dependants were looked after?	5%	6%	5%	
1g	Money problems?	9%	7%	9%	
1h	Problems of feeling depressed/suicidal?	36%	33%	36%	
1i	Health problems?	45%	39%	45%	
1j	Problems in needing protection from other prisoners?	20%	12%	20%	
1k	Problems accessing phone numbers?	24%	20%	24%	
2	When you first arrived:				
2a	Did you have any problems?	70%	72%	70%	73%
2b	Did you have any problems with loss of property?	32%	24%	32%	36%
2c	Did you have any housing problems?	1%	5%	1%	6%
2d	Did you have any problems contacting employers?	1%	2%	1%	3%
2e	Did you have any problems contacting family?	26%	31%	26%	38%
2f	Did you have any problems ensuring dependants were being looked after?	3%	8%	3%	3%
2g	Did you have any money worries?	12%	16%	12%	23%
2h	Did you have any problems with feeling depressed or suicidal?	14%	20%	14%	14%
2i	Did you have any health problems?	24%	25%	24%	26%
2j	Did you have any problems with needing protection from other prisoners?	13%	11%	13%	12%
2k	Did you have problems accessing phone numbers?	22%	34%	22%	
3a	Were you seen by a member of health services in reception?	65%	66%	65%	62%
3b	When you were searched in reception, was this carried out in a respectful way?	65%	61%	65%	43%
4	Were you treated well/very well in reception?	49%	52%	49%	42%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	36%	31%	36%	28%
5b	Information about what support was available for people feeling depressed or suicidal?	28%	27%	28%	23%
5c	Information about how to make routine requests?	32%	23%	32%	20%
5d	Information about your entitlement to visits?	32%	21%	32%	26%
5e	Information about health services?	39%	32%	39%	
5f	Information about the chaplaincy?	40%	30%	40%	
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	43%	53%	43%	28%
6b	The opportunity to have a shower?	33%	30%	33%	19%
6c	The opportunity to make a free telephone call?	16%	24%	16%	14%
6d	Something to eat?	67%	61%	67%	64%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	33%	29%	33%	35%
7b	Someone from health services?	62%	63%	62%	58%

Key to tables

Main comparator and comparator to last time

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7c	A Listener/Samaritans?	7%	17%	7%	13%
8	Did you have access to the prison shop/canteen within the first 24 hours?	10%	14%	10%	15%
9	Did you feel safe on your first night here?	73%	66%	73%	72%
10	Have you been on an induction course?	85%	88%	85%	78%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	45%	57%	45%	46%
SECTION 4: Legal rights and respectful custody					
1 In terms of your legal rights, is it easy/very easy to:					
1a	Communicate with your solicitor or legal representative?	63%	57%	63%	61%
1b	Attend legal visits?	62%	58%	62%	54%
1c	Obtain bail information?	10%	12%	10%	19%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	51%	57%	51%	60%
3 For the wing/unit you are currently on:					
3a	Are you normally offered enough clean, suitable clothes for the week?	65%	68%	65%	55%
3b	Are you normally able to have a shower every day?	96%	94%	96%	97%
3c	Do you normally receive clean sheets every week?	81%	77%	81%	83%
3d	Do you normally get cell cleaning materials every week?	92%	69%	92%	82%
3e	Is your cell call bell normally answered within five minutes?	58%	49%	58%	44%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	64%	64%	64%	43%
3g	Can you normally get your stored property, if you need to?	24%	28%	24%	17%
4	Is the food in this prison good/very good?	33%	23%	33%	19%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	53%	51%	53%	49%
6a	Is it easy/very easy to get a complaints form?	88%	86%	88%	86%
6b	Is it easy/very easy to get an application form?	96%	90%	96%	94%
7	Have you made an application?	97%	93%	97%	96%
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	50%	55%	50%	47%
8b	Do you feel applications are dealt with promptly (within seven days)?	47%	46%	47%	36%
9	Have you made a complaint?	73%	70%	73%	82%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	25%	27%	25%	21%
10b	Do you feel complaints are dealt with promptly (within seven days)?	42%	32%	42%	30%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	34%	37%	34%	35%
10c	Were you given information about how to make an appeal?	38%	33%	38%	40%
12	Is it easy/very easy to see the Independent Monitoring Board?	41%	35%	41%	48%
13	Are you on the enhanced (top) level of the IEP scheme?	72%		72%	
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	56%		56%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%		42%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	4%		4%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	13%		13%	
13a	Do you feel your religious beliefs are respected?	46%	48%	46%	44%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	62%	60%	62%	70%

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
14	Are you able to speak to a Listener at any time if you want to?	53%	62%	53%	64%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	73%	69%	73%	64%
15b	Do most staff, in this prison, treat you with respect?	72%	64%	72%	54%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	59%	57%	59%	58%
2	Do you feel unsafe in this prison at the moment?	24%	26%	24%	20%
4	Have you been victimised by another prisoner?	27%	36%	27%	34%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	11%	17%	11%	15%
5b	Hit, kicked or assaulted you?	10%	11%	10%	12%
5c	Sexually abused you?	3%	3%	3%	1%
5d	Victimised you because of your race or ethnic origin?	4%	7%	4%	7%
5e	Victimised you because of drugs?	3%	4%	3%	7%
5f	Taken your canteen/property?	4%	6%	4%	9%
5g	Victimised you because you were new here?	6%	7%	6%	3%
5h	Victimised you because of your sexuality?	5%	3%	5%	3%
5i	Victimised you because you have a disability?	1%	4%	1%	1%
5j	Victimised you because of your religion/religious beliefs?	7%	7%	7%	4%
5k	Victimised you because of your age?	1%		1%	
5l	Victimised you because you were from a different part of the country?	4%	7%	4%	11%
5m	Victimised you because of your offence/crime?	8%	14%	8%	
5n	Victimised you because of gang related issues?	4%		4%	
6	Have you been victimised by a member of staff?	36%	40%	36%	53%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	11%	20%	11%	32%
7b	Hit, kicked or assaulted you?	4%	7%	4%	13%
7c	Sexually abused you?	1%	2%	1%	1%
7d	Victimised you because of your race or ethnic origin?	9%	13%	9%	16%
7e	Victimised you because of drugs?	1%	1%	1%	5%
7f	Victimised you because you were new here?	5%	7%	5%	11%
7g	Victimised you because of your sexuality?	2%	3%	2%	1%
7h	Victimised you because you have a disability?	1%	4%	1%	7%
7i	Victimised you because of your religion/religious beliefs?	10%	9%	10%	6%
7j	Victimised you because of your age?	3%		3%	
7k	Victimised you because you were from a different part of the country?	4%	10%	4%	16%
7l	Victimised you because of your offence/crime?	11%	14%	11%	
7m	Victimised you because of gang related issues?	3%		3%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	53%	56%	53%	47%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	37%	44%	37%	39%
10	Have you ever felt threatened or intimidated by a member of staff in here?	32%	42%	32%	52%

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better		HMP Full Sutton	High security prisons comparator	HMP Full Sutton 2010	HMP Full Sutton 2007
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					
11	Is it easy/very easy to get illegal drugs in this prison?	17%	31%	17%	31%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	35%	44%	35%	
1b	Is it easy/very easy to see the nurse?	54%	66%	54%	
1c	Is it easy/very easy to see the dentist?	24%	19%	24%	
1d	Is it easy/very easy to see the optician?	22%	21%	22%	
2	Are you able to see a pharmacist?	65%	42%	65%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
3a	The doctor?	35%	50%	35%	31%
3b	The nurse?	63%	57%	63%	44%
3c	The dentist?	79%	48%	79%	76%
3d	The optician?	64%	61%	64%	58%
4	The overall quality of health services?	41%	35%	41%	25%
5	Are you currently taking medication?	54%	52%	54%	49%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	85%	86%	85%	94%
7	Do you feel you have any emotional well-being/mental health issues?	29%	33%	29%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	25%	58%	25%	
8b	A doctor?	23%	18%	23%	
8c	A nurse?	15%	15%	15%	
8d	A psychiatrist?	27%	24%	27%	
8e	The mental health in-reach team?	45%	21%	45%	
8f	A counsellor?	5%	0%	5%	
9a	Did you have a drug problem when you came into this prison?	17%	9%	17%	12%
9b	Did you have an alcohol problem when you came into this prison?	16%	6%	16%	7%
10a	Have you developed a drug problem since you have been in this prison?	6%	3%	6%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	89%	90%	89%	
12	Have you received any help or intervention while in this prison?	90%	75%	90%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	69%	81%	69%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	11%	13%	11%	18%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	13%	11%	13%	14%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	57%	35%	57%	14%

Main comparator and comparator to last time

Key to tables

		HMP Full Sutton	High security prisons comparator	HMP Full Sutton 2010	HMP Full Sutton 2007
	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				
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	78%	59%	78%	
1b	Vocational or skills training?	18%	15%	18%	
1c	Education (including basic skills)?	47%	35%	47%	
1d	Offending behaviour programmes?	25%	18%	25%	
2ai	Have you had a job while in this prison?	88%		88%	
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	39%		39%	
2bi	Have you been involved in vocational or skills training while in this prison?	78%		78%	
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	64%		64%	
2ci	Have you been involved in education while in this prison?	86%		86%	
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	70%		70%	
2di	Have you been involved in offending behaviour programmes while in this prison?	82%		82%	
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	64%		64%	
3	Do you go to the library at least once a week?	37%	60%	37%	36%
4	On average, do you go to the gym at least twice a week?	59%	50%	59%	53%
5	On average, do you go outside for exercise three or more times a week?	40%	32%	40%	36%
6	On average, do you spend ten or more hours out of your cell on a weekday?	13%	12%	13%	13%
7	On average, do you go on association more than five times each week?	89%	83%	89%	85%
8	Do staff normally speak to you most of the time/all of the time during association?	22%	24%	22%	20%
SECTION 8: Resettlement					
1	Do you have a personal officer?	94%	86%	94%	92%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	53%	56%	53%	60%
For those who are sentenced:					
3	Do you have a sentence plan?	88%	71%	88%	79%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	56%	49%	56%	59%
5	Can you achieve some/all of your sentence plan targets in this prison?	61%	55%	61%	56%
6	Are there plans for you to achieve some/all your targets in another prison?	47%	47%	47%	58%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	44%	29%	44%	34%
8	Do you feel that any member of staff has helped you to prepare for release?	15%	9%	15%	10%
9	Have you had any problems with sending or receiving mail?	38%	51%	38%	49%
10	Have you had any problems getting access to the telephones?	20%	28%	20%	33%
11	Did you have a visit in the first week that you were here?	17%	17%	17%	12%
12	Did you receive one or more visits in the last week?	22%	24%	22%	14%
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	48%		48%	

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Full Sutton	High security prisons comparator	HMP Full Sutton 2010	HMP Full Sutton 2007
	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				
14	Have you been helped to maintain contact with family/friends while in this prison?	34%	31%	34%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	14%	16%	14%	
15c	Avoiding bad relationships?	11%	15%	11%	
15d	Finding a job on release?	7%	14%	7%	27%
15e	Finding accommodation on release?	11%	15%	11%	26%
15f	With money/finances on release?	6%	13%	6%	24%
15g	Claiming benefits on release?	6%	15%	6%	28%
15h	Arranging a place at college/continuing education on release?	5%	11%	5%	21%
15i	Accessing health services on release?	5%	16%	5%	27%
15j	Opening a bank account on release?	5%	14%	5%	23%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	10%	18%	10%	
16c	Avoiding bad relationships?	8%	12%	8%	
16d	Finding a job?	47%	48%	47%	48%
16e	Finding accommodation?	36%	43%	36%	33%
16f	Money/finances?	22%	42%	22%	49%
16g	Claiming benefits?	32%	37%	32%	41%
16h	Arranging a place at college/continuing education?	17%	32%	17%	43%
16i	Accessing health services?	21%	31%	21%	24%
16j	Opening a bank account?	30%	41%	30%	38%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	61%	57%	61%	68%

Diversity analysis



Key question responses (ethnicity and religion) HMP Full Sutton 2010

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		43	126	33	135
1.3	Are you sentenced?	100%	100%	100%	100%
1.7	Are you a foreign national?	19%	2%	15%	6%
1.8	Is English your first language?	67%	98%	58%	97%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			72%	13%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	1%	0%	1%
1.11	Are you Muslim?	56%	7%		
1.12	Do you consider yourself to have a disability?	7%	21%	6%	20%
1.13	Is this your first time in prison?	37%	39%	37%	40%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	35%	34%	27%	36%
2.3	Were you treated well/very well by the escort staff?	70%	59%	56%	62%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	44%	52%	58%	48%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	45%	21%	46%	24%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	55%	31%	50%	33%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	55%	42%	65%	42%
3.2a	Did you have any problems when you first arrived?	80%	67%	71%	69%
3.3a	Were you seen by a member of health care staff in reception?	72%	63%	70%	65%
3.3b	When you were searched in reception, was this carried out in a respectful way?	49%	71%	37%	73%
3.4	Were you treated well/very well in reception?	40%	51%	21%	55%
3.7b	Did you have access to someone from health care within the first 24 hours?	62%	62%	60%	62%
3.9	Did you feel safe on your first night here?	64%	76%	66%	76%
3.10	Have you been on an induction course?	86%	84%	88%	83%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	62%	63%	53%	65%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.3a	Are you normally offered enough clean, suitable clothes for the week?	70%	64%	45%	70%
4.3b	Are you normally able to have a shower every day?	100%	94%	97%	96%
4.3e	Is your cell call bell normally answered within five minutes?	49%	62%	52%	60%
4.4	Is the food in this prison good/very good?	22%	37%	18%	37%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	38%	59%	46%	56%
4.6a	Is it easy/very easy to get a complaints form?	86%	89%	85%	89%
4.6b	Is it easy/very easy to get an application form?	95%	96%	94%	96%
4.9	Have you made a complaint?	77%	71%	91%	68%
4.13	Are you on the enhanced (top) level of the IEP scheme?	77%	70%	76%	71%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	62%	54%	48%	59%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	49%	40%	40%	42%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	2%	5%	7%	4%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	17%	12%	27%	9%
4.17a	Do you feel your religious beliefs are respected?	43%	46%	33%	49%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	82%	54%	85%	55%
4.18	Are you able to speak to a Listener at any time if you want to?	49%	55%	43%	56%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	70%	74%	61%	76%
4.19b	Do most staff, in this prison, treat you with respect?	59%	75%	47%	77%
5.1	Have you ever felt unsafe in this prison?	66%	57%	69%	55%
5.2	Do you feel unsafe in this prison at the moment?	43%	18%	47%	18%
5.4	Have you been victimised by another prisoner?	25%	28%	27%	27%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	2%	3%	3%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	1%	0%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	13%	6%	7%	6%
5.6	Have you been victimised by a member of staff?	38%	35%	53%	31%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	20%	4%	25%	3%

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
5.7h	Have you been victimised because you have a disability? (By staff)	0%	2%	0%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	23%	5%	40%	2%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	40%	37%	33%	38%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	38%	30%	50%	27%
5.11	Is it easy/very easy to get illegal drugs in this prison?	7%	20%	19%	16%
6.1a	Is it easy/very easy to see the doctor?	34%	35%	28%	37%
6.1b	Is it easy/ very easy to see the nurse?	56%	53%	49%	56%
6.2	Are you able to see a pharmacist?	70%	63%	72%	64%
6.5	Are you currently taking medication?	46%	57%	38%	57%
6.7	Do you feel you have any emotional well-being/mental health issues?	25%	31%	33%	28%
7.1a	Are you currently working in the prison?	78%	78%	72%	80%
7.1b	Are you currently undertaking vocational or skills training?	32%	14%	19%	19%
7.1c	Are you currently in education (including basic skills)?	61%	42%	62%	42%
7.1d	Are you currently taking part in an offending behaviour programme?	27%	23%	22%	25%
7.3	Do you go to the library at least once a week?	38%	36%	31%	38%
7.4	On average, do you go to the gym at least twice a week?	81%	52%	94%	51%
7.5	On average, do you go outside for exercise three or more times a week?	39%	41%	50%	39%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	16%	12%	19%	11%
7.7	On average, do you go on association more than five times each week?	87%	89%	91%	89%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	17%	22%	9%	24%
8.1	Do you have a personal officer?	95%	93%	94%	93%
8.9	Have you had any problems sending or receiving mail?	44%	36%	53%	34%
8.10	Have you had any problems getting access to the telephones?	25%	17%	31%	16%

Diversity analysis - disability



Key questions (disability analysis) HMP Full Sutton 2010

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

Key to tables

Any percentage highlighted in green is significantly better		Consider themselves to have a disability	Do not consider themselves to have a disability
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		29	141
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	3%	9%
1.8	Is English your first language?	100%	87%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	10%	29%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	1%
1.11	Are you Muslim?	7%	24%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	46%	38%
2.1d	Was the attention paid to your health needs good/very good?	42%	33%
2.3	Were you treated well/very well by the escort staff?	68%	59%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	54%	50%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	13%	30%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	39%	36%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	47%	45%
3.2a	Did you have any problems when you first arrived?	78%	68%
3.3a	Were you seen by a member of health care staff in reception?	68%	66%
3.3b	When you were searched in reception, was this carried out in a respectful way?	66%	65%
3.4	Were you treated well/very well in reception?	55%	48%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	79%	59%
3.9	Did you feel safe on your first night here?	78%	72%
3.10	Have you been on an induction course?	77%	86%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	58%	64%

Diversity analysis - disability

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	77%	62%
4.3b	Are you normally able to have a shower every day?	97%	96%
4.3e	Is your cell call bell normally answered within five minutes?	61%	57%
4.4	Is the food in this prison good/very good?	46%	31%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	54%
4.6a	Is it easy/very easy to get a complaints form?	96%	86%
4.6b	Is it easy/very easy to get an application form?	96%	96%
4.9	Have you made a complaint?	71%	73%
4.13	Are you on the enhanced (top) level of the IEP scheme?	82%	70%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	63%	54%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	65%	38%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	3%	4%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	3%	15%
4.17a	Do you feel your religious beliefs are respected?	37%	46%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	42%	65%
4.18	Are you able to speak to a Listener at any time if you want to?	48%	53%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	75%	73%
4.19b	Do most staff, in this prison, treat you with respect?	81%	70%
5.1	Have you ever felt unsafe in this prison?	50%	60%
5.2	Do you feel unsafe in this prison at the moment?	35%	22%
5.4	Have you been victimised by another prisoner?	31%	27%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	4%
5.5i	Victimised you because you have a disability?	3%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	8%
5.6	Have you been victimised by a member of staff?	37%	35%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	9%
5.7h	Victimised you because you have a disability?	8%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	12%

Diversity analysis - disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	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		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	31%	39%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	28%	32%
5.11	Is it easy/very easy to get illegal drugs in this prison?	8%	18%
6.1a	Is it easy/very easy to see the doctor?	48%	33%
6.1b	Is it easy/ very easy to see the nurse?	61%	53%
6.2	Are you able to see a pharmacist?	65%	64%
6.5	Are you currently taking medication?	73%	49%
6.7	Do you feel you have any emotional well-being/mental health issues?	42%	26%
7.1a	Are you currently working in the prison?	61%	81%
7.1b	Are you currently undertaking vocational or skills training?	8%	20%
7.1c	Are you currently in education (including basic skills)?	31%	51%
7.1d	Are you currently taking part in an offending behaviour programme?	23%	25%
7.3	Do you go to the library at least once a week?	46%	35%
7.4	On average, do you go to the gym at least twice a week?	29%	65%
7.5	On average, do you go outside for exercise three or more times a week?	25%	44%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	12%	13%
7.7	On average, do you go on association more than five times each week?	84%	90%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	24%	22%
8.1	Do you have a personal officer?	92%	93%
8.9	Have you had any problems sending or receiving mail?	40%	37%
8.10	Have you had any problems getting access to the telephones?	24%	19%



Diversity analysis - age
Key question responses (over 50) HMP Full Sutton 2010

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

Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		50	122
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	4%	9%
1.8	Is English your first language?	100%	85%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	6%	33%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	1%
1.11	Are you Muslim?	2%	27%
1.13	Do you consider yourself to have a disability?	26%	13%
1.14	Is this your first time in prison?	51%	34%
2.1d	Was the attention paid to your health needs good/very good?	38%	33%
2.3	Were you treated well/very well by the escort staff?	58%	62%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	49%	51%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	22%	29%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	39%	35%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	39%	48%
3.2a	Did you have any problems when you first arrived?	64%	73%
3.3a	Were you seen by a member of healthcare staff in reception?	54%	70%
3.3b	When you were searched in reception, was this carried out in a respectful way?	80%	59%

Diversity analysis - age

Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.4	Were you treated well/very well in reception?	61%	43%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	57%	65%
3.9	Did you feel safe on your first night here?	78%	71%
3.10	Have you been on an induction course?	83%	85%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	67%	62%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	75%	60%
4.3b	Are you normally able to have a shower every day?	96%	96%
4.3e	Is your cell call bell normally answered within five minutes?	66%	55%
4.4	Is the food in this prison good/very good?	46%	28%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	59%	51%
4.6a	Is it easy/very easy to get a complaints form?	94%	86%
4.6b	Is it easy/very easy to get an application form?	96%	96%
4.9	Have you made a complaint?	63%	77%
4.13	Are you on the enhanced (top) level of the IEP scheme?	68%	74%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	55%	57%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	44%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	0%	6%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	0%	19%
4.17a	Do you feel your religious beliefs are respected?	61%	39%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	63%	61%

Key to tables

Diversity analysis - age

		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.18	Are you able to speak to a Listener at any time if you want to?	64%	48%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	75%	73%
4.15b	Do most staff, in this prison, treat you with respect?	83%	67%
5.1	Have you ever felt unsafe in this prison?	49%	63%
5.2	Do you feel unsafe in this prison at the moment?	16%	27%
5.4	Have you been victimised by another prisoner?	19%	31%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	5%
5.5i	Victimised you because you have a disability?	2%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	10%
5.5k	Have you been victimised because of your age? (By prisoners)	0%	1%
5.6	Have you been victimised by a member of staff?	37%	35%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	12%
5.7h	Victimised you because you have a disability?	4%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	14%
5.7j	Have you been victimised because of your age? (By staff)	4%	2%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	25%	42%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	28%	34%
5.11	Is it easy/very easy to get illegal drugs in this prison?	16%	17%
6.1a	Is it easy/very easy to see the doctor?	56%	26%
6.1b	Is it easy/ very easy to see the nurse?	67%	49%
6.2	Are you able to see a pharmacist?	68%	63%

Diversity analysis - age

Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
6.5	Are you currently taking medication?	68%	48%
6.7	Do you feel you have any emotional well-being/mental health issues?	20%	33%
7.1a	Are you currently working in the prison?	72%	81%
7.1b	Are you currently undertaking vocational or skills training?	18%	18%
7.1c	Are you currently in education (including basic skills)?	44%	48%
7.1d	Are you currently taking part in an offending behaviour programme?	20%	27%
7.3	Do you go to the library at least once a week?	33%	38%
7.4	On average, do you go to the gym at least twice a week?	30%	71%
7.5	On average, do you go outside for exercise three or more times a week?	36%	42%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	8%	15%
7.7	On average, do you go on association more than five times each week?	85%	90%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	25%	21%
8.1	Do you have a personal officer?	92%	94%
8.9	Have you had any problems sending or receiving mail?	34%	39%
8.10	Have you had any problems getting access to the telephones?	13%	22%

Vulnerable prisoners comparator



Prisoner survey responses HMP Full Sutton 2010

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

		HMP Full Sutton vulnerable prisoners	HMP Full Sutton main prisoners
	Any percentage highlighted in green is significantly better		
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	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		96	76
SECTION 1: General information			
2	Are you under 21 years of age?	0%	1%
3a	Are you sentenced?	100%	100%
3b	Are you on recall?	0%	3%
4a	Is your sentence less than 12 months?	0%	0%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	10%	10%
5	Do you have six months or less to serve?	3%	9%
6	Have you been in this prison less than a month?	1%	1%
7	Are you a foreign national?	9%	7%
8	Is English your first language?	92%	87%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	16%	37%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	1%
11	Are you Muslim?	11%	32%
12	Are you homosexual/gay or bisexual?	10%	5%
13	Do you consider yourself to have a disability?	22%	11%
14	Is this your first time in prison?	48%	26%
15	Have you been in more than five prisons this time?	13%	20%
16	Do you have any children under the age of 18?	34%	57%
SECTION 2: Transfers and escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	61%	50%
1b	Was your personal safety during the journey good/very good?	67%	54%
1c	Was the comfort of the van good/very good?	23%	12%
1d	Was the attention paid to your health needs good/very good?	37%	31%
1e	Was the frequency of toilet breaks good/very good?	16%	6%
2	Did you spend more than four hours in the van?	9%	16%
3	Were you treated well/very well by the escort staff?	59%	63%
4a	Did you know where you were going when you left court or when transferred from another prison?	55%	45%
4b	Before you arrived here did you receive any written information about what would happen to you?	13%	8%
4c	When you first arrived here did your property arrive at the same time as you?	70%	65%

Vulnerable prisoners comparator

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	16%	14%
1c	Housing problems?	6%	8%
1d	Problems contacting employers?	6%	8%
1e	Problems contacting family?	27%	27%
1f	Problems ensuring dependants were looked after?	5%	5%
1g	Money problems?	10%	8%
1h	Problems of feeling depressed/suicidal?	40%	30%
1i	Health problems?	48%	41%
1j	Problems in needing protection from other prisoners?	27%	11%
1k	Problems accessing phone numbers?	24%	23%
2	When you first arrived:		
2a	Did you have any problems?	67%	74%
2b	Did you have any problems with loss of property?	23%	44%
2c	Did you have any housing problems?	3%	0%
2d	Did you have any problems contacting employers?	1%	1%
2e	Did you have any problems contacting family?	23%	29%
2f	Did you have any problems ensuring dependants were being looked after?	3%	3%
2g	Did you have any money worries?	13%	10%
2h	Did you have any problems with feeling depressed or suicidal?	17%	10%
2i	Did you have any health problems?	26%	23%
2j	Did you have any problems with needing protection from other prisoners?	18%	5%
2k	Did you have problems accessing phone numbers?	17%	29%
3a	Were you seen by a member of health services in reception?	60%	72%
3b	When you were searched in reception, was this carried out in a respectful way?	71%	57%
4	Were you treated well/very well in reception?	53%	43%
5	On your day of arrival, were you offered any of the following information:		
5a	Information about what was going to happen to you?	35%	37%
5b	Information about what support was available for people feeling depressed or suicidal?	29%	28%
5c	Information about how to make routine requests?	35%	28%
5d	Information about your entitlement to visits?	32%	33%
5e	Information about health services?	37%	41%
5f	Information about the chaplaincy?	40%	40%

Vulnerable prisoners comparator

Key to tables

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Any percentage highlighted in blue is significantly worse		
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Percentages which are not highlighted show there is no significant difference		
6 On your day of arrival, were you offered any of the following:		
6a A smokers/non-smokers pack?	38%	51%
6b The opportunity to have a shower?	33%	32%
6c The opportunity to make a free telephone call?	14%	19%
6d Something to eat?	67%	69%
7 Within the first 24 hours did you meet any of the following people:		
7a The chaplain or a religious leader?	32%	35%
7b Someone from health services?	56%	70%
7c A Listener/Samaritans?	8%	6%
8 Did you have access to the prison shop/canteen within the first 24 hours?	14%	6%
9 Did you feel safe on your first night here?	74%	71%
10 Have you been on an induction course?	82%	88%
For those who have been on an induction course:		
11 Did the course cover everything you needed to know about the prison?	50%	39%
SECTION 4: Legal rights and respectful custody		
1 In terms of your legal rights, is it easy/very easy to:		
1a Communicate with your solicitor or legal representative?	66%	60%
1b Attend legal visits?	58%	67%
1c Obtain bail information?	14%	6%
2 Have staff ever opened letters from your solicitor or legal representative when you were not with them?	51%	51%
3 For the wing/unit you are currently on:		
3a Are you normally offered enough clean, suitable clothes for the week?	71%	57%
3b Are you normally able to have a shower every day?	98%	93%
3c Do you normally receive clean sheets every week?	83%	79%
3d Do you normally get cell cleaning materials every week?	91%	92%
3e Is your cell call bell normally answered within five minutes?	57%	61%
3f Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	67%	61%
3g Can you normally get your stored property, if you need to?	26%	21%
4 Is the food in this prison good/very good?	45%	17%
5 Does the shop/canteen sell a wide enough range of goods to meet your needs?	57%	49%
6a Is it easy/very easy to get a complaints form?	89%	87%
6b Is it easy/very easy to get an application form?	98%	93%
7 Have you made an application?	97%	96%
For those who have made an application:		
8a Do you feel applications are dealt with fairly?	57%	41%
8b Do you feel applications are dealt with promptly (within seven days)?	46%	49%
9 Have you made a complaint?	71%	75%
For those who have made a complaint:		
10a Do you feel complaints are dealt with fairly?	32%	17%
10b Do you feel complaints are dealt with promptly (within seven days)?	44%	40%
11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	32%	36%
10c Were you given information about how to make an appeal?	39%	37%

Vulnerable prisoners comparator

Key to tables

		HMP Full Sutton vulnerable prisoners	HMP Full Sutton main prisoners
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	Percentages which are not highlighted show there is no significant difference		
12	Is it easy/very easy to see the Independent Monitoring Board?	48%	32%
13	Are you on the enhanced (top) level of the IEP scheme?	73%	71%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	63%	48%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	44%
16a	In the last six months have any members of staff physically restrained you (C&R)?	1%	8%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	8%	20%
13a	Do you feel your religious beliefs are respected?	47%	43%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	55%	70%
14	Are you able to speak to a Listener at any time if you want to?	62%	42%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	74%	73%
15b	Do most staff, in this prison, treat you with respect?	75%	68%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	53%	66%
2	Do you feel unsafe in this prison at the moment?	15%	35%
4	Have you been victimised by another prisoner?	32%	22%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks about you, your family or friends?	12%	10%
5b	Hit, kicked or assaulted you?	13%	6%
5c	Sexually abused you?	2%	3%
5d	Victimised you because of your race or ethnic origin?	5%	3%
5e	Victimised you because of drugs?	5%	1%
5f	Taken your canteen/property?	5%	3%
5g	Victimised you because you were new here?	8%	3%
5h	Victimised you because of your sexuality?	8%	1%
5i	Victimised you because you have a disability?	1%	0%
5j	Victimised you because of your religion/religious beliefs?	5%	11%
5k	Victimised you because of your age?	1%	0%
5l	Victimised you because you were from a different part of the country?	2%	6%
5m	Victimised you because of your offence/crime?	14%	0%
5n	Victimised you because of gang related issues?	3%	4%
6	Have you been victimised by a member of staff?	38%	34%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks about you, your family or friends?	11%	11%
7b	Hit, kicked or assaulted you?	5%	1%
7c	Sexually abused you?	0%	1%
7d	Victimised you because of your race or ethnic origin?	4%	14%
7e	Victimised you because of drugs?	1%	0%
7f	Victimised you because you were new here?	5%	4%
7g	Victimised you because of your sexuality?	3%	0%
7h	Victimised you because you have a disability?	1%	1%
7i	Victimised you because of your religion/religious beliefs?	4%	17%

Vulnerable prisoners comparator

Key to tables

Any percentage highlighted in green is significantly better		HMP Full Sutton vulnerable prisoners	HMP Full Sutton main prisoners
Any percentage highlighted in blue is significantly worse			
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Percentages which are not highlighted show there is no significant difference			
7j	Victimised you because of your age?	2%	3%
7k	Victimised you because you were from a different part of the country?	0%	10%
7l	Victimised you because of your offence/crime?	16%	4%
7m	Victimised you because of gang related issues?	2%	4%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	59%	43%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	36%	39%
10	Have you ever felt threatened or intimidated by a member of staff in here?	30%	35%
11	Is it easy/very easy to get illegal drugs in this prison?	17%	16%
SECTION 6: Health services			
1a	Is it easy/very easy to see the doctor?	39%	30%
1b	Is it easy/very easy to see the nurse?	58%	49%
1c	Is it easy/very easy to see the dentist?	28%	18%
1d	Is it easy/very easy to see the optician?	29%	13%
2	Are you able to see a pharmacist?	70%	57%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	40%	29%
3b	The nurse?	67%	59%
3c	The dentist?	81%	78%
3d	The optician?	69%	56%
4	The overall quality of health services?	51%	29%
5	Are you currently taking medication?	58%	48%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	85%	86%
7	Do you feel you have any emotional well-being/mental health issues?	31%	26%
For those with emotional well-being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	31%	15%
8b	A doctor?	19%	29%
8c	A nurse?	11%	21%
8d	A psychiatrist?	27%	29%
8e	The mental health in-reach team?	46%	43%
8f	A counsellor?	8%	0%
9a	Did you have a drug problem when you came into this prison?	20%	14%
9b	Did you have an alcohol problem when you came into this prison?	21%	10%
10a	Have you developed a drug problem since you have been in this prison?	5%	6%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	93%	77%
12	Have you received any help or intervention while in this prison?	93%	79%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	72%	58%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	11%	11%

Vulnerable prisoners comparator

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	13%	14%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	56%	59%

Vulnerable prisoners comparator

Key to tables

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	HMP Full Sutton vulnerable prisoners	HMP Full Sutton main prisoners
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?			87%	68%
1b	Vocational or skills training?			17%	19%
1c	Education (including basic skills)?			48%	46%
1d	Offending behaviour programmes?			28%	20%
2ai	Have you had a job while in this prison?			92%	84%
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?			47%	28%
2bi	Have you been involved in vocational or skills training while in this prison?			86%	69%
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?			63%	66%
2ci	Have you been involved in education while in this prison?			92%	80%
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?			70%	69%
2di	Have you been involved in offending behaviour programmes while in this prison?			87%	77%
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?			75%	50%
3	Do you go to the library at least once a week?			37%	37%
4	On average, do you go to the gym at least twice a week?			43%	79%
5	On average, do you go outside for exercise three or more times a week?			36%	47%
6	On average, do you spend ten or more hours out of your cell on a weekday?			14%	11%
7	On average, do you go on association more than five times each week?			87%	92%
8	Do staff normally speak to you most of the time/all of the time during association?			25%	19%
SECTION 8: Resettlement					
1	Do you have a personal officer?			94%	93%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?			63%	41%
For those who are sentenced:					
3	Do you have a sentence plan?			90%	84%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?			55%	57%
5	Can you achieve some/all of your sentence plan targets in this prison?			61%	61%
6	Are there plans for you to achieve some/all your targets in another prison?			43%	53%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?			50%	37%
8	Do you feel that any member of staff has helped you to prepare for release?			17%	12%
9	Have you had any problems with sending or receiving mail?			35%	41%
10	Have you had any problems getting access to the telephones?			11%	29%
11	Did you have a visit in the first week that you were here?			14%	21%
12	Did you receive one or more visits in the last week?			14%	33%
For those who have had visits:					
13	How are you and your family/friends usually treated by visits staff? (Very well/well)			55%	43%

Vulnerable prisoners comparator

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
14	Have you been helped to maintain contact with family/friends while in this prison?	37%	32%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	16%	11%
15c	Avoiding bad relationships?	14%	7%
15d	Finding a job on release?	10%	4%
15e	Finding accommodation on release?	15%	5%
15f	With money/finances on release?	10%	2%
15g	Claiming benefits on release?	10%	2%
15h	Arranging a place at college/continuing education on release?	8%	2%
15i	Accessing health services on release?	10%	0%
15j	Opening a bank account on release?	10%	0%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	10%	9%
16c	Avoiding bad relationships?	6%	9%
16d	Finding a job?	53%	40%
16e	Finding accommodation?	41%	29%
16f	Money/finances?	21%	23%
16g	Claiming benefits?	40%	22%
16h	Arranging a place at college/continuing education?	16%	19%
16i	Accessing health services?	25%	15%
16j	Opening a bank account?	34%	26%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	67%	53%