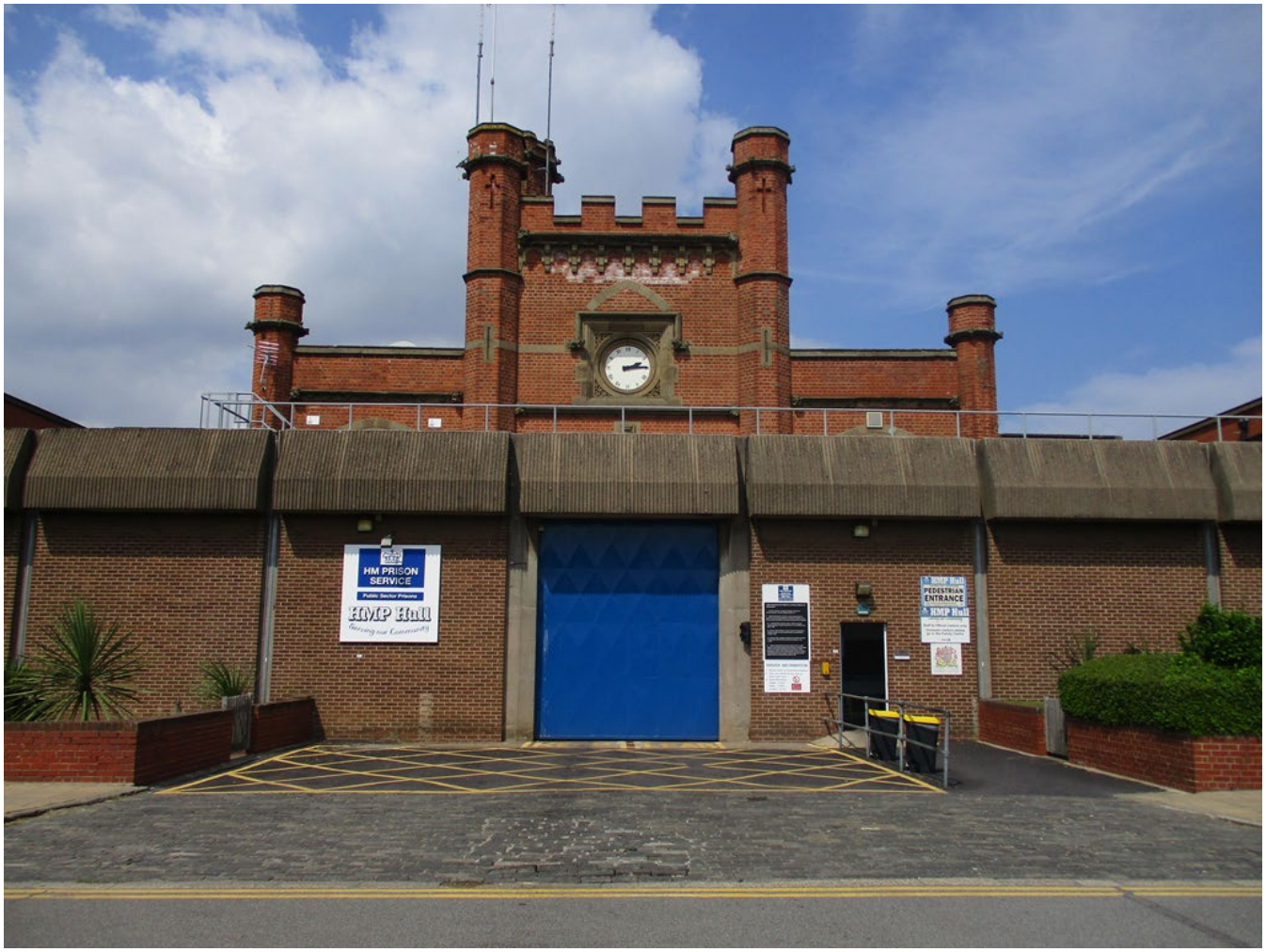
Report on an unannounced inspection of

HMP Hull

by HM Chief Inspector of Prisons

12–13 and 26–30 July 2021



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Introduction

HMP Hull is a large, inner-city male establishment holding just under 1,000 prisoners. A prison of two halves, the four older wings date from the late 19th century, with the remainder built in the early part of the 21st century. The older wings act as a local or reception establishment, receiving remanded or newly convicted men from the local community, while the newer wings largely hold vulnerable prisoners, many of whom are convicted of sexual offences.

A complex, interesting and challenging institution, Hull is a prison about which we have been able to report positively at recent inspections. At our last visit in 2018, for example, we found that outcomes for prisoners were reasonably good against all four tests of a healthy prison. Findings at this inspection have been more disappointing, with evidence of significant shortcomings and deterioration in all four of our assessments.

The prison had been impacted quite significantly by the COVID-19 pandemic and experienced more than one outbreak, although it had responded quickly and effectively to these difficulties. It was also undergoing a period of transition with the recent arrival of a new governor, as well as other changes to the senior management team. Despite this the prison seemed to have retained some core strengths and generally remained a capable institution. Staff were experienced and prisoners appeared to have considerable confidence in them. Staff culture was quite traditional, which was mostly a strength, but there was clearly a need for effective oversight, supervision and regulation to ensure relationships remained constructive and legitimate.

Our sense was that this was a time of potential and opportunity for the prison. Hull was beginning to work towards recovery as it emerged from the restrictions of the pandemic and the governor was in the process of refining his priorities. We were told this included better meeting the needs of short sentence prisoners, staff training, operational grip and safety. As priorities they were reasonable, but there was a need for more substance and clarity in the establishment's plans that detailed how improvements would be made, by whom and when. It was clear to us that current oversight arrangements and structures lacked rigour and accountability and we identified the need for improvement in several specific areas of delivery, including segregation arrangements, safer custody and the use of force. Other priorities included offender management and public protection procedures, both of which required improvement; greater ambition in improving access to activity and time out of cell; and getting a much better hold on the delivery of decent health care, an area that was failing badly.

Standards and outcomes have slipped at Hull. The situation however, seems eminently retrievable, subject to some meaningful planning which focuses on improved outcomes and is supported by rigorous oversight to ensure delivery, compliance and accountability. We have made recommendations which we hope will support that process and believe a relatively early return visit by the Inspectorate may be beneficial.

Charlie Taylor
HM Chief Inspector of Prisons
July 2021

About HMP Hull

Task of the prison/establishment
Category B local for male prisoners

Certified normal accommodation and operational capacity (see Glossary of terms)
Prisoners held at the time of inspection: 965
Baseline certified normal capacity: 723
In-use certified normal capacity: 723
Operational capacity: 1,002 at the time of the inspection. A reduction of 42 had been made to facilitate RCU arrangements and the temporary closure of wings for fire safety improvements

Population of the prison
- 1,290 new prisoners were received each year (about 100 to 150 a month).
- 307 prisoners had been convicted of sexual offences.
- 108 prisoners were foreign nationals.
- 222 prisoners were receiving support for substance use at the time of this inspection.
- 204 prisoners were receiving support for mental health problems at the time of this inspection.

Prison status (public or private) and key providers
Public

Physical health provider: City Health Care Partnership
Mental health provider: City Health Care Partnership
Substance use treatment provider: City Health Care Partnership
Prison education framework provider: Novus
Community rehabilitation company (CRC): National Probation Service
Escort contractor: GeoAmey

Prison group/Department
North East and Yorkshire

Brief history
HMP Hull is a Victorian prison which opened in 1870 to hold men and women. In 1939 it was used as a military prison and later a civil defence depot. In 1950 it re-opened as a closed male borstal. In 1969, after extensive security work, Hull became one of the first maximum security dispersal prisons. In 1986, Hull assumed its current role as a male local prison and remand centre. In 2002 the prison expanded with four new wings, new health care centre, new sports hall and multi-faith centre and refurbishment to other parts of the prison including the kitchen, education and workshops.

Short description of residential units
A wing - 50 single cells for the PIPE unit. The remainder for prisoners with a history of drug use.
B wing – Remand and convicted prisoners. Built in 1990s.
C wing – Remand and convicted prisoners. Built in 1860s.
D wing – Remand and convicted prisoners. Built in 1860s.
G wing – Induction unit/reverse cohort unit. Opened 2002.
H wing – Vulnerable prisoners' unit/induction/reverse cohort overflow. Opened 2002
I wing – Vulnerable prisoners' unit. Opened 2002.
J wing – Vulnerable prisoners' unit. Opened 2002.
Well-being unit – Prisoners with complex care needs, includes a palliative care suite
K wing – Currently unoccupied for fire safety improvement project. To become the separation and care unit from 14 July 2021.

Name of governor and date in post
Shaun Mycroft, 4 June 2021

Leadership changes since the last inspection
Rick Stuart. Retired December 2018
Tony Oliver. Retired 4 June 2021

Prison Group Director
Helen Judge

Independent Monitoring Board chair
David Gillyan-Powell

Date of last inspection
March 2018

Section 1 Summary of key findings

1.1 We last inspected HMP Hull in 2018 and made 44 recommendations, four of which were about areas of key concern. The prison fully accepted 33 of the recommendations and partially (or subject to resources) accepted seven. It rejected four of the recommendations.

1.2 Section 8 contains a full list of recommendations made at the last full inspection and the progress against them.

Progress on key concerns and recommendations from the full inspection

1.3 Our last inspection of HMP Hull took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to report on progress in areas of key concern to help leaders to continue to drive improvement.

1.4 At our last full inspection, we made one recommendation about a key concern in the area of safety. At this inspection we found that this recommendation had been achieved.

1.5 We made two recommendations about key concerns in the area of respect. At this inspection we found that one of those recommendations had been achieved and one had been partially achieved.

1.6 We made no recommendations about key concerns in the area of purposeful activity. Ofsted carried out a progress monitoring visit alongside our inspection to assess the progress that leaders and managers had made towards reinstating a full education, skills and work curriculum. They judged it was too early to assess whether recommendations made at the last inspection had been achieved.

1.7 We made one recommendation about a key concern in the area of rehabilitation and release planning. At this inspection we found that this recommendation had not been achieved.

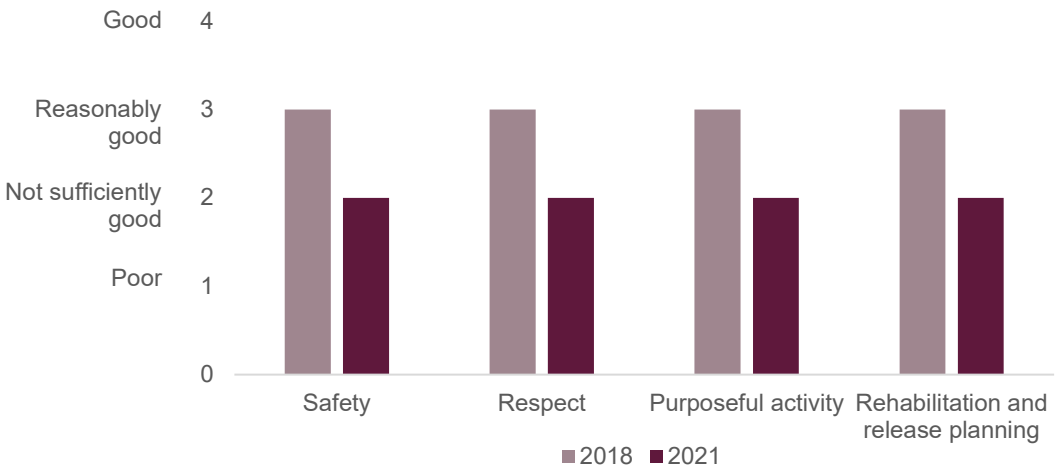
Outcomes for prisoners

1.8 We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.9 At this inspection of HMP Hull, we found that outcomes for prisoners had declined in all healthy prison areas.

1.10 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and Probation (HMPPS) National Framework for prison regimes and services.

Figure 1: HMP Hull healthy prison outcomes 2018 and 2021



Safety

At the last inspection of HMP Hull in 2018, we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection we found that outcomes for prisoners were now not sufficiently good against this healthy prison test.

1.11 Support for prisoners on arrival and during their first few days at the prison was reasonable and the attention given to assessing and addressing individuals' vulnerability had improved.

1.12 The majority of prisoners felt safe. In our survey, 15% said that they felt unsafe at the time of the inspection, although this was significantly higher for those with mental health problems. The number of recorded assaults among prisoners had reduced since the last inspection. However, in recent months both assaults on staff and assaults among prisoners had begun to increase again. The focus on the immediate emerging risks and threats was good but more needed to be done to understand the causes of violence and set targets for improvement. The challenge, support and intervention plan (CSIP) casework model was not operating effectively.

1.13 We were not confident that the use of force was necessary in every case that we reviewed and, in some cases, it was not proportionate or safe. The segregation unit remained very clean and prisoners spoke positively about their relationships with staff. However, the regime was poor, and the treatment of prisoners suspected of secreting illicit items needed immediate attention.

1.14 Security arrangements were proportionate. Measures to reduce the supply of drugs were appropriate given the risks and the use of a body scanner to detect illicit items was good.

1.15 The other principal contributory factor to the judgement about outcomes under this test was the incidence of eight self-inflicted deaths and two non-natural deaths since the last inspection. This was compounded by a lack of evidence that important recommendations made by the Prisons and Probation Ombudsman, following their investigation into these incidents, had led to sustained change, particularly in relation to health care services.

1.16 Prisoners we spoke to were positive about the care they received when subject to an ACCT (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm). The well-being unit, although weakened by the inadequate mental health support, provided some very vulnerable prisoners with a decent and safe place to live.

Respect

At the last inspection of HMP Hull in 2018, we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection we found that outcomes for prisoners were now not sufficiently good against this healthy prison test.

1.17 Working relationships between staff and prisoners remained positive. Living conditions had improved in some important areas but overcrowding continued and the conditions were exacerbated by the fact that most prisoners spent 23 hours a day locked in their cell. External and communal areas were very clean and well maintained and some of the garden areas were excellent.

1.18 In the temporary absence of a prison council, prisoner information desk workers were a good source for consultation and in our survey significantly more prisoners than at our last inspection said they were consulted about key issues. There was good oversight of complaints but responses to applications were not tracked.

1.19 Strategic oversight of equality and diversity had been limited during the pandemic, but a sound strategy had recently been developed with a clear vision for success. Diversity and inclusion action team meetings had recently resumed but there was a lack of commitment to the work by departments across the prison. Analysis of data was underdeveloped but showing signs of improvement. The quality of responses to discrimination incident report forms was good. Support for prisoners with protected characteristics was not yet fully embedded but work with young prisoners was developing well. Corporate worship remained suspended due to the pandemic, but the chaplaincy provided good support to prisoners.

1.20 Health care services had been weak well before the pandemic and were failing in some critical areas. We were not confident that partnership working with healthcare was providing sufficient oversight and governance and there were staffing vacancies across all clinical disciplines. Mental health services were not properly resourced. There were significant risks and unmet need which required immediate attention. Patients waited too long for some primary care services and there was no oversight of waiting lists. Health care staff had good relationships with patients and were caring in their approach. However, patients with long-term conditions did not always receive person-centred, holistic care.

Purposeful activity

At the last inspection of HMP Hull in 2018, we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection we found that outcomes for prisoners were now not sufficiently good against this healthy prison test.

1.21 Ofsted carried out a progress monitoring visit of the prison alongside our full inspection and the purposeful activity judgement incorporates their assessment of progress. Ofsted's full findings and the recommendations arising from their visit are set out in Section 5.

1.22 The use of peer workers to deliver constructive activity and improve time out of cell had not been maximised by leaders. More than a third of prisoners were unemployed at the time of this inspection and 16 months after the start of the COVID-19 restricted regime it was disappointing that most prisoners were locked in their cells for 23 hours a day. This was worse than we have seen in similar prisons. Prisoners who were isolating because of COVID-19 had no time out of cell, which was very poor. The library remained closed, but a mobile service was operating, and the gym provision was reasonable, albeit operating with much reduced numbers.

1.23 Leaders had worked effectively to ensure that, in most cases, the restricted number of spaces in education and work activities were fully used. The range of activities met the needs of both short-term prisoners and those staying at Hull for longer.

1.24 There were too few information, advice and guidance staff and leaders recognised that too many sentenced prisoners were not engaged in education or work activities. Quality assurance of the work that tutors did remotely with learners was thorough. The small number of prisoners who attended workshops or were doing courses developed valuable new skills. In-cell learning booklets were of a reasonable quality and used by many prisoners. There were too few opportunities for prisoners to gain accredited qualifications in vocational training and education.

Rehabilitation and release planning

At the last inspection of HMP Hull in 2018, we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection we found that outcomes for prisoners were now not sufficiently good against this healthy prison test.

1.25 Work to support prisoners' contact with children and families was good. In-cell telephones were of great benefit and the 'family story time' was a positive and creative project. Face-to-face visits had resumed and had been increased at the earliest opportunity and the use of secure video calls (see Glossary of terms) had improved.

1.26 Following a gap for much of the COVID-19 pandemic, oversight of reducing reoffending work had recently restarted but the strategy and needs analysis were out of date. The recent reunification of probation had led to significant interruptions in the delivery of some key resettlement services.

1.27 Most eligible prisoners had had an initial assessment of their risk and need. In our survey, 34% of prisoners said they had a custody plan. Most of them knew what they needed to do to achieve their targets but only 64% said someone was helping them to achieve them. Contact between prison-based offender managers and prisoners was very poor. It was predominantly task driven and for most prisoners did not focus on sentence progression. Initial categorisation and reviews were timely and appropriate. Home detention curfew procedures were managed well given the circumstances.

1.28 There was not enough oversight of high risk of harm prisoners approaching release. In too many cases we could not see evidence that the MAPPA management level had been confirmed or reviewed in the lead up to release. The number of prisoners on mail and phone monitoring had significantly reduced and procedures were managed appropriately.

1.29 Accredited programmes had restarted in the summer of 2020 but there was a backlog of prisoners waiting for a suitability assessment. The psychologically informed planned environment (PIPE, see Glossary of terms) was impressive and the delivery of the Choices and Changes programme to young prisoners was positive.

1.30 An average of 80 prisoners were released each month and there was a reasonably high demand for resettlement services. Resettlement planning for high-risk prisoners was non-existent at the time of the inspection. Basic practical arrangements were in place for the day of release, but more could be done to further enhance the support provided.

Key concerns and recommendations

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

1.32 During this inspection we identified some areas of key concern and have made a number of recommendations for the prison to address those concerns.

1.33 Key concern: Leadership and progress was hindered by the insufficient or inadequate strategies and action plans to affect improvement. Some were out of date and others, such as the safety strategy, did not set out a clear vision for success or steps to be taken to improve outcomes. This meant that there was a lack of a shared vision or agreement across the prison about the priorities and next steps.

Recommendation: Outcomes for prisoners should be improved. Clear and up-to-date strategies and action plans should be implemented to achieve improvement. The strategies should be regularly reviewed to monitor progress and to ensure oversight arrangements are in place to sustain delivery and provide accountability. (To the governor)

1.34 Key concern: Management oversight of the use of force and segregation was inadequate. For example, some incidents of force we reviewed were not proportionate to the risk and they were not always carried out safely. The segregation unit provided a poor daily regime and the management of those suspected of secreting illicit items was worrying as they were denied time out of cell and access to medication.

Recommendation: The number of times force is used should be reduced. When used it should be proportionate and undertaken safely. (To the governor)

Recommendation: Outcomes for prisoners in the segregation unit should be improved through the provision of a purposeful regime. Those suspected of secreting illicit items should not be denied access to any part of the regime or necessary support. (To the governor)

1.35 Key concern: There had been eight self-inflicted deaths and two further non-natural deaths in the previous three years. Investigations by the Prisons and Probation Ombudsman had generated a large number of recommendations and some highly negative findings about treatment and conditions. We were concerned to find that there had not been sufficient focus on achieving many of these recommendations, particularly those relating to health care.

Recommendation: All Prisons and Probation Ombudsman recommendations should be implemented and sustained over time to help prevent further self-inflicted deaths. (To the governor)

1.36 Key concern: Prisoners with protected and minority characteristics had little direct support and the analysis of data to identify disproportionate treatment remained limited. Promoting positive outcomes for each protected characteristic group was not seen as a priority by all departments so the work was not given sufficient attention.

Recommendation: Leaders should deliver a coordinated and well-resourced approach to promoting equality and inclusion in all aspects of prison life, and make sure that prisoners are consulted frequently to strengthen the support available. (To the governor)

1.37 Key concern: The lack of clinical and operational leadership, inadequate GP capacity and chronic staff shortages meant that patients' changing needs, including the management of long-term conditions and mental health, were not being assessed or met in a timely manner. This was creating significant risk.

Recommendation: The local delivery board, in conjunction with NHS England and Improvement, should undertake an urgent health needs analysis to ensure that adequate resources are in place to meet the needs of all patients safely. (To the governor)

1.38 Key concern: The daily regime was far too restricted and most prisoners continued to spend 23 hours a day locked in their cells. Opportunities to engage in purposeful activity remained limited and too many prisoners were unemployed.

Recommendation: All prisoners should have sufficient time out of cell, including longer in the open air, and be engaged in activities that support their rehabilitation. (To the governor)

1.39 Key concern: The sharing of information and handover of responsibility for prisoners' risk management were inadequate. Multi-agency public protection arrangements were not always agreed, and some risk management plans were out of date. The interdepartmental risk management meeting was poorly conducted and there was no strategic oversight of these cases. At the time of the inspection, there was no resettlement planning for high risk of harm prisoners.

Recommendation: All MAPPA-eligible prisoners approaching release should have a multidisciplinary plan agreed in sufficient time to fully manage risks and address resettlement needs. (To the governor)

Notable positive practice

1.40 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

1.41 Inspectors found three examples of notable positive practice during this inspection.

1.42 Leaders continued to fund a professional counsellor to provide specialist support to staff. The counsellor had been well used over the last year and was a positive source of additional support. (See paragraph 2.8.)

1.43 Prisoners safety representatives had been introduced to give support to their more vulnerable peers. Some selected for this role had been habitual self-harmers themselves and, with appropriate guidance from the safer prisons team, had found this a constructive way to strengthen their own recovery and to use their experience for the benefit of others. (See paragraph 3.34.)

1.44 A positive project had been established to promote contact with children. Through the 'family story time' initiative prisoners could film themselves reading bedtime stories from a range of children's books, to send to their children as a DVD. (See paragraph 6.4.)

Section 2 Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for prisoners. (For definition of leaders, see Glossary of terms.)

2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.

2.2 There had been much-needed investment by HMPPS shortly after our last inspection, for example some showers had been refurbished to improve decency and a body scanner had been installed in reception to reduce drug supply and make the prison safer.

2.3 Leaders had responded quickly and appropriately to the challenges of the pandemic. A large-scale outbreak and a recent spike in cases had been managed well, despite significant staff shortages at times. Consultation events with staff and prisoners had helped to develop a plan for recovery but the agreed next steps had not yet been communicated effectively. For example, only half of the staff responding to our survey said they had been made aware of plans. Some steps towards recovery had already been taken such as increasing the number of visits that prisoners could have each month. However, the national restrictions at stage 3 continued to limit progress and some relaxation of restrictions that could have been managed safely at Hull had not been introduced, such as increasing the amount of time out of cell for the majority of prisoners, which at the time of our inspection remained poor.

2.4 There were some important gaps and weaknesses in strategic management. The health care partnership failed to deliver positive outcomes for prisoners and needed to be improved so that it addressed the gaps and weaknesses in provision. The head of health care was not well supported by middle managers and mental health support for prisoners was very poor.

2.5 Leaders had not developed a meaningful strategic business plan since the expiry of the previous plan in 2020. Four key priorities had been identified but not all wing staff knew what they were. Most management plans for key areas of delivery were weak with no focus on outcomes or measures of success. Too many management meetings or forums did not promote continuous improvement, lacked concrete plans for action and were unable to identify or evidence improvements in outcomes.

2.6 Oversight and quality assurance by leaders were not effective in some important areas and continuous improvement needed to be prioritised. There was, for example, no effective oversight of the use of force where we found examples of excessive or unsafe practice. Similarly,

there was a concerning lack of effective oversight of the treatment of some prisoners in the segregation unit, or of the planning for the release of a number of high-risk prisoners.

2.7 A new governor had taken up post a few weeks before our inspection. The senior leadership team was experienced, and the operational staff group remained relatively stable. However, staff shortages in health care remained a serious problem.

2.8 Delivery of staff training had been hindered by COVID-19 but there was a realistic plan to address this over the next few months. Staff support remained good despite the pandemic and a professional counsellor was well used. Day-to-day communication with staff about operational issues was good and, in our survey, most staff said they had been kept informed about what was expected of them during COVID-19.

2.9 Progress in some functions such as safer custody and diversity and inclusion continued to be hindered by the cross-deployment of staff. Responsibility for diversity and inclusion work did not prevail across the prison and there had been no strategic oversight for a year until January 2021. The importance of the work needed much stronger promotion so that all staff played a role in delivering it.

2.10 Ofsted judged that leaders had made reasonable progress in delivering education, skills and work. Education, skills and work spaces had been maximised within the restricted model and the quality was good. However, far too many prisoners remained locked in their cells for up to 23 hours a day with little to occupy them.

2.11 The pandemic had prevented leaders from maintaining the formal key-working model (see Glossary of terms) over the previous 15 months but a fresh focus on key work support for young adults was making positive progress. Leaders promoted communication with prisoners using Hull TV and the prisoner information desk workers, but formal consultation through the prison council had not yet restarted.

2.12 Tracking of HMIP recommendations was in place but less than half our previous recommendations had been achieved or partially achieved. Not all Prisons and Probation Ombudsman recommendations relating to health care had been implemented or sustained over time which was concerning. However, senior managers had embedded new procedures for identifying risk and supporting prisoners during their early days at Hull which was an important improvement.

2.13 Many partner organisations had not been on site for much of the pandemic, but most had now returned. The recent reunification of the national probation service and removal of the community rehabilitation company had caused disruption to the delivery of resettlement services. At the time of our inspection, there was no resettlement for high risk of harm prisoners and this shortfall needed to be addressed quickly and effectively.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

3.1 Most prisoners arriving at Hull came from the city and surrounding areas, so few had very long journeys. A new escort contract allowed prisoners to return throughout the day, minimising the time they spent in holding cells at court after their hearing. Escort vehicles we inspected were clean and in a reasonable condition.

3.2 COVID-19 precautions were in place on arrival, and prisoners moved promptly through the reception process. In our survey, 48% said they were held in Reception for less than two hours compared with 34% at the previous inspection. A body scanner (see Glossary of terms) was used for all prisoners and, in addition, they were all also strip-searched (see paragraph 3.27). Staff dealt with prisoners in a friendly and courteous way, and were careful to assess risks, especially when a prisoner presented as low in mood or had a history of self-harm. Staff had recently been given additional training in identifying risk, and there was a clear focus on picking up signs of distress. Staff took care to explain what would happen to those who were in prison for the first time. A shower, a hot drink and a hot meal were available in reception.

3.3 The fabric and décor of the reception area remained worn and shabby, although it was kept clean by prisoner orderlies. Prisoners were offered a private room for an interview with reception staff, but most prisoners had their initial interview at the main front desk which lacked privacy. Staff spoke discreetly but clearly during these interviews.

3.4 A peer supporter was usually available to assist new arrivals. New prisoners were moved promptly to one of the two induction wings, where they were given a private interview with an induction officer. This provided essential information and prisoners arriving at Hull for the first time were also briefed by a peer worker who followed this up with a more structured induction session the following day.

3.5 Three useful and well-presented booklets had been produced for use during induction. These were available in a range of languages most commonly spoken by prisoners at Hull. An ‘early days in custody’ booklet was given out in reception to be signed by the wing manager when induction had been completed. A small booklet containing essential first-night information was distributed and on the following day

a set of forms and information sheets were handed out, which included a detailed explanation of COVID-19 procedures.

3.6 Hourly checks were carried out and recorded by staff during the first night in prison. Many of the cells in the induction unit on G wing were in poor condition, with some graffiti and in many cases mattresses and pillows which were in a poor condition and needed replacing.

3.7 The most common concern expressed to us by new arrivals was the length of time taken for telephone numbers to be cleared so that they could call their family and friends. In our survey, almost half said that they had had problems when they first arrived with getting telephone numbers, and with contacting family. The processes were taking too long, sometimes up to two weeks.

Recommendations

3.8 **Reception should be fully refurbished to make it a more welcoming environment.**

3.9 **First night cells should be clean, free of graffiti and properly equipped.** (Repeated recommendation 1.11.)

Managing behaviour

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

Encouraging positive behaviour

3.10 In our survey, only 15% of all prisoners said that they felt unsafe at the time of our inspection. However, this was significantly worse for those with mental health problems with 21% feeling unsafe at the time of the inspection. Furthermore, only 56% of prisoners with mental health problems said they had not experienced some form of victimisation from staff compared with 77% of their peers.

3.11 The number of recorded violent incidents was lower than at similar prisons. Prisoner-on-prisoner assaults had reduced since the previous inspection, and few of these incidents were serious. In recent months, both assaults on staff and among prisoners had started to increase.

3.12 The safety strategy included guidance on procedures, but data were not analysed well enough to demonstrate the reasons for violence and the action plan had not been updated for several months. The monthly safety meetings were poorly attended, and repeated deficiencies were recorded but not addressed. (See key concern and recommendation 1.33.)

3.13 Departments worked well together to respond to immediate and emerging risks and threats. The security department led a weekly safety, order and control meeting to address and seek to reduce violence. If prisoners had been involved in a violent incident, their cell-sharing risk assessment was reviewed at a weekly safety intervention meeting, which was positive. However, the casework approach to supporting victims and managing perpetrators of violence using the challenge, support and intervention plan (CSIP, see Glossary of terms) was not operating effectively. About half the investigations were completed late. Intervention plans were not individualised and some prisoners we spoke to were not aware of them. Staff whom we spoke to were not confident about the purpose and application of CSIPs and reviews were not always multidisciplinary.

3.14 A community ethos and rehabilitative culture were promoted, but there was a surprising lack of focus on rewarding good behaviour. The local incentives policy had improved since our last inspection but there were few differences between the levels. In our survey, 56% felt that the scheme encouraged them to behave well and only 51% felt they had been treated fairly under the scheme.

3.15 The basic level of the incentives scheme had included the removal of televisions, but this measure had been appropriately suspended since the start of the pandemic and there were no plans to reintroduce this sanction.

Recommendations

3.16 **The more negative perceptions about safety from prisoners with mental health problems should be investigated and addressed.**

3.17 **Safety should be improved by making sure that perpetrators of violence and other types of anti-social behaviour are managed robustly and that victims receive the support they need.**

Adjudications

3.18 Data to identify and monitor trends in adjudications were reviewed quarterly which was an improvement since our last inspection. The number of adjudications had also reduced significantly. Records we reviewed indicated that charges were appropriate, but some awards given by different adjudicators were not consistent. Some records also failed to evidence a thorough investigation of the facts by adjudicating governors or an attempt to identify the reasons for the behaviour.

Use of force

3.19 The incidence of the use of force was similar to that at our previous inspection and had not fallen despite restrictions in the amount of time out of cell during the pandemic. Handcuffs had been used in more than 80% of incidents and we were not assured that oversight of the use of force was always examining whether force was warranted. For example, camera footage of planned incidents had not been reviewed

between March and July 2021 and recordings of spontaneous incidents were not reviewed at all. PAVA incapacitant spray had been used three times in the previous six months and two incidents had involved the use of a baton. Managers reviewed all incidents that had involved PAVA spray and batons, but our review of corresponding records and video footage indicated that the use was not necessary and was sometimes not proportionate or safe. Body-worn cameras were not used consistently, staff did not demonstrate good de-escalation techniques and there were examples of staff using abusive language. We conveyed our concerns to leaders and processes were immediately put in place to improve the scrutiny. (See key concern and recommendation 1.34.)

3.20 The monthly use of force meeting was chaired by the deputy governor and data were analysed to identify patterns and trends and we saw some action being taken to explore issues when needed.

3.21 There had been no recorded uses of special accommodation in the months leading up to this inspection however, we found that prisoners who were moved to the segregation unit were strip-searched in the special accommodation cell and many of them were locked in there for a few minutes. This should have prompted the completion of special cell documentation which was approved by a senior manager, but this did not happen.

Segregation

3.22 The communal areas of the segregation unit were very clean, and prisoners were positive about their relationships with staff. In our survey, 7 out of 10 prisoners who had been held in the segregation unit said they had been treated well.

3.23 Most cells were clean and free of graffiti, but there were no power points. The daily regime and routine was limited to a shower, the use of the telephone and a choice of 30 minutes in the exercise yard or 30 minutes on an exercise bike. The strip-searching of prisoners arriving in the unit was not based on an individual risk assessment (see paragraph 1.27).

3.24 Senior leaders visited the unit each day but despite this the oversight of the use of segregation was inadequate. Treatment of prisoners in the unit who were suspected of secreting illicit items was inappropriate and contrary to the policy. They were not allowed out of their cells except to collect meals and were told they would not have their medication (see paragraph 4.49) until the body scanner showed that they were no longer secreting an illicit item. The decision to enforce such restrictions was made by individual staff and management oversight of the unit had failed to identify and correct this.

3.25 There was no formal monitoring of the use of segregation and some documentation was incomplete. Staff lacked an understanding of rules for the use of CCTV in cells and we were not confident that its use had been authorised.

Security

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

3.26 Security was proportionate and there was good joint working and sharing of data between the security team and other departments, particularly the safer prisons team. About 500 intelligence reports were submitted each month, and this good flow of information was processed quickly with no undue backlogs. There was a weekly meeting held to identify security priorities and actions needed which was informed by good collation of information from intelligence reports.

3.27 Additional funding through the HMPPS 'Ten Prisons' project (to turn around difficult prisons through enhanced security, strong leadership and improved standards) had been used to strengthen defences against drugs coming into the prison. All prisoners arriving at the establishment were checked with the body scanner, with a large number of secreted items now being detected. All were subsequently strip-searched which was unnecessary. We were told that areas of the body not covered by the scanner (such as neck and head) could be effectively covered by a rub-down search, negating the need for this quite intrusive intervention.

3.28 Drug testing had hardly re-started since its suspension during COVID-19. The dedicated search team was, however, carrying out intelligence-led searching again and a relatively high proportion of finds demonstrated that this response was appropriate.

3.29 There was evidence that the misuse of drugs had lessened since our last inspection. In our survey, only 4% of respondents said they had developed a problem with taking medication not prescribed to them and 19% that it was easy to get illicit drugs, compared with 12% and 50% respectively at the previous inspection. Very few said they had developed a problem with illicit drugs while in the prison. Concealment of drugs in incoming mail was a common method of entry, and photocopying of all mail to prevent this was to start shortly. We agreed with the need for this action but asked the prison leaders to keep this decision under regular review.

3.30 Multi-agency arrangements to counter staff corruption and to identify and take action against risks of extremism and radicalisation among prisoners were active and well organised.

Safeguarding

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

Suicide and self-harm prevention

3.31 Sadly, there had been eight self-inflicted deaths since the last inspection, and a further two deaths which appeared to be associated with the misuse of drugs. Investigations by the Prisons and Probation Ombudsman had led to a large number of recommendations for improvement, many of them related to health care. Three priority areas concerning operational staff were identified and included awareness of emergency procedures; identification of risks during the first few days in custody; and the quality and consistency of implementation of the ACCT procedures (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm) for monitoring and supporting those at risk of self-harm. The evidence suggested these three areas were being addressed but there was little evidence that health care recommendations were being implemented. (See key concern and recommendation 1.35.)

3.32 Less than a third of staff had received ACCT training within the last three years, prevented in part by the pandemic, but the quality of ACCT processes had improved. Managers carried out regular sample checks which had led to some of these improvements. The records that we examined were of a reasonable quality overall with the basic elements completed, although the daily record often provided little detail on the mood or behaviour of the prisoner, and they contained few notes of conversations with prisoners. Attendance at case reviews was generally good.

3.33 Leaders had focused strongly on identification of risk in the early days in custody. Reception staff had learned to enter into sufficiently detailed conversation with the arriving prisoner to pick up signs of distress or risk of self-harm. ACCTs were opened when risks were identified and the number of ACCTs opened had more than doubled over the previous year. Thirty-eight per cent of these had been closed again within 24 hours, but this did not affect the validity of the process. Five of the most recent self-inflicted deaths had involved an element of risk and a cautious approach seemed justified.

3.34 There was no Listeners scheme (prisoners trained to provide emotional support to fellow prisoners) in the prison, because the local Samaritans branch had not been able to provide the necessary support for some years. A team of supporters received training and support from a well-

qualified member of the chaplaincy. This helped to fill the gap, but they were not consistently available across the prison. Their work was supplemented by the recently introduced safety representatives on each wing who gave general support to their more vulnerable peers. Some of those selected for this role had been habitual self-harmers themselves and, with appropriate support from the safer prisons team, they had found this a very constructive way to apply and strengthen their own recovery.

3.35 The safer prisons team had developed an excellent statistical tool which they used to generate much useful information to analyse self-harm events and other aspects of safety. Data were tracked and analysed by location, time, method and protected characteristics such as disability, ethnicity and age. This information, complemented by learning from thorough interviews with prisoners who had carried out a serious act of self-harm, was not used well enough to inform decisions on priorities and action at the strategic level.

3.36 Prisoners on an ACCT were only located in the segregation unit as a last resort and only when it was necessary to protect others from harm.

Protection of adults at risk (see Glossary of terms)

3.37 The well-being unit remained a positive way of providing support and protection to very vulnerable prisoners who often had a complex range of needs. It provided a spacious and bright environment and an enhanced level of support and monitoring for prisoners at potential risk of harm through abuse or neglect. The contribution by health care staff lacked depth (see paragraph 4.71), but the uniformed staff did much to support the prisoners and to facilitate activities in the communal and outdoor areas of the unit.

3.38 The local adult safeguarding board meetings were attended regularly by a prison representative and a senior manager was contributing to a project on understanding suicide in the community. This strategic cooperation had clear value for a local prison holding a shifting population of people from the local community.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

4.1 Staff-prisoner relationships remained a strength. In our survey and in conversations during the inspection, most prisoners said they were treated respectfully and that they had a member of staff they could turn to for help. Some wings were far more positive than others, for example far more prisoners on A wing (94% compared to 52% on other wings) and I and J wings (71% compared to 49%) said staff had talked to them in the last week to check how they were getting on. Almost all prisoners on A wing said they had been treated as an individual (94% compared to 59% on other wings). These positive perceptions may have been shaped by the fact that A wing also held the psychologically informed planned environment (PIPE) unit (see Glossary of terms) and I and J wing held vulnerable prisoners.

4.2 In our survey, only 60% of prisoners said they had a named officer compared with 87% at the previous inspection. Three-quarters of those who did have a named officer found them helpful and on A wing all 16 prisoners who completed our survey said they were helpful. The key worker scheme (see Glossary of terms) had been suspended at the start of the pandemic, although staff were still allocated to the task and were used to carrying out welfare checks on prisoners. Staff were allocated prisoners to see each day by roster rather than having a permanent caseload. Electronic case notes that we reviewed indicated regular, good quality entries in most cases.

4.3 Almost all interactions that we observed were helpful and courteous and it was evident that the relatively stable and experienced staff group had sound knowledge of prisoners in their care. This was particularly evident at mealtimes when we were impressed by the level of engagement as prisoners collected their meals (see paragraph 4.12). However, on some wings staff remained remote and disengaged, standing together by wing offices which did not promote good supervision of the wing.

4.4 The very restrictive regime inevitably put a strain on relationships, and we observed a good balance of interpersonal skills, humour and legitimate authority to achieve compliance. Staff told us that it was becoming difficult to remain motivated given the repetitive tasks of unlocking each cohort for an hour. The need for prisoners to complete

their domestic tasks in such a short time reduced the opportunity for meaningful engagement with them.

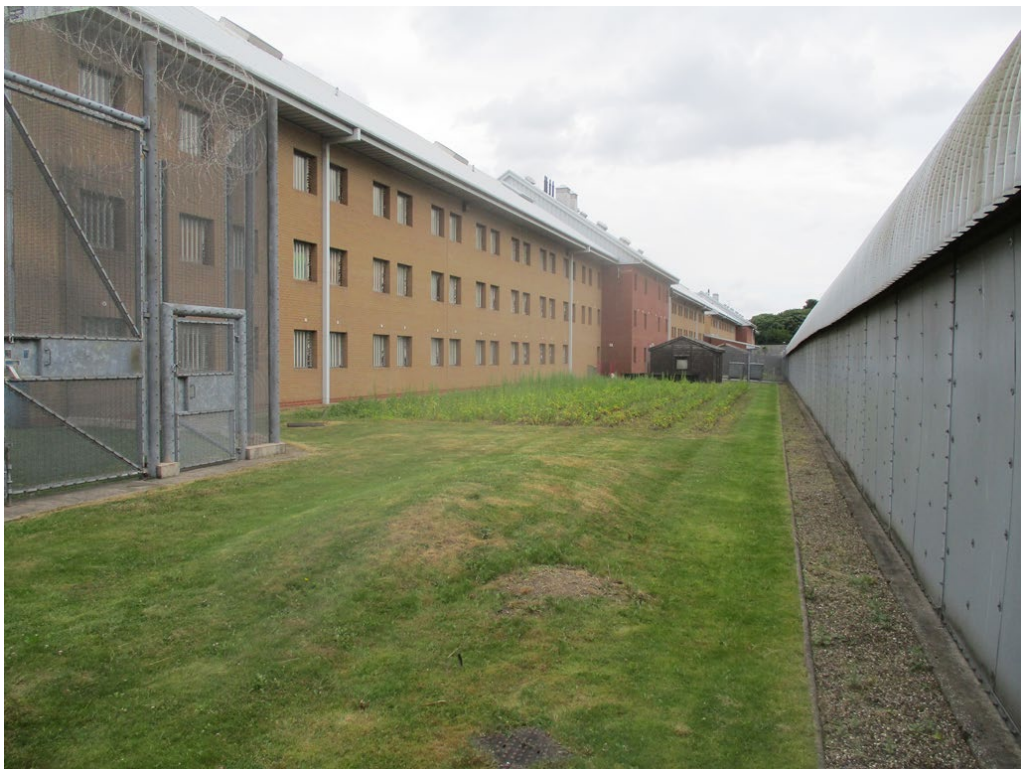
Daily life

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

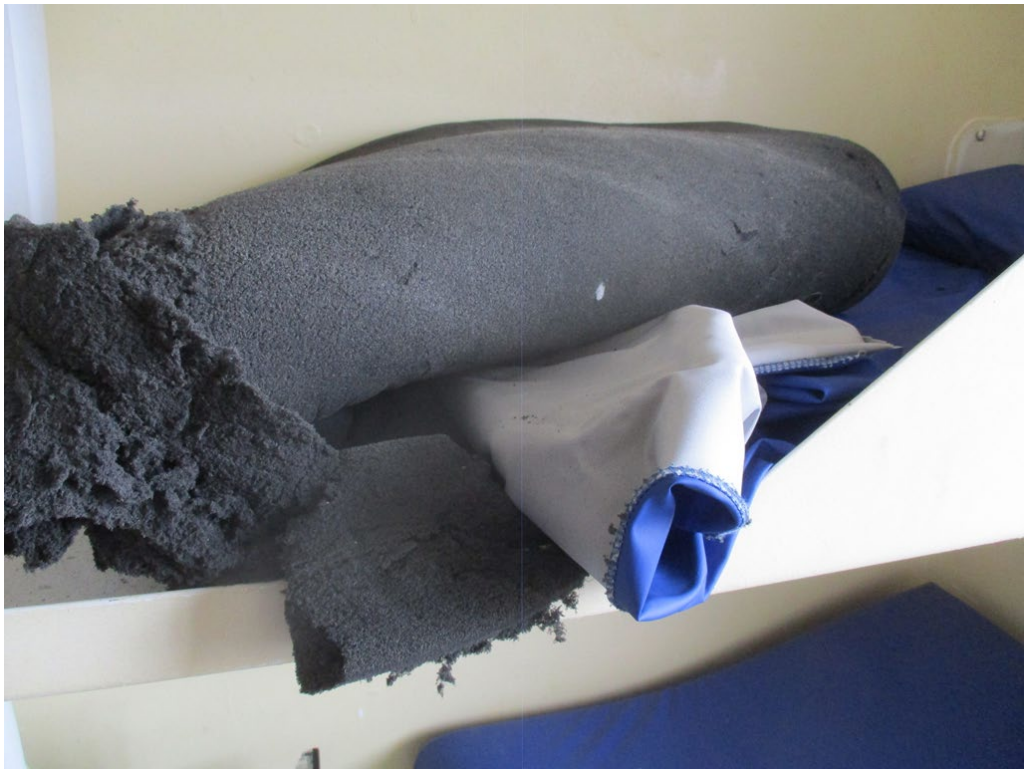
Living conditions

4.5 The prison comprised two very different environments: wings A to D were dated from the 19th century, whilst G to J were more modern facilities that provided better living conditions overall. Many cells on the older wings were designed for one but continued to hold two. Many were cramped, not fully furnished and lacked privacy with prisoners sharing a toilet located at the end of their beds. There was not enough room for both prisoners to have their own chair and table. Space to store clothes and personal possessions was very limited. Few prisoners across the site could secure their valuables or medication. Many mattresses were in poor condition, particularly on the induction wing where some were unfit for use. Access to cleaning materials was good. Most cells across the site were clean but on G and H wings some cells were grubby. We saw little evidence of graffiti and the offensive materials policy was enforced.

Old accommodation

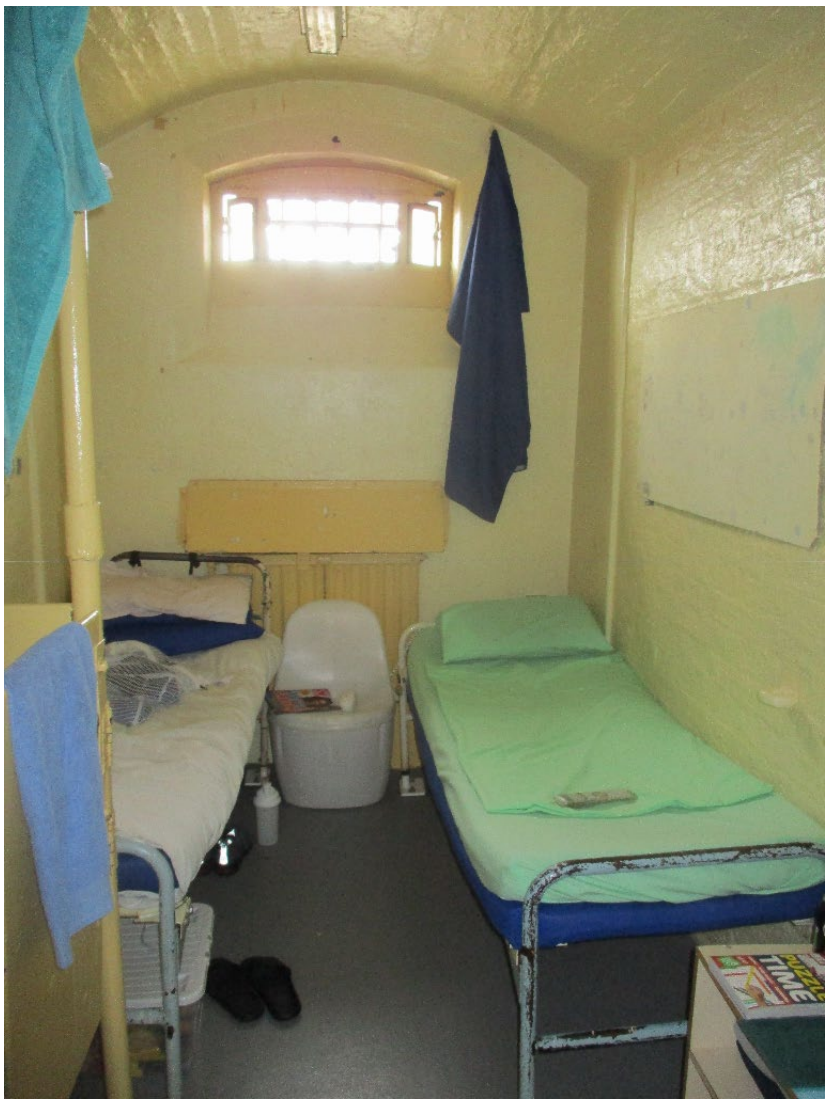


New accommodation



G wing mattress

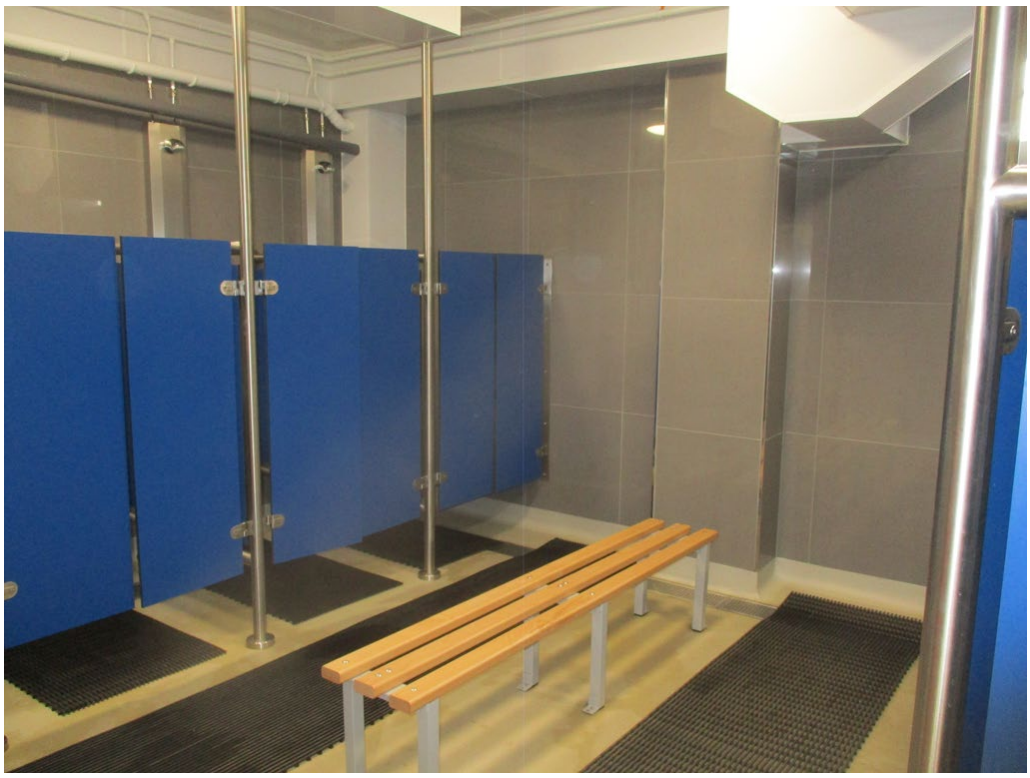
4.6 Many cells across the whole site had very poor ventilation and were stiflingly hot during the summer months. Prisoners said that conditions during the recent very hot weather had been intolerable. This was exacerbated by the limited time that prisoners were allowed out of their cells.



Small, overcrowded cell

4.7 In our survey, most prisoners were positive about access to laundry facilities, clean bedding, clothing and sanitising equipment. Access to stored property was the exception. This had been identified in data on complaints and consultation with prisoners was happening to try and address the problem.

4.8 External areas including exercise yards (see paragraph 5.6) were well maintained and any litter thrown out of windows was cleared quickly. Communal areas inside the prison were clean and sanitised throughout the day. Most prisoners had daily access to showers. The showers on C wing had been refurbished and were impressive. Shower areas across the prison were clean and in reasonable condition except for some on G wing.



C wing showers

G wing shower

Recommendations

4.9 **Prisoners should not have to share a cell designed for one.**

4.10 **All cells should provide enough personal space and adequate privacy, with good quality furniture and effective ventilation.**

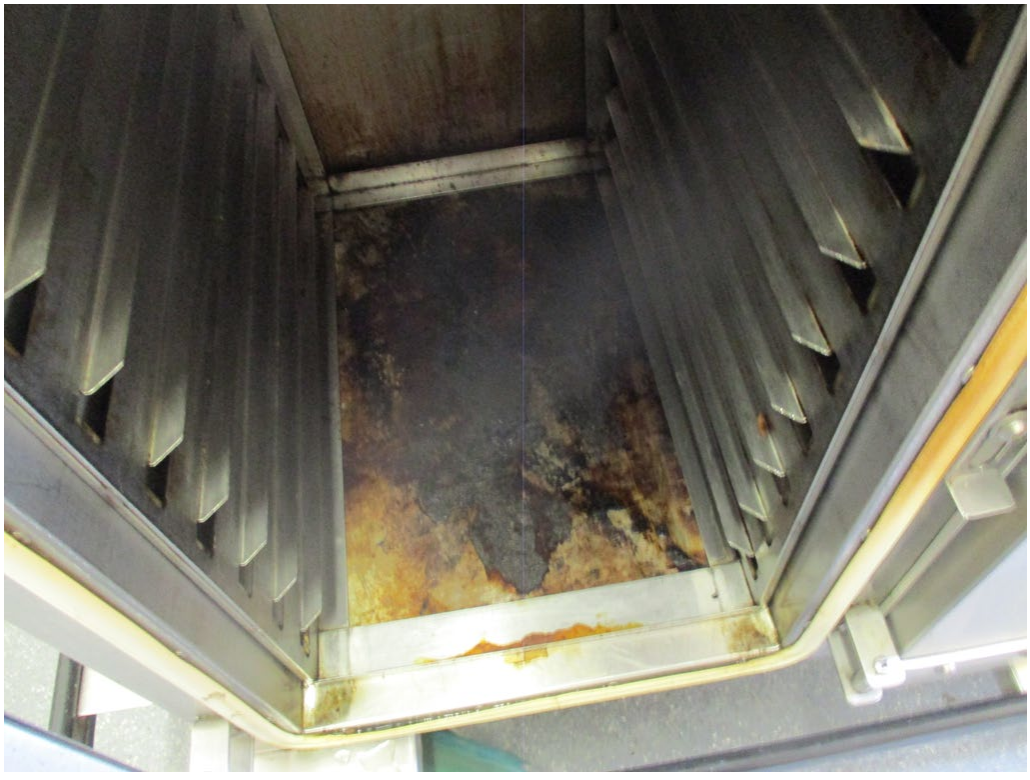
Residential services

4.11 The food remained reasonable. In our survey, 57% of prisoners said the food was good and 49% said they had enough to eat, which was better than we normally see. Prisoners we spoke to were relatively positive about the food although some complained of an over-emphasis on healthy eating. Some meals were served far too early and breakfast packs remained meagre and were still issued the day before they were to be eaten.

4.12 The serving of meals was supervised well (see staff prisoner relationships) and staff engaged with all who attended and checked on those who chose not to attend (see paragraph 4.3). Food comments books were available on prisoner information desks (PIDs), but few prisoners knew they existed. If comments had been made, responses were appropriate and timely.

4.13 Consultation with prisoners about food was good and a quarterly survey was used to adapt the menu. The catering manager attended monthly PID meetings and catering staff regularly attended the serveries (see paragraph 4.20).

4.14 The large well-equipped kitchen was clean and well ordered but some equipment had been out of action for too long. Food service trollies were well maintained and, with the exception of G wing, cleaned to a good standard. About 50 prisoners worked in the kitchen on a rota. They had all undertaken basic food hygiene training but the delivery of NVQs had ceased at the outbreak of COVID-19.



G wing food trolley

4.15 Prisoners could buy shop goods every week and, in our survey, 70% said the items offered met their needs. Consultation was good and the PID meeting was used to discuss changes to stock with items added and removed each quarter.

4.16 New arrivals could wait up to 12 days for their first full shop order which left them vulnerable to debt and bullying. Initial grocery packs and vapes were available, but these were very limited in comparison with a full shop order.

4.17 Prisoners could order from a good range of catalogues and could buy newspapers from a local supplier or have them sent in by family and friends.

Prisoner consultation, applications and redress

4.18 The formal prisoner council had been suspended at the beginning of the pandemic. Prisoner Information Desk workers were in place and meetings with them provided a useful interim forum for consultation and information sharing. The meetings had continued throughout the pandemic and minutes indicated constructive dialogue and response to issues raised. Attendance by senior leaders was limited. In our survey, 68% of prisoners said that consultation with them was good and 58% that things changed as a result of consultation. These results were significantly better than in 2018.

4.19 Complaint forms were freely available across the site. The number of complaints submitted during the previous year was lower than the last inspection and among the lowest for this category of prison. Management oversight and analysis of complaints were good and there was a quality assurance procedure. Most of the complaints that we reviewed had received an appropriate, timely response, but some lacked sufficient investigation.

4.20 In our survey, 69% of prisoners said that applications were dealt with fairly, but only 39% said they were responded to within seven days. All applications were submitted via the PID desks and were logged out, but the recording of returns had lapsed, and it was not possible to establish if the response had been timely or had been made at all.

4.21 The prison was taking part in the Bail Information Scheme which had been reintroduced nationally. An officer interviewed each new remand prisoner to establish whether they could be granted bail with additional support rather than being remanded in custody.

4.22 Free access to legal texts from the prison library had been restricted during the COVID-19 regime, although prisoners could apply for legal texts. Official visits were facilitated throughout the week and video conferencing was well used to facilitate solicitors' visits, offender management appointments and inter-prison visits. There was enough capacity to meet need.

Recommendation

4.23 **An effective system should be introduced to track responses to applications to demonstrate that the request has been dealt with and to monitor timeliness.**

Equality, diversity and faith

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

Strategic management

4.24 A Diversity and Inclusion Strategy had been introduced at the beginning of 2021 to set out a plan as to how the promotion of equality was to be achieved across all protected groups. However, strategic oversight of the delivery of the priorities remained limited. For example, named senior managers were responsible for leading on each protected characteristic, but not enough work had been done by them to evidence progress made. The full-time diversity and inclusion lead was committed to the work, but officers allocated to support this were too often redeployed to other prison duties so planned work was not always completed on time. (See key concern and recommendation 1.36.)

4.25 Consultation with prisoners in protected characteristic groups was limited. Prisoner equality representatives had been recruited but there were not enough of them to cover all wings. Forums with prisoners from protected groups had not taken place since the start of the pandemic. Intermittent surveys had been used to engage with some prisoners, but not all, and they did not fully reflect the needs and experiences of all. There was not enough engagement with community agencies which could provide support for prisoners and promote diversity and inclusion.

4.26 Analysis of data to identify disproportionate treatment of protected groups was showing signs of improvement but there were delays in the availability of up-to-date national equality monitoring data and local data could have been used more effectively.

4.27 During the previous year, 42 discrimination incident report forms (DIRFs) had been submitted. They were investigated thoroughly, and responses were timely and of good quality. Internal quality assurance measures were robust, and they were all reviewed by the governor. However, there was no regular external quality assurance mechanism in place.

Protected characteristics

4.28 About 10% of the population was from a black and minority ethnic background. Our survey did not indicate more negative perceptions than those of white prisoners. We saw no evidence of disproportionate treatment and prisoners spoke positively of their treatment and conditions. There was no specific support for the small population of Gypsy, Roma and Traveller prisoners.

4.29 There were 105 foreign national prisoners at the time of the inspection. Eleven of these were being detained beyond the end of their sentence, the longest for about 11 months. The foreign national population had more than doubled over the last year during the COVID-19 restrictions across the country. Delays in court hearings and sentencing had affected the timely initiation of deportation processes. The suspension of flights from the UK to prisoners' home countries and lack of space in immigration removal centres had contributed to this increase and was a source of frustration for many prisoners.

4.30 A Home Office immigration official had continued to provide valuable, weekly, face-to-face support for prisoners and detainees throughout the pandemic, which was positive. However, there was no access to independent legal advice and translated materials were limited.

4.31 In our survey, 44% of respondents said that they had a disability. Most prisoners with disabilities spoke positively of their care and treatment and those who needed help had buddies (prisoners who provide informal support in a range of areas) to assist them (see paragraph 4.61). Physical weaknesses in some parts of the prison made life difficult for prisoners with mobility issues. There had been no adjustments to the showers in the segregation unit, for example, and one prisoner had waited 10 days before having a shower, which was unacceptable.

4.32 In the event of an evacuation, 66 prisoners needed assistance at the time of the inspection, but not all staff were aware of their needs and evacuation plans were not readily available to all staff.

4.33 In our survey, 22% of prisoners said they were under 25 years of age. They responded much more negatively than older prisoners in some areas of our survey, such as access to health care, making complaints and reporting staff bullying or victimisation. Some areas of disproportionality had been identified and there was good attention to addressing overall needs. The Choices for Change programme was a well-established, encouraging initiative (see paragraph 6.27). Maturity screening tools were used to assess young adults' eligibility for the programme and trained key workers delivered a series of modules, focusing on areas such as impulsiveness, self-management and peer influence. Focus on older prisoners was not as good and their needs were not being properly addressed.

4.34 Good work had been carried out recently to raise awareness and promote inclusivity of the LGBT+ community. A month of engagement

and celebration events had been organised and a recent survey had generated positive outcomes for prisoners such as access to the LGBT+ community helpline and the Gay Times magazine.

4.35 Transgender prisoners received good support and those we spoke to were positive about the care they had received. Case management reviews were held and there was a good working relationship and sharing of information between the prison and the Probation Service to plan the arrival of transgender prisoners at Hull.

4.36 In our survey, only 37% of prisoners who had been in local authority care said they would report bullying or victimisation by staff compared with 62% of other prisoners. Identification and support for these prisoners was underdeveloped.

Faith and religion

4.37 Prisoners had not been able to use the chapel or multi-faith room since the end of March 2020 and corporate worship remained suspended. Despite this, the chaplaincy had continued to provide good support to prisoners and, in our survey, 69% of respondents who had a religion said their religious beliefs were respected.

4.38 The chaplaincy was well integrated into the daily life of the prison. Prisoners had access to a chaplain of their own faith, despite some delays during the early part of the pandemic, and duty on-call arrangements had remained in place throughout. The team had used Hull TV creatively to broadcast regular services to different faith groups, which was very much appreciated by the prisoners.

4.39 Pastoral support was strong. Chaplains visited all new arrivals and offered support to those due for release. They visited the segregation and well-being units each day and attended reviews of prisoners on ACCT (assessment, care in custody and teamwork) case management. Chaplains delivered faith literature to prisoners and supported those dealing with bereavement or other bad news. There were too few links with community faith groups to provide additional support, particularly to prisoners being released.

Health, well-being and social care

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

4.40 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.

Strategy, clinical governance and partnerships

4.41 City Health Care Partnership (CHCP) were the principal providers of health care including clinical substance misuse services. The optician service was subcontracted to Eyecare Services. Quarterly Partnership Board and contract meetings and strategic engagement with NHS England and NHS Improvement had been continuing, but we were not confident that the partnership was providing rigorous oversight and governance to ensure the delivery of safe and effective health care services.

4.42 The significant COVID-19 outbreaks between October 2020 and March 2021 had been well managed with outbreak control team meetings and mass COVID-19 testing. Public Health England advised that prison and health care staff had worked well together to implement COVID-19 vaccination programmes.

4.43 The head of health care provided a clear vision to staff, but clinical lead roles in mental health and substance misuse had not been consistent. There were staff shortages in all areas and the head of health care and the primary care lead were regularly involved in clinical delivery which had a detrimental impact on their ability to provide oversight and strategic management. (See key concern and recommendation 1.37.)

4.44 Compliance with mandatory training was reasonable. Most staff felt supported by their line managers, but managerial and clinical supervision was not embedded across all services (see paragraph 4.77).

4.45 Patient feedback was obtained in a number of ways. ABL Health conducted interviews and surveys with patients, sharing the results with the provider. Patients could complete a 'You talk, we listen, we do' feedback card. A prisoner representative had attended the prison Local Quality and Delivery Board in July 2021 which was a positive initiative to widen patient representation.

4.46 A local infection prevention and control compliance audit had identified treatment rooms that did not meet the required standard. Many of these deficiencies had been identified during our 2018 inspection and remained outstanding.

4.47 All staff maintained the electronic medical record, SystmOne. Staff had undertaken training in record keeping and the standard of entries was reasonable. Many care plans lacked evidence of patient involvement and many were written in language which was not easily understood by prisoners with limited reading skills.

4.48 Emergency resuscitation equipment was in good order and effectively monitored. Staff had completed mandatory adult basic on-line life support and were due to undertake the practical face-to-face component. An ambulance was automatically called when an emergency call was made.

4.49 Patients could submit confidential complaints which were addressed in a timely manner. Replies were respectful and addressed the key concerns that had been raised.

4.50 During our inspection two patients, alleged to be concealing illegal substances internally, had been moved to the segregation unit. The health care team visited each day but did not assess the risk of rupture of an internally concealed package and care did not adhere to best practice. Medication had been withheld from one patient for more than 10 days. The health provider did not have a policy or protocol for the care of these patients. This was raised as an urgent matter with the health care provider and was addressed during our inspection.

Promoting health and well-being

4.51 There was no overarching local health promotion strategy, but health promotion material was visible across the prison. All the posters were in English. Health care services had access to telephone interpreting services for appointments.

4.52 Some screening programmes had been affected by the pandemic: retinal screening had restarted in May 2021 and abdominal aortic aneurysm screening was due to start in August. NHS age-related health checks were not offered consistently. Bowel screening was delivered by primary care.

4.53 All patients were offered screening for hepatitis B and C during the initial health care reception appointment and hepatitis C positive patients were referred to specialist services.

4.54 Health promotion and information about COVID-19 had continued throughout the pandemic. Health care and prison staff had worked together to deliver vaccinations across the prison. Three hundred patients had declined the vaccination, but the invitation to be immunised remained open and health care staff raised it at every contact.

Primary care and inpatient services

4.55 All patients received their initial health screen on arrival at the prison, followed by a second screen the following day. We observed a reception screen which followed procedures and all required referrals were made for the patient.

4.56 Newly arrived prisoners were located on the induction units where they had a period of isolation with two voluntary COVID-19 tests. Patients were asked about their COVID-19 vaccination status and put on to the waiting list if required.

4.57 The staff team had been affected by shortages, but core services had been prioritised, such as medicines administration and checks on patients with COVID-19 or who were self-isolating. Some other tasks were not being completed and we saw several patients whose wounds had not been attended to as required. This was compounded by

continuing COVID-19 restrictions, such as the capacity of the waiting rooms and of prison officers to escort patients to and from health care.

4.58 Patients submitted a paper application to request a health care appointment. There was no clinical triage of applications and many patients were allocated to the GP waiting list inappropriately. There was limited oversight of waiting lists and, if a patient's needs became more urgent, there was no robust system to ensure that this was addressed. Staff had started to take a more proactive approach when patients did not attend an appointment, by contacting them on their in-cell phone or speaking to wing staff. Feedback from patients and our observations indicated positive relationships between staff and patients.

4.59 There were long waits to see the GP, optician and physiotherapist. At the time of our inspection, there were 150 patients on the GP waiting list with some waiting more than five weeks. There had been no clinical prioritisation of these patients, 32 of whom were awaiting an ECG. Patients who required annual blood tests had not been put on the phlebotomy waiting list. (See key concern and recommendation 1.37.)

4.60 There was not enough GP capacity to see patients, manage administrative tasks, process prescriptions and review pathology results. Patients with long-term conditions did not always receive person-centred, holistic care. Some patients were on incorrect doses of their medication and this had not been reviewed in line with best practice guidance. Patients had not always received timely reviews of their condition. This was starting to be addressed by specialist community practitioner clinics in the prison, such as the diabetes specialist nurse.

Social care

4.61 Most patients with potential social care needs were identified during the reception screening and patients could self-refer. Referrals were sent to the local authority and assessments were dealt with quickly. However, there was no oversight of referrals or monitoring of timescales for assessments to be carried out. The memorandum of understanding between the prison, CHCP and local authority required review and updating.

4.62 At the time of the inspection, 10 prisoners were receiving a social care package (see Glossary of terms) but staff shortages had led to inconsistent care. Prison officers sometimes provided personal care, which was inappropriate. Prisoner buddies provided support such as cleaning cells and fetching meals, but we were not confident that they received appropriate supervision which presented a safeguarding risk to vulnerable patients.

Mental health care

4.63 In our survey, 58% of respondents said they had a mental health problem but only 37% felt they had been helped with it in the prison.

4.64 CHCP delivered mental health services but were severely under-resourced and unable to provide evidence-based care to prisoners. Despite the high need, only acute and urgent care was delivered and clinical leadership of the service was inadequate. We found a number of patients whose needs were not being met.

4.65 No counselling or psychologically informed therapy was available at the time of our inspection and patients with common mental health problems such as anxiety and depression were not supported. There was no clinical psychology or learning disability service.

4.66 Records showed that 199 patients were under the care of the mental health team. More than 200 prisoners were awaiting an assessment or treatment with no clinical oversight or monitoring.

4.67 Eight different waiting lists were in operation and appointments were made according to time waited rather than clinical need, which created significant risks. We brought several patients on these lists to the attention of the head of health care.

4.68 Every prisoner arriving was seen briefly by staff from the mental health team. We were concerned that this was being done by unqualified and inexperienced staff with no appropriate oversight.

4.69 Mental health service representatives attended every initial ACCT review and urgent cases could be seen on the same day. However, with eight waiting lists in operation, we were not confident that patients with urgent mental health needs were being seen in a timely manner.

4.70 There was no regular weekly referral meeting and there were no minutes of meetings that had taken place to guide the allocation of patients to a responsible health care professional. Access to a psychiatrist was poor. At the time of the inspection, 27 patients were waiting to be seen and the longest wait was 10 weeks.

4.71 Staff said that morale was low and they did not feel supported by leaders. No staff we spoke to were receiving clinical or managerial supervision. Caseloads were described as unmanageable and the sample of care plans that we reviewed were not fit for purpose. There was no procedure to ensure that patients with severe and enduring mental health problems received annual health checks and some patients managed under the care programme approach (mental health services for individuals diagnosed with a mental illness) did not have a care plan. (See key concern and recommendation 1.37.)

4.72 The well-being unit predominantly held prisoners with severe mental health problems, but involvement by the mental health team was minimal.

4.73 During the previous six months, three patients had been transferred to specialist secure mental health inpatient care under the Mental Health Act. None had been transferred within national timescales and the longest had taken 107 days, which was unacceptable.

Recommendation

4.74 **The local delivery board, in conjunction with NHS England and NHS Improvement, should make sure that prisoners requiring transfer to hospital are transferred within the national timescale of 28 days.**

Substance misuse treatment

4.75 CHCP delivered clinical substance use and psychosocial support services. Minutes of substance misuse and drug strategy meetings indicated that the attendance of clinicians was inconsistent.

4.76 All new arrivals were screened for alcohol and drug use and referred to a clinical prescriber and/or recovery practitioner where appropriate. Clinical assessments were prompt and opiate substitution treatment was good. The first night unit had a detoxification wing, where health care staff undertook first night observations. Clinical reviews were conducted appropriately but routine investigations, for example ECG and blood tests, were not scheduled or followed up.

4.77 New referrals and allocations and emerging concerns were discussed at multidisciplinary meetings, but these did not take place consistently and, at the time of our inspection, there had been no meeting for three weeks. Psychosocial practitioners visited all prisoners who had used illicit substances to deliver harm reduction advice and encourage engagement with their service. In view of staff shortages, the practitioners had undertaken training to enable them to help with other services, for example attend ACCT reviews.

4.78 Clinical and managerial supervision was not embedded, and staff we spoke to said that morale was low.

4.79 A wing included a recovery unit with officers who had been trained to support prisoners in recovery. Work had been significantly hampered during the pandemic, but recovery practitioners had continued to support prisoners using in-cell telephones and face-to-face appointments. There were plans to restart group work at the earliest opportunity.

4.80 Naloxone (to reverse the effects of opiates) was given to patients being released. Community drugs services and prison staff liaised effectively to provide patients with a good support plan on release.

Medicines optimisation and pharmacy services

4.81 Medicines were supplied from a dispensary on site. A full-time pharmacist was supported by a team of pharmacy technicians who participated in services on the wings. Clinics to review the use of medicines had ceased during the pandemic, but the pharmacist was available to patients via their in-cell telephones.

4.82 Prescribing and administration was recorded on SystmOne and we observed adherence to the medicine formulary. In-possession risk assessments were conducted on reception and recorded but were not reviewed to check that they remained appropriate and up to date. About 70% of patients had their medicines in possession, most of whom had seven rather than 28 days' supply. Patients who had in-possession medicines were encouraged to order repeat medication.

4.83 Supervised medicines were administered three times a day and night medication at 10pm. Suitable medicines were available to treat minor ailments without a prescription. There was an out-of-hours policy and a list of common emergency medicines.

4.84 The design of most of the treatment rooms facilitated privacy and effective supervision by officers. However, the room on the well-being unit was not suitable for the administration of medication. There was no gate on the door and medicines were handed out through the open doorway. This presented a risk to staff and the security of medication.

4.85 Medicines management and quality assurance meetings were held each quarter jointly with a nearby establishment.

Dental services and oral health

4.86 The impact of COVID restrictions and inadequate clinic time had led to long waits for dental services. The imminent closure of the health care building for safety works was likely to compound this. The dental team maintained three waiting lists with a total of 159 patients (about 16% of the population). Some patients had been waiting for up to four months for treatment. Thirty-four patients were awaiting an appointment for toothache or possible infections, with a longest wait of two weeks. This placed additional pressure on the primary care team to see patients requiring pain relief.

4.87 An appropriate range of NHS treatments was available, and the dental team offered oral health promotion advice when they saw patients. Infection control procedures were followed and there was a clear decontamination process for reusable equipment.

Section 5 Purposeful activity

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

Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary of terms) and are encouraged to engage in activities which support their rehabilitation.

5.1 Time out of cell was very poor. Most prisoners had had as little as one hour a day out of cell since the start of the COVID-19 pandemic this consisted of 30 minutes outside and 30 minutes' domestic time.

5.2 Some other prisoners had more time out of cell such as those on A wing which held the psychologically informed planned environment (PIPE) unit (see Glossary of terms) and some of those being treated for substance mise problems. The few prisoners employed as orderlies or peer workers and those in workshops, the kitchen and the gardens were unlocked for up to nine hours. Our roll checks confirmed that almost half the population were locked up at any given time and less than 10% were engaged in purposeful activity. (See key concern and recommendation 1.38.)

5.3 Prisoners subject to Covid-19 isolation conditions were treated very poorly. They had no access to the open air for 10 days and were only given the opportunity to shower after seven days.

5.4 Few of the wing workers were fully occupied. The Befrienders (prisoners who supported others at risk of self-harm) did not have free access to support other prisoners and often had to talk to them through locked cell doors. Wing cleaners were busy at the start of the day but often spent much of the day sitting in each other's cells with little to do.

5.5 Little was done to enhance the activities of the peer workers and the rigid adherence to the very limited regime afforded no opportunity to engage other prisoners in constructive activity to improve their well-being (see paragraph 4.4).

5.6 Some of the exercise areas were particularly impressive with gardens and the opportunity for prisoners to grow vegetables. However, others were very stark, notably the recovery wing yard which was a large cage and D wing which was bare.

A wing PIPE yard

A wing recovery unit yard

5.7 The library had remained closed during COVID-19 restrictions and recent refurbishment for fire, health and safety purposes. This had significantly limited the range of literacy activities that the library had previously offered. Librarians had remained on site and had offered a weekly trolley book delivery service. Prisoners could choose up to two

books a week from a pre-selected list or request their own choice of books.

5.8 The gym had operated at reduced capacity throughout the pandemic. Sessions had been restricted to outside areas until indoor facilities were able to be used. The prevailing restrictions allowed sessions to be run throughout the day with class sizes restricted to a maximum of 20. Records showed that these sessions ran consistently and were usually full, as were the sessions for older prisoners and those on the recovery wing. Allocation to the gym was rostered by wing staff and we were satisfied that access was equitable for all prisoners.

5.9 The restrictions prevented prisoners from showering at the gym. They were given the opportunity to shower on the wings and told us that they preferred to maximise their time at the gym. Use of the gym was monitored each year to identify patterns of attendance and to focus on under-represented groups.

Education, skills and work activities

This part of the report is written by Ofsted inspectors. From May 2021 Ofsted began carrying out progress monitoring visits to prisons to assess the progress that leaders and managers were making towards reinstating a full education, skills and work curriculum. The findings and recommendations arising from their visit are set out below.

5.10 Ofsted assessed that leaders were making reasonable progress towards ensuring that staff taught a full curriculum and provided support to meet prisoners' needs, including the provision of remote learning.

5.11 Leaders worked effectively to ensure that, in the large majority of cases, full use was made of the activity spaces available at stage 3 of the HMPPS recovery road map (see Glossary of terms). They had thorough and well-considered plans to develop the education, skills and work curriculum at stage 2, although the limitations on activity spaces meant that a significant minority of sentenced prisoners remained unemployed. Leaders rightly recognised that more prisoners needed to attend education, skills and work activities once opportunities broadened.

5.12 Leaders ensured that most activities matched the needs of the population. They focused on ensuring that mainstream prisoners with shorter sentences joined mathematics and English courses or attended workshops where they could quickly learn new skills. Vulnerable prisoners, who remained at the prison for a longer period, developed a

range of more advanced skills in workshops, such as printing or upholstery. Several of these workshops had remained open throughout the pandemic, so that prisoners could continue to develop new skills. Mainstream and vulnerable prisoners could study all education courses, but there were very few opportunities to study at higher levels, for example through distance learning. Prisoners had no access to the virtual campus (prisoner access to community education, training and employment opportunities via the internet), which further reduced these opportunities.

5.13 Prisoners on education courses benefited from good-quality learning booklets. Significant numbers of prisoners used these to study in their cells, and during frequent sessions led by tutors. Tutors' feedback helped prisoners to understand the improvements they needed to make to their work. When they found tasks difficult, tutors encouraged and supported them effectively. Prisoners valued the support of well-qualified peer mentors which helped them to catch up on missed learning.

5.14 Education leaders quality assured tutors' work thoroughly. They frequently scrutinised packs that tutors used with prisoners and focused on ensuring that tutors gave prisoners good-quality feedback.

5.15 Prisoners developed useful new skills and knowledge in work roles and education classes: those in the furniture-making workshop developed their technical drawing skills; wing cleaners improved their understanding of cleaning skills and the risks of cross contamination; and prisoners studying business at level 2 developed a thorough understanding of current legislation that applied to businesses.

5.16 Prisoners attended education, skills and work activities at high rates. Prisoners on education courses appreciated the opportunity to study one-to-one with their tutors, which led to fewer distractions than in group lessons. Those in workshops valued the broader effect of the work they did, for example the benefit to the environment of recycling and upcycling activities.

5.17 There were too few opportunities for prisoners to gain accredited qualifications in education, skills and work activities. Prisoners had recently achieved qualifications in a few subjects such as food safety, but very small numbers had successfully completed mathematics, English or vocational qualifications.

5.18 Tutors and instructors were well qualified for their roles. All instructors had completed at least an entry-level teaching qualification. Tutors had undertaken training to help them teach using a blended-learning approach. Specialist staff focusing on learning difficulties and/or disabilities had completed relevant training, such as in autism spectrum condition, dyslexia and attention deficit hyperactivity disorder.

5.19 Leaders had introduced appropriate measures to support prisoners. They had developed a life skills course which offered personalised help to prisoners on the drug and alcohol recovery unit. Tutors ran a

bespoke English course for speakers of other languages, so that they could communicate more easily. Prisoners who declared a mental health need at induction received specialist support. However, leaders relied too heavily on prisoners to identify their own support needs. They did not ensure that staff routinely screened new intakes of prisoners for learning difficulties and disabilities and the needs of some of these prisoners were not identified.

5.20 Prisoners benefited from suitable information, advice and guidance (IAG) interviews soon after entering the prison. This included a focus on their career goals and planning the most relevant training for each prisoner. A few prisoners who had received IAG support had progressed directly into employment or further training at the end of their sentences. Leaders planned for all prisoners to have frequent IAG reviews and exit interviews, but staffing levels were not high enough to provide a full service and too few staff had relevant IAG qualifications.

Recommendations

5.21 **A greater number of learners should complete qualifications, in particular on vocational and functional skills courses.**

5.22 **The needs of all prisoners with learning disabilities and difficulties should be identified and addressed.**

5.23 **All prisoners should benefit from comprehensive information, advice and guidance.**

Section 6 Rehabilitation and release planning

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

Children and families and contact with the outside world

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

6.1 There was a strong focus on the importance of family ties. Good joint working between the prison and Lincolnshire Action Trust (a charity working to reduce reoffending) had consistently encouraged and enabled prisoners and families to maintain support and contact throughout the COVID-19 restrictions.

6.2 Face-to-face social visits had been reinstated for the second time during the pandemic in May 2021, when restrictions had allowed. Prisoners were initially only offered one social visit or one secure video call (see Glossary of terms) a month, but in July this had been extended to two of each a month, which was a positive step towards recovery. Thirty minutes was allocated to each secure video call. Social visits took place Friday to Monday and lasted one and a half hours. Visits times were staggered to enable social distancing and there were enough slots to meet demand. The take up of visits had been steadily increasing in recent weeks.

6.3 Family engagement staff ran the welcoming visitors' centre to meet and greet families, offer support and answer queries. The visits hall was large and well prepared to facilitate visits safely. Most restrictions still applied, such as no refreshments or toys and play facilities for children. Prisoners were now able to hug their children but only if they were under 11 years old. Prisoners still had to wear coloured bibs during visits, which was unnecessary.

6.4 'Family story time' was a positive and creative new initiative which offered prisoners the opportunity to make a DVD of themselves reading bedtime stories from a selection of books, to send to their children, at a cost of £5.

6.5 Tablets had been used for prisoners to contact terminally ill or dying relatives, to live-stream funerals and, in two cases, make final contact with children before adoption proceedings were completed.

6.6 Prisoners could receive and reply to correspondence via 'email a prisoner' which was very well used. On weekdays prisoners' mail was distributed to wing offices on the day it arrived. There was a slight delay in letters received at the weekend and in legal correspondence.

6.7 Nearly all prisoners had in-cell telephones which they could use 24 hours a day, which helped prisoners to maintain family contact. However, the length of each call was restricted to 15 minutes, which was unnecessary. In our survey, 75% of foreign national prisoners, compared with 98% of UK nationals, said they were able to use a telephone every day if they had credit.

Recommendation

6.8 **The length of prisoners' calls using their in-cell telephones should not be restricted.**

Reducing risk, rehabilitation and progression

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

6.9 The establishment held a complex population with varied needs. At the time of the inspection, more than half were assessed as high or very high risk of harm to others, a third had been convicted of a sexual offence, and a third of the population were on remand or unsentenced.

6.10 The strategic management of resettlement had been hindered by the pandemic and the strategy and needs analysis were out of date. Leaders had credible plans for this work to be addressed in the near future. No resettlement committee meetings had taken place for more than a year but they had restarted in April 2021.

6.11 The recent national re-unification of the Probation Service and withdrawal of the community rehabilitation companies had led to significant interruptions to resettlement services at Hull. During the pandemic, Shelter (a housing and resettlement advice service) had provided resettlement planning advice to all prisoners, although not always face to face. Shelter staff were now working remotely and only with prisoners who were referred to them, which was more limited. Low- and medium-risk offenders were now receiving a service from probation staff on site. At the time of our inspection, prisoners deemed high or very high risk of harm to others were not receiving this service, which was a significant omission. (See key concern and recommendation 1.39.)

6.12 The offender management unit was staffed by 18 prison offender managers (POMs), half of them probation and half prison staff. Prisoners were appropriately allocated by risk and caseloads for POMs were not excessive.

6.13 At the time of our inspection, only 25 initial OASys assessments (representing about six per cent of eligible prisoners) were late but more than a quarter of eligible prisoners had not had a review in the previous 12 months.

6.14 In our survey, 34% of prisoners said they had a custody plan. Three-quarters of them knew what they needed to do to achieve their targets but only 64% said someone was helping them to do this. The quality of the plans that we reviewed was reasonable but too few of the targets reflected the services delivered.

6.15 Progress against sentence plan targets varied. Better progress was made by prisoners who had been at Hull for a longer period and had been able to access interventions before the pandemic. In the sample of cases that we reviewed, three-quarters had not made enough progress.

6.16 Most prisoners whom we interviewed could not name their prison offender manager. Contact was poor and in almost a quarter of cases that we reviewed there was no recorded contact. There was not enough focus on progression and work with prisoners concentrated on completing tasks relating to parole reports or categorisation reviews. In stark contrast, two prisoners in our sample had very high levels of contact. The difference in treatment was unacceptable and there was no oversight by leaders in this area.

6.17 At the time of the inspection, 97 prisoners were serving indeterminate sentences. Lifer forums had stopped at the start of the pandemic. Prisoners who had directives from the Parole Board for interventions or a move to another establishment were prioritised appropriately. Submission of parole dossiers was timely and tracking and monitoring systems were effective.

6.18 Home detention curfew (HDC) processes were managed well overall. Some were completed late when prisoners were sentenced on or after the HDC eligibility date.

Recommendation

6.19 **All eligible prisoners should have regular contact with an appropriately trained prison offender manager focused on promoting their sentence progression.**

Public protection

6.20 There was not enough oversight of prisoners presenting a high risk of harm to others who were approaching release. At the start of the pandemic, the interdepartmental risk management meeting had been replaced by an electronic database of all prisoners. A large number of prisoners had no information against their name.

6.21 The sharing of information with community offender managers and handover of responsibility for risk management and release planning were not always timely. MAPPA levels (multi-agency public protection

arrangements) and updated risk management plans were not in place for some high-risk prisoners and practical arrangements had not been made. (See key concern and recommendation 1.39.)

6.22 At the time of the inspection, 14 prisoners were subject to levels two and three multi-agency arrangements. POMs made timely contributions to MAPPA meetings and the quality of their reports was very good.

6.23 A dedicated public protection team screened all prisoners on arrival and requested mail and telephone restrictions when necessary. The number of prisoners requiring mail and/or telephone monitoring had significantly reduced in the last few years, and at the time of our inspection 26 prisoners were subject to monitoring. A weekly public protection meeting provided good oversight of these prisoners. Most were monitored for a short time, although two prisoners had been monitored for far too long. There was no backlog of monitoring to be completed, which was good.

Categorisation and transfers

6.24 The categorisation process was now digital and completion was timely and up to date. The cases that we reviewed were appropriately categorised. At the time of our inspection only a small number of category D prisoners were awaiting transfer to open conditions. The pandemic had caused some delays in moving these prisoners and this had been escalated to try to resolve it. There was no evidence of significant delays in transferring category B and C prisoners to other prisons or those convicted of sexual offences.

Interventions

Expected outcomes: Prisoners are able to access interventions designed to promote successful rehabilitation.

6.25 A good range of accredited programmes were available for prisoners convicted of a sexual offence. Interventions for the rest of the population were still limited.

6.26 Programme delivery had stopped at the start of the pandemic. The programme team had worked to the adapted delivery framework and had restarted one-to-one sessions in August 2020, and small groups of up to three prisoners in January 2021. Prison leaders had a credible recovery plan (see Glossary of terms) for the coming year and had prioritised courses based on need. Since delivery had restarted, 10 prisoners had completed an accredited programme, 16 prisoners were on programmes at the time of the inspection, and 28 prisoners were on waiting lists. A backlog of more than 80 prisoners were awaiting an assessment for a programme.

6.27 The offender management unit and programmes team had introduced an intervention for young adults aged 18 to 25. A dedicated POM and a programme facilitator trained selected key workers to deliver the

Choices and Changes programme one to one with the aim of developing maturity (see paragraph 4.32). Since the intervention had started in 2020, 42 young adult prisoners had completed it, which was good.

6.28 There was a high demand for support with accommodation and, in our survey, 55% of prisoners said they needed help with accommodation on release. Medium- and low-risk prisoners were receiving support, but there was no systematic support for high risk of harm prisoners. During the previous six months, a quarter of prisoners had left the prison with no suitable or sustainable accommodation to go to.

6.29 All prisoners were offered education, employment and training advice but not until a month before release, which was too late. The pre-release course operating before the pandemic had been replaced by individual, face-to-face support through the education provider.

6.30 Medium- and low-risk prisoners were supported with finance and debt advice, including opening bank accounts, but this service was not available to high-risk prisoners. Job Centre Plus arranged benefit appointments for all prisoners on release.

6.31 There was no specific, systematic support for prisoners who had experienced abuse or other personal trauma.

Recommendation

6.32 **All prisoners should be able to access the full range of resettlement services.**

Specialist units

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

Offender personality disorder units, including psychologically informed planned environments

6.33 Fifty places were available on the psychologically informed planned environment (PIPE) which was part of the national offender personality pathway. The wing was accredited by the Royal College of Psychiatrists as an enabling environment. Prisoners we spoke to were positive about the unit and told us they benefited from the environment and support from staff (see paragraph 4.1). We saw evidence of joint working with the mental health team in transferring suitable prisoners to the PIPE unit.

6.34 Therapeutic groups, albeit with reduced numbers, had continued throughout the pandemic, which was commendable. The unit was led by a clinical psychologist and staffed by specially selected and trained prison officers. Clinical leadership was effective and prison officers said

they felt supported in their role through weekly reflective sessions and monthly supervision.

Release planning

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

6.35 An average of 80 prisoners were released each month and there was a reasonably high demand for resettlement services.

6.36 Reviews of resettlement plans for low- and medium-risk prisoners were completed but there was confusion about the new arrangements for high risk of harm prisoners. At the time of the inspection their resettlement plans were not being reviewed and our interviews with these prisoners indicated that they had no resettlement support.

6.37 Discharge arrangements on the day of release were satisfactory. Procedures for the issue of paperwork were thorough, and staff ensured that prisoners understood the details of their licence conditions, and where and when they needed to report on release.

6.38 There was an adequate supply of clothes and shoes, and discreet black drawstring bags were provided for prisoners to carry their possessions.

Recommendation

6.39 **All prisoners should have their resettlement needs identified and addressed through a comprehensive action plan which is reviewed no later than 12 weeks before release.**

Section 7 Recommendations in this report

The following is a list of repeated and new concerns and recommendations in this report.

Key concerns and recommendations

7.1 Key concern 1.33: Leadership and progress was hindered by the insufficient or inadequate strategies and action plans to affect improvement. Some were out of date and others, such as the safety strategy, did not set out a clear vision for success or steps to be taken to improve outcomes. This meant that there was a lack of a shared vision or agreement across the prison about the priorities and next steps.

Key recommendation: Outcomes for prisoners should be improved. Clear and up-to-date strategies and action plans should be implemented to achieve improvement. The strategies should be regularly reviewed to monitor progress and to ensure oversight arrangements are in place to sustain delivery and provide accountability. (To the governor)

7.2 Key concern 1.34: Management oversight of the use of force and segregation was inadequate. For example, some incidents of force we reviewed were not proportionate to the risk and they were not always carried out safely. The segregation unit provided a poor daily regime and the management of those suspected of secreting illicit items was worrying as they were denied time out of cell and access to medication.

Key recommendation: The number of times force is used should be reduced. When used it should be proportionate and undertaken safely. (To the governor)

Key recommendation: Outcomes for prisoners in the segregation unit should be improved through the provision of a purposeful regime. Those suspected of secreting illicit items should not be denied access to any part of the regime or necessary support. (To the governor). (To the governor)

7.3 Key concern 1.35: There had been eight self-inflicted deaths and two further non-natural deaths in the previous three years. Investigations by the Prisons and Probation Ombudsman had generated a large number of recommendations and some highly negative findings about treatment and conditions. We were concerned to find that there had not been sufficient focus on achieving many of these recommendations, particularly those relating to health care.

Key recommendation: All Prisons and Probation Ombudsman recommendations should be implemented and sustained over time to help prevent further self-inflicted deaths. (To the governor)

7.4 Key concern 1.36: Prisoners with protected and minority characteristics had little direct support and the analysis of data to identify disproportionate treatment remained limited. Promoting positive outcomes for each protected characteristic group was not seen as a priority by all departments so the work was not given sufficient attention.

Key recommendation: Leaders should deliver a coordinated and well-resourced approach to promoting equality and inclusion in all aspects of prison life, and make sure that prisoners are consulted frequently to strengthen the support available. (To the governor)

7.5 Key concern 1.37: The lack of clinical and operational leadership, inadequate GP capacity and chronic staff shortages meant that patients' changing needs, including the management of long-term conditions and mental health, were not being assessed or met in a timely manner. This was creating significant risk.

Key recommendation: The local delivery board, in conjunction with NHS England and Improvement, should undertake an urgent health needs analysis to ensure that adequate resources are in place to meet the needs of all patients safely. (To the governor)

7.6 Key concern 1.38: The daily regime was far too restricted and most prisoners continued to spend 23 hours a day locked in their cells. Opportunities to engage in purposeful activity remained limited and too many prisoners were unemployed.

Key recommendation: All prisoners should have sufficient time out of cell, including longer in the open air, and be engaged in activities that support their rehabilitation. (To the governor)

7.7 Key concern 1.39: The sharing of information and handover of responsibility for prisoners' risk management were inadequate. Multi-agency public protection arrangements were not always agreed, and some risk management plans were out of date. The interdepartmental risk management meeting was poorly conducted and there was no strategic oversight of these cases. At the time of the inspection, there was no resettlement planning for high risk of harm prisoners.

Key recommendation: All MAPPA-eligible prisoners approaching release should have a multidisciplinary plan agreed in sufficient time to fully manage risks and address resettlement needs. (To the governor)

Recommendations

7.8 Recommendation 3.8: Improvements to the reception area should be undertaken to make it a welcoming environment for new arrivals. (To the governor)

7.9 Recommendation 3.9: First night cells should be clean, free of graffiti and properly equipped. (To the governor)

7.10 Recommendation 3.16: The more negative perceptions of prisoners with mental health problems about their safety and victimisation by staff should be investigated and addressed. (To the governor)

7.11 Recommendation 3.17: 'Safety should be improved by making sure that perpetrators of violence and other types of anti-social behaviour are managed robustly and that victims receive the support they need.' (To the governor)

7.12 Recommendation 4.9: Prisoners should not have to share a cell designed for one. (To HMPPS)

7.13 Recommendation 4.10: All cells should provide enough personal space and adequate privacy, with good quality furniture and effective ventilation. (To the governor)

7.14 Recommendation 4.23: An effective system should be introduced to track responses to applications to demonstrate that the request has been dealt with and to monitor timeliness. (To the governor)

7.15 Recommendation 4.74: The local delivery board, in conjunction with NHS England and NHS Improvement, should ensure that prisoners requiring transfer to hospital are transferred within the national timescale of 28 days. (To the governor)

7.16 Recommendation 5.21: A greater number of learners should complete qualifications, in particular on vocational and functional skills courses. (To the governor)

7.17 Recommendation 5.22: The needs of all prisoners with learning disabilities and difficulties should be identified and addressed. (To the governor)

7.18 Recommendation 5.23: All prisoners should benefit from comprehensive information, advice and guidance. (To the governor)

7.19 Recommendation 6.8: The length of prisoners' calls using their in-cell telephones should not be restricted. (To the governor)

7.20 Recommendation 6.19: All eligible prisoners should have regular contact with an appropriately trained prison offender manager focused on promoting their sentence progression. (To the governor)

7.21 Recommendation 6.32: All prisoners should be able to access the full range of resettlement services. (To the governor)

7.22 Recommendation 6.39: All prisoners should have a comprehensive resettlement plan which is reviewed no later than 12 weeks before release. (To the governor)

Section 8 Progress on recommendations from the last full inspection

Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2018, procedures during prisoners' early days at the prison were managed reasonably well, but the reception and first night environment was unwelcoming. Most prisoners reported feeling safe. Levels of violence had increased. A comprehensive safety strategy was in place to deal with violence and few incidents were serious. The use of force had increased significantly, but evidence demonstrated it was used legitimately. Segregation was used less frequently than previously and stays were short. An effective drug supply reduction strategy was in place. There had been five self-inflicted deaths since the last inspection and Prison and Probation Ombudsman (PPO) recommendations were being implemented. The level of self-harm had drastically increased, and casework was inconsistent. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

The reasons for the increase in self-harming should be understood and action implemented to reduce it. The management and care of prisoners subject to ACCT procedures should be strengthened – case management should be consistent, care maps should be used effectively and focus on all underlying causes of distress, and reviews should be multidisciplinary. (S38)
Achieved

Recommendations

Prisoners should be transferred to prison shortly after the conclusion of their court appearance. (1.10)
Achieved

The reception area should provide new arrivals with a more welcoming environment and men should be able to speak to staff in private. (1.11)
Partially achieved

First night cells should be clean, free of graffiti and properly equipped. (1.12)
Not achieved

Investigations into violent incidents should be undertaken within the agreed timescale. (1.22)
Not achieved

IEP levels should be sufficiently distinct from one another and the prison should provide prisoners on the basic regime with structured support to help improve their behaviour. (1.23)
Achieved

Information about the nature of adjudications should be used strategically to help identify and deal with trends and patterns. (1.25)
Achieved

Segregated prisoners should have access to meaningful regime activities. (1.38)
Not achieved

The risk of trafficking posed by recalled prisoners should be assessed and procedures. (1.48)
Achieved

Prisoners with primarily behavioural issues should not be in the well-being unit. (1.57)
Achieved

Residents in the unit should have access to regular therapeutic interventions as part of a regularly reviewed case management plan. (1.58)
Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2018, staff-prisoner relationships were very good. Living conditions were cramped and required significant investment, particularly on the older wings. Some efforts had been made to improve the accommodation available and most prisoners had access to basic amenities. The food was reasonable. Peer support was good. There had been significant improvements in the application process. Strategic equality work had improved, but the prison was not doing enough to ensure staff understood or met the needs of prisoners with protected characteristics. Health services were reasonably good but there was insufficient mental health provision. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

All prisoners should have access to clean communal showers that are in good order and provide privacy. All toilets should be screened and covered. All damaged cell flooring should be replaced, as should fire safety systems. (S39)
Achieved

Equality policies and strategies should be based on a needs analysis specific to HMP Hull and address all prisoners with protected characteristics. The prison should develop and promote a culture that encourages tolerance and embraces diversity. (S40)
Partially achieved

Recommendations

Prisoners should be able to eat together. (2.20)
Not achieved

Prisoners should have access to a full canteen order within 72 hours of arrival. (2.21)
Not achieved

Consultation arrangements should be given a higher profile in the prison. (2.27)
Not achieved

All replies to complaints should be full and constructive. (2.28)
Achieved

Residential staff, including night staff, should be conversant with evacuation plans for less mobile prisoners. (2.49)
Not achieved

Prisoners subject to deportation procedures should only be held in prisons under exceptional circumstances and for as short a time as possible. (2.48)
Achieved

Responses to complaints should address all the issues raised. (2.66)
Achieved

All treatment areas should meet infection control standards. (2.67)
Not achieved

Prisoners with mental health problems should have prompt access to a range of support that meets their identified needs, which should be outlined in a care plan. (2.91)
Not achieved

All prisoners should have easy access to a full range of psychosocial support, including self-help groups and prisoner recovery champions. (2.9)
Not achieved

The in-possession policy, including the risk assessment and standard operating procedures, should be reviewed to ensure they are up to date and reflect current practice on prescribing highly tradeable medicines. (2.110)
Achieved

Prisoners should have access to routine dental appointments within six weeks. (2.114)
Not achieved

Purposeful activity

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

At the last inspection in 2018, about a quarter of prisoners were locked up during the core day. Time out of cell was good for those in education or employment but poorer for the one in 10 who were not involved in an activity. The prison had not done enough to ensure that access to the library and gym was equitable. Leadership and management of learning, skills and work activities was mostly good. Attendance was improving. The provision was good – lessons were well planned and based on prisoners' individual needs and skills. Prisoners behaved well in activities and most achieved successful outcomes, except in English. Outcomes for prisoners reasonably good against this healthy prison test.

Recommendations

Retired men and those with disabilities should be unlocked during the working day. (3.9)
Not achieved

All prisoners should be able to spend at least one hour in the open air every day. (3.10)
Not achieved

The prison should monitor and analyse the take-up of provision, including the library and PE facilities, to evaluate the impact and reach of services. (3.11)
Achieved

All prisoners should attend their allocated activities regularly. (3.22)
Not assessed at this inspection

A detailed analysis of available information and data about different groups of prisoners should be undertaken so that further improvements to the provision can be planned. (3.23)
Not assessed at this inspection

Career action plans should be reviewed and revised regularly to ensure prisoners' achievements are recognised and changes made where necessary. (3.31)
Not assessed at this inspection

Instructors should recognise and record accurately the skills that prisoners develop in prison work. (3.32)
Not assessed at this inspection

Prison managers should ensure that prisoners attend relevant courses in preparation for their release. (3.37)
Not assessed at this inspection

Success rates on level 1 and 2 English courses should be improved. (3.42)
Not assessed at this inspection

Rehabilitation and release planning

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

At the last inspection in 2018, children and families work was good. The strategy for managing prisoners' risks and rehabilitation was reasonably good, although it was not based on a comprehensive needs analysis. Offender management for the large proportion of sex offenders was mostly good, but there were weaknesses in the management of other high risk offenders. The prison lacked sufficient oversight of pre-release risk management planning. An excellent range of accredited programmes was available for sex offenders, but too few progression opportunities for higher risk prisoners were offered. All prisoners had a release plan but too many left the prison without settled accommodation to go to. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

Risk management planning for release should be consistently good and supported by effective oversight to ensure inter-departmental plans can be developed and action taken to escalate concerns when necessary. (S41)
Not achieved

Recommendations

Prisoners, including sexual offenders and category B men, should be able to move to other prisons to achieve their sentence planning targets and demonstrate that they have progressed. (4.35)
Achieved

All visitors should be able to start their session at the advertised time. (4.10)
Achieved

Prisoners should not have to wear coloured bibs during visits. (4.11)
Not achieved

The prison should investigate why prisoners perceive there to be problems sending or receiving mail and remedial action should be taken to address any issues. (4.12)
Achieved

A reducing reoffending strategy, based on robust analyses of the prison population's needs, should be developed and implemented. It should put offender management at the centre of the work and set out how the CRC and other departments should work together to manage prisoners' risk of harm. (4.24)
No longer relevant

The standard of offender management work and contact frequency levels should be improved to promote consistency across all high-risk cases. (4.25)
Not achieved

Prisoners staying at HMP Hull should be meaningfully involved in a plan for their progression and undertake relevant offending behaviour work to reduce their risk of harm to others.
Not achieved

Prisoners who are not suitable for sex offender treatment programmes and those who have committed serious violent offences should have more opportunities to undertake work to change their attitudes, thinking and behaviour. (4.43)
Not achieved

Resettlement plan reviews should be carried out well enough ahead of release so that all necessary action to prepare the prisoner can be taken. (4.48)
Not achieved

Appendix I About our inspections and reports

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

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.

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. For men's prisons the tests are:

Safety
Prisoners, particularly the most vulnerable, are held safely.

Respect
Prisoners are treated with respect for their human dignity.

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

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

Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by Her Majesty's Prison and Probation Service (HMPPS).

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

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

Outcomes for prisoners are not sufficiently good.
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

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

Our assessments might result in one of the following:

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

Recommendations: will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections.

Examples of notable positive practice: innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Five key sources of evidence are used by inspectors: observation; prisoner and staff surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission and the General Pharmaceutical Council (GPhC). Some are also conducted with HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

This report provides a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on

our website at https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/). The reference numbers at the end of some recommendations indicate that they are repeated and provide the paragraph location of the previous recommendation in the last report. Section 6 lists all recommendations made in the report. Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found on our website (see Appendix III: Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy chief inspector
Sandra Fieldhouse	Team leader
Jade Richards	Inspector
Natalie Heeks	Inspector
Martin Kettle	Inspector
Paul Rowlands	Inspector
Martin Griffiths	Inspector
Donna Ward	Inspector
Dionne Walker	Associate inspector
Amilcar Johnson	Researcher
Becky Duffield	Researcher
Alec Martin	Researcher
Shannon Sahni	Researcher
Sarah Goodwin	Lead health and social care inspector
Shaun Thomson	Health and social care inspector
Sue Melvin	General Pharmaceutical Council
Matthew Tedstone	Care Quality Commission inspector
Dr Vanessa Doel	Care Quality Commission inspector
Saul Pope	Ofsted inspector
Steve Oliver-Watts	Ofsted inspector

Appendix II Glossary of terms

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary, available on our website at: http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Body scanner
An X-ray machine designed to show internally secreted items.

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

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

Challenge, support and intervention plan (CSIP)
Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Not everyone who is violent is case managed on CSIP. Some prisons also use the CSIP framework to support victims of violence.

Key worker scheme
The key worker scheme operates across the closed male estate and is one element of the Offender Management in Custody (OMiC) model. All prison officers have a caseload of around six prisoners. The aim is to enable staff to develop constructive, motivational relationships with prisoners, which can support and encourage them to work towards positive rehabilitative goals.

Leader
In this report the term ‘leader’ refers to anyone with leadership or management responsibility in the prison system. We will direct our narrative at the level of leadership which has the most capacity to influence a particular outcome.

Psychologically Informed and Planned Environment (PIPE)
PIPEs are specifically designed units which support prisoners to maintain behavioural change and make further progress in addressing offending behaviours through planned and structured activities. Staff on a PIPE have additional training to develop an increased psychological understanding of their work that enables them to create a supportive environment, which promotes the development of prisoners living there and facilitates progression.

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

Protection of adults at risk
Safeguarding duties apply to an adult who:

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

Recovery plan
Recovery plans are published by HMPPS and aim to ensure consistency in decision-making by governors, by setting out the requirements that must be met for prisons to move from the most restricted regime (4) to the least (1) as they ease COVID-19 restrictions.

Reverse cohort unit (RCU)
Unit where newly arrived prisoners are held in quarantine for between seven and 10 days.

Secure video calls
A system commissioned by HM Prison and Probation Service (HMPPS). It requires users to download an app to their phone or computer. Before a visit can be booked, users must upload valid ID.

Social care package
A level of personal care to address needs identified following a social needs assessment undertaken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

Time out of cell
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.

Appendix III Further resources

Some further resources that should be read alongside this report are published on the HMI Prisons website (they also appear in the printed reports distributed to the prison). For this report, these are:

Prison population profile

We request a population profile from each prison as part of the information we gather during our inspection. We have published this breakdown on our website.

Prisoner survey methodology and results

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the report on our website.

Any enquiries regarding this publication should be sent to us at the address below or: hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: http://www.justiceinspectorates.gov.uk/hmiprisons/

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