

Report on an announced inspection of

# **HMP Full Sutton**

3–7 December 2012

by HM Chief Inspector of Prisons

### **Glossary of terms**

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the Glossary of terms on our website at: [http://www.justice.gov.uk/downloads/about/hmipris/Glossary-for-web-rps\\_.pdf](http://www.justice.gov.uk/downloads/about/hmipris/Glossary-for-web-rps_.pdf)

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Printed and published by:  
Her Majesty's Inspectorate of Prisons  
1st Floor, Ashley House  
Monck Street  
London SW1P 2BQ  
England

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# Introduction

HMP Full Sutton, near York, is a high security prison that holds 600 or so of the country's most serious offenders. It is generally an impressive establishment that maintains an effective balance between providing the necessary levels of security and affording the men it holds decent treatment and conditions. Recent inspections have reported positively on the prison and, although some longstanding concerns remain, this inspection found it had improved further.

The prison dealt very effectively with challenges that many other prisons find difficult to manage: levels of violence were low, drug use was low and there was a range of good quality, well-managed purposeful activity available.

Good security processes, effective behaviour management and generally positive relationships between staff and prisoners made for a safe environment. There was a very low level of fights and assaults, and the atmosphere was calm. Sophisticated and covert intimidation and bullying by prisoners convicted of gang and terrorist related offences was identified and dealt with. There was effective action to keep the supply of illegal drugs to a very low level and rigorous management of prescribed medicines that could be misused. Action to reduce supply went in parallel with the establishment of an innovative abstinence-based recovery centre, and the first tranche of prisoners who had passed through it spoke every highly of the help they had received.

The prison made effective use of its resources to ensure almost all prisoners were engaged in work, education or training. As far as possible, prison industries reflected a realistic working environment, although the working day was short. Prisoners valued the opportunity to earn a little extra money. There were good opportunities for education and vocational training in a stimulating learning environment in which prisoners were motivated to progress. PE provision and facilities were also good – important in such a confined environment.

Some of what the prison was trying to do, such as the abstinence recovery centre and the development of a realistic working day, was genuinely innovative and showed early signs of success, even if further development was required. The effectiveness of the prison's innovative offender management system was more in the balance. Offender supervisors, responsible for addressing a prisoner's offending behaviour, were based on the wings and also had residential duties rather than being located separately in the offender management unit. In principle, this seemed a good idea as it would enable them to have a much better handle on a prisoner's actual behaviour and the opportunity for day-to-day reinforcement of learning outcomes from offending behaviour programmes. In practice, however, they were often diverted to other duties and offending behaviour work sometimes lacked sufficient focus. The model was still relatively new and it was too early to come to a settled view about its effectiveness – but it would need to be kept carefully under review. Practical resettlement arrangements – help with accommodation, family links and so on – were well organised.

Overall, we had two main areas of concern. First, the perceptions of black and minority ethnic prisoners and Muslim prisoners about many aspects of their treatment and conditions were much more negative than for white and non-Muslim prisoners. For example, significantly fewer told us staff treated them with respect and significantly more said they felt unsafe. The prison's own monitoring had revealed that some important areas, such as complaints and work allocation, were out of range, and they were taking steps to investigate and address this. However, we did not find evidence to explain the strength of these perceptions. The prison had

done some work to try and understand these concerns, but more imaginative consultation and communication with these groups was required.

Second, our longstanding concerns about the management of some of the most challenging prisoners remain unresolved. The segregation unit had improved since our last inspection but still offered a very limited regime with little stimulation for those who were held there for long periods. We were concerned that the prison had not identified some of those who had sought refuge in the unit for their own protection. There was insufficient focus on improving behaviour and helping the men reintegrate back on the main wings. Some men on ACCTs (suicide and self-harm prevention procedures) had been held in segregation without evidence of the exceptional circumstances required to justify this. Almost a quarter of men who self-harmed were placed in strip clothing – tear-resistant and fire retardant gowns – in gated cells in health care. We found little evidence to support the need for such extreme measures; they were not authorised at a sufficiently senior level and risked exacerbating some men's despair.

HMP Full Sutton is already a good prison and it is continuing to improve. The foundations of a generally safe environment in which prisoners are treated as decently as the necessary constraints allow appear to be increasingly embedded. Some significant new developments in important areas of the prison are still at an early stage and create the potential for further improvement. These improvements still need to reach some of those with the highest level of need and be seen to leave no part of the prison population behind.

**Nick Hardwick**  
**HM Chief Inspector of Prisons**

**February 2013**

# Fact page

**Task of the establishment**

HMP Full Sutton is a high security establishment for category A and B male offenders.

**Prison status**

Public

**Department**

Directorate of High Security

**Number held**

608

**Certified normal accommodation**

604

**Operational capacity**

616

**Date of last full inspection**

27 October – 5 November 2010

**Brief history**

HMP Full Sutton opened in 1987 as a purpose-built dispersal establishment.

**Short description of residential units**

A, E, F – main prisoner wings  
B, C, D – vulnerable prisoner wings  
G – drug treatment service

Segregation unit

Health care

**Name of governor**

Paul Foweather

**Escort contractor**

GeoAmey

**Health service commissioner and provider**

Commissioner: East Riding of Yorkshire Primary Care Trust

Provider: HMP Full Sutton

**Learning and skills provider**

The Manchester College

**Independent Monitoring Board chair**

Penny Curry





# Healthy prison summary

## Introduction

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HP1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

HP2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

HP3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:

**Safety** prisoners, particularly the most vulnerable, are held safely

**Respect** prisoners are treated with respect for their human dignity

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

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

HP4 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.

HP5 Our assessments might result in one of the following:

**- recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be checked for implementation at future inspections

**- housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines

**- examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.

## Safety

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HP6 Prisoners were processed quickly from reception to the induction unit, and most felt safe on their first night. Induction was effective and while prisoners were held on the induction unit they could associate on the wing where they would eventually reside, which helped to reduce anxiety. The number of fights and assaults was low and had reduced significantly since the last inspection. The use of force was reasonably low. Vulnerable prisoners had a reasonable regime. Suicide and self-harm prevention work required further improvement. Strip clothing was used more often than was necessary to manage self-harm and too often for those in special accommodation. Security was proportionate, and privilege arrangements were fair. Prisoners were negative about the segregation unit and the regime was poor for most. Drug availability was low and there was good support for substance misuse needs. Outcomes for prisoners were reasonably good against this healthy prison test.

HP7 Most prisoners were treated well by escort staff and many said that they felt safe during transit. Escort vans were clean and well equipped. The reception was grubby and the holding rooms were stark but the process was swift and arrivals usually spent less than one hour there. Every arrival was strip-searched but this was carried out respectfully. In our survey,<sup>1</sup> most prisoners said that they felt safe on their first night,

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<sup>1</sup> **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 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 Towl et al (eds), *Dictionary of Forensic Psychology*.)

and this was underpinned by comprehensive first night risk interviews. Health care staff saw all new arrivals in private.

- HP8 First night cells were clean and prepared, and new arrivals were offered a shower and a telephone call. They were also allowed to attend evening association on their allocated wing in advance of their location there, which helped overcome anxieties and familiarised them with the regime. Personal officers were allocated during induction. The induction talk was interactive, relaxed and informative, with written information available in a variety of languages. Induction continued from the prisoner's allocated wing, with good tracking that ensured completion.
- HP9 Prisoners' perceptions of their safety were comparable with other high security prisons. There were good systems to evaluate risk and monitor the levels of violence. The collection of data on the number and nature of violent incidents was consistent, and overarching structures to monitor the progress of individual wing strategies to reduce violence were developing. There were excellent links between the security department and the violence reduction committee, and effective systems to deal with the more sophisticated and covert forms of intimidation and bullying. The number of recorded fights and assaults was low for the size and nature of the prison and had reduced considerably since the last inspection. In our survey nearly half of respondents said that they had been intimidated by staff at some time. Vulnerable prisoners had a reasonable regime.
- HP10 Attendance at safer custody meetings was inconsistent, and analysis of data to assess patterns and trends of self-harming behaviour was underdeveloped. The implementation of case management was reasonably good, but some staff entries in self-monitoring documents were mainly observational. The incidence of self-harm was high but due to a small number of prisoners. Prisoners on self-harm monitoring held in the segregation unit had a poor regime, and care planning was limited and not sufficiently individualised. The use of strip clothing in segregation and gated cells in the health care unit were excessive and routine rather than based on the assessed needs of individuals. Almost a quarter of prisoners on self-harm monitoring had experienced strip conditions.
- HP11 Sophisticated security arrangements were well managed and proportionate, and appropriate security objectives were set and monitored and contributed to a reasonably safe environment. Availability of illicit drugs was low and there was an effective supply reduction strategy.
- HP12 Prisoners' views on the incentives and earned privileges (IEP) scheme were better than the comparator, and the system was applied fairly. Prisoners were given sufficient opportunity to improve bad behaviour before formal action was taken, and there were appropriate differentials between IEP levels
- HP13 The number of adjudications was lower than in similar prisons and the records were of a good standard. The use of force data were skewed by the handcuffing of some close supervision centre prisoners (which was properly risk assessed), which accounted for more than three-quarters of cases. Apart from these cases, the figures were low for the type of prison and few involved full use of force, and the good quality records showed evidence of de-escalation. Handcuffing of prisoners and relocation to the segregation unit were not routine. Planned interventions were routinely filmed and reviewed, but the recordings did not assure us that all force was necessary or that de-escalation was used promptly.

- HP14 Use of the special cell was low, but authorising records were poor and we were not assured that all uses were necessary or that prisoners remained there for the shortest time. Strip clothing was also used routinely and unnecessarily.
- HP15 The number of prisoners segregated was not too high for the type of establishment but some remained there for long periods. We were not assured that all those who were segregated because they were seeking protection had been identified. The environment was bright and clean, but many cells were cold; toilets had no privacy screening and were often scaled and dirty. The installation of exercise equipment had mitigated the cage-like appearance of some exercise yards. Access to showers and telephones was too limited, and the regime for many was impoverished. Multidisciplinary reviews were timely but authorising paperwork was often poor and targets generally not individualised. Care planning had improved slightly but was still underdeveloped. Although many prisoners were negative about segregation unit staff, we saw professional and well-informed interactions.
- HP16 The need for opiate substitute treatment was low, but the clinical team also offered good monitoring and support to prisoners prescribed pain-relief medication. A fully integrated team provided both clinical and psychosocial support to 65 prisoners, and the remit included alcohol. The new abstinence recovery centre was a valuable resource, and prisoners spoke highly of the help they had received.

## Respect

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- HP17 The accommodation was reasonable but many floor coverings required upgrading. The wings were relaxed and staff-prisoner relationships were generally positive, although not all staff used prisoners' preferred names. Prisoners knew their personal officers, but case notes and links with offender supervisors were underdeveloped. Black and minority ethnic and Muslim prisoners had significantly worse perceptions of their treatment and conditions than white or non-Muslim prisoners. We did not find evidence to explain the strength of these perceptions but more work was required to understand and address them. Prisoners with disabilities needed more support. Faith arrangements, health services and catering provision were all good. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP18 Residential accommodation was reasonably clean but the cleanliness in communal areas varied. Some flooring was grubby, and in many cells and wings it was damaged, although there was a rolling programme of repair. Wings were generally relaxed and prisoners told us they felt safe there. All cells were single and, although toilet screening was limited, prisoners could eat their meals out of their cells. Access to cell cleaning materials was good. We saw no graffiti and the offensive display policy was adhered to. Prisoners could have a daily shower and, although showers were being refurbished, the older showers were grubby. Most prisoners felt that applications were dealt with fairly and quickly.
- HP19 Staff-prisoner relationships were generally positive and interactions appropriate, but most staff used surnames only to address prisoners. Prisoners were generally satisfied with the personal officer scheme, but its links with offender management were underdeveloped. Staff entries in prisoners' case history notes usually only focused on their negative behaviour. Wing prisoner consultation arrangements were generally good.

- HP20 Strategic management of diversity and equality work was reasonably good. The two-year strategy was underpinned by a regularly reviewed action plan and covered all relevant minority groups. The number of reported discrimination incidents was high and needed more detailed analysis, but investigations were carried out to an appropriate standard – replies were prompt and polite and were upheld when appropriate. Mediation was occasionally used to resolve conflict, and this successful and valuable initiative needed expansion.
- HP21 In our survey, black and minority ethnic and Muslim prisoners had significantly worse perceptions of their treatment and conditions than white or non-Muslim prisoners. We did not find evidence to explain the strength of these perceptions. Some work had been done to understand and address this, but more was required. Equality monitoring data showed that black and minority ethnic prisoners were often out of range for work allocation and complaints, and work had been commissioned to identify why this was. There was good support for Travellers.
- HP22 Foreign national prisoners' needs were reasonably well met. The foreign national liaison officer met all foreign nationals and assisted prisoners with repatriation and return schemes. One immigration detainee had been held for more than two years beyond the end of his sentence and had spent more than 17 months in segregation in the high security estate; his case required urgent resolution.
- HP23 Older prisoners reported positively in our survey, and the five weekly older prisoner sessions were a popular initiative. However, prisoners with disabilities were more negative across a range of indicators, and more needed to be done to improve their living conditions, especially bathing arrangements. There were no formal support arrangements for gay prisoners. The transgender prisoner policy was up to date and relevant, and a transgender prisoner was positive about the care and support she received.
- HP24 Most major faiths were provided for and there were good links with outside faith organisations. There were good examples of Muslim prisoners' concerns being addressed, such as the development of a space for Muslim prayers in the workshop area.
- HP25 Legal rights provision was reasonable and prisoners had access to laptops for legal representation, dedicated legal study slots and legal services officers.
- HP26 Prisoners were positive about the complaints process and felt they were dealt with fairly and quickly. Responses were mostly courteous and answered the issues raised.
- HP27 Prisoners in our survey were generally dissatisfied with the access to and quality of health services. However, the range and quality of services that we saw were very good and included some innovative developments, such as a dialysis service. Some health care rooms had been refurbished but a few were unsuitable. Inpatient facilities were satisfactory but the regime was not therapeutic. Inpatients were very complimentary about the staff and quality of their care. Dental services were good but waiting lists were too long. A team of mental health nurses provided a satisfactory integrated primary and secondary care service. Some patients waited too long to be transferred to external mental health facilities.
- HP28 The quality and quantity of food were mostly reasonable, although many prisoners said that breakfast and lunch portions were small. The self-catering option was a

good initiative that prisoners appreciated. There were comprehensive catering consultation arrangements with responses to issues raised. The shop offered a good range of goods, supplemented by an extensive number of catalogues.

## Purposeful activity

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- HP29 Time out of cell was reasonable, at approximately 10 hours a day. There were sufficient activity places, but some prisoners were locked up when there were opportunities to engage in off-wing activities. There was a determined drive to achieve a purposeful working week. Strategic management of learning and skills was effective and focused. The quality and range of activities was good, as was the delivery of educational and vocational training. The library was conducive to learning, and the gym offered a quality service, including accredited and non-accredited programmes, and healthy living opportunities were well promoted. Outcomes for prisoners were good against this healthy prison test.
- HP30 Time out of cell was reasonable. The core day stated that an employed prisoner could have around 10 hours out of cell and an unemployed prisoner around 3.5 hours, and we were assured that these figures were accurate. Roll checks during the core day found on average 20% of prisoners locked up and not engaged in activity. However, due to constant movements to activities, most prisoners were engaged in some activity on most days.
- HP31 Strategic management of learning and skills was good. There was a strong focus on quality improvement, with well-established self-assessment processes that linked to the overall development plan. Data to record and monitor learner progress had improved and were used to inform planning. There was good partnership working, particularly with the Offenders' Learning and Skills Services (OLASS) provider.
- HP32 There were approximately 500 activity places, which were sufficient, and attendance was generally good, at around 84%. Induction was well managed and included an appropriate English and mathematics assessment and a detailed skills action plan. The links with sentence planning were generally well structured but not always consistent. The variety and amount of work were good, but workflow was sometimes hampered by delays in the supply of materials into the prison. Allocation to activities was appropriate, and the pay structure was fair and equitable.
- HP33 Teaching, coaching, learning and assessment were good, and effectively engaged and motivated prisoners. Information learning technology and group work could have been used more creatively to improve learning further. Prisoner mentors were used well to help the less able and create a positive learning environment. The variety and range of provision in education, vocational training and work were good. Planning and support for distance learning had improved. Educational needs were managed in many areas of the prison, and there was good maths and English support in workshops. Non-timetabled prison activities sometimes interrupted learning sessions.
- HP34 Overall achievement of accredited qualifications in education and vocational training was good, as was skills development in vocational training. Development of personal and work skills was good.

- HP35 The library was welcoming and well managed, with good access. Activities to promote literacy were good, with effective use of the writer in residence and a book club. There was a Toe by Toe reading mentoring scheme, but the popular Storybook Dads scheme (where prisoners recorded stories for their children) had recently stopped. Library orderlies were used well but their skills were not accredited, which was a missed opportunity.
- HP36 Access to PE was good and well planned, there were sufficient opportunities for all prisoners to attend sessions, and they were positive about the environment and range of activities. Facilities were good, including an impressive multifunction room, and there were plenty of outside activities. There were a good range of accredited courses with high achievement, and healthy living was well promoted.

## Resettlement

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- HP37 Resettlement, public protection and offender management unit (OMU) policies met the needs of the prison. Although offender supervisors were wing-based, their casework role needed further clarification and development. Offender management links within the prison were good, and public protection arrangements were solid. Pre-release arrangements were impressive. Resettlement accommodation support was good but finance and debt advice needed to be developed. The visits arrangements had improved significantly. The range of offending behaviour programmes was broadly appropriate for the population. Outcomes for prisoners were good against this healthy prison test.
- HP38 The resettlement policy was reasonably comprehensive with a primary focus on pathway work. It included public protection and offender management, which also had separate, more detailed policies. The needs analysis of the population was up to date and also outlined their offending behaviour requirements appropriately.
- HP39 The monthly reducing reoffending pathway meeting generally had good representation from across the establishment, but there was little focus on the work of the OMU. There was a unique model of offender management using wing-based officers as offender supervisors. Although it offered a good opportunity for ongoing evaluation of prisoner behaviour, it required further development.
- HP40 Approximately half the population were formally in scope for offender management (serving more than 12 months and classified as posing a high risk to the public), with 90% of the overall population assessed as high or very high risk of harm. All prisoners were allocated to an offender supervisor based on their wing. Sentence planning arrangements were generally appropriate, with initial reviews within three months of the prisoner's arrival. Risk assessments and risk management plans were also generally of a reasonable standard, but contributions to reviews varied between departments, and they were not routinely included in reviews. Prison links with community-based offender managers were generally good, and information sharing reasonably consistent.
- HP41 The wider role of offender supervisors remained unclear and also varied across the department. Caseloads were relatively low. Although offender supervisors saw prisoners regularly, this was often informal, unstructured and not recorded. There was little recorded work by offender supervisors to address prisoners' offending behaviour

or to reinforce learning from offending behaviour programmes. Although quality assurance arrangements had improved, they continued to focus on the completion of reports and sentence planning rather than ongoing case management.

- HP42 Public protection arrangements were good. All new arrivals were screened and reviewed for public protection and safeguarding children concerns. The monthly meetings of the safeguarding children and inter-departmental risk management teams were well attended and managed, with appropriately detailed analysis. The role of offender supervisors in this process was unclear, and their knowledge about public protection issues varied.
- HP43 The prison released an average of two prisoners a month. The multidisciplinary pre-release planning meetings, held through the public protection unit, were extremely comprehensive and detailed all aspects of need. In the previous three years, no prisoner had been released without fixed accommodation.
- HP44 The few prisoners released directly into the community had support for the development of CVs and job applications. Most prisoners transferred to approved premises had a pre-arranged Jobcentre Plus interview. The finance and debt pathway currently offered very little.
- HP45 Prisoners due for release had a routine health discharge appointment, and there was advance discharge planning for patients with complex mental health needs. There was a dedicated palliative care room in the health care unit. The drug treatment service contributed to sentence, transfer and release plans, but did not routinely share care plans with offender supervisors.
- HP46 There had been positive changes in the visits arrangements following consultation, but entry for visitors took too long. There was no accredited parenting course or family counselling.
- HP47 A large multidisciplinary programme team offered an appropriate range of accredited programmes, based on a reasonable analysis of need, and waiting lists were well managed and access relatively quick. There was a good strategy and approach to work with the significant number of sex offenders in denial of their offence.

## Main concerns and recommendations

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- HP48 Concern: The regime in the segregation unit was very limited with no meaningful activity, especially for close supervision centre prisoners, and yet routine expectations, such as daily showers, exercise and telephone calls, were not always provided.

**Recommendation: The regime in the segregation unit should be improved, including for those held in close supervision centre conditions, and residents should have consistent daily access to showers, exercise, telephone calls and participation in constructive and meaningful activity aimed at their reintegration.**

- HP49 Concern: Responses to some prisoners who had or were at risk of self-harming were sometimes disproportionate and could exacerbate their distress. Twenty-five per cent of prisoners who self-harmed were placed in strip clothing in gated cells in the health



care unit. Some prisoners on suicide self-harm prevention procedures were held in segregation without evidence of the exceptional circumstances required to justify this.

**Recommendation: Strip conditions or segregation of prisoners in crisis should only be used in exceptional circumstances following effective risk assessment and authorisation by a governor grade.**

HP50 Concern: Black and minority ethnic and Muslim prisoners reported much more negatively about their treatment and conditions across a range of indicators than white and non-Muslim prisoners.

**Recommendation: The prison should take further action to understand and, if possible, improve black and minority ethnic and Muslim prisoners' negative perceptions of their treatment and conditions.**



# Section 1: Safety

## Courts, escorts and transfers

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### Expected outcomes:

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

- 1.1 Prisoners were escorted in clean suitable vehicles and most felt safe during their journey. Escort staff were friendly and prisoners were received into reception quickly.
- 1.2 Most prisoners were escorted in contractor and specific category A vehicles. The vehicles we saw were clean and well equipped. In our survey, 77% of respondents said they felt safe during transit and the prisoners we interviewed agreed with this view.
- 1.3 Most prisoners we spoke to said that staff treated them well, and we observed friendly and courteous escort staff. However, in our survey only 47% of black and minority ethnic and 47% of foreign national respondents said that they were treated well by escort staff compared with 63% of white and British respondents.
- 1.4 Escort vehicles entered the establishment swiftly and disembarkation was quick. Handcuffs were always used to move prisoners between vehicles and reception. Relevant documentation travelled with prisoners.

## Early days in custody

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### Expected outcomes:

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

- 1.5 Reception procedures were efficient and swift. The first night centre was suitable for purpose and we were assured that new arrivals risks were dealt with. Induction was appropriate.
- 1.6 The reception was small and the floors were grubby. The three holding rooms were bleak and had no natural daylight. We saw prisoners given reading materials and one holding room had a television. Although the rooms were stark, new arrivals did not spend too long there.
- 1.7 Reception opened over lunch and also stayed open until all expected prisoners arrived. Most new arrivals spent less than one hour in reception – we saw two category A prisoners processed through in 35 minutes. In our survey, more respondents than the comparator said they were treated well in reception, although the perceptions of black and minority ethnic and Muslim prisoners were less positive. The reception staff we observed were courteous and friendly with all prisoners.

- 1.8 All prisoners arriving on transfer or escort return had a full search in a separate room. The searching that we observed was carried out very well, with a good rapport between staff and prisoners.
- 1.9 In our survey, 73% of respondents, against the comparator of 67%, said that they felt safe on their first night. We spoke with several new arrivals who all said that they felt safe on their first night in the prison. The perceptions of some minority groups in our survey were less positive, although the two new arrivals we interviewed were black and minority ethnic prisoners and told us that their experience of the early days process was the best they had encountered.
- 1.10 The first night wing was clean and welcoming, and the cells were clean and well equipped with basic items and written documentation. Most new arrivals were offered a shower on the day they arrived, as well as a reception pack. As their telephone accounts were transferred immediately, they could make a call, and those with no credit were given a £2 advance.
- 1.11 On their arrival to the first night wing, new arrivals had a risk interview with a prison officer and a further interview with the senior officer. The risk interview was comprehensive and we were assured that all new arrivals received it. A nurse saw new arrivals in a dedicated and private room in the adjacent health care department. New arrivals were allocated to a residential wing while on the first night wing and allowed to associate on it each evening to familiarise themselves with the regime. Prisoners said they appreciated this opportunity as it alleviated their anxieties.
- 1.12 Induction usually started within 24 hours of arrival and was carried out by prison staff in a suitable venue. Rather than a formal presentation, staff talked through the regime with prisoners in a relaxed question-and-answer session, which worked well. Other elements of induction took place as part of the daily regime over a seven-day period. Written information was available in several languages. There were tracking systems to ensure that all new arrivals received induction, and we were assured that all prisoners undertook a full induction.

## Housekeeping point

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- 1.13 Reception should be kept clean.

## Bullying and violence reduction

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### Expected outcomes:

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

- 1.14 Prisoners' perceptions of their safety were comparable with other high security prisons. The systems to evaluate risk and monitor violence were very good overall. There were strong links between the security department and the violence reduction committee, and effective systems to deal with more sophisticated and covert forms of intimidation and bullying. The number of recorded fights and assaults was low for the size and nature of the prison and had reduced considerably since the last inspection, but too many prisoners said they had been intimidated by staff. Black and minority ethnic prisoners' perceptions of their safety were also poor and significantly worse than white prisoners.

- 1.15 Prisoners' perceptions of their safety were comparable with other high security prisons. The prison continued to give a high priority to arrangements to reduce levels of violence. A well-constructed violence reduction committee met monthly to monitor overall progress of wing strategies to reduce violence. These meetings were given a high profile and were well attended by key managers and staff. Minutes showed that discussions were properly focused on important issues relating to all aspects of violence. Strong and direct links to the security department allowed an unrestricted flow of relevant information, such as security information reports (SIRs) and other information about suspected prisoner activity, to the violence reduction committee.
- 1.16 The security department continued to manage structured intelligence systems to identify and deal with the more sophisticated and covert forms of intimidation and bullying associated with organised gang and terrorist activity. Information from SIRs, custodial history records and police reports was correlated and used to inform interventions. These were generally managed by the security department but sometimes in conjunction with the violence reduction coordinator. The violence reduction committee and security department regularly reviewed risk management plans, usually generated by cell sharing risk assessments and other custodial information.
- 1.17 The number of recorded violent incidents was low at about 32 fights and assaults in 2012 to date, which was a significant reduction since the previous inspection. Allegations of violence, particularly bullying, were usually treated consistently and investigated promptly by residential senior officers. The quality of investigations was reasonably good, but some were cursory and did not give assurance that there was always thorough investigation of evidence.
- 1.18 There was also evidence that the formal three-stage system to identify, monitor and deal with bullying behaviour was effective and that officers were comfortable with its use. We observed that protocols were consistently followed and there was effective oversight of the scheme by residential managers. Most prisoners were informed of the anti-bullying procedures during their induction and generally understood them.
- 1.19 Despite these processes, too many prisoners said that they had been intimidated by staff. In our survey, nearly half of respondents said that they had been intimidated by staff at some time. Responses from black and minority ethnic prisoners about their safety were also poor across the range of indicators and significantly worse than those of white prisoners.
- 1.20 Vulnerable prisoners made up about half the prison's population and were accommodated on three separate wings. About 60% of this population had been sentenced for sex-related offences, and the remainder were unable to cope with conditions in the main part of the prison or needed protection for other reasons. Staff supervision on the vulnerable prisoner units was adequate, and officers were aware of their prisoners' concerns. Staff entries in electronic wing files were reasonably good and often showed a good knowledge of the prisoner's circumstances and levels of associated risk.

## Recommendations

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- 1.21 **All suspected violent incidents should always be thoroughly investigated.**
- 1.22 **The prison should address prisoners' concerns about intimidation by staff.**

# Self-harm and suicide prevention

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## Expected outcomes:

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

- 1.23 Attendance at safer custody meetings was inconsistent, and analysis of data to identify patterns and trends of self-harming behaviour was underdeveloped. The implementation of case management was reasonably good but the quality of entries in self-harm monitoring documents was mixed. There were many incidents of self-harm but most were by a few prisoners. The use of strip conditions for prisoners in crisis was poor practice.
- 1.24 Strategic protocols to prevent self-harm and support prisoners in crisis were managed directly by residential managers, supported by a part-time coordinator and nominated head of safer custody. Suicide prevention committee meetings, held every other month, monitored and managed the suicide prevention strategy overall. There was a reasonable focus on relevant issues from individual cases and suicide prevention in general, but attendance was often poor and representatives from important areas, such as the residential wings, often did not attend. There was little use of information to identify trends and patterns of self-harming by location, type, age, timing and peripheral circumstances of individual incidents.
- 1.25 Although there was a Listener scheme (prisoners trained by the Samaritans to support those at risk of self-harm), there was a significant shortage of trained Listeners in the main wings. There were 11 Listeners at the time of our inspection but 10 were on the vulnerable prisoner unit, leaving only one for the rest of the prison. They all attended safer custody meetings and gave a report of their work. There was also a free direct line number for prisoners to telephone the Samaritans during the day.
- 1.26 There had been about 102 incidents of self-harm in the first six months of 2012. Although high, this was a slight reduction compared with the same period in 2011, and we noted that a small number of prisoners accounted for a disproportionate number of incidents – one prisoner was responsible for about 43% of the total, and another for 14%.
- 1.27 A high proportion of prisoners who self-harmed – about 25% – were placed into strip conditions in the gated cells in the health care unit. We found little evidence that these decisions were justified. Nearly all cases involved minor self-inflicted cuts, and most decisions to place them in the gated cells had been authorised by prison officer grades (usually senior officers) rather than a governor. We remained unconvinced of the justification for action that demeaned already disturbed prisoners (see main recommendation HP49).
- 1.28 There had been 110 assessment, care in custody and teamwork (ACCT) self-harm monitoring documents opened in 2012 to date, with two open at the time of inspection. Detailed support plans were usually prepared, through consultation with the prisoner, that identified specific needs and gave responsibilities to a nominated key worker. The progress of plans was reviewed at times set in agreement with their prisoner. The quality of staff entries in ACCT documents was generally adequate, but a few were too observational and gave little indication of the supportive relationships we saw.

## Recommendations

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- 1.29 **The prison should analyse information about self-harm to identify trends and patterns of behaviour.**
- 1.30 **Listeners should be recruited for the main wings.**

## Housekeeping point

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- 1.31 Attendance at suicide prevention meetings should improve.

## Safeguarding (protection of adults at risk)

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### Expected outcomes:

**The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.<sup>2</sup>**

- 1.32 The prison had not yet developed a specific policy to deal with prisoners who would be in need of community care services by reason of mental or other disability, age or illness.
- 1.33 General safety assessments of new arrivals included some identification of disability and health care needs. Protocols that set out actions for staff to take if they became aware that prisoners at risk may have been abused or injured while in custody were not clear. Staff said they were not aware of formal protocols, but appeared focused on relevant issues and aware of their personal responsibility to protect prisoners at risk. Awareness training for staff had not been planned.
- 1.34 There were no formal links between the prison and the community safeguarding board to review current practices and identify prisoners who required formal safeguarding protocols. Up-to-date local advice about safeguarding adults was not accessible, and staff were not aware about how to make referrals.

## Recommendation

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

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<sup>2</sup> We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

# Security

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## Expected outcomes:

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

- 1.36 Security was proportionate, properly focused and contributed to a safe environment. Drug availability was low and there were good supply reduction measures.
- 1.37 Security arrangements were well managed and proportionate for the type of prison, and did not restrict prisoner access to the regime unnecessarily. Security work was properly focused and contributed to a usually safe environment for staff and prisoners.
- 1.38 Security information was shared appropriately and the security team had well-established relationships with other departments. Almost 3,000 security information reports (SIRs) were submitted between May and October 2012, and were processed efficiently and acted on quickly where necessary. The intelligence executive team met monthly and set appropriate security objectives, which were monitored by the well-attended security committee.
- 1.39 Illicit drugs were not readily available, and in our survey, fewer respondents than the comparator said they were easy to get. The establishment's year-to-date random mandatory drug testing (MDT) positive level was very low at 0.92%. The MDT programme was well resourced and included the full range of testing. In the previous six months, there had been 19 suspicion tests with a positive rate of only 15%. Finds and intelligence pointed to some prisoners diverting medication, but staff were aware of this problem and took appropriate measures to tackle it (see paragraph 1.73). There was a detailed supply reduction strategy, monthly designated meetings and excellent coordinated working between security, drug treatment, health care and pharmacy departments.
- 1.40 Closed visits were used infrequently and for appropriate reasons. Most strip-searching was proportionate to the risk posed in the prison (but see paragraph 1.58).

## Good practice

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- 1.41 *The prison addressed drug supply reduction proactively and departments worked closely together to tackle the problem of prisoners diverting medication.*

# Incentives and earned privileges

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## Expected outcomes:

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



- 1.42 The incentives and earned privileges (IEP) scheme was fair and mostly well managed. Differentials between the levels were sufficient to encourage positive behaviour. The regime for the few prisoners on the basic level was reasonable.
- 1.43 The incentives and earned privileges (IEP) policy was comprehensive and broadly understood by staff and prisoners. It used the three usual prison privilege levels of basic, standard and enhanced. At the time of the inspection, 56% of prisoners were on enhanced and fewer than 1% on basic.
- 1.44 Differentials were offered through access to private cash, additional possessions and visits. A small financial bonus for the highest level had replaced differential pay, which was reasonable and motivated prisoners.
- 1.45 In our survey, more respondents than the comparator felt the scheme was fair, although the response from prisoners from minority groups was poorer. We found that the scheme was administered appropriately and fairly. Warnings were issued for proper reasons, and prisoners were given sufficient opportunity to improve before there was any formal action or demotion. Contrary to the guidance in the policy, staff thought that no sex offenders in denial of their offence could achieve the enhanced level.
- 1.46 Few prisoners were placed on basic, but those who did were set targets, and improvements in behaviour and timely reviews quickly resulted in the restoration of privileges. The regime for those on basic included access to activity and limited periods of gym and association. The arrangements for reviews and target setting for basic-level prisoners in the segregation unit were weaker.

## Housekeeping points

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- 1.47 Staff awareness of incentives and earned privileges (IEP) progression for sex offenders in denial should be improved.
- 1.48 Basic-level prisoners in the segregation unit should be set individual targets and given timely reviews.

## Discipline

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### Expected outcomes:

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

- 1.49 The number of adjudications was low and records of hearings of a good standard. Use of force was low and had the necessary managerial oversight, but there was a lack of accountability on use of special accommodation. The segregation unit was a reasonable environment but the regime for many was poor and many prisoners stayed there for too long.

## Disciplinary procedures

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- 1.50 Between May and October 2012, there were just under 300 adjudications, which was lower than in similar prisons. Prisoners had sufficient time to prepare their case and sought legal advice where requested. The records of hearings we sampled were of a good standard and showed appropriate exploration before a finding of guilt. Quality assurance measures were effective. Good data on adjudications were properly discussed at the well-attended quarterly adjudication standardisation meeting.

## The use of force

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- 1.51 The handcuffing of some close supervision centre (CSC) prisoners, which had been properly risk-assessed, accounted for a high proportion (78%) of the use of force incidents recorded between May and October 2012 (162 out of 208). Discounting this number, the actual use of force was low for the type of prison, and over half required only low-level physical coercion. Use of handcuffs and relocation to the segregation unit were not routine.
- 1.52 The use of force documentation we sampled was completed to a good standard and mostly showed efforts to de-escalate. Planned interventions were always filmed and reviewed. Those we watched were usually carried out correctly, but in some cases, force appeared to be applied for too long before it was de-escalated.
- 1.53 There were two designated special accommodation cells, both with natural light, but one contained a filthy toilet. Use of special cells was lower than in similar prisons, but was not insignificant, at 11 uses to date in 2012. Documentation justifying and authorising use of special accommodation was poor and did not assure us of sufficient accountability for such an extreme measure. We were not assured that all uses were necessary, and prisoners were routinely and unnecessarily left in strip clothing without proper justification (see main recommendation HP49). Many stayed there for too long after they were calm, and there was little evidence that staff had engaged with prisoners to encourage them to relocate to a normal cell.
- 1.54 A use of force committee met regularly and was focused on most aspects of the use of force, but not on use of special accommodation, removal of clothing or the quality of planned interventions.

## Recommendation

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- 1.55 **There should be improved managerial oversight of and accountability for all aspects of use of force, including planned interventions and use of designated special accommodation.**

## Segregation

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- 1.56 The number of prisoners segregated was not high for the type of establishment but some remained there for long periods. We were given figures that suggested that few prisoners sought refuge there, but we were not assured that these were accurate and found examples of more prisoners who considered that they were in the segregation unit for their own protection rather than the reasons of good order the prison had recorded. Despite this, comprehensive data on segregation were collated and monitoring was adequate.

- 1.57 Communal areas and cells in the unit were clean, except for some dirty unscreened toilets. Exercise yards were still cage-like, but exercise equipment had been installed on some. The two shower areas were clean with sufficient privacy. At the time of the inspection, one of the designated dirty protest cells smelled of faeces and was unfit for use.
- 1.58 Strip-searching of new arrivals on the unit was routine and often in the absence of any robust risk assessment. Protocols for unlocking individual prisoners were proportionate to their risk, but only one prisoner at a time was unlocked, which appeared inflexible and unnecessary in some cases, was not subject to dynamic risk assessment and affected the unit's regime.
- 1.59 Residents in the segregation unit had to make daily written applications to access the regime. The regime for most was poor, and while daily exercise was facilitated where requested, there was limited, and not daily, access to showers and telephone calls. Although education staff, attended the unit regularly, many prisoners complained of the lack of constructive work to keep them occupied. A minority of residents had reasonable access to small cardiovascular room, corporate worship and in-cell televisions (see main recommendation HP48).
- 1.60 At the time of the inspection one prisoner was subject to central management under the CSC system. Unlocking arrangements for him were appropriate but his regime was unnecessarily restricted – although this improved slightly when we raised it with the unit managers. We were concerned about the impact of such a restricted regime on the psychological well-being of prisoners (see main recommendation HP48).
- 1.61 Prisoners on ACCTs were not held in the segregation unit routinely, but they were sometimes held in one of the unit's two CCTV cells with poor justification for the exceptional circumstances that warranted this (see main recommendation HP49). The monitors in the CCTV cells were not routinely watched. These cells were also used for prisoners believed to have hidden unauthorised items on themselves. Authorisation and justification for the seven prisoners held there for this reason in the year to date were poor, as were decisions to remove prisoners from these conditions, and we question the necessity and proportionality of the use of the cameras in these cells.
- 1.62 Multidisciplinary reviews were timely but authorising documentation was often poorly completed, and behaviour targets were mostly brief and not individualised. However, there was consistent input and support from the mental health team. Care and reintegration planning arrangements had slightly improved but still required further development. There was an apparent lack of care for some of the most marginalised and longer term residents, and more could have been done to encourage them to reintegrate more quickly.
- 1.63 In our survey, structured groups and conversations, many prisoners felt that segregation unit staff treated them poorly. The atmosphere in the unit was noticeably better than at the last inspection, and the interactions we observed were professional and generally relaxed. Staff were reasonably knowledgeable about prisoners in their care, but their entries in daily history sheets and electronic case notes did not reflect this.

## Recommendations

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- 1.64 **Prisoners should only be strip-searched on entry to the segregation unit on the basis of a risk assessment.**
- 1.65 **The use of the two camera cells in the segregation unit should be reviewed, and governance of their use should be improved.**

- 1.66 **There should be formal care and reintegration planning arrangements for prisoners who remain in the segregation unit for longer than a month.**

## Housekeeping points

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- 1.67 Special accommodation and dirty protest cells should be clean and well maintained.
- 1.68 Unlock protocols in the segregation unit should be flexible, subject to a dynamic risk assessment.
- 1.69 Segregation review documentation and care/reintegration plans should be thoroughly completed and include meaningful targets.
- 1.70 Segregation unit staff entries in daily history sheets and case notes should indicate their constructive engagement with prisoners.

## Substance misuse

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### **Expected outcomes:**

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

- 1.71 Prisoners receiving opiate substitute treatment or dependent on pain relief medication were well supported by a multidisciplinary drug treatment team. The prison was developing an abstinence recovery centre (ARC), which offered structured group work and activities in a positive environment, but there were limited interventions for those with drug and/or alcohol problems not located there.
- 1.72 Demand for opiate substitute treatment was low and only three prisoners were prescribed methadone. While all were expected to reduce their dosage, there was flexibility according to individual need and, on occasion, prisoners had been maintained. A fully integrated drug treatment service (DTS), including a specialist GP, a substance misuse nurse, a pharmacist and drug support officers, regularly conducted clinical reviews. A mental health nurse contributed to care plans for prisoners with complex needs.
- 1.73 The team's caseload was 40 as their remit covered providing comprehensive treatment to prisoners dependent on opiate-based analgesics (painkillers), benzodiazepines (tranquillisers) and other medication that could be abused and diverted. Pharmacy staff closely supervised the consumption of both methadone and divertible medication, and there was regular clinical testing to ensure compliance.
- 1.74 A new substance misuse policy had been introduced six months previously and was informed by a needs analysis. The head of health services led on the drug strategy and chaired monthly DTS meetings. There were good links to the reducing reoffending, medicines management and supply reduction committees.
- 1.75 Psychosocial support was provided by a group of officers who all wore uniform, which made it difficult for prisoners to distinguish them from discipline staff initially. Their skills levels varied and the team lacked a manager or supervisor with a substance misuse background. The active caseload was 65 and included prisoners with alcohol problems. Except for prisoners located

on the ARC, interventions were limited to one-to-one work supplemented by work books. There was no regular service user consultation.

- 1.76 The prison had focused on developing the ARC on G wing (which was also the induction unit), with participants kept separate from new arrivals. Prisoners on the centre, including vulnerable prisoners, could access structured group work and a range of activities in a supportive environment. We received very positive feedback from the 10 prisoners who had just completed the first course. Additional peer supporters were due to start training, and the prison planned designated drug-free spurs on both a vulnerable prisoner and a general wing.

## Recommendations

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- 1.77 **Drug treatment officers should receive casework supervision from a professional with a background in substance misuse, and their ongoing training needs should be assessed and met.**
- 1.78 **Prisoners not located on the abstinence recovery centre should be offered group work modules to supplement their one-to-one work.**
- 1.79 **The drug treatment service should develop service user feedback to inform future provision.**

## Housekeeping point

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- 1.80 Drug treatment officers should wear an alternative to uniform to distinguish them from discipline staff.

## Good practice

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- 1.81 *The drug treatment service provided a high level of monitoring and support to prisoners prescribed pain relief medication and benzodiazepines.*



# Section 2: Respect

## Residential units

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### Expected outcomes:

**Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.**

- 2.1 Cleanliness of communal areas varied. Cells were clean and adequately furnished, but some floors were damaged. The offensive display policy was adhered to. Access to showers was good although the older showers were dirty. Prisoners could wear their own clothes and laundry facilities were good. The application system worked well.
- 2.2 Communal areas varied in cleanliness, with some floors grubby and a few that were damaged, although the prison was arranging to repair them. There were adequate association rooms and cardiovascular equipment, but limited association equipment. Staff supervised landings appropriately and most prisoners told us they felt safe on the wings. We observed calm and relaxed wings during the day and night.
- 2.3 All cells were single occupancy. Cells were well laid out and had adequate furniture, but many had damaged flooring – one had no flooring in half the cell – but there was a programme to repair the damage. The toilet screen in all cells was small, but it was screened from the observation panel to allow privacy. Prisoners were allowed to dine out of their cell.
- 2.4 In our survey, 93% of respondents, against the comparator of 67%, said they could access cell cleaning materials weekly. We found that prisoners had unrestricted access to cleaning materials and could clean their cells daily, and most cells we looked at were very clean.
- 2.5 There was a comprehensive offensive display policy, which was adhered to by prisoners, and we found no graffiti in cells. Emergency cell call bells were answered quickly.
- 2.6 In our survey, 95% of respondents said that they could shower daily and access to showers was unrestricted. There was a programme of shower refurbishment under way, with a marked contrast between the new and older showers. The older showers were dirty and damaged, but the new showers were clean and well designed.
- 2.7 All prisoners could wear their own clothes. Each wing had its own laundry, which prisoners said worked well. In our survey, 86% of respondents said they were offered clean clothes weekly.
- 2.8 Most prisoners felt that the application system worked well and that staff dealt with issues informally. In our survey, 90% of respondents said that it was easy to make an application, and 61% said that applications were dealt with fairly. Wings had electronic points that allowed prisoners to access up-to-date information about the prison, which was reinforced through notice boards. Staff enforced the rules fairly and proportionately.

- 2.9 In our survey, 34% of respondents, against the comparator of 25%, said they could access their stored property. Reception staff prioritised applications to access stored property and the average wait was seven days.
- 2.10 Access to telephones was satisfactory and each wing had an adequate number. There were no problems with prisoners' incoming and outgoing mail.

## Housekeeping point

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- 2.11 Wing communal areas and older shower areas should be kept clean.

## Staff-prisoner relationships

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### **Expected outcomes:**

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

- 2.12 Most staff treated prisoners courteously, although not many addressed them by their preferred name. The personal officer scheme worked well but had limited links to offender management. Prisoner consultation arrangements were good.
- 2.13 In our survey, 75% of respondents, against the comparator of 71%, said that staff treated them with respect, but black and minority ethnic and Muslim prisoners were less positive. We observed relationships that were generally positive and appropriate for the role of the establishment.
- 2.14 Staff use of preferred names or titles to address prisoners was not well embedded. Staff used surnames alone to address prisoners and refer to them in written case notes. Staff entered electronic case history notes chronologically, but those we reviewed focused on negative behaviour by prisoners.
- 2.15 In our survey, 93% of respondents, against the comparator of 87%, said that they had a personal officer, of whom 60% said that their personal officer was helpful. The scheme worked well with most prisoners knowing who their personal officer was, and staff had a good understanding of the individual needs of the prisoners they were responsible for. However, links with offender supervisors were underdeveloped.
- 2.16 There was a monthly prisoner consultative meeting that was well attended by prisoner representatives from each wing and staff from relevant departments. The minutes showed that meetings were positive, prisoners discussed a broad spectrum of issues, and actions were addressed. Wider consultation was underdeveloped and did not adequately address some of the negative perceptions found in our survey.

## Recommendation

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- 2.17 **All staff should routinely use prisoners' titles and surnames or preferred names.**



## Housekeeping point

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- 2.18 Links between personal officers and offender supervisors should be improved.

## Equality and diversity

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### Expected outcomes:

**The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>3</sup> are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.**

- 2.19 The strategic management of equality and diversity work was reasonable. Equality action group meetings and forums were productive, but diversity monitoring data were not shared with all prisoner equality representatives – not all of whom had job descriptions or had been trained. Investigations into discrimination incidents were carried out to a reasonable standard and mediation was used to resolve some incidents. Black and minority ethnic and Muslim prisoners' perceptions of their treatment and conditions were far worse than those of white and non-Muslim prisoners, and more work to address these perceptions was needed. There was good work with Travellers. Foreign nationals received reasonably good support, but telephone interpreting was not used. One immigration detainee had been held for over two and half years since the end of his sentence. Prisoners with disabilities were negative in our survey. Some reasonable adjustments had been made but more were required. Outcomes for older prisoners were good. A transgender prisoner was well supported, but there was no formal support for gay or bisexual prisoners.

## Strategic management

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- 2.20 The strategic management of equality and diversity work was reasonably good. The diversity team had four staff and was overseen by a senior manager. The diversity strategy was up to date, comprehensive and underpinned by a regularly reviewed action plan.
- 2.21 Prisoner equality representatives met staff on their wings to resolve issues. Equality action group (EAG) forums were held every two months and were attended by all the equality representatives. EAG meetings involved two equality representatives and more senior staff. The EAG meetings and forums were well attended and productive. The diversity action plan and SMART (systematic monitoring and analysing of race equality treatment) equality monitoring data were reviewed at the EAG meetings but not at the forums, and SMART data were not given to equality representatives or displayed on the residential units.
- 2.22 Equality representatives were not selected through open recruitment, not all had received job descriptions or training, and their knowledge of diversity issues was variable.

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<sup>3</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.23 The prison monitored the treatment of black and minority ethnic prisoners, but no other minority groups, through SMART monitoring. Outcomes were generally within range, except for complaints and work allocation. The psychology department had been commissioned to investigate why work allocation data were consistently out of range.
- 2.24 Discrimination incident reporting forms (DIRFs) were available on all wings. The number of reported incidents was high, with 158 from January to November 2012. Investigations were thorough and replies timely and polite, and when appropriate upheld. There was no analysis to identify trends and patterns of incidents. Investigations were scrutinised by senior managers and an external body, the Humberside Diversity Panel. Perpetrators were reprimanded or disciplined but sometimes mediation was used. One member of staff and two prisoners were trained in mediation but more trained mediators were required. A programme of equality impact assessments was under way with some leading to action plans. Nearly all of the 723 staff had completed 'Challenge it, change it' diversity training, with six outstanding.

## Recommendations

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- 2.25 **The equality action plan and diversity monitoring data should be shared with prisoner equality representatives and discussed at the equality action group forums.**
- 2.26 **The prisoner equality representatives should receive diversity training.**
- 2.27 **Outcomes for black and minority ethnic prisoners should be within range for all areas in SMART equality monitoring data, which should be extended to cover all minority groups.**
- 2.28 **More staff and prisoners should be trained in mediation.**
- 2.29 **Discrimination incidents should be monitored over time by their location, outcome and type of protected characteristic to identify trends and patterns.**

## Housekeeping point

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- 2.30 Prisoners should know who the equality representative on their wing is.

## Good practice

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- 2.31 *Trained mediators were used to resolve discrimination incidents.*

## Protected characteristics

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- 2.32 Almost a third of prisoners were black or minority ethnic, and their perceptions of their treatment and conditions were far worse than white prisoners. In our survey, fewer black and minority ethnic than white respondents (61% against 82%) said staff treated them with respect, and 33%, against 17%, currently felt unsafe. We found little evidence to support the strength of these perceptions. Fewer than 1% of staff were black and minority ethnic, and equality representatives suggested that staff had little understanding of the diverse backgrounds of prisoners. The prison was aware of the negative perceptions and had taken some steps to address them. For example, a meeting had been held with black and minority ethnic prisoners in October 2012, and a questionnaire given to black prisoners. Despite these positive steps,

much more sustained work was required to understand and address black and minority ethnic prisoners' negative perceptions (see main recommendation HP50).

- 2.33 In our survey, 4% of respondents identified themselves as Gypsy, Romany or Traveller. An experienced Catholic chaplain ran helpful weekly meetings with Travellers to give support and advice.
- 2.34 Eleven per cent of prisoners were foreign nationals. In our survey, they had mixed perceptions of their treatment and conditions. Fewer said they felt unsafe or had been victimised by staff than British prisoners (11% against 24% and 33% against 50%). However, fewer said they were taking any offending behaviour programme (5% against 15%) or that it was easy to complain (47% against 73%).
- 2.35 The foreign national liaison officer met all foreign nationals after arrival and advised them on the returns schemes. In the previous two years, one prisoner had been repatriated to a European Union country to complete his sentence, two had returned under the new tariff expired removal scheme, and two under the early removal scheme. An officer from the UK Border Agency (UKBA) criminal casework directorate attended twice a year. The liaison officer was available every day to answer queries. Professional telephone interpreting had not been used in the previous year, despite some obvious need. Foreign nationals who did not receive a visit in the past month were entitled to apply for a free five-minute telephone call to their country of origin, but they had to make repeat applications each month.
- 2.36 We were concerned that one immigration detainee had been held for almost two and half years following an eight-month sentence. He had been held for more than 17 months in segregation in the high security estate and reported suffering hallucinations. UKBA's efforts to re-document him to facilitate return to his home country had failed due to his non-compliance. There was no plan to move the detainee out of segregation and to an immigration removal centre. We were told that his behaviour warranted segregation yet there had been no steps to prosecute him under criminal powers. Given the length and nature of the detainee's custody and its potential impact on his mental health, this case required urgent resolution (see recommendation 2.42).
- 2.37 In our survey, Muslim respondents were less positive than non-Muslims. Fewer (58% against 80%) said that most staff treated them with respect, more (37% against 18%) said they currently felt unsafe, and far more (44% against 17%) said that they had felt threatened or intimidated by staff. The prison had taken steps before our inspection to understand Muslim prisoners' perceptions through a Muslim prisoners' engagement meeting and had taken action to address some of the issues raised – such as finding a more suitable space in the workshop area for prayers.
- 2.38 The prison had identified 75 prisoners with disabilities, fewer than the 134 our survey suggested. In our survey, prisoners with a disability were more negative than those without a disability. For example, more currently felt unsafe (42% against 16%), and they were more negative across a range of questions, including victimisation by other prisoners, threats and intimidation by staff, and access to the library, gym, association and outside exercise. Some reasonable adjustments had been made, including seating in showers and grip rails in cells, but more were required. A prisoner with a prosthetic limb was unable to use a bath safely near his cell and had to use one on the health care unit, which meant he had more restricted access to bathing than non-disabled prisoners. No cells were suitable for wheelchair users. Some personal emergency evacuation plans required updating. There were no multidisciplinary care plans for prisoners with disabilities.

- 2.39 Outcomes for older prisoners were good. Nine per cent of prisoners were over 60, with the oldest being 80. In our survey, prisoners aged 50 and over were more positive on their treatment and conditions than those under 50 – for example, 82%, against 73%, said staff treated them with respect. A ‘lifestyle questionnaire for the over 55s’ in November 2011 provided useful insights into their perceptions and had led to improvements in their care. There were five sessions a week for older prisoners, including health advice, exercise, mood monitoring, memory checks and library sessions. The diversity team had assisted prisoners in making wills with solicitors and policies to pay for funeral arrangements.
- 2.40 In our survey, 5% of respondents identified themselves as gay or bisexual, which equated to about 30 prisoners. The diversity manager was aware of about 15 gay prisoners but there were no formal arrangements for their support or access to outside support groups. There were no notices challenging homophobia or promoting positive images of gay prisoners. The transsexual prisoner policy was up to date and relevant. A transgender prisoner told us she was well cared for and received support from the diversity team. She did not report bullying from other prisoners as a major problem.

## Recommendations

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- 2.41 **Where possible, the prison should work with UKBA to create written actions plans to move segregated detainees to immigration removal centres following individual risk assessment.**
- 2.42 **The prison should work with UKBA to ensure that immigration detainees are held for the minimum time, and only held in prison in the most exceptional circumstances.**
- 2.43 **Prisoners with disabilities should have equitable access to bathing facilities on their wings.**
- 2.44 **Gay and bisexual prisoners should receive formal support.**

## Housekeeping points

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- 2.45 Telephone interpreting should be used more widely in dealing with non-English speaking prisoners, especially where accuracy or confidentiality is required.
- 2.46 Foreign nationals who do not receive visits should receive free five-minute telephone calls to their country of origin without having to make repeat applications.
- 2.47 Personal emergency evacuation plans should be updated regularly.

## Faith and religious activity

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### **Expected outcomes:**

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

2.48 Faith provision was good. Prisoners had good access to the chaplaincy, religious services and study classes. The team was well integrated into the life of the prison. The multi-faith area was suitable. Prisoners could borrow books and CDs from the faith library.

2.49 Faith provision was good. In our survey, more respondents than the comparator (61% against 55%) said they were able to speak to a religious leader in private, and that it was easy to attend services (53% against 43%). The chaplaincy was made up of four chaplains – two Muslim and two Christian – who were complemented by 12 sessional chaplains. The team was well integrated into prison life and attended a range of meetings. They visited the segregation and health care units daily, and ACCT reviews if invited. One member of the team was trained as an ACCT assessor. Most major faiths were covered, and there were good links with outside faith organisations.

2.50 All services were held in the multi-faith area, which was suitable, although there was only one footbath for Muslim Friday prayers, which sometimes flooded. The prison had produced a helpful booklet for prisoners and staff on 'Islamic practice at HMP Full Sutton', detailing what a Muslim prisoner could expect in the prison and covering dress code, religious artefacts, searching and Ramadan. Prisoners could attend a range of study classes, and could borrow religious books and CDs from the faith library. About 250 staff had been trained by the team in the national 'faith awareness' package.

## Housekeeping point

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2.51 There should be sufficient functioning footbaths outside the multi-faith area.

## Complaints

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### Expected outcomes:

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

2.52 Prisoners submitted fewer complaints and were more positive about the process than in similar prisons. Many responses to complaints were good, and quality assurance was effective.

2.53 There had been 1,579 formal complaints in the previous six months, which was lower than similar prisons.

2.54 In our survey, respondents were more positive than the comparators about the fairness and promptness of responses to complaints, but were less positive about the ability to make a complaint. Despite this, we found complaint forms freely available on all wings, along with locked boxes for their submission. Complaint forms were available in some foreign languages, but none had been submitted in the previous 12 months.

2.55 Replies to complaints were prompt and most were personally addressed. The responses we sampled were of a good quality and properly answered the complaint raised. Regular quality assurance highlighted any concerns, and we found evidence that this had been effective. Monthly data were collected, although trend and pattern analysis had not been discussed at

the senior management team meeting in the previous six months. We found evidence that some complaints had been upheld, and an appropriate person usually investigated the issue raised.

## Housekeeping point

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- 2.56 Senior management should be focused on complaint pattern and trend analysis.

## Legal rights

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### Expected outcomes:

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

- 2.57 Legal rights provision was adequate. Prisoners had access to laptops for legal matters, dedicated legal study slots, and legal services officers. There were not enough booths for legal visits.
- 2.58 Legal rights provision was adequate, but only one of the four legal services officers had been trained for the role. A legal services officer was available in the library four days a week. Four prisoners had secure laptops through the 'access to justice' scheme to assist with legal representations. The library stocked a reasonable range of criminal, prison and immigration law text book, and Prison Service Instructions. Prisoners could book a legal study session in the library
- 2.59 Legal visits took place on two weekdays and at weekends. As there were only three consultation booths, and one was used for video conferencing, some legal visits took place in the visits hall, which meant that prisoners could not instruct their lawyers in private.

## Recommendation

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- 2.60 **Legal services officers should receive training.**

## Housekeeping point

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- 2.61 There should be additional legal consultation booths.

## Health services

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### Expected outcomes:

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

2.62 Prisoners were generally dissatisfied with their access to and the quality of health services. The range and quality of services that we saw were good, including an innovative dialysis service. Inpatient facilities were satisfactory but the regime was not therapeutic. Some health care rooms were being refurbished but several other rooms were unsuitable. Clinical governance arrangements were satisfactory but there was poor take-up of clinical supervision. Complaints were included inappropriately in clinical records. Pharmacy services were good, with strong management of divertible medication. Prisoners were satisfied with dental services but waiting times were too long. A 'stepped' approach to mental health care responded to prisoners' needs.

## Governance arrangements

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- 2.63 The service commissioner was East Riding of Yorkshire Primary Care Trust (PCT) and the provider was HMP Full Sutton. A partnership board met regularly and was well attended. Clinical governance arrangements were generally satisfactory. The clinical governance meeting had good attendance from health care but no external provider involvement. There was a current health needs assessment but the action plan had no clear rationale. Untoward incidents were reported, monitored and reviewed at governance meetings and learning was shared with staff, but there was no additional process for managing the reporting of serious incidents. A health care service user forum met every other month, chaired by the health care governor, but not all wings were consistently represented.
- 2.64 A senior nurse manager was responsible for all health care services, supported by a health care governor. There was always a registered nurse on duty. There were two nurse vacancies, and staffing shortfalls were covered through overtime. Staff credentials were regularly checked. The team was mainly registered nurses and the lack of non-registered staff meant that nurses did some work that did not require their level of training and skills. Staff said that their access to training was good. Mandatory training mainly related to prison requirements rather than health-led priorities, which meant there were some deficits. There was no clinical supervision policy, but supervision was available on a voluntary basis, although many staff declined it.
- 2.65 The quality outcomes framework (QOF) was used effectively as a quality improvement and audit tool for long-term conditions. There was an evidence-based approach to care, and care plans were used well for prisoners with long-term conditions. Electronic clinical records (SystemOne) were subject to clinical audit. A full range of electronic clinical policies, including communicable disease management and an information sharing protocol, were accessible to staff. A core team of health care discipline officers had access to SystemOne and were present during some prisoner appointments. They had signed medical confidentiality agreements.
- 2.66 The health care centre and inpatient health care unit were easily accessible from the wings. Prisoners in work could use a clinical room in the workshop to see a nurse for triage. In our survey, responses on access to doctors and nurses were poorer than the comparators, and there was greater dissatisfaction with the quality of care received, but this was not reflected in the waiting times, clinical notes or the clinical interactions we observed.
- 2.67 Most of the health care rooms did not meet current infection control requirements and, although some were being refurbished, a number remained unfit for purpose. The separate mainstream and vulnerable prisoner waiting rooms in the health care centre were bright and had comfortable seating but no materials to pass the time. The health care facilities were clean but there was no written cleaning schedule. There was resuscitation equipment in the health

care centre with additional defibrillators and oxygen on each wing. All equipment was appropriate, checked regularly and in date. First aid training for all staff included defibrillation. Specialist equipment for occupational therapy or physiotherapy was accessible.

- 2.68 The older persons' strategy was integrated with other prison departments. There was an over-55s health screen for new arrivals on reception but no specific annual health check for those over 50. An experienced nurse was the designated older persons' lead and facilitated two over-60s groups a week, providing health advice, support and monthly blood pressure and weight checks, but this was only available to vulnerable prisoners.
- 2.69 Brief health service information was included in the prisoner induction pack, but there were no supporting wing displays or leaflets. Prisoners said they knew how to comment or complain. A confidential health complaint form was used, but complaints and their responses were routinely included in prisoners' clinical records, which was inappropriate. There were approximately 30 complaints a month, mainly about prescribing. The complaint responses we sampled were courteous and timely.
- 2.70 There was no health promotion action plan or action group. Health promotion displays linked to monthly events had commenced but required development. There was limited health promotion literature available. Prisoners had access to age-appropriate screening, immunisation and vaccination programmes. The wait for smoking cessation services was too long, but was being addressed. Barrier protection was available but was poorly advertised.

## Recommendations

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- 2.71 **The partnership board should agree mandatory and essential health care staff training that reflects best practice in the NHS and enables staff to address the needs of the population effectively.**
- 2.72 **All clinical staff should access regular, documented clinical supervision in line with an agreed local supervision policy.**
- 2.73 **All clinical rooms should meet current infection control requirements.**
- 2.74 **There should be an ongoing timetable of health promotion activity that meets the needs of the population, supported by accessible literature, a health promotion action group and health promotion action plan.**

## Housekeeping points

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- 2.75 The health needs assessment should include a current evidence base to inform action planning.
- 2.76 There should be a clear protocol for identifying, reporting, investigating and reviewing serious and untoward incidents.
- 2.77 There should be a skill mix review to inform future recruitment and ensure the best use of staff skills.
- 2.78 A senior nurse should be responsible for the strategic development of services for all older prisoners.



- 2.79 Reference to complaints and their responses should not be included in clinical records.

## Delivery of care (physical health)

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- 2.80 All new arrivals received a comprehensive assessment in the health care unit. Those requiring follow-up care were referred appropriately. Professional interpreting services were available but not all staff were aware of them (see housekeeping point 2.45).
- 2.81 Prisoners could access health care by posting an application in a dedicated box, which health care staff emptied every weekday. They could also approach discipline staff every morning to contact health care or be listed as 'special sick' (to get immediate health treatment without an appointment). They were usually seen within two hours for nurse triage. Nurses used an electronic clinical system (Prodigy) to inform triage decisions.
- 2.82 The waiting time to see the GP was 48 hours, with urgent appointments available daily. The failure-to-attend rate was low. Prisoners were not aware that applications to see a GP were triaged (prioritised) by a nurse, which may have contributed to negative perceptions about access to the GP. There was a range of primary care clinics, including lifelong conditions. The wait for physiotherapy was too long, but the musculoskeletal clinic due to come in would address this. There was an active hepatitis immunisation programme and hepatitis C treatment was available. Remedial gym was offered.
- 2.83 There was a renal dialysis suite in regular use, staffed by prison nurses, which was an excellent initiative.
- 2.84 The six-bed inpatient health care unit was used for clinical reasons only and was staffed by health care discipline officers, with nurses providing clinical interventions. The regime was very limited, but reintegration of inpatients into the prison was proactive. The environment was satisfactory but the treatment room needed refurbishment and the outside exercise area was stark. Inpatients were complimentary about the quality of their care. There was a dedicated palliative care room.
- 2.85 There were two daily slots for external health appointments, which were well managed, and appointments were rarely cancelled for security reasons. The wide range of visiting specialists, diagnostics and weekly on-site X-ray clinics reduced external appointments, and telemedicine was available.

## Recommendation

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- 2.86 **The health care unit should offer a regime that provides therapeutic, meaningful and constructive activities to inpatients.**

## Housekeeping point

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- 2.87 Information about health care systems and waiting times should be clearly communicated to prisoners.

## Pharmacy

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- 2.88 Patients' medicines were supplied in a timely manner. In our survey, fewer respondents than the comparator were prescribed medication (53% against 61%), of whom 87% had their medication in possession. Patients transferring into the prison with in-possession medication had this relabelled or reissued by the pharmacy, although if it were 'prized medication' (potentially tradable) dispensing was delayed until a GP and pharmacist reviewed the prescribing. This was good practice but had caused some prisoner dissatisfaction. In-possession risk assessments were clearly documented on SystemOne.
- 2.89 Medication times and administration were appropriate. Pharmacy technicians administered all medications, other than controlled drugs. There were no current ratified patient group directions (PGDs – enabling nurses and other health care professionals to supply and administer prescription-only medicine) so patients had to attend the GP for minor conditions. There was a selection of over-the-counter remedies for common health complaints, although the policies did not state when further referral was required. Pharmacy technicians provided the smoking cessation clinics. The pharmacist was regularly involved in medication reviews.
- 2.90 Medicines storage and management were appropriate, other than the monthly audits of controlled drugs which were not consistently recorded. We saw excellent work on the safe prescribing of 'prized' medication, including systematic reviews. The health care rooms used to dispense medications on the wings were unsuitable. A new central treatment room for wings A, B, C and D was being commissioned, but the absence of a gate across the front was a security concern.
- 2.91 A medicines management committee met regularly and the agenda included prescribing trends. There was a current medicines policy and prison formulary (list of medications used to inform prescribing). Communications between health care and pharmacy staff were good.

## Recommendations

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- 2.92 **There should be a range of patient group directions to allow prompt and appropriate treatment of patients without referral to a GP.**
- 2.93 **Medication administration from the new central treatment room for A, B, C and D wings should be secure.**

## Housekeeping point

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- 2.94 Audits of controlled drug stock should be completed and recorded weekly.

## Good practice

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- 2.95 *The systematic approach to medications that were potentially tradable helped prisoners to access evidence-based pain relief, and the prison to reduce the availability of such medications.*

## Dentistry

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- 2.96 In our survey, more respondents than the comparator were satisfied with the dental service (77% compared with 44%). NHS-equivalent dental treatment, including prioritisation of urgent care, was available. There had been no oral health needs assessment but dental staff told us that service capacity did not meet the need.
- 2.97 Waiting times for assessment and treatment were too long (16 weeks against a target of six), although the failure-to-attend rate was low. There was no out-of-hours, emergency or holiday cover for the dentist.
- 2.98 Prisoners were given advice on oral health but there was no written information. The dental surgery met essential requirements and partly complied with best practice standards, with a separate decontamination room, but lacked a washer-disinfector. The dental chair, amalgam separator and X-ray equipment were maintained and certified appropriately. Dental waste was disposed professionally. The PCT had inspected the surgery in the previous three years

## Recommendations

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- 2.99 **There should be an assessment of oral health needs and service capacity, with a supporting action plan to meet the dental needs of the population.**
- 2.100 **The partnership board should ensure that the dental surgery is working towards achieving the best decontamination practice (set out in HTM1-05).**

## Housekeeping point

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- 2.101 There should be written information on oral health available in languages and formats that meet the needs of the population.

## Delivery of care (mental health)

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- 2.102 The mental health team provided a 'stepped' approach to care that responded to prisoners' changing needs and treatment, and which was underpinned by an open referral system. Mental health nurses carried caseloads of 15 to 25 patients with a range of mild to severe problems. Patients with learning disabilities were supported by a specialist nurse. The health care department had produced staff awareness booklets for all staff to aid identification of dementia and learning disability. One-fifth of discipline staff had received mental health awareness training with an ongoing training programme. Two forensic psychiatrists provided a weekly session for assessment and treatment.
- 2.103 Guided and self-help materials were available for patients with common mental health problems. Mental health gym was available and education offered some health-linked courses. Bereavement counselling was available through the chaplaincy. There was no cognitive behavioural therapy, group approaches or clinical psychology, but there were plans to introduce clinical psychology from April 2013. Patients with complex needs were managed in a style based on the care programme approach. The approach to risk assessment was under review.

- 2.104 In 2012, three patients had transferred to external mental health services. The average transfer time was seven weeks, which was within the prison health and performance quality indicators target but exceeded the Department of Health two-week transfer guidelines.

## Recommendations

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- 2.105 **Mental health services should include clinical psychology, cognitive behavioural therapy and therapeutic groups.**
- 2.106 **The transfer of patients to external mental health services should be prompt and take place within Department of Health transfer guidelines timescales.**

## Catering

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### Expected outcomes:

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

- 2.107 The menu was varied and met the needs of the population. Self-catering was very popular and a good initiative. The management of halal food needed improving. Although positive in our survey, prisoners we spoke to were negative about the food. Consultation arrangements were excellent.
- 2.108 The four-week menu was varied and broadly met the needs of the population. Six hot options were offered every evening, and sandwiches, produced in the kitchen bakery, every lunchtime. Healthy options were available and clearly marked on the pictorial menu. Breakfast packs were issued on Sunday for the following week.
- 2.109 Around 25% of the population had opted out of the menu and could buy food from a weekly allowance, which they cooked themselves in the kitchen areas on each wing. This facility was very popular with prisoners and was a good initiative, and self-catering was to be offered to all enhanced-status prisoners. All prisoners could dine out of their cells.
- 2.110 Wing serveries and food trolleys were clean. The kitchen was an adequate size and equipment was well maintained. Halal food was stored and cooked separately from non-halal food, but there was no separate preparation area. Thirty-five prisoners worked in the kitchen, with eight working towards a vocational-related qualification.
- 2.111 In the previous six months, 2% of complaints had concerned the food. In conversation, many prisoners were negative about the quality and quantity of food. Despite this, in our survey, 32% of respondents said the food was good, against the comparator of 17%. We found the quality and quantity of food to be acceptable.
- 2.112 Consultation arrangements were excellent and included a joint consultative committee, a separate meeting for prisoners opting-out of the catered food, a food survey and food comments books, with many changes made in response to requests.

## Recommendations

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- 2.113 **Breakfast should be provided on the day it is to be consumed.**
- 2.114 **The kitchen should have a separate preparation area for halal food.**

## Purchases

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### **Expected outcomes:**

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

- 2.115 The shop arrangements were managed appropriately and there was a good range of items. There was appropriate consultation with prisoners about the shop list.
- 2.116 In our survey, 57% of respondents, against the comparator of 41%, said that the shop sold a wide enough range of goods, but Muslim and black and minority ethnic respondents were less positive. We found the range of goods broadly met the needs of the population.
- 2.117 New arrivals were offered reception packs. Items from the prison shop were supplemented by products from 26 catalogues, and orders through catalogues did not incur an administration charge. Items not obtainable through catalogues were sourced by a dedicated purchasing clerk.
- 2.118 Prisoners were consulted through the joint consultative committee, and changes were made in response to their requests where possible.



## Section 3: Purposeful activity

### Time out of cell

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**Expected outcomes:**

**All prisoners are actively encouraged to engage in activities available during unlock, and the prison offers a timetable of regular and varied activities.<sup>4</sup>**

- 3.1 The new working week core day was a good initiative, and time out of cell for many prisoners was good, as was their access to association and exercise.
- 3.2 A working week core day developed in the previous six months to better reflect the working week was a good initiative but a fully employed prisoner still usually only worked for 6.5 hours a day from Monday to Thursday. It meant that fully employed prisoners remained in their activity place for lunch, which allowed them over 10 hours a day out of cell. Unemployed prisoners received around 3.5 hours a day. However, in our survey, only 18% of respondents, against the comparator of 26%, said they could spend 10 hours or more out of their cell on weekdays, even though we found that around two-thirds of prisoners were fully employed.
- 3.3 In roll checks during the inspection, we found around 20% of prisoners locked up and not engaged in activity. However, the construction of the core day meant that movement to activity took place throughout the day, and the number of prisoners locked up fluctuated depending on the sequencing of their activity. We were assured that most prisoners were engaged in activity at most points during the day. Prisoners told us that there was regime slippage, although our observations were that the published core day was adhered to.
- 3.4 Prisoners had good access to association, which was rarely cancelled. Interactions between staff and prisoners during association were good. Prisoners had the opportunity to exercise every evening for at least one hour.

### Recommendation

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- 3.5 **The prison should ensure better coordination of the sequencing of sessional as well as non-timetabled activity to improve prisoners' time out of cell further and minimise disruption to activities.**

## Learning and skills and work activities

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**Expected outcomes:**

**All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their**

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<sup>4</sup> Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

**sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.**

3.6 There was a clear strategic direction for learning and skills with good planning for change. There was a strong focus on quality improvement, and the prison self-assessment process was comprehensive with a very effective development plan. The collection and analysis of data were used well to inform planning. The day-to-day operational management of education, vocational training and work was very effective. The variety of activities was good. Teaching, coaching, learning and assessment were good. The use of information learning technology had improved but needed to be used more creatively. Prisoner peer mentors were used well to support learning. A minority of learning sessions were disrupted by non-timetabled prison activities. Achievement on most accredited courses was good. Prisoners were developing good personal and work skills, but the prison did not fully recognise all of these.

3.7 Ofsted<sup>5</sup> made the following assessments about the learning and skills and work provision:

Outcomes for prisoners engaged in learning and skills and work activities:	good
Quality of learning and skills and work activities, including the quality of teaching, training, learning and assessment:	good
Effectiveness of leadership and management of learning and skills and work activities:	good

## Management of learning and skills and work

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3.8 The overall management of learning and skills and work was good. Senior managers had developed a good strategic direction for learning and skills with good planning for the changes in funding arrangements, and they had a strong focus on quality improvement. There was a comprehensive and inclusive self-assessment process linked to a very effective development plan. Quality assurance systems included the observation of teaching and learning. In a minority of cases, actions for development from the observation of instructional officers needed to be clearer. Management information systems had improved and data were well used to inform the planning of provision and support judgements in the self-assessment. Partnership working was very effective, with good links internally and with the cluster prisons.

3.9 The prison and the OLASS (Offenders' Learning and Skills Services) provider had a good working relationship. The management of subcontracted provision was good and effectively extended the variety and range of activities. The operational management of education, vocational training and work was good. Classrooms, workshops and resources to support learning were good. There was a high level of mutual respect between tutors, instruction staff and prisoners. A few learning sessions were disrupted by non-timetabled prison activities (see recommendation 3.5).

## Recommendation

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**3.10 Action for development resulting from the observation of teaching and learning of instructional officers should be clear.**

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<sup>5</sup> Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.



## Provision of activities

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- 3.11 The prison provided around 500 full-time-equivalent activity places, which gave sufficient opportunities for prisoners to access activities throughout the week. There were 220 places in prison workshops, 109 in wing work and 27 as orderlies and corridor cleaners. There were vocational training places for around 51 prisoners. The education provider was The Manchester College, which offered around 60 full-time-equivalent places, and 37 prisoners were supported with distance learning courses. The East Riding College provided accredited courses in construction skills for around 18 prisoners. The education provider worked with around 40 prisoners throughout the week on outreach, which included workshops and segregation. Education was also available in the health care unit. Vulnerable prisoners had good opportunities to engage in a full range of activities and work.
- 3.12 The education department provided a good variety and range of courses, from entry to degree level. Functional skills in English, mathematics and information and communications technology (ICT) were available from entry level to level 2, with progression available to level 3 and Open University. There was also a broad range of personal and social development courses.
- 3.13 A wide range and variety of vocational training and work opportunities generally met the needs of the population. Vocational training included construction multi-skills, catering, Prisons Information Communication Technology Academy (PICTA), waste management, cleaning services, warehousing and distribution, and peer mentors' courses.
- 3.14 Induction was well managed and provided a good initial assessment of prisoners' English and mathematics. New arrivals received an individual interview with an adviser for the National Careers Service who produced a comprehensive skills action plan that was shared with sentence planning, although not always included in sentence planning documentation. Allocation to activities and pay rates were fair and equitable, with no disincentives for attending education. The few waiting lists were managed well, and most prisoners were engaged with an activity while waiting for a place on their chosen course.
- 3.15 Attendance in education, vocational training and work was good at around 84%. On a few occasions, workflow in prison contract workshops was hampered by the supply of materials into the prison. The core day for activities had been extended to replicate a working day (see paragraph 3.2). There were plans to build on this initiative and extend the opportunities for activities that provided realistic working conditions.

## Recommendation

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- 3.16 **The management of the supply chain to prison workshops should ensure that challenging production targets are maintained.**

## Quality of provision

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- 3.17 The overall quality of provision in learning and skills and work was good. In education, teaching, learning and assessment were good. Sessions were well planned to meet individual learners' needs. All learners were engaged and enjoyed their learning. Tutors made good use of a range of resources to stimulate learning, and directed questioning was used effectively to check and extend learners' understanding. The use of information learning technology (ILT) had increased, and in the better sessions was used well to enhance learning – for example, in

an English class learners wrote on the interactive whiteboard and used computers to design hotel brochures. In the weaker sessions, ILT was used mainly for PowerPoint. In some sessions where learners had different learning aims, group work was not always used to share ideas.

- 3.18 As identified by the prison's self-assessment, the use of individual learning plans (ILPs) was inconsistent. For example, some ILPs in maths had good short- and medium-term targets, and some involved learners well, but not all did. More recent entries on ILPs indicated improvement.
- 3.19 In a minority of classes, delays in arrival of learners prevented a prompt start. However, tutors used the waiting time well by developing learners' spelling and numeracy and social skills, through effective use of word games. Relationships between learners and staff were respectful. Equality and diversity were promoted well and learners showed tolerance of others' beliefs.
- 3.20 Assessment of learners' work was good and work was marked promptly and showed learners how they could develop further. We saw some good examples of learners' work that had been improved on resubmission in response to tutor feedback. In written work, learners' spelling and grammar were not always corrected.
- 3.21 Peer mentors, who were all appropriately qualified, provided very effective support for learners, extending their learning and allowing them to make their own decisions, and helped create a good learning environment.
- 3.22 In vocational training, teaching, coaching, learning and assessment were good. Tutors used demonstrations well and were able to motivate and engage learners. Learning sessions were well planned with a good variety of activities that stimulated and enthused learners. Individual coaching and peer support were valuable in supporting learning. In construction multi-skills programmes, additional activities were used well to extend learning and challenge the more able learners. This was much appreciated by learners and provided good opportunities to help them progress and achieve their learning aims. Learners on the professional cookery programme were integrated well into the prison kitchen. Tutors and kitchen staff shared the kitchen areas and made good use of the preparation of prisoners' meals to extend and accredit learning. Learners in the Braille workshop were supported well by training staff, and many learners made good progress through the externally accredited RNIB qualification.
- 3.23 Staff from The Manchester College provided good English and mathematics support in the training and work areas. The prison had introduced a 'passport to employment' initiative that successfully recorded work skills development but, despite some success with learners, it had yet to be fully implemented. Prisoners who worked as painters on the wings produced good work, but there were missed opportunities to recognise and accredit their skills.

## Recommendation

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- 3.24 **Information learning technology should be used creatively to improve the learning environment.**

## Housekeeping points

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- 3.25 Learning sessions should have more whole-group discussion and group work so that learners can share ideas and learn from each other.

- 3.26 The 'passport to employment' should be extended to ensure all personal development and work skills are recorded.

## Education and vocational achievements

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- 3.27 In education and vocational training, outcomes for learners were good. In education, high achievement on accredited courses had been sustained over the previous two years. Personal and social development accredited courses had improved and learner achievements were now very good.
- 3.28 In education classes, learners developed their social skills well, for example, in self-confidence, teamwork, listening to others. Development of skills on employability courses was good. The standards of learners' artwork were particularly high. ICT learners produced work to a professional standard. The 'writer in residence' worked well with learners to write and publish a high quality magazine for prisoners. Functional skills learners developed good confidence and ability in spelling and grammar. In education and vocational training, learners made good progress and enjoyed their learning.
- 3.29 On vocational accredited courses, learners' achievements were high on most programmes. Achievements of full awards were low on PICTA programmes, although many learners achieved many units of the award. The prison did not sufficiently analyse the data to identify who had achieved awards.
- 3.30 Learners developed good practical skills and work was of a very high standard, particularly in the construction skills and textile workshops. Some prisoners produced high quality fine embroidered work that was sold through exclusive outlets. Prisoners generally had a very positive attitude to work and vocational training. There was a strong emphasis on developing a good work ethic, and prisoners took individual and group responsibility seriously. Prisoners worked safely and applied safe working practices.

## Recommendation

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- 3.31 **The prison should improve the analysis of data on learners' achievements in the Prisons Information Communication Technology Academy (PICTA) provision.**

## Library

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- 3.32 There was good library provision by East Riding council. The two full-time librarians were supported by five orderlies and four designated prison officers, one of whom was trained in legal services advice. Orderlies were used well and there were plans to accredit their customer service skills. All new arrivals received an effective library induction and a useful library information guide.
- 3.33 The library was small but welcoming, and access to it was good and equitable for all prisoners. The quantity and quality of stock were good and appropriate for the population, and stock loss was low. There was a range of foreign language books, and Prison Service Orders and legal books were available. The library also provided a service in the health care unit, segregation unit and the workshops.
- 3.34 The library had good links with education. Library staff provided a range of additional activities, including a lively reading group and a popular reading and discussion group for retired

prisoners. Library staff coordinated the Toe by Toe peer reading support scheme, which had 11 mentors and 12 learners. Storybook Dads (recordings of prisoners reading stories for their children) had been suspended but was planned to be reintroduced.

## Recommendation

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- 3.35 **The Storybook Dads scheme should be reintroduced.**

## Physical education and healthy living

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### Expected outcomes:

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

- 3.36 Recreation physical education (PE) was well run and there was a range of accredited vocational training. Prisoners made good use of the main gym facilities and the multi-functional gym room in the workshop complex, but there were significant waiting lists for additional sessions. There were productive and effective links with health care to support remedial work and promote healthy living.
- 3.37 Recreational PE was well run, and healthy living and the importance of exercise were well promoted in association with staff from health care. Facilities included a good size cardiovascular and weight training area, large sports hall with an additional well-resourced and managed facility in the workshop complex, as well as a good quality all-weather outside facility.
- 3.38 New arrivals received a thorough introduction to PE and a well-written and informative booklet that, together with strong promotion on the residential units, ensured that prisoners were well aware of the PE provision and the application process. PE was available to prisoners during the day, evening and at weekends. Around 75% of mainstream prisoners and 60% of vulnerable prisoners regularly went to PE each week. Although waiting lists for mainstream prisoners to access PE were long, the allocation process ensured that all prisoners had the minimum of four hours a week offered.
- 3.39 There was a wide range of recreational PE, including team sports, and specific sessions for remedial PE, mainstream and vulnerable prisoners, and older prisoners. The multi-room facility in the workshop enabled prisoners at work to take PE sessions. A good range of accredited vocational qualifications were offered to prisoners, and achievements were high.
- 3.40 PE staff were well qualified and experienced, and there was good use of well-trained orderlies. PE staff gave good remedial support for prisoners referred from health care. In our survey, prisoners were very positive about PE programmes and recreational PE. Accommodation and equipment were well maintained, and changing rooms and showers were good. A classroom in the main PE department had been refurbished and was of a high standard.

# Section 4: Resettlement

## Strategic management of resettlement

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### Expected outcomes:

**Planning for a prisoner's release or transfer starts on their arrival to the prison. Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need. Good planning ensures a seamless transition into the community.**

- 4.1 The resettlement policy was up to date and included an appropriate range of information. The needs analysis was comprehensive enough to inform developments to meet the offending behaviour needs of the population. The reducing reoffending pathways meeting was generally appropriate, but the strategic role of the offender management unit (OMU) needed to be clearer.
- 4.2 The resettlement policy was up to date and covered the period April 2012-2015. It was reasonably comprehensive and outlined the prison's work against each resettlement pathway. It included public protection and community partnership work, as well as the OMU. The public protection and the offender management units also had separate, more comprehensive policies. Each had strategic objectives with clear targets and timescales.
- 4.3 There was a comprehensive twice yearly needs analysis of the vulnerable prisoner population to assess the number and level of sex offender denial and inform the work of the sex offender treatment programme (SOTP) team. Similar work had also begun with the wider population to assess need for offending behaviour work. There was evidence that these assessments had informed the strategic development of offending behaviour work, and it was planned to introduce the Resolve programme (a cognitive-behavioural intervention that aims to reduce violence) in 2013 (see paragraph 4.41).
- 4.4 A monthly reducing reoffending pathway meeting was generally well attended by staff across the establishment. It focused primarily on resettlement pathways but with a significant emphasis on public protection and its role in the assessment and management of prisoner risk throughout their sentence and on release. However, there was little or no focus on the work of the OMU which, given its central function in the prison's model of resettlement, was disappointing. An offender management meeting generally met monthly, and included staff in the public protection unit, but it addressed mainly practical issues rather than the wider strategic development and integration of all departments into the offender management model.
- 4.5 All offender supervisors ('caseworkers') at Full Sutton were prison officers based on residential wings, and carried out this role part time and in combination with their wing officer roles. The model was innovative and unique, enabling the continuous evaluation of prisoner behaviour in relation to their identified risk. In our survey, 63% of respondents said that they had done something, or had something done to them, in the prison to make them less likely to offend in the future. Despite this, the model required further development to ensure its effectiveness.

## Recommendation

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- 4.6 **The reducing reoffending pathway meeting should incorporate the strategic overview of offender management to ensure its effective development and integration within the prison's resettlement work.**

## Offender management and planning

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### Expected outcomes:

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

- 4.7 All prisoners were allocated an offender supervisor on their wing, and sentence planning arrangements were generally sound. The role of offender supervisors was positive but their wider work required clarification, and further development and support for this. Arrangements to address prisoners in denial of their sex offending were positive. Public protection arrangements were good. Recategorisation arrangements were generally fair and consistent.
- 4.8 Approximately half the population were formally in scope for offender management (prisoners serving 12 months or more and classified as posing a high risk to the public), although over 90% were assessed as high or very high risk of harm. Nearly all the 334 life sentence prisoners were allocated an offender manager in the community and, as a consequence, only a very few prisoners (usually those assessed as low or medium risk of harm and serving a determinate sentence) did not have a named offender manager. In our survey, 92% of respondents, significantly more than the comparator of 85%, said they had an offender manager.
- 4.9 During the inspection we were joined by colleagues from HM Inspectorate of Probation who examined 20 in-scope cases, as well as a large number of other case files, although in less detail.
- 4.10 Two-thirds of the prisoner population were serving indeterminate sentences (334 lifers and 69 serving indeterminate sentences for public protection, IPPs). Given this proportion, they were all were managed day to day in the same way as determinate-sentenced prisoners. Parole review arrangements were good and there were rarely delays in processes.
- 4.11 The OMU included case administrators and a large team of 24 offender supervisors. Each offender supervisor was paired with a wing and allocated prisoners accommodated there. In our survey, 90% of respondents said they had an offender supervisor, against the comparator of only 61%. In theory, approximately half of offender supervisor time was allocated to offender management work and half to wing duties, but in practice they were often diverted to cover staff sickness and other unplanned work, which reduced the time available for offender supervisor work substantially (by as much as 40%). Nevertheless, given that the number of staff allowed for around 25-30 cases each, this did not appear to cause too many difficulties in the core work of sentence planning and report writing, although it limited the supplementary support they could provide.

- 4.12 Sentence planning arrangements were generally reasonable. All arrivals were subject to an OASys (offender assessment system) review and within a few months this was followed up by a sentence plan meeting to ensure their targets could be met at the prison, irrespective of how recently they had been reviewed at their former establishment. Prisoners were encouraged to take an active role in the construction of their sentence plans, and in our survey 57% said they had been involved in its development. However, prisoners in our focus group were less positive about their experience and were concerned about a 'blurring of boundaries' in the role of offender supervisors on the wings. Engagement of community-based offender managers in sentence planning was also generally good, especially as video and telephone conferencing facilities were available, although contributions from other prison departments were variable and not routine, and targets set for training and education and substance misuse were not routinely included. Risk assessment and risk management plans were generally completed to a reasonable standard.
- 4.13 There was serious attention to sentence planning targets to address offending behaviour and risk of harm, and we saw many examples of reviews and recategorisation reports focused on the engagement of prisoners in the process. In our survey, 53% of respondents, against the comparator of only 15%, said that their offender supervisor was working with them to achieve sentence plan targets, and this was also the case for their offender manager, 26% against 18%, and their personal officer, 26% against 10%.
- 4.14 In spite of this, the wider role of offender supervisors beyond sentence planning remained unclear and variable. Although offender supervisors saw prisoners regularly on the wing, this was mostly informal, and often not recorded in the case notes we saw. Information on prisoners subject to adjudications or warnings was used to indicate the continuation of risk, but less obvious indicators were rarely recorded. There were few indications of offender supervisors supporting learning outcomes from offending behaviour programmes or exploring prisoners' offending behaviour more generally to support their change and progress.
- 4.15 Quality assurance arrangements had improved but still focused on the completion of reports and sentence planning documentation. There was no routine casework supervision for staff. Problem cases were discussed informally with colleagues, staff in the public protection unit and managers, but cases were not discussed routinely to identify learning and development needs.
- 4.16 Around a quarter of the sex offender population were in denial of their offences and/or were appellants. The prison had introduced a positive model to address this and identify those potentially willing to engage in offending behaviour work at the earliest opportunity. A member of the psychology department saw all new arrivals to assess their level of motivation, but this information was not shared with or supported by offender supervisors, who could potentially offer further ongoing encouragement and support. The programmes team had planned some workshops on each wing to support and build on this initial work.

## Recommendations

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- 4.17 **All staff and departments who have contact with prisoners should be actively involved in sentence planning.**
- 4.18 **The role of offender supervisors should be clarified and quality assurance arrangements should ensure that prisoners' needs are met when managing, assessing and reducing their risk of reoffending and harm.**

## Public protection

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- 4.19 Public protection arrangements were good. The public protection unit was staffed with 1.6 whole-time-equivalent probation officers and a senior probation officer. There was comprehensive screening of new arrivals for both public protection and child protection concerns, and a weekly departmental meeting reviewed all new cases to identify key issues or further information that was required. At the time of the inspection, around 190 prisoners were identified as actual or potential risks to children. The monthly meetings of the safeguarding children and inter departmental risk management team (IDRMT) were well attended and managed, with appropriately detailed analysis.
- 4.20 Fifteen prisoners were identified as multi-agency public protection arrangements (MAPPA) level 2 or 3, although nearly all those held at the prison were likely to be subject to MAPPA arrangements at the point of their release. Unit staff regularly attended and/or reported to community-based MAPPA meetings. The role of offender supervisors in public protection work was unclear, and their knowledge of the issues varied. Offender supervisors did not attend either the safeguarding or IDRMT meeting routinely, even when one of their cases was discussed and even though information was shared with them.

## Recommendation

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- 4.21 **There should be better integration between the work of the public protection unit and that of offender supervisors.**

## Categorisation

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- 4.22 At the time of the inspection, 174 prisoners were category A and 433 were category B. All prisoners were reviewed at least annually as part of their sentence planning. Prisoners could make their own representation for recategorisation or submit it from a third party, such as a solicitor. The categorisation reviews we observed were balanced and considered, and decisions justifiable.
- 4.23 Although many prisoners complained to us about problems in obtaining recategorisation and transfers from the prison, the prison's approach to both was consistent. Where possible and practical, prisoners were transferred to local establishments to facilitate local releases. Nevertheless, there was a particular problem in progressing sex offenders because of the limited availability of places across the prison estate.

## Reintegration planning

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### Expected outcomes:

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

- 4.24 Although very few prisoners were released directly from Full Sutton, arrangements to start the process of resettlement were well managed and efficient. No prisoner had been released without accommodation in the previous two years, and there were pre-release arrangements



for prisoners to develop CVs and job interview skills. Substance misuse services were well linked to community provision, although care plans were not consistently shared with offender supervisors. Domestic visits facilities were excellent, but the process for admitting visitors took too long. There were no parenting or family courses. The provision of accredited offending behaviour programmes was extensive and appropriate.

- 4.25 The prison released very few prisoners – an average of only about two a month. The resettlement officer assessed the initial resettlement needs of all prisoners around two years before their release, with further contact as and when needed. A pre-release multidisciplinary meeting was held approximately four months before release to ensure all necessary arrangements were in place, primarily those for public and child protection. These meetings were managed through the public protection unit and were very comprehensive, covering all aspects of need.

## Accommodation

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- 4.26 The prison had lost the services of the Langley House Trust, a charitable trust that supports ex-offenders, in early 2012 due to a lack of funding, but the resettlement officer had taken up much of the work. In the majority of cases, given the nature of the prisoners, accommodation arrangements were usually made by the probation trust responsible for their supervision, and mostly involved probation-approved premises. In the last two years, no prisoner had been released from Full Sutton without fixed accommodation.

## Education, training and employment

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- 4.27 A prison officer responsible for resettlement worked with the few prisoners who were released directly into the community to provide support for the development of CVs and job applications. Most prisoners transferred to approved premises had a pre-arranged Jobcentre Plus interview. The planning of prisoners' education and vocational training took account of the likely progression opportunities within the prison cluster, and the opportunities for prison work and courses to continue training as they moved through the prison system.

## Health care

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- 4.28 The health care department was notified of impending release dates and called prisoners for a routine discharge appointment with the GP. The GP printed a summary discharge letter for all prisoners, which a nurse gave them on the day of release, along with take-home medication where appropriate. Discharge planning for patients with complex mental health needs started several months before release to ensure continuity of care. There was a palliative care policy, a dedicated palliative care room in the health care unit, and good links with local Macmillan cancer patient support services on a case-by-case basis.

## Housekeeping point

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- 4.29 Nurses should play a greater role in discharge planning to free the GP's time to support patients with more complex needs.

## Drugs and alcohol

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- 4.30 The head of health services led the drug strategy and attended reducing reoffending committee meetings, and a resettlement pathway action plan had been drawn up. Drug treatment service (DTS) staff contributed to sentence and transfer plans and attended sentence planning meetings when appropriate, but they did not share care plans with offender supervisors, even if the prisoner had given permission for this. Links with offender supervisors had improved for prisoners located on the abstinence recovery centre. Harm reduction advice and information was given pre-release, and resettlement plans were shared with community drug intervention programme (DIP) teams. The team contacted community treatment services to ensure that prescribing regimes were continued on release.

## Recommendation

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- 4.31 **The drug treatment service should strengthen links with the offender management unit, and share care plans with offender supervisors, with their clients' permission.**

## Finance, benefit and debt

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- 4.32 There was little available under this pathway. Some support had been offered through the Langley House Trust before their loss of funding but this had yet to be replaced. It was not clear how many prisoners had debt management needs, and a new questionnaire to evaluate need under this pathway had not yet been used. A money management programme was provided as part of the functional maths course in the education department.

## Recommendation

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- 4.33 **The need for finance, benefit and debt support, particularly debt management and advice, should be established and action taken to meet identified need if necessary.**

## Children, families and contact with the outside world

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- 4.34 The visitors' centre and domestic visits facilities were excellent. Both had been refurbished after consultation with prisoners and their families. Crèche facilities had no trained volunteers but there were plans for the local Sure Start children's service to be involved. The introduction of a photograph facility allowed prisoners to have pictures taken with their families, with copies provided, and was appreciated by all those we spoke to. Visits could be booked by telephone, in person or by email, and we found no delays to these services.
- 4.35 We were told that visits rarely started at the advertised time. The process for managing visitors was protracted and, as a consequence, some missed the first half hour of the visits session, even though they received the statutory one hour. Visitors were searched sensitively, and a booklet and poster to explain the process to children were good initiatives. Domestic and legal visits took place in the same room, and both prisoners and visitors felt that this was inappropriate (see housekeeping point 2.61).

- 4.36 All-day family visits took place four times a year and were open to everyone except prisoners on the basic level. Twelve prisoners and their families could attend the day, which was facilitated by the local Sure Start.
- 4.37 The family learning course had ceased due to funding and had not yet been replaced at the time of the inspection.

## Recommendations

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- 4.38 **A family learning/parenting course should be reintroduced.**
- 4.39 **All prisoners, whatever their privilege status, should be able to attend family visits, subject to security and risk assessments.**

## Housekeeping point

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- 4.40 Visits should start at the advertised time.

## Attitudes, thinking and behaviour

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- 4.41 A large and enthusiastic programmes department delivered three different sex offender treatment programme (SOTP) courses, along with the thinking skills programme (TSP) and controlling anger and learning to manage it (CALM). For each of the last two years, 85 prisoners had completed these three programmes, and it was estimated that 99 prisoners would have completed the SOTP by the end of April 2013. The most recent needs analysis of the sex offender population estimated that the number of prisoners willing to attend the SOTP had diminished by around 12% and, as a consequence, there had been a slight reduction in the target for the current year (from 35 to 29). Waiting lists for accredited programmes were relatively low, and most prisoners could go on the programmes that they needed reasonably quickly. The findings from the needs analysis had also led to plans to introduce the 'Resolve' programme (to address violent offenders) in April 2013 to replace the CALM programme.
- 4.42 The prison offered two further but non-accredited offending behaviour programmes. The A to Z motivational programme was delivered twice a year and aimed to encourage prisoners to go on to the longer accredited courses. The Sycamore Tree victim awareness programme was provided by the Prison Fellowship via the chaplaincy. It was only funded to run once a year for up to 20 prisoners, and had a considerable waiting list.

## Recommendation

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- 4.43 **The prison should deliver the Sycamore Tree victim awareness programme often enough to meet the needs of the population.**



# Section 5: Recommendations, housekeeping points and good practice

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

## Main recommendations

To the governor

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- 5.1 The regime in the segregation unit should be improved, including for those held in close supervision centre conditions, and residents should have consistent daily access to showers, exercise, telephone calls and participation in constructive and meaningful activity aimed at their reintegration. (HP48)
  - 5.2 Strip conditions or segregation of prisoners in crisis should only be used in exceptional circumstances following effective risk assessment and authorisation by a governor grade. (HP49)
  - 5.3 The prison should take further action to understand and, if possible, improve black and minority ethnic and Muslim prisoners' negative perceptions of their treatment and conditions. (HP50)

## Recommendations

To the governor

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### **Bullying and violence reduction**

- 
- 5.4 All suspected violent incidents should always be thoroughly investigated. (1.21)
  - 5.5 The prison should address prisoners' concerns about intimidation by staff. (1.22)

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

- 
- 5.6 The prison should analyse information about self-harm to identify trends and patterns of behaviour. (1.29)
  - 5.7 Listeners should be recruited for the main wings. (1.30)

### **Safeguarding (protection of adults at risk)**

- 
- 5.8 The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.35)

### **Discipline**

- 
- 5.9 There should be improved managerial oversight of and accountability for all aspects of use of force, including planned interventions and use of designated special accommodation. (1.55)

- 5.10 Prisoners should only be strip-searched on entry to the segregation unit on the basis of a risk assessment. (1.64)
- 5.11 The use of the two camera cells in the segregation unit should be reviewed, and governance of their use should be improved. (1.65)
- 5.12 There should be formal care and reintegration planning arrangements for prisoners who remain in the segregation unit for longer than a month. (1.66)

### **Substance misuse**

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- 5.13 Drug treatment officers should receive casework supervision from a professional with a background in substance misuse, and their ongoing training needs should be assessed and met. (1.77)
- 5.14 Prisoners not located on the abstinence recovery centre should be offered group work modules to supplement their one-to-one work. (1.78)
- 5.15 The drug treatment service should develop service user feedback to inform future provision. (1.79)

### **Staff-prisoner relationships**

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- 5.16 All staff should routinely use prisoners' titles and surnames or preferred names. (2.17)

### **Equality and diversity**

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- 5.17 The equality action plan and diversity monitoring data should be shared with prisoner equality representatives and discussed at the equality action group forums. (2.25)
- 5.18 The prisoner equality representatives should receive diversity training. (2.26)
- 5.19 Outcomes for black and minority ethnic prisoners should be within range for all areas in SMART equality monitoring data, which should be extended to cover all minority groups. (2.27)
- 5.20 More staff and prisoners should be trained in mediation. (2.28)
- 5.21 Discrimination incidents should be monitored over time by their location, outcome and type of protected characteristic to identify trends and patterns. (2.29)
- 5.22 Where possible, the prison should work with UKBA to create written actions plans to move segregated detainees to immigration removal centres following individual risk assessment. (2.41)
- 5.23 The prison should work with UKBA to ensure that immigration detainees are held for the minimum time, and only held in prison in the most exceptional circumstances. (2.42)
- 5.24 Prisoners with disabilities should have equitable access to bathing facilities on their wings. (2.43)
- 5.25 Gay and bisexual prisoners should receive formal support. (2.44)

## **Legal rights**

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- 5.26 Legal services officers should receive training. (2.60)

## **Health services**

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- 5.27 The partnership board should agree mandatory and essential health care staff training that reflects best practice in the NHS and enables staff to address the needs of the population effectively. (2.71)
- 5.28 All clinical staff should access regular, documented clinical supervision in line with an agreed local supervision policy. (2.72)
- 5.29 All clinical rooms should meet current infection control requirements. (2.73)
- 5.30 There should be an ongoing timetable of health promotion activity that meets the needs of the population, supported by accessible literature, a health promotion action group and health promotion action plan. (2.74)
- 5.31 The health care unit should offer a regime that provides therapeutic, meaningful and constructive activities to inpatients. (2.86)
- 5.32 There should be a range of patient group directions to allow prompt and appropriate treatment of patients without referral to a GP. (2.92)
- 5.33 Medication administration from the new central treatment room for A, B, C and D wings should be secure. (2.93)
- 5.34 There should be an assessment of oral health needs and service capacity, with a supporting action plan to meet the dental needs of the population. (2.99)
- 5.35 The partnership board should ensure that the dental surgery is working towards achieving the best decontamination practice (set out in HTM1-05). (2.100)
- 5.36 Mental health services should include clinical psychology, cognitive behavioural therapy and therapeutic groups. (2.105)
- 5.37 The transfer of patients to external mental health services should be prompt and take place within Department of Health transfer guidelines timescales. (2.106)

## **Catering**

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- 5.38 Breakfast should be provided on the day it is to be consumed. (2.113)
- 5.39 The kitchen should have a separate preparation area for halal food. (2.114)

### **Time out of cell**

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- 5.40 The prison should ensure better coordination of the sequencing of sessional as well as non-timetabled activity to improve prisoners' time out of cell further and minimise disruption to activities. (3.5)

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

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- 5.41 Action for development resulting from the observation of teaching and learning of instructional officers should be clear. (3.10)
- 5.42 The management of the supply chain to prison workshops should ensure that challenging production targets are maintained. (3.16)
- 5.43 Information learning technology should be used creatively to improve the learning environment. (3.24)
- 5.44 The prison should improve the analysis of data on learners' achievements in the Prisons Information Communication Technology Academy (PICTA) provision. (3.31)
- 5.45 The Storybook Dads scheme should be reintroduced. (3.35)

### **Strategic management of resettlement**

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- 5.46 The reducing reoffending pathway meeting should incorporate the strategic overview of offender management to ensure its effective development and integration within the prison's resettlement work. (4.6)

### **Offender management and planning**

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- 5.47 All staff and departments who have contact with prisoners should be actively involved in sentence planning. (4.17)
- 5.48 The role of offender supervisors should be clarified and quality assurance arrangements should ensure that prisoners' needs are met when managing, assessing and reducing their risk of reoffending and harm. (4.18)
- 5.49 There should be better integration between the work of the public protection unit and that of offender supervisors. (4.21)

### **Reintegration planning**

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- 5.50 The drug treatment service should strengthen links with the offender management unit, and share care plans with offender supervisors, with their clients' permission. (4.31)
- 5.51 The need for finance, benefit and debt support, particularly debt management and advice, should be established and action taken to meet identified need if necessary. (4.33)
- 5.52 A family learning/parenting course should be reintroduced. (4.38)



- 5.53 All prisoners, whatever their privilege status, should be able to attend family visits, subject to security and risk assessments. (4.39)
- 5.54 The prison should deliver the Sycamore Tree victim awareness programme often enough to meet the needs of the population. (4.43)

## Housekeeping points

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### Early days in custody

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- 5.55 Reception should be kept clean. (1.13)

### Self-harm and suicide prevention

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- 5.56 Attendance at suicide prevention meetings should improve. (1.31)

### Incentives and earned privileges

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- 5.57 Staff awareness of incentives and earned privileges (IEP) progression for sex offenders in denial should be improved. (1.47)
- 5.58 Basic-level prisoners in the segregation unit should be set individual targets and given timely reviews. (1.48)

### Discipline

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- 5.59 Special accommodation and dirty protest cells should be clean and well maintained. (1.67)
- 5.60 Unlock protocols in the segregation unit should be flexible, subject to a dynamic risk assessment. (1.68)
- 5.61 Segregation review documentation and care/reintegration plans should be thoroughly completed and include meaningful targets. (1.69)
- 5.62 Segregation unit staff entries in daily history sheets and case notes should indicate their constructive engagement with prisoners. (1.70)

### Substance misuse

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- 5.63 Drug treatment officers should wear an alternative to uniform to distinguish them from discipline staff. (1.80)

### Residential units

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- 5.64 Wing communal areas and older shower areas should be kept clean. (2.11)

### **Staff-prisoner relationships**

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- 5.65 Links between personal officers and offender supervisors should be improved. (2.18)

### **Equality and diversity**

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- 5.66 Prisoners should know who the equality representative on their wing is. (2.30)
- 5.67 Telephone interpreting should be used more widely in dealing with non-English speaking prisoners, especially where accuracy or confidentiality is required. (2.45)
- 5.68 Foreign nationals who do not receive visits should receive free five-minute telephone calls to their country of origin without having to make repeat applications. (2.46)
- 5.69 Personal emergency evacuation plans should be updated regularly. (2.47)

### **Faith and religious activity**

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- 5.70 There should be sufficient functioning footbaths outside the multi-faith area. (2.51)

### **Complaints**

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- 5.71 Senior management should be focused on complaint pattern and trend analysis. (2.56)

### **Legal rights**

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- 5.72 There should be additional legal consultation booths. (2.61)

### **Health services**

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- 5.73 The health needs assessment should include a current evidence base to inform action planning. (2.75)
- 5.74 There should be a clear protocol for identifying, reporting, investigating and reviewing serious and untoward incidents. (2.76)
- 5.75 There should be a skill mix review to inform future recruitment and ensure the best use of staff skills. (2.77)
- 5.76 A senior nurse should be responsible for the strategic development of services for all older prisoners. (2.78)
- 5.77 Reference to complaints and their responses should not be included in clinical records. (2.79)
- 5.78 Information about health care systems and waiting times should be clearly communicated to prisoners. (2.87)
- 5.79 Audits of controlled drug stock should be completed and recorded weekly. (2.94)

- 5.80 There should be written information on oral health available in languages and formats that meet the needs of the population. (2.101)

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

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- 5.81 Learning sessions should have more whole-group discussion and group work so that learners can share ideas and learn from each other. (3.25)
- 5.82 The 'passport to employment' should be extended to ensure all personal development and work skills are recorded. (3.26)

### **Reintegration planning**

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- 5.83 Nurses should play a greater role in discharge planning to free the GP's time to support patients with more complex needs. (4.29)
- 5.84 Visits should start at the advertised time. (4.40)

### **Examples of good practice**

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- 5.85 The prison addressed drug supply reduction proactively and departments worked closely together to tackle the problem of prisoners diverting medication. (1.41)
- 5.86 The drug treatment service provided a high level of monitoring and support to prisoners prescribed pain relief medication and benzodiazepines. (1.81)
- 5.87 Trained mediators were used to resolve discrimination incidents. (2.31)
- 5.88 The systematic approach to medications that were potentially tradable helped prisoners to access evidence-based pain relief, and the prison to reduce the availability of such medications. (2.95)

## Appendix I: Inspection team

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Nick Hardwick	Chief Inspector
Kieron Taylor	Team leader
Colin Carroll	Inspector
Andy Lund	Inspector
Keith McInnis	Inspector
Kevin Parkinson	Inspector
Kellie Reeve	Inspector
Gordon Riach	Inspector
Hayley Cripps	Senior researcher
Alice Reid	Researcher

### **Specialist inspectors**

Majella Pearce	Health services inspector
Paul Tarbuck	Health services inspector
Sigrid Engelen	Substance misuse inspector
Katie Tucker	Care Quality Commission
Peter Gibbs	Pharmacist
Krystyna Findley	Offender management inspector
Martin Jolly	Offender management inspector
Eileen O'Sullivan	Offender management inspector
Bob Cowdrey	Ofsted inspector
Marina Gaze	Ofsted inspector
Stephen Miller	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	18–20 yr olds	21 and over	%
Sentenced		598	98.5
Recall		6	1
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees		1	0.2
<b>Total</b>		<b>607</b>	<b>100</b>

Please note Nomis report includes 2 'other'

Sentence	18–20 yr olds	21 and over	%
Unsentenced		1	0.2
Less than 6 months			
6 months to less than 12 months			
12 months to less than 2 years			
2 years to less than 4 years		2	0.3
4 years to less than 10 years		42	6.9
10 years and over (not life)		171	28.2
ISPP			
Life		391	64.4
<b>Total</b>		<b>607</b>	<b>100</b>

Age	Number of prisoners	%
Under 21 years		
21 years to 29 years	131	21.6
30 years to 39 years	179	29.5
40 years to 49 years	142	23.4
50 years to 59 years	98	16.1
60 years to 69 years	44	7.2
70 plus years: <i>maximum age=80</i>	13	2.1
<b>Total</b>	<b>607</b>	<b>100</b>

Nationality	18–20 yr olds	21 and over	%
British		541	89.1
Foreign nationals		66	10.9
<b>Total</b>		<b>607</b>	<b>100</b>

Security category	18–20 yr olds	21 and over	%
Cat A		174	28.6
Cat B		433	71.3
Cat C			
Cat D			
Other			
<b>Total</b>		<b>607</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
<i>White</i>			69.7
British		382	62.9
Irish		10	1.6
Gypsy/Irish Traveller		1	0.2
Other white		30	4.9
<i>Mixed</i>			2.8
White and black Caribbean		10	1.6
White and black African		1	0.2
White and Asian		1	0.2
Other mixed		5	0.8
<i>Asian or Asian British</i>			9.6
Indian		10	1.6
Pakistani		30	4.9
Bangladeshi		4	0.7
Chinese			
Other Asian		14	2.3
<i>Black or black British</i>			14.5
Caribbean		43	7.1
African		22	3.6
Other black		23	3.8
<i>Other ethnic group</i>			
Other ethnic group		7	1.2
Not stated		28	4.6
<b>Total</b>			

<b>Religion</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Baptist		1	0.2
Church of England		159	26.2
Roman Catholic		101	16.6
Other Christian denominations		47	7.7
Muslim		133	21.9
Sikh		1	0.2
Hindu		2	0.3
Buddhist		17	2.8
Jewish		5	0.8
Other		17	2.8
No religion		124	20.4
<b>Total</b>		<b>607</b>	<b>100</b>

#### **Sentenced prisoners only**

<b>Length of stay</b>	<b>18–20 yr olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month			23	3.8
1 month to 3 months			34	5.6
3 months to 6 months			48	7.9
6 months to 1 year			89	14.7
1 year to 2 years			126	20.8
2 years to 4 years			138	22.7
4 years or more			142	23.1
<b>Total</b>			<b>607</b>	<b>100</b>

**Sentenced prisoners only**

	18-20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry		1	0.2
Public protection cases			
<b>Total</b>			

**Unsentenced prisoners only**

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month				
1 month to 3 months				
3 months to 6 months			1	0.2
6 months to 1 year				
1 year to 2 years				
2 years to 4 years				
4 years or more				
<b>Total</b>			<b>1</b>	<b>0.2</b>

<b>Main offence – details not available</b>
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# Appendix III: Summary of prisoner questionnaires and interviews

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## Prisoner survey methodology

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

### Choosing the sample size

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

At the time of the survey on 30 October 2012 the prisoner population at HMP Full Sutton was 609. The sample size was 203. Overall, this represented 33% of the prisoner population.

### Selecting the sample

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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. Fifteen respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, two respondents were interviewed.

## Methodology

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

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

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

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



## Response rates

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In total, 176 respondents completed and returned their questionnaires. This represented 29% of the prison population. The response rate was 87%. In addition to the 15 respondents who refused to complete a questionnaire, six questionnaires were not returned and six were returned blank.

## Comparisons

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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 2012 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 April 2010.
- The current survey responses in 2012 against the responses of prisoners surveyed at HMP Full Sutton in 2010.
- A comparison within the 2012 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2012 survey between those who are British and those who are foreign nationals.
- A comparison within the 2012 survey between the responses of Muslim and non-Muslim prisoners.
- A comparison within the 2012 survey between the responses of prisoners who consider themselves to have a disability and those who do not.
- A comparison within the 2012 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2012 survey between the responses of veterans (ex-armed services) and those who are not.

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

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

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

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

# Survey summary

## Section 1: About you

<b>Q1.2</b>	<b>How old are you?</b>		
	<i>Under 21</i> .....	0	(0%)
	<i>21 - 29</i> .....	35	(20%)
	<i>30 - 39</i> .....	58	(34%)
	<i>40 - 49</i> .....	39	(23%)
	<i>50 - 59</i> .....	26	(15%)
	<i>60 - 69</i> .....	11	(6%)
	<i>70 and over</i> .....	4	(2%)
<b>Q1.3</b>	<b>Are you sentenced?</b>		
	<i>Yes</i> .....	172	(99%)
	<i>Yes - on recall</i> .....	1	(1%)
	<i>No - awaiting trial</i> .....	0	(0%)
	<i>No - awaiting sentence</i> .....	0	(0%)
	<i>No - awaiting deportation</i> .....	0	(0%)
<b>Q1.4</b>	<b>How long is your sentence?</b>		
	<b>Not sentenced</b> .....	0	(0%)
	<i>Less than 6 months</i> .....	0	(0%)
	<i>6 months to less than 1 year</i> .....	0	(0%)
	<i>1 year to less than 2 years</i> .....	0	(0%)
	<i>2 years to less than 4 years</i> .....	2	(1%)
	<i>4 years to less than 10 years</i> .....	18	(11%)
	<i>10 years or more</i> .....	43	(25%)
	<i>IPP (indeterminate sentence for public protection)</i> .....	25	(15%)
	<i>Life</i> .....	82	(48%)
<b>Q1.5</b>	<b>Are you a foreign national? (i.e. do not have UK citizenship)</b>		
	<i>Yes</i> .....	19	(11%)
	<i>No</i> .....	151	(89%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>		
	<i>Yes</i> .....	172	(99%)
	<i>No</i> .....	1	(1%)
<b>Q1.7</b>	<b>Do you understand written English?</b>		
	<i>Yes</i> .....	169	(98%)
	<i>No</i> .....	4	(2%)
<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish) ....</i>	101	(58%)
	<i>White - Irish</i> .....	6	(3%)
	<i>White - other</i> .....	12	(7%)
	<i>Black or black British - Caribbean</i> .....	15	(9%)
	<i>Black or black British - African</i> .....	5	(3%)
	<i>Asian or Asian British - Chinese</i> .....	1	(1%)
	<i>Asian or Asian British - other</i> .....	0	(0%)
	<i>Mixed race - white and black Caribbean</i> .....	6	(3%)
	<i>Mixed race - white and black African</i> .....	2	(1%)
	<i>Mixed race - white and Asian</i> .....	0	(0%)

<i>Black or black</i>	2 (1%)	<i>Mixed race - other</i> .....	2 (1%)
<i>British - other</i> .....		<i>Arab</i> .....	2 (1%)
<i>Asian or Asian</i>	1 (1%)	<i>Other ethnic group</i> .....	3 (2%)
<i>British - Indian</i> ....			
<i>Asian or Asian</i>	14 (8%)		
<i>British - Pakistani</i> .....			
<i>Asian or Asian</i>	1 (1%)		
<i>British - Bangladeshi</i> .....			

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

Yes .....	6 (4%)
No .....	157 (96%)

**Q1.10 What is your religion?**

<i>None</i> .....	38 (23%)	<i>Hindu</i> .....	0 (0%)
<i>Church of England</i> .....	32 (19%)	<i>Jewish</i> .....	4 (2%)
<i>Catholic</i> .....	36 (21%)	<i>Muslim</i> .....	38 (23%)
<i>Protestant</i> .....	3 (2%)	<i>Sikh</i> .....	0 (0%)
<i>Other Christian denomination</i> .....	7 (4%)	<i>Other</i> .....	6 (4%)
<i>Buddhist</i> .....	4 (2%)		

**Q1.11 How would you describe your sexual orientation?**

<i>Heterosexual/straight</i> .....	158 (95%)
<i>Homosexual/gay</i> .....	5 (3%)
<i>Bisexual</i> .....	4 (2%)

**Q1.12 Do you consider yourself to have a disability?**

(i.e. do you need help with any long term physical, mental or learning needs)

Yes .....	38 (22%)
No .....	134 (78%)

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

Yes .....	21 (12%)
No .....	148 (88%)

**Q1.14 Is this your first time in prison?**

Yes .....	67 (39%)
No .....	104 (61%)

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

Yes .....	72 (41%)
No .....	102 (59%)

**Section 2: Courts, transfers and escorts**

**Q2.1 On your most recent journey here, how long did you spend in the van?**

<i>Less than 2 hours</i> .....	39 (23%)
<i>2 hours or longer</i> .....	114 (67%)
<i>Don't remember</i> .....	18 (11%)

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

<i>My journey was less than two hours</i> .....	39 (23%)
Yes .....	60 (36%)
No .....	60 (36%)
<i>Don't remember</i> .....	10 (6%)

<b>Q2.3</b>	<b>On your most recent journey here, were you offered a toilet break?</b>	
	<i>My journey was less than two hours</i> .....	39 (23%)
	Yes .....	15 (9%)
	No .....	105 (61%)
	Don't remember .....	13 (8%)
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>	
	Yes .....	113 (66%)
	No .....	47 (27%)
	Don't remember .....	12 (7%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	Yes .....	133 (77%)
	No .....	32 (18%)
	Don't remember .....	8 (5%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	<i>Very well</i> .....	32 (19%)
	<i>Well</i> .....	68 (40%)
	<i>Neither</i> .....	47 (27%)
	<i>Badly</i> .....	13 (8%)
	<i>Very badly</i> .....	8 (5%)
	Don't remember .....	4 (2%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)</b>	
	<i>Yes, someone told me</i> .....	67 (39%)
	<i>Yes, I received written information</i> .....	8 (5%)
	<i>No, I was not told anything</i> .....	96 (55%)
	Don't remember .....	7 (4%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	Yes .....	128 (74%)
	No .....	42 (24%)
	Don't remember .....	4 (2%)

### Section 3: Reception, first night and induction

<b>Q3.1</b>	<b>How long were you in reception?</b>	
	<i>Less than 2 hours</i> .....	122 (72%)
	<i>2 hours or longer</i> .....	25 (15%)
	Don't remember .....	23 (14%)
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>	
	Yes .....	115 (66%)
	No .....	47 (27%)
	Don't remember .....	12 (7%)
<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>	
	<i>Very well</i> .....	31 (18%)
	<i>Well</i> .....	74 (43%)
	<i>Neither</i> .....	44 (25%)
	<i>Badly</i> .....	13 (7%)
	<i>Very badly</i> .....	8 (5%)
	Don't remember .....	4 (2%)

- Q3.4 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)**
- |  |          |  |          |
|--|----------|--|----------|
| <i>Loss of property</i> .....              | 52 (31%) | <i>Physical health</i> .....                         | 18 (11%) |
| <i>Housing problems</i> .....              | 4 (2%)   | <i>Mental health</i> .....                           | 24 (14%) |
| <i>Contacting employers</i> .....          | 3 (2%)   | <i>Needing protection from other prisoners</i> ..... | 17 (10%) |
| <i>Contacting family</i> .....             | 39 (23%) | <i>Getting phone numbers</i> .....                   | 31 (18%) |
| <i>Childcare</i> .....                     | 0 (0%)   | <i>Other</i> .....                                   | 14 (8%)  |
| <i>Money worries</i> .....                 | 19 (11%) | <b>Did not have any problems</b> .....               | 64 (38%) |
| <i>Feeling depressed or suicidal</i> ..... | 16 (9%)  |  |          |
- Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?**
- |  |          |
|--|----------|
| <i>Yes</i> .....                       | 36 (21%) |
| <i>No</i> .....                        | 68 (40%) |
| <b>Did not have any problems</b> ..... | 64 (38%) |
- Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)**
- |                                       |          |
|---------------------------------------|----------|
| <i>Tobacco</i> .....                  | 78 (46%) |
| <i>A shower</i> .....                 | 54 (32%) |
| <i>A free telephone call</i> .....    | 33 (20%) |
| <i>Something to eat</i> .....         | 99 (59%) |
| <i>PIN phone credit</i> .....         | 50 (30%) |
| <i>Toiletries/ basic items</i> .....  | 83 (49%) |
| <b>Did not receive anything</b> ..... | 33 (20%) |
- Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)**
- |  |          |
|--|----------|
| <i>Chaplain</i> .....                            | 90 (56%) |
| <i>Someone from health services</i> .....        | 97 (60%) |
| <i>A Listener/Samaritans</i> .....               | 48 (30%) |
| <i>Prison shop/ canteen</i> .....                | 46 (28%) |
| <b>Did not have access to any of these</b> ..... | 39 (24%) |
- Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)**
- |  |          |
|--|----------|
| <i>What was going to happen to you</i> .....                                     | 79 (50%) |
| <i>What support was available for people feeling depressed or suicidal</i> ..... | 56 (35%) |
| <i>How to make routine requests (applications)</i> .....                         | 62 (39%) |
| <i>Your entitlement to visits</i> .....  | 53 (34%) |
| <i>Health services</i> .....   | 74 (47%) |
| <i>Chaplaincy</i> .....  | 70 (44%) |
| <b>Not offered any information</b> .....   | 49 (31%) |
- Q3.9 Did you feel safe on your first night here?**
- |                             |           |
|-----------------------------|-----------|
| <i>Yes</i> .....            | 126 (73%) |
| <i>No</i> .....             | 37 (22%)  |
| <i>Don't remember</i> ..... | 9 (5%)    |
- Q3.10 How soon after you arrived here did you go on an induction course?**
- |   |          |
|---|----------|
| <b>Have not been on an induction course</b> ..... | 20 (12%) |
| <i>Within the first week</i> .....                | 67 (39%) |
| <i>More than a week</i> .....                     | 60 (35%) |
| <i>Don't remember</i> .....                       | 24 (14%) |

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

*Have not been on an induction course* ..... 20 (12%)  
 Yes ..... 66 (39%)  
 No ..... 56 (33%)  
 Don't remember ..... 26 (15%)

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

*Did not receive an assessment* ..... 29 (17%)  
 Within the first week ..... 30 (18%)  
 More than a week ..... 83 (49%)  
 Don't remember ..... 29 (17%)

### Section 4: Legal rights and respectful custody

**Q4.1 How easy is it to:**

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
<i>Communicate with your solicitor or legal representative?</i>	36 (21%)	64 (38%)	20 (12%)	27 (16%)	8 (5%)	15 (9%)
<i>Attend legal visits?</i>	25 (17%)	60 (40%)	19 (13%)	11 (7%)	10 (7%)	26 (17%)
<i>Get bail information?</i>	7 (6%)	5 (4%)	11 (9%)	6 (5%)	5 (4%)	92 (73%)

**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* ..... 15 (9%)  
 Yes ..... 85 (49%)  
 No ..... 72 (42%)

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

Yes ..... 94 (55%)  
 No ..... 10 (6%)  
 Don't know ..... 66 (39%)

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

	Yes	No	Don't know
<i>Do you normally have enough clean, suitable clothes for the week?</i>	149 (86%)	19 (11%)	5 (3%)
<i>Are you normally able to have a shower every day?</i>	164 (95%)	9 (5%)	0 (0%)
<i>Do you normally receive clean sheets every week?</i>	150 (89%)	15 (9%)	4 (2%)
<i>Do you normally get cell cleaning materials every week?</i>	160 (92%)	13 (8%)	0 (0%)
<i>Is your cell call bell normally answered within five minutes?</i>	91 (53%)	51 (30%)	30 (17%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	117 (68%)	52 (30%)	2 (1%)
<i>If you need to, can you normally get your stored property?</i>	58 (34%)	59 (35%)	52 (31%)

**Q4.5 What is the food like here?**

Very good ..... 8 (5%)

Good.....	47 (27%)
Neither.....	52 (30%)
Bad.....	35 (20%)
Very bad.....	32 (18%)

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

<i>Have not bought anything yet/don't know</i> .....	2 (1%)
Yes.....	99 (57%)
No.....	73 (42%)

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

Yes.....	88 (51%)
No.....	16 (9%)
Don't know.....	67 (39%)

**Q4.8 Are your religious beliefs respected?**

Yes.....	78 (47%)
No.....	36 (22%)
Don't know/N/A.....	52 (31%)

**Q4.9 Are you able to speak to a chaplain of your faith in private if you want to?**

Yes.....	105 (61%)
No.....	12 (7%)
Don't know/N/A.....	54 (32%)

**Q4.10 How easy or difficult is it for you to attend religious services?**

<i>I don't want to attend</i> .....	37 (22%)
Very easy.....	47 (28%)
Easy.....	43 (25%)
Neither.....	11 (7%)
Difficult.....	4 (2%)
Very difficult.....	8 (5%)
Don't know.....	19 (11%)

## Section 5: Applications and complaints

**Q5.1 Is it easy to make an application?**

Yes.....	154 (90%)
No.....	15 (9%)
Don't know.....	3 (2%)

**Q5.2 Please answer the following questions about applications:**

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

	<b>Not made one</b>	Yes	No
Are applications dealt with fairly?	8 (5%)	95 (58%)	61 (37%)
Are applications dealt with quickly (within seven days)?	8 (5%)	71 (48%)	69 (47%)

**Q5.3 Is it easy to make a complaint?**

Yes.....	120 (69%)
No.....	27 (16%)
Don't know.....	26 (15%)

**Q5.4 Please answer the following questions about complaints:**

*(If you have not made a complaint please tick the 'not made one' option.)*

	<b>Not made one</b>	Yes	No
Are complaints dealt with fairly?	43 (25%)	40 (24%)	86 (51%)



Are complaints dealt with quickly (within seven days)? 43 (27%) 53 (33%) 63 (40%)

**Q5.5 Have you ever been prevented from making a complaint when you wanted to?**

Yes ..... 53 (33%)  
No..... 106 (67%)

**Q5.6 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?**

*Don't know who they are* ..... 28 (16%)  
Very easy ..... 18 (11%)  
Easy ..... 39 (23%)  
Neither..... 54 (32%)  
Difficult..... 20 (12%)  
Very difficult..... 11 (6%)

### Section 6: Incentives and earned privileges scheme

**Q6.1 Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)**

*Don't know what the IEP scheme is* ..... 5 (3%)  
Yes ..... 93 (53%)  
No ..... 60 (34%)  
*Don't know*..... 16 (9%)

**Q6.2 Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)**

*Don't know what the IEP scheme is* ..... 5 (3%)  
Yes ..... 63 (37%)  
No..... 91 (54%)  
*Don't know*..... 10 (6%)

**Q6.3 In the last six months have any members of staff physically restrained you (C&R)?**

Yes ..... 13 (8%)  
No..... 158 (92%)

**Q6.4 If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?**

*I have not been to segregation in the last 6 months* .. 112 (67%)  
Very well..... 5 (3%)  
Well ..... 7 (4%)  
Neither..... 14 (8%)  
Badly ..... 12 (7%)  
Very badly ..... 17 (10%)

### Section 7: Relationships with staff

**Q7.1 Do most staff treat you with respect?**

Yes ..... 128 (75%)  
No..... 42 (25%)

**Q7.2 Is there a member of staff you can turn to for help if you have a problem?**

Yes ..... 121 (72%)  
No..... 46 (28%)

Q7.3	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	Yes .....	62 (37%)
	No .....	107 (63%)
Q7.4	<b>How often do staff normally speak to you during association?</b>	
	<b>Do not go on association</b> .....	7 (4%)
	Never .....	22 (13%)
	Rarely .....	50 (29%)
	Some of the time .....	53 (31%)
	Most of the time .....	27 (16%)
	All of the time .....	13 (8%)
Q7.5	<b>When did you first meet your personal (named) officer?</b>	
	<b>I have not met him/her</b> .....	13 (8%)
	In the first week .....	65 (38%)
	More than a week .....	59 (34%)
	Don't remember .....	36 (21%)
Q7.6	<b>How helpful is your personal (named) officer?</b>	
	<b>Do not have a personal officer/I have not met him/her</b> .....	13 (8%)
	Very helpful .....	50 (29%)
	Helpful .....	45 (26%)
	Neither .....	24 (14%)
	Not very helpful .....	15 (9%)
	Not at all helpful .....	24 (14%)

## Section 8: Safety

Q8.1	<b>Have you ever felt unsafe here?</b>	
	Yes .....	94 (55%)
	No .....	78 (45%)
Q8.2	<b>Do you feel unsafe now?</b>	
	Yes .....	36 (23%)
	No .....	122 (77%)
Q8.3	<b>In which areas have you felt unsafe? (Please tick all that apply to you.)</b>	
	<b>Never felt unsafe</b> .....	78 (48%)
	At mealtimes .....	8 (5%)
	Everywhere .....	21 (13%)
	At health services .....	13 (8%)
	Segregation unit .....	23 (14%)
	Visits area .....	11 (7%)
	Association areas .....	21 (13%)
	In wing showers .....	18 (11%)
	Reception area .....	8 (5%)
	In gym showers .....	8 (5%)
	At the gym .....	15 (9%)
	In corridors/stairwells ..	16 (10%)
	In an exercise yard ....	5 (3%)
	On your landing/wing ..	22 (14%)
	At work .....	16 (10%)
	In your cell .....	14 (9%)
	During movement .....	25 (16%)
	At religious services ...	3 (2%)
	At education .....	9 (6%)
Q8.4	<b>Have you been victimised by other prisoners here?</b>	
	Yes .....	64 (37%)
	No .....	107 (63%)
Q8.5	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	Insulting remarks (about you or your family or friends)....	31 (18%)
	Physical abuse (being hit, kicked or assaulted) .....	10 (6%)
	Sexual abuse .....	4 (2%)
	Feeling threatened or intimidated .....	44 (26%)

<i>Having your canteen/property taken</i> .....	9 (5%)
<i>Medication</i> .....	10 (6%)
<i>Debt</i> .....	7 (4%)
<i>Drugs</i> .....	2 (1%)
<i>Your race or ethnic origin</i> .....	9 (5%)
<i>Your religion/religious beliefs</i> .....	14 (8%)
<i>Your nationality</i> .....	8 (5%)
<i>You are from a different part of the country than others</i> ..	9 (5%)
<i>You are from a traveller community</i> .....	2 (1%)
<i>Your sexual orientation</i> .....	8 (5%)
<i>Your age</i> .....	7 (4%)
<i>You have a disability</i> .....	8 (5%)
<i>You were new here</i> .....	5 (3%)
<i>Your offence/crime</i> .....	19 (11%)
<i>Gang related issues</i> .....	9 (5%)

**Q8.6 Have you been victimised by staff here?**

Yes .....	81 (48%)
No .....	87 (52%)

**Q8.7 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)**

<i>Insulting remarks (about you or your family or friends)</i> ....	30 (18%)
<i>Physical abuse (being hit, kicked or assaulted)</i> .....	10 (6%)
<i>Sexual abuse</i> .....	3 (2%)
<i>Feeling threatened or intimidated</i> .....	40 (24%)
<i>Medication</i> .....	14 (8%)
<i>Debt</i> .....	1 (1%)
<i>Drugs</i> .....	0 (0%)
<i>Your race or ethnic origin</i> .....	14 (8%)
<i>Your religion/religious beliefs</i> .....	18 (11%)
<i>Your nationality</i> .....	8 (5%)
<i>You are from a different part of the country than others</i> ..	6 (4%)
<i>You are from a traveller community</i> .....	3 (2%)
<i>Your sexual orientation</i> .....	4 (2%)
<i>Your age</i> .....	4 (2%)
<i>You have a disability</i> .....	7 (4%)
<i>You were new here</i> .....	9 (5%)
<i>Your offence/crime</i> .....	16 (10%)
<i>Gang related issues</i> .....	3 (2%)

**Q8.8 If you have been victimised by prisoners or staff, did you report it?**

<b>Not been victimised</b> .....	67 (42%)
Yes .....	49 (31%)
No .....	42 (27%)

### Section 9: Health services

**Q9.1 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	17 (10%)	9 (5%)	49 (28%)	26 (15%)	47 (27%)	25 (14%)
The nurse	14 (9%)	20 (12%)	67 (41%)	28 (17%)	27 (17%)	7 (4%)
The dentist	19 (11%)	8 (5%)	24 (14%)	14 (8%)	52 (31%)	50 (30%)

<b>Q9.2</b>	<b>What do you think of the quality of the health service from the following people?</b>						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	16 (9%)	14 (8%)	39 (23%)	27 (16%)	27 (16%)	50 (29%)
	The nurse	11 (7%)	22 (13%)	56 (33%)	40 (24%)	17 (10%)	23 (14%)
	The dentist	36 (22%)	66 (40%)	35 (21%)	10 (6%)	3 (2%)	17 (10%)
<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>						
	<i>Not been</i>	.....					8 (5%)
	<i>Very good</i>	.....					15 (9%)
	<i>Good</i>	.....					44 (26%)
	<i>Neither</i>	.....					29 (17%)
	<i>Bad</i>	.....					37 (22%)
	<i>Very bad</i>	.....					34 (20%)
<b>Q9.4</b>	<b>Are you currently taking medication?</b>						
	Yes	.....					91 (53%)
	No	.....					82 (47%)
<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/all of it in your own cell?</b>						
	<i>Not taking medication</i>	.....					82 (47%)
	<i>Yes, all my meds</i>	.....					67 (39%)
	<i>Yes, some of my meds</i>	.....					13 (7%)
	<i>No</i>	.....					12 (7%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>						
	Yes	.....					50 (29%)
	No	.....					120 (71%)
<b>Q9.7</b>	<b>Are you being helped/supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?</b>						
	<i>Do not have any emotional or mental health problems</i>	.....					120 (71%)
	Yes	.....					29 (17%)
	No	.....					19 (11%)

## Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>		
	Yes	..... 24 (14%)	
	No	..... 147 (86%)	
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>		
	Yes	..... 20 (12%)	
	No	..... 151 (88%)	
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>		
	<i>Very easy</i>	..... 14 (8%)	
	<i>Easy</i>	..... 15 (9%)	
	<i>Neither</i>	..... 13 (8%)	
	<i>Difficult</i>	..... 9 (5%)	
	<i>Very difficult</i>	..... 13 (8%)	
	<i>Don't know</i>	..... 104 (62%)	
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>		
	<i>Very easy</i>	..... 15 (9%)	

Easy .....	11 (7%)
Neither .....	15 (9%)
Difficult .....	10 (6%)
Very difficult .....	13 (8%)
Don't know .....	105 (62%)

**Q10.5 Have you developed a problem with illegal drugs since you have been in this prison?**

Yes .....	9 (5%)
No .....	161 (95%)

**Q10.6 Have you developed a problem with diverted medication since you have been in this prison?**

Yes .....	8 (5%)
No .....	159 (95%)

**Q10.7 Have you received any support or help (e.g. substance misuse teams) for your drug problem, while in this prison?**

<i>Did not/do not have a drug problem</i> .....	142 (84%)
Yes .....	18 (11%)
No .....	9 (5%)

**Q10.8 Have you received any support or help (e.g. substance misuse teams) for your alcohol problem, while in this prison?**

<i>Did not/do not have an alcohol problem</i> .....	151 (91%)
Yes .....	11 (7%)
No .....	4 (2%)

**Q10.9 Was the support or help you received, while in this prison, helpful?**

<i>Did not have a problem/did not receive help</i> .....	145 (86%)
Yes .....	18 (11%)
No .....	5 (3%)

## Section 11: Activities

**Q11.1 How easy or difficult is it to get into the following activities, in this prison?**

	<i>Don't know</i>	Very easy	Easy	Neither	Difficult	Very difficult
Prison job	8 (5%)	9 (5%)	41 (24%)	28 (17%)	42 (25%)	41 (24%)
Vocational or skills training	18 (11%)	7 (4%)	37 (23%)	21 (13%)	45 (28%)	34 (21%)
Education (including basic skills)	18 (11%)	13 (8%)	53 (32%)	29 (17%)	33 (20%)	21 (13%)
Offending behaviour programmes	32 (19%)	12 (7%)	29 (17%)	20 (12%)	31 (19%)	43 (26%)

**Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)**

<i>Not involved in any of these</i> .....	36 (21%)
Prison job .....	120 (71%)
Vocational or skills training .....	18 (11%)
Education (including basic skills) .....	47 (28%)
Offending behaviour programmes .....	22 (13%)

**Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?**

	<i>Not been involved</i>	Yes	No	<i>Don't know</i>
Prison job	38 (24%)	49 (31%)	64 (40%)	9 (6%)
Vocational or skills training	46 (36%)	52 (41%)	23 (18%)	7 (5%)

Education (including basic skills)	44 (31%)	68 (48%)	27 (19%)	3 (2%)
Offending behaviour programmes	50 (35%)	57 (40%)	29 (20%)	7 (5%)

- Q11.4 How often do you usually go to the library?**
- |                                    |          |
|------------------------------------|----------|
| <i>Don't want to go</i> .....      | 22 (13%) |
| <i>Never</i> .....                 | 32 (19%) |
| <i>Less than once a week</i> ..... | 59 (35%) |
| <i>About once a week</i> .....     | 43 (25%) |
| <i>More than once a week</i> ..... | 15 (9%)  |
- Q11.5 Does the library have a wide enough range of materials to meet your needs?**
- |                           |          |
|---------------------------|----------|
| <i>Don't use it</i> ..... | 42 (25%) |
| <i>Yes</i> .....          | 66 (39%) |
| <i>No</i> .....           | 63 (37%) |
- Q11.6 How many times do you usually go to the gym each week?**
- |                               |          |
|-------------------------------|----------|
| <i>Don't want to go</i> ..... | 37 (22%) |
| <i>0</i> .....                | 33 (19%) |
| <i>1 to 2</i> .....           | 21 (12%) |
| <i>3 to 5</i> .....           | 73 (43%) |
| <i>More than 5</i> .....      | 7 (4%)   |
- Q11.7 How many times do you usually go outside for exercise each week?**
- |                               |          |
|-------------------------------|----------|
| <i>Don't want to go</i> ..... | 26 (15%) |
| <i>0</i> .....                | 29 (17%) |
| <i>1 to 2</i> .....           | 43 (25%) |
| <i>3 to 5</i> .....           | 26 (15%) |
| <i>More than 5</i> .....      | 45 (27%) |
- Q11.8 How many times do you usually have association each week?**
- |                               |           |
|-------------------------------|-----------|
| <i>Don't want to go</i> ..... | 5 (3%)    |
| <i>0</i> .....                | 7 (4%)    |
| <i>1 to 2</i> .....           | 7 (4%)    |
| <i>3 to 5</i> .....           | 10 (6%)   |
| <i>More than 5</i> .....      | 140 (83%) |
- Q11.9 How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)**
- |                                      |          |
|--------------------------------------|----------|
| <i>Less than 2 hours</i> .....       | 10 (6%)  |
| <i>2 to less than 4 hours</i> .....  | 23 (14%) |
| <i>4 to less than 6 hours</i> .....  | 16 (10%) |
| <i>6 to less than 8 hours</i> .....  | 40 (24%) |
| <i>8 to less than 10 hours</i> ..... | 34 (20%) |
| <i>10 hours or more</i> .....        | 31 (18%) |
| <i>Don't know</i> .....              | 14 (8%)  |

## Section 12: Contact with family and friends

- Q12.1 Have staff supported you and helped you to maintain contact with your family/friends while in this prison?**
- |                  |           |
|------------------|-----------|
| <i>Yes</i> ..... | 52 (31%)  |
| <i>No</i> .....  | 115 (69%) |
- Q12.2 Have you had any problems with sending or receiving mail (letters or parcels)?**
- |                  |           |
|------------------|-----------|
| <i>Yes</i> ..... | 69 (41%)  |
| <i>No</i> .....  | 101 (59%) |

**Q12.3 Have you had any problems getting access to the telephones?**  
 Yes ..... 49 (29%)  
 No ..... 120 (71%)

**Q12.4 How easy or difficult is it for your family and friends to get here?**  
*I don't get visits* ..... 35 (20%)  
 Very easy ..... 5 (3%)  
 Easy ..... 25 (15%)  
 Neither ..... 11 (6%)  
 Difficult ..... 27 (16%)  
 Very difficult ..... 64 (37%)  
 Don't know ..... 5 (3%)

### Section 13: Preparation for release

**Q13.1 Do you have a named offender manager (home probation officer) in the probation service?**  
*Not sentenced* ..... 0 (0%)  
 Yes ..... 154 (92%)  
 No ..... 14 (8%)

**Q13.2 What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)**  
*Not sentenced/N/A* ..... 14 (9%)  
 No contact ..... 39 (24%)  
 Letter ..... 60 (37%)  
 Phone ..... 52 (32%)  
 Visit ..... 57 (35%)

**Q13.3 Do you have a named offender supervisor in this prison?**  
 Yes ..... 149 (90%)  
 No ..... 16 (10%)

**Q13.4 Do you have a sentence plan?**  
*Not sentenced* ..... 0 (0%)  
 Yes ..... 148 (87%)  
 No ..... 23 (13%)

**Q13.5 How involved were you in the development of your sentence plan?**  
*Do not have a sentence plan/not sentenced* ..... 23 (14%)  
 Very involved ..... 27 (16%)  
 Involved ..... 55 (33%)  
 Neither ..... 24 (14%)  
 Not very involved ..... 22 (13%)  
 Not at all involved ..... 16 (10%)

**Q13.6 Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)**  
*Do not have a sentence plan/not sentenced* ..... 23 (14%)  
 Nobody ..... 51 (31%)  
 Offender supervisor ..... 76 (46%)  
 Offender manager ..... 40 (24%)  
 Named/ personal officer ..... 37 (22%)  
 Staff from other departments ..... 28 (17%)

**Q13.7 Can you achieve any of your sentence plan targets in this prison?**  
*Do not have a sentence plan/not sentenced* ..... 23 (14%)  
 Yes ..... 81 (49%)  
 No ..... 45 (27%)  
 Don't know ..... 16 (10%)

- Q13.8 Are there plans for you to achieve any of your sentence plan targets in another prison?**
- |  |          |
|--|----------|
| <i>Do not have a sentence plan/not sentenced</i> ..... | 23 (14%) |
| Yes .....  | 56 (34%) |
| No .....   | 61 (37%) |
| <i>Don't know</i> .....                                | 26 (16%) |
- Q13.9 Are there plans for you to achieve any of your sentence plan targets in the community?**
- |  |          |
|--|----------|
| <i>Do not have a sentence plan/not sentenced</i> ..... | 23 (14%) |
| Yes .....  | 17 (10%) |
| No .....   | 69 (42%) |
| <i>Don't know</i> .....                                | 56 (34%) |
- Q13.10 Do you have a needs based custody plan?**
- |                         |          |
|-------------------------|----------|
| Yes .....               | 12 (7%)  |
| No .....                | 84 (50%) |
| <i>Don't know</i> ..... | 71 (43%) |
- Q13.11 Do you feel that any member of staff has helped you to prepare for your release?**
- |           |           |
|-----------|-----------|
| Yes ..... | 21 (13%)  |
| No .....  | 139 (87%) |
- Q13.12 Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you.)**
- |                   | <i>Do not need help</i> | Yes      | No        |
|-------------------|-------------------------|----------|-----------|
| Employment        | 39 (26%)                | 11 (7%)  | 102 (67%) |
| Accommodation     | 35 (23%)                | 18 (12%) | 100 (65%) |
| Benefits          | 35 (23%)                | 15 (10%) | 99 (66%)  |
| Finances          | 41 (27%)                | 14 (9%)  | 95 (63%)  |
| Education         | 45 (30%)                | 18 (12%) | 87 (58%)  |
| Drugs and alcohol | 56 (39%)                | 21 (15%) | 67 (47%)  |
- Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?**
- |                            |          |
|----------------------------|----------|
| <i>Not sentenced</i> ..... | 0 (0%)   |
| Yes .....                  | 98 (63%) |
| No .....                   | 58 (37%) |



## Main comparator and comparator to last time



### Prisoner survey responses HMP Full Sutton 2012

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 2012	High security prisons comparator	HMP Full Sutton 2012	HMP Full Sutton 2010
	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				
<b>Number of completed questionnaires returned</b>		<b>176</b>	<b>683</b>	<b>176</b>	<b>172</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	0%	1%	0%	1%
1.3	Are you sentenced?	100%	99%	100%	100%
1.3	Are you on recall?	1%	2%	1%	1%
1.4	Is your sentence less than 12 months?	0%	0%	0%	0%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	15%	14%	15%	10%
1.5	Are you a foreign national?	11%	12%	11%	8%
1.6	Do you understand spoken English?	100%	100%	100%	
1.7	Do you understand written English?	98%	99%	98%	
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	31%	26%	31%	25%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	4%	4%	1%
1.1	Are you Muslim?	23%	16%	23%	20%
1.11	Are you homosexual/gay or bisexual?	5%	7%	5%	7%
1.12	Do you consider yourself to have a disability?	22%	30%	22%	17%
1.13	Are you a veteran (ex-armed services)?	13%	13%	13%	
1.14	Is this your first time in prison?	39%	38%	39%	39%
1.15	Do you have any children under the age of 18?	41%	43%	41%	44%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	67%	66%	67%	59%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	46%	42%	46%	
2.3	Were you offered a toilet break?	11%	9%	11%	
2.4	Was the van clean?	66%	70%	66%	
2.5	Did you feel safe?	77%	71%	77%	
2.6	Were you treated well/very well by the escort staff?	58%	56%	58%	61%
2.7	Before you arrived here were you told that you were coming here?	39%	53%	39%	
2.7	Before you arrived here did you receive any written information about coming here?	5%	7%	5%	
2.8	When you first arrived here did your property arrive at the same time as you?	74%	73%	74%	68%

## Main comparator and comparator to last time

### Key to tables

		HMP Full Sutton 2012	High security prisons comparator	HMP Full Sutton 2012	HMP Full Sutton 2010
	Any percentage highlighted in green is significantly better	HMP Full Sutton 2012	High security prisons comparator	HMP Full Sutton 2012	HMP Full Sutton 2010
	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				
<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	72%	52%	72%	
3.2	When you were searched in reception, was this carried out in a respectful way?	66%	70%	66%	65%
3.3	Were you treated well/very well in reception?	60%	56%	60%	49%
	When you first arrived:				
3.4	Did you have any problems?	62%	70%	62%	70%
3.4	Did you have any problems with loss of property?	31%	26%	31%	32%
3.4	Did you have any housing problems?	2%	5%	2%	1%
3.4	Did you have any problems contacting employers?	2%	2%	2%	1%
3.4	Did you have any problems contacting family?	23%	33%	23%	26%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	4%	0%	3%
3.4	Did you have any money worries?	11%	12%	11%	12%
3.4	Did you have any problems with feeling depressed or suicidal?	9%	18%	9%	14%
3.4	Did you have any physical health problems?	11%	19%	11%	
3.4	Did you have any mental health problems?	14%	15%	14%	
3.4	Did you have any problems with needing protection from other prisoners?	10%	9%	10%	13%
3.4	Did you have problems accessing phone numbers?	18%	28%	18%	22%
	For those with problems:				
3.5	Did you receive any help/support from staff in dealing with these problems?	35%	36%	35%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	47%	53%	47%	43%
3.6	A shower?	32%	25%	32%	33%
3.6	A free telephone call?	20%	22%	20%	16%
3.6	Something to eat?	59%	55%	59%	67%
3.6	PIN phone credit?	30%	13%	30%	
3.6	Toiletries/basic items?	49%	44%	49%	

## Main comparator and comparator to last time

### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Reception, first night and induction continued</b>					
When you first arrived here did you have access to the following people:					
3.7	The chaplain or a religious leader?	56%	38%	56%	
3.7	Someone from health services?	60%	58%	60%	
3.7	A Listener/Samaritans?	30%	20%	30%	
3.7	Prison shop/canteen?	28%	10%	28%	10%
When you first arrived here were you offered information about any of the following:					
3.8	What was going to happen to you?	50%	34%	50%	36%
3.8	Support was available for people feeling depressed or suicidal?	36%	31%	36%	28%
3.8	How to make routine requests?	39%	30%	39%	32%
3.8	Your entitlement to visits?	34%	26%	34%	32%
3.8	Health services?	47%	37%	47%	39%
3.8	The chaplaincy?	44%	30%	44%	40%
3.9	Did you feel safe on your first night here?	73%	67%	73%	73%
3.10	Have you been on an induction course?	88%	90%	88%	85%
For those who have been on an induction course:					
3.11	Did the course cover everything you needed to know about the prison?	45%	57%	45%	45%
3.12	Did you receive an education (skills for life) assessment?	83%	77%	83%	
<b>SECTION 4: Legal rights and respectful custody</b>					
In terms of your legal rights, is it easy/very easy to:					
4.1	Communicate with your solicitor or legal representative?	59%	57%	59%	63%
4.1	Attend legal visits?	56%	58%	56%	62%
4.1	Get bail information?	10%	10%	10%	10%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	49%	58%	49%	51%
4.3	Can you get legal books in the library?	55%	69%	55%	
For the wing/unit you are currently on:					
4.4	Are you normally offered enough clean, suitable clothes for the week?	86%	72%	86%	73%
4.4	Are you normally able to have a shower every day?	95%	95%	95%	97%
4.4	Do you normally receive clean sheets every week?	89%	75%	89%	90%
4.4	Do you normally get cell cleaning materials every week?	93%	67%	93%	92%
4.4	Is your cell call bell normally answered within five minutes?	53%	49%	53%	60%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	68%	64%	68%	65%
4.4	Can you normally get your stored property if you need to?	34%	25%	34%	26%
4.5	Is the food in this prison good/very good?	32%	17%	32%	33%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	57%	41%	57%	53%
4.7	Are you able to speak to a Listener at any time if you want to?	51%	54%	51%	53%
4.8	Are your religious beliefs are respected?	47%	46%	47%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	61%	55%	61%	62%
4.10	Is it easy/very easy to attend religious services?	53%	43%	53%	

## Main comparator and comparator to last time

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<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	90%	84%	90%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	61%	51%	61%	50%
5.2	Do you feel applications are dealt with quickly (within seven days)?	51%	49%	51%	47%
5.3	Is it easy to make a complaint?	69%	71%	69%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	32%	25%	32%	25%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	46%	39%	46%	42%
5.5	Have you ever been prevented from making a complaint when you wanted to?	33%	27%	33%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	34%	28%	34%	41%
<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	54%	47%	54%	56%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	37%	37%	42%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	6%	8%	4%
6.4	In the last six months, if you have spent a night in the segregation/care and separation unit, were you treated very well/well by staff?	22%	48%	22%	
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	75%	71%	75%	72%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	73%	74%	73%	73%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	37%	29%	37%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	23%	24%	23%	22%
7.5	Do you have a personal officer?	93%	87%	93%	94%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	60%	54%	60%	53%

## Main comparator and comparator to last time

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<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	55%	55%	55%	59%
8.2	Do you feel unsafe now?	23%	27%	23%	24%
8.4	Have you been victimised by other prisoners here?	37%	35%	37%	27%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	18%	17%	18%	11%
8.5	Hit, kicked or assaulted you?	6%	10%	6%	10%
8.5	Sexually abused you?	2%	2%	2%	3%
8.5	Threatened or intimidated you?	26%	25%	26%	
8.5	Taken your canteen/property?	5%	6%	5%	4%
8.5	Victimised you because of medication?	6%	7%	6%	
8.5	Victimised you because of debt?	4%	2%	4%	
8.5	Victimised you because of drugs?	1%	4%	1%	3%
8.5	Victimised you because of your race or ethnic origin?	5%	7%	5%	4%
8.5	Victimised you because of your religion/religious beliefs?	8%	8%	8%	7%
8.5	Victimised you because of your nationality?	5%	6%	5%	
8.5	Victimised you because you were from a different part of the country?	5%	7%	5%	4%
8.5	Victimised you because you are from a traveller community?	1%	1%	1%	
8.5	Victimised you because of your sexual orientation?	5%	4%	5%	5%
8.5	Victimised you because of your age?	4%	6%	4%	1%
8.5	Victimised you because you have a disability?	5%	6%	5%	1%
8.5	Victimised you because you were new here?	3%	6%	3%	6%
8.5	Victimised you because of your offence/crime?	11%	12%	11%	8%
8.5	Victimised you because of gang related issues?	5%	5%	5%	4%

## Main comparator and comparator to last time

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<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	48%	40%	48%	36%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	18%	16%	18%	11%
8.7	Hit, kicked or assaulted you?	6%	5%	6%	4%
8.7	Sexually abused you?	2%	1%	2%	1%
8.7	Threatened or intimidated you?	24%	27%	24%	
8.7	Victimised you because of medication?	8%	4%	8%	
8.7	Victimised you because of debt?	1%	1%	1%	
8.7	Victimised you because of drugs?	0%	2%	0%	1%
8.7	Victimised you because of your race or ethnic origin?	8%	10%	8%	9%
8.7	Victimised you because of your religion/religious beliefs?	11%	9%	11%	10%
8.7	Victimised you because of your nationality?	5%	1%	5%	
8.7	Victimised you because you were from a different part of the country?	4%	7%	4%	4%
8.7	Victimised you because you are from a traveller community?	2%	1%	2%	
8.7	Victimised you because of your sexual orientation?	2%	2%	2%	2%
8.7	Victimised you because of your age?	2%	4%	2%	3%
8.7	Victimised you because you have a disability?	4%	6%	4%	1%
8.7	Victimised you because you were new here?	5%	5%	5%	5%
8.7	Victimised you because of your offence/crime?	10%	14%	10%	11%
8.7	Victimised you because of gang related issues?	2%	2%	2%	3%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	54%	48%	54%	53%

## Main comparator and comparator to last time

### Key to tables

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<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	34%	40%	34%	35%
9.1	Is it easy/very easy to see the nurse?	53%	62%	53%	54%
9.1	Is it easy/very easy to see the dentist?	19%	15%	19%	24%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	34%	47%	34%	35%
9.2	The nurse?	49%	56%	49%	63%
9.2	The dentist?	77%	44%	77%	79%
9.3	The overall quality of health services?	37%	37%	37%	41%
9.4	Are you currently taking medication?	53%	61%	53%	54%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	87%	85%	87%	
9.6	Do you have any emotional well being or mental health problems?	29%	33%	29%	29%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	60%	40%	60%	
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	14%	13%	14%	17%
10.2	Did you have a problem with alcohol when you came into this prison?	12%	13%	12%	16%
10.3	Is it easy/very easy to get illegal drugs in this prison?	17%	24%	17%	17%
10.4	Is it easy/very easy to get alcohol in this prison?	15%	14%	15%	
10.5	Have you developed a problem with drugs since you have been in this prison?	5%	7%	5%	6%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	5%	5%	5%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	67%	41%	67%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	73%	63%	73%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	79%	63%	79%	69%

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<b>SECTION 11: Activities</b>				
Is it very easy/ easy to get into the following activities:				
11.1 A prison job?	30%	35%	30%	
11.1 Vocational or skills training?	27%	20%	27%	
11.1 Education (including basic skills)?	40%	36%	40%	
11.1 Offending behaviour programmes?	25%	26%	25%	
Are you currently involved in any of the following activities:				
11.2 A prison job?	71%	69%	71%	78%
11.2 Vocational or skills training?	11%	12%	11%	18%
11.2 Education (including basic skills)?	28%	37%	28%	47%
11.2 Offending behaviour programmes?	13%	19%	13%	25%
11.3 Have you had a job while in this prison?	76%	90%	76%	88%
For those who have had a prison job while in this prison:				
11.3 Do you feel the job will help you on release?	40%	41%	40%	39%
11.3 Have you been involved in vocational or skills training while in this prison?	64%	73%	64%	78%
For those who have had vocational or skills training while in this prison:				
11.3 Do you feel the vocational or skills training will help you on release?	63%	54%	63%	64%
11.3 Have you been involved in education while in this prison?	69%	83%	69%	86%
For those who have been involved in education while in this prison:				
11.3 Do you feel the education will help you on release?	69%	66%	69%	70%
11.3 Have you been involved in offending behaviour programmes while in this prison?	65%	79%	65%	82%
For those who have been involved in offending behaviour programmes while in this prison:				
11.3 Do you feel the offending behaviour programme(s) will help you on release?	61%	54%	61%	64%
11.4 Do you go to the library at least once a week?	34%	58%	34%	39%
11.5 Does the library have a wide enough range of materials to meet your needs?	39%	60%	39%	
11.6 Do you go to the gym three or more times a week?	47%	14%	47%	41%
11.7 Do you go outside for exercise three or more times a week?	42%	17%	42%	42%
11.8 Do you go on association more than five times each week?	83%	86%	83%	92%
11.9 Do you spend ten or more hours out of your cell on a weekday?	18%	26%	18%	13%
<b>SECTION 12: Friends and family</b>				
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	31%	28%	31%	34%
12.2 Have you had any problems with sending or receiving mail?	41%	56%	41%	40%
12.3 Have you had any problems getting access to the telephones?	29%	23%	29%	20%
12.4 Is it easy/ very easy for your friends and family to get here?	18%	14%	18%	



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<b>SECTION 13: Preparation for release</b>				
For those who are sentenced:				
13.1 Do you have a named offender manager (home probation officer) in the probation service?	92%	85%	92%	
For those who are sentenced what type of contact have you had with your offender manager:				
13.2 No contact?	26%	27%	26%	
13.2 Contact by letter?	40%	53%	40%	
13.2 Contact by phone?	35%	18%	35%	
13.2 Contact by visit?	38%	39%	38%	
13.3 Do you have a named offender supervisor in this prison?	90%	61%	90%	
For those who are sentenced:				
13.4 Do you have a sentence plan?	87%	88%	87%	88%
For those with a sentence plan:				
13.5 Were you involved/very involved in the development of your plan?	57%	44%	57%	56%
Who is working with you to achieve your sentence plan targets:				
13.6 Nobody?	35%	58%	35%	
13.6 Offender supervisor?	53%	15%	53%	
13.6 Offender manager?	28%	18%	28%	
13.6 Named/personal officer?	26%	10%	26%	
13.6 Staff from other departments?	20%	24%	20%	
For those with a sentence plan:				
13.7 Can you achieve any of your sentence plan targets in this prison?	57%	54%	57%	61%
13.8 Are there plans for you to achieve any of your targets in another prison?	39%	21%	39%	
13.9 Are there plans for you to achieve any of your targets in the community?	12%	7%	12%	
13.10 Do you have a needs based custody plan?	7%	5%	7%	
13.11 Do you feel that any member of staff has helped you to prepare for release?	13%	8%	13%	15%
For those that need help do you know of anyone in this prison who can help you on release with the following:				
13.12 Employment?	10%	17%	10%	
13.12 Accommodation?	15%	17%	15%	
13.12 Benefits?	13%	17%	13%	
13.12 Finances?	13%	15%	13%	
13.12 Education?	17%	20%	17%	
13.12 Drugs and alcohol?	24%	23%	24%	
For those who are sentenced:				
13.13 Have you done anything, or has anything happened to you here to make you less likely to offend in future?	63%	57%	63%	61%

## Diversity analysis



### Key question responses (ethnicity, nationality and religion) HMP Full Sutton 2012

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

#### Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
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	Percentages which are not highlighted show there is no significant difference						
<b>Number of completed questionnaires returned</b>		<b>54</b>	<b>119</b>	<b>19</b>	<b>151</b>	<b>38</b>	<b>130</b>
1.3	Are you sentenced?	100%	100%	100%	100%	100%	100%
1.5	Are you a foreign national?	16%	10%			8%	12%
1.6	Do you understand spoken English?	98%	100%	95%	100%	100%	99%
1.7	Do you understand written English?	95%	99%	85%	100%	95%	98%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			42%	30%	89%	15%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	4%	6%	3%	0%	5%
1.1	Are you Muslim?	62%	4%	15%	23%		
1.12	Do you consider yourself to have a disability?	9%	28%	11%	24%	13%	26%
1.13	Are you a veteran (ex-armed services)?	0%	17%	5%	13%	0%	15%
1.14	Is this your first time in prison?	42%	38%	84%	33%	46%	36%
2.6	Were you treated well/very well by the escort staff?	47%	63%	59%	58%	47%	63%
2.7	Before you arrived here were you told that you were coming here?	26%	45%	29%	40%	37%	39%
3.2	When you were searched in reception, was this carried out in a respectful way?	47%	75%	85%	65%	41%	74%
3.3	Were you treated well/very well in reception?	47%	67%	79%	58%	46%	67%
3.4	Did you have any problems when you first arrived?	81%	54%	67%	62%	84%	56%
3.7	Did you have access to someone from health care when you first arrived here?	62%	60%	67%	60%	51%	63%
3.9	Did you feel safe on your first night here?	61%	78%	89%	72%	63%	77%
3.10	Have you been on an induction course?	87%	90%	100%	88%	89%	90%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	53%	62%	68%	58%	57%	60%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally offered enough clean, suitable clothes for the week?	75%	91%	89%	87%	78%	88%
4.4	Are you normally able to have a shower every day?	89%	98%	95%	95%	92%	96%
4.4	Is your cell call bell normally answered within five minutes?	50%	54%	64%	51%	55%	51%
4.5	Is the food in this prison good/very good?	24%	35%	36%	31%	21%	36%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	33%	68%	56%	57%	37%	63%
4.7	Are you able to speak to a Listener at any time, if you want to?	32%	62%	59%	51%	22%	60%
4.8	Do you feel your religious beliefs are respected?	40%	50%	50%	48%	47%	47%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	70%	58%	53%	62%	82%	58%
5.1	Is it easy to make an application?	79%	94%	89%	90%	82%	92%
5.3	Is it easy to make a complaint?	63%	73%	47%	73%	68%	71%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	41%	61%	47%	56%	39%	59%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	37%	44%	37%	36%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	8%	11%	7%	6%	8%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	61%	82%	79%	75%	58%	80%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	58%	80%	79%	72%	57%	78%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	9%	30%	32%	23%	2%	30%
7.4	Do you have a personal officer?	93%	92%	89%	93%	92%	92%
8.1	Have you ever felt unsafe here?	63%	50%	47%	56%	61%	53%
8.2	Do you feel unsafe now?	33%	17%	11%	24%	37%	18%
8.3	Have you been victimised by other prisoners?	42%	36%	36%	39%	30%	40%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	28%	24%	26%	27%	19%	27%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	13%	2%	15%	4%	0%	7%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	11%	7%	5%	9%	8%	8%
8.5	Have you been victimised because of your nationality? (By prisoners)	11%	2%	21%	3%	0%	6%
8.5	Have you been victimised because you have a disability? (By prisoners)	2%	5%	0%	6%	6%	4%

## Diversity analysis

### Key to tables

		Black and minority ethnic prisoners		White prisoners		Foreign national prisoners		British prisoners		Muslim prisoners		Non-Muslim prisoners	
Any percentage highlighted in green is significantly better													
Any percentage highlighted in blue is significantly worse													
Any percentage highlighted in orange shows a significant difference in prisoners' background details													
Percentages which are not highlighted show there is no significant difference													
8.6	Have you been victimised by a member of staff?	65%	40%	33%	50%	66%	43%						
8.7	Have you ever felt threatened or intimidated by staff here?	41%	16%	16%	24%	44%	17%						
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	24%	1%	16%	7%	17%	6%						
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	26%	4%	11%	10%	36%	4%						
8.7	Have you been victimised because of your nationality? (By staff)	10%	2%	16%	3%	2%	5%						
8.7	Have you been victimised because you have a disability? (By staff)	4%	4%	11%	3%	2%	5%						
9.1	Is it easy/very easy to see the doctor?	20%	41%	32%	34%	16%	40%						
9.1	Is it easy/very easy to see the nurse?	46%	56%	61%	53%	46%	55%						
9.4	Are you currently taking medication?	43%	58%	39%	54%	42%	56%						
9.6	Do you feel you have any emotional well being/mental health issues?	21%	32%	26%	30%	11%	34%						
10.3	Is it easy/very easy to get illegal drugs in this prison?	15%	18%	11%	18%	16%	17%						
11.2	Are you currently working in the prison?	79%	67%	68%	72%	82%	68%						
11.2	Are you currently undertaking vocational or skills training?	17%	8%	21%	10%	13%	10%						
11.2	Are you currently in education (including basic skills)?	45%	19%	42%	26%	42%	24%						
11.2	Are you currently taking part in an offending behaviour programme?	11%	14%	5%	15%	11%	14%						
11.4	Do you go to the library at least once a week?	36%	33%	42%	33%	27%	37%						
11.6	Do you go to the gym three or more times a week?	73%	35%	67%	46%	76%	39%						
11.7	Do you go outside for exercise three or more times a week?	44%	41%	58%	40%	42%	42%						
11.8	On average, do you go on association more than five times each week?	83%	83%	85%	84%	89%	82%						
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	11%	22%	23%	19%	16%	20%						
12.2	Have you had any problems sending or receiving mail?	48%	36%	21%	43%	47%	37%						
12.3	Have you had any problems getting access to the telephones?	38%	24%	15%	30%	34%	26%						

## Diversity analysis



### Key questionresponses (disability and age over 50) HMP Full Sutton 2012

**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

		Consider themselves to have a disability		Do not consider themselves to have a disability	
				Prisoners aged 50 and over	Prisoners under the age of 50
Any percentage highlighted in green is significantly better					
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
<b>Number of completed questionnaires returned</b>		<b>38</b>	<b>134</b>	<b>41</b>	<b>132</b>
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	5%	13%	0%	15%
1.6	Do you understand spoken English?	100%	99%	100%	99%
1.7	Do you understand written English?	100%	97%	100%	97%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	13%	36%	12%	38%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	6%	3%	2%	4%
1.1	Are you Muslim?	13%	25%	5%	28%
1.12	Do you consider yourself to have a disability?	%	%	33%	19%
1.13	Are you a veteran (ex-armed services)?	13%	12%	33%	6%
1.14	Is this your first time in prison?	30%	42%	42%	38%
2.6	Were you treated well/very well by the escort staff?	73%	53%	70%	54%
2.7	Before you arrived here were you told that you were coming here?	42%	36%	51%	34%
3.2	When you were searched in reception, was this carried out in a respectful way?	68%	65%	73%	64%
3.3	Were you treated well/very well in reception?	58%	61%	68%	58%
3.4	Did you have any problems when you first arrived?	87%	55%	51%	67%
3.7	Did you have access to someone from health care when you first arrived here?	57%	61%	63%	59%
3.9	Did you feel safe on your first night here?	54%	78%	64%	76%
3.10	Have you been on an induction course?	92%	89%	93%	87%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	66%	57%	72%	55%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	81%	88%	95%	83%
4.4	Are you normally able to have a shower every day?	95%	95%	100%	94%
4.4	Is your cell call bell normally answered within five minutes?	47%	55%	53%	52%
4.5	Is the food in this prison good/very good?	38%	29%	30%	32%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	61%	55%	58%	56%
4.7	Are you able to speak to a Listener at any time if you want to?	46%	53%	69%	45%
4.8	Do you feel your religious beliefs are respected?	50%	45%	62%	42%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	48%	65%	71%	58%
5.1	Is it easy to make an application?	92%	90%	93%	89%
5.3	Is it easy to make a complaint?	74%	69%	87%	65%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	46%	56%	53%	53%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	35%	37%	36%	38%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	7%	2%	10%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	75%	75%	82%	73%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	72%	73%	79%	70%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	24%	24%	37%	20%
7.4	Do you have a personal officer?	89%	93%	93%	92%
8.1	Have you ever felt unsafe here?	78%	47%	50%	57%
8.2	Do you feel unsafe now?	42%	16%	17%	25%
8.3	Have you been victimised by other prisoners?	57%	32%	37%	38%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	43%	20%	25%	27%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	5%	0%	7%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	16%	6%	0%	11%
8.5	Have you been victimised because of your nationality? (By prisoners)	6%	5%	0%	6%
8.5	Have you been victimised because of your age? (By prisoners)	8%	3%	7%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	19%	0%	10%	3%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	66%	44%	41%	52%
8.7	Have you ever felt threatened or intimidated by staff here?	40%	20%	18%	26%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	9%	2%	10%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	12%	11%	0%	14%
8.7	Have you been victimised because of your nationality? (By staff)	3%	5%	0%	6%
8.7	Have you been victimised because of your age? (By staff)	0%	3%	2%	2%
8.7	Have you been victimised because you have a disability? (By staff)	17%	1%	5%	4%
9.1	Is it easy/very easy to see the doctor?	35%	33%	44%	30%
9.1	Is it easy/ very easy to see the nurse?	61%	51%	58%	51%
9.4	Are you currently taking medication?	83%	43%	73%	46%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	68%	18%	24%	32%
10.3	Is it easy/very easy to get illegal drugs in this prison?	22%	16%	10%	20%
11.2	Are you currently working in the prison?	57%	75%	79%	69%
11.2	Are you currently undertaking vocational or skills training?	11%	11%	8%	12%
11.2	Are you currently in education (including basic skills)?	30%	28%	29%	28%
11.2	Are you currently taking part in an offending behaviour programme?	11%	13%	13%	13%
11.4	Do you go to the library at least once a week?	27%	37%	33%	35%
11.6	Do you go to the gym three or more times a week?	21%	56%	15%	57%
11.7	Do you go outside for exercise three or more times a week?	30%	46%	34%	44%
11.8	On average, do you go on association more than five times each week?	73%	87%	77%	84%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	14%	20%	26%	17%
12.2	Have you had any problems sending or receiving mail?	43%	40%	33%	43%
12.3	Have you had any problems getting access to the telephones?	29%	30%	15%	34%

## Diversity analysis



### Key question responses (veterans) HMP Full Sutton 2012

**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

		Consider themselves to be a veteran	Do not consider themselves to be a veteran
	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		
<b>Number of completed questionnaires returned</b>		<b>21</b>	<b>148</b>
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	4%	11%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	98%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	0%	34%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	4%
1.1	Are you Muslim?	0%	24%
1.12	Do you consider yourself to have a disability?	24%	23%
1.13	Are you a veteran (ex-armed services)?	-	-
1.14	Is this your first time in prison?	65%	36%
2.6	Were you treated well/very well by the escort staff?	67%	55%
2.7	Before you arrived here were you told that you were coming here?	58%	36%
3.2	When you were searched in reception, was this carried out in a respectful way?	81%	64%
3.3	Were you treated well/very well in reception?	71%	58%
3.4	Did you have any problems when you first arrived?	48%	64%
3.7	Did you have access to someone from health care when you first arrived here?	70%	59%
3.9	Did you feel safe on your first night here?	90%	71%
3.10	Have you been on an induction course?	86%	90%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	55%	60%



## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	100%	84%
4.4	Are you normally able to have a shower every day?	100%	94%
4.4	Is your cell call bell normally answered within five minutes?	75%	51%
4.5	Is the food in this prison good/very good?	40%	31%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	70%	56%
4.7	Are you able to speak to a Listener at any time if you want to?	75%	48%
4.8	Do you feel your religious beliefs are respected?	50%	45%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	60%	60%
5.1	Is it easy to make an application?	100%	88%
5.3	Is it easy to make a complaint?	86%	69%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	70%	52%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	30%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	7%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	89%	74%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	79%	72%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	40%	21%
7.4	Do you have a personal officer?	96%	93%
8.1	Have you ever felt unsafe here?	55%	54%
8.2	Do you feel unsafe now?	21%	22%
8.3	Have you been victimised by other prisoners?	30%	38%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	20%	26%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	10%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	6%
8.5	Have you been victimised you are from a different part of the country than others? (By prisoners)		
8.5	Have you been victimised because you are from a traveller community? (By prisoners)		
8.5	Have you been victimised because of your age? (By prisoners)	0%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	4%	4%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	21%	51%
8.7	Have you ever felt threatened or intimidated by staff here?	11%	25%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	9%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	13%
8.7	Have you been victimised because of your nationality? (By staff)	11%	4%
8.7	Have you been victimised you are from a different part of the country than others? (By staff)		
8.7	Have you been victimised because you are from a traveller community? (By staff)		
8.7	Have you been victimised because of your age? (By staff)	0%	2%
8.7	Have you been victimised because you have a disability? (By staff)	0%	5%
9.1	Is it easy/very easy to see the doctor?	45%	33%
9.1	Is it easy/very easy to see the nurse?	53%	54%
9.4	Are you currently taking medication?	60%	51%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	25%	29%
10.3	Is it easy/very easy to get illegal drugs in this prison?	4%	19%
11.2	Are you currently working in the prison?	89%	70%
11.2	Are you currently undertaking vocational or skills training?	0%	12%
11.2	Are you currently in education (including basic skills)?	21%	28%
11.2	Are you currently taking part in an offending behaviour programme?	15%	13%
11.4	Do you go to the library at least once a week?	30%	35%
11.6	Do you go to the gym three or more times a week?	20%	52%
11.7	Do you go outside for exercise three or more times a week?	20%	46%
11.8	On average, do you go on association more than five times each week?	80%	84%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	25%	18%
12.2	Have you had any problems sending or receiving mail?	40%	41%
12.3	Have you had any problems getting access to the telephones?	25%	30%