



Report on an unannounced inspection of

HMP Hull

by HM Chief Inspector of Prisons

17 June – 4 July 2024



Contents

Introduction.....	3
What needs to improve at HMP Hull	5
About HMP Hull.....	7
Section 1 Summary of key findings.....	9
Section 2 Leadership	11
Section 3 Safety	13
Section 4 Respect.....	21
Section 5 Purposeful activity.....	34
Section 6 Preparation for release	40
Section 7 Progress on recommendations from the last full inspection report	46
Appendix I About our inspections and reports	50
Appendix II Glossary	53
Appendix III Further resources	55

Introduction

Hull is an unusually constituted prison; it serves mainly as a remand jail, but also holds a longer-term population of prisoners convicted of sexual offences. Since we last inspected in 2021, because of the effects of the population crisis, the balance of the prison had changed, with 48% of prisoners on remand or unsentenced arriving from across the North of England. Despite this change, which had greatly increased the churn of prisoners, we found a prison that had improved to reasonably good in our safety, respect and preparation for release tests. Disappointingly however, the provision of purposeful activity had declined and was rated as poor.

While there was not the level of drugs ingress that we see in many prisons, in recent months random testing had shown an increase in positive results and, in our survey, 40% of prisoners told us it was easy to get drugs in the jail. Repeated bids from the governor for better gate security and grilles on the outward-facing windows had not led to more funding. Levels of violence remained relatively low, despite the increase in a more volatile remand population, but in our survey more prisoners than at our last inspection told us they felt unsafe.

Despite these challenges, the governor, who had been at the prison for three years along with some experienced senior leaders, had maintained an excellent grip of the progress made in many of the areas we were critical about at our last inspection. The oversight of the segregation unit, use of force, preparation for release and the quality of health care were all better. His priorities were effectively communicated to staff and the self-assessment showed he knew his prison well. There was not, however, the measures in place to monitor progress in achieving the prison's priorities effectively. In general, while lots of data was collected, it was not being used to plan effectively to reduce violence or self-harm, or make sure that different groups of prisoners were treated fairly.

The governor had also taken steps to address negative aspects of the culture with the aim of making Hull a better place to work for female staff. There were many experienced and effective officers who supported the generally good relationships we saw with the prisoners, and there was good support in place for newer staff.

It was disappointing that the regime remained so poor, with many men locked up for up to 22.5 hours a day in particularly cramped shared cells. Prisoners told inspectors they were bored and there was little access to any on-wing activities. Pool tables and table tennis had been removed during the pandemic and never replaced. Despite having so little to do, prisoners' attendance at education was poor, partly because some of the teaching was not good enough, and it was disappointing to see workshops closed because there were no staff available. The governor was trying to improve the performance of the education provider, but progress had been much too slow.

The PIPE and well-being units were staffed by capable and well-trained officers who had a very good knowledge of the prisoners in their care and worked

closely with health and psychological services to support some of the most troubled prisoners in the system.

Prisoners were receiving better support and oversight from offender managers and there was more key work taking place than we usually see in reception prisons. The management of riskier prisoners going back into the community was also better than at our last inspection. However, many prisoners continued to leave prison homeless, including many on the 70-day early release scheme, who were therefore very likely to be recalled.

I left Hull feeling optimistic that the good progress we have seen will continue under an effective governor and senior team. Despite the changes to population and a much larger number of men passing through the prison, staff had coped well. There must now be a real focus on improving the regime and reducing the supply, and critically, the demand for drugs. The jail will also need support from the prison service to improve the fabric of the prison and the physical security.

Charlie Taylor

HM Chief Inspector of Prisons

July 2024

What needs to improve at HMP Hull

During this inspection we identified 11 key concerns, of which six should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

Leaders should make sure that all concerns identified here are addressed and that progress is tracked through a plan which sets out how and when the concerns will be resolved. The plan should be provided to HMI Prisons.

Priority concerns

1. **The use of illicit drugs was increasing.** This had been identified as the highest threat to safety and security, but remedial action was not sufficiently comprehensive or coordinated.
2. **Time out of cell remained very poor for many prisoners.** Little progress had been made since 2021 to improve time unlocked despite more officers now being available for operational duties.
3. **There was insufficient capacity in education, skills and work to meet the needs of about a third of the population.** Sentenced prisoners were not prioritised and the main population did not have access to a wide enough range of provision compared to those convicted of sexual offences.
4. **Too much teaching in education, particularly in functional English and mathematics, was weak.**
5. **Too many prisoners were released homeless or with only a very temporary place to stay.**
6. **Leaders did not use data effectively to drive improvements.** They did not have a clear understanding of the causes of violence or self-harm so were less able to target their efforts on reducing these.

Key concerns

7. **The prison remained very overcrowded.** Nearly two-thirds of the population lived in cells originally built for one.
8. **Provision for some minority groups was not good enough.** Professional telephone interpreting services were not always used when needed and some prisoners with physical disabilities had difficulty accessing parts of the prison.
9. **Attendance was too low in education, skills and work, particularly in education.**
10. **Leaders had not ensured that the reading strategy had been implemented effectively.**

11. **Far too few prisoners had sustainable accommodation on release.**
The contract with Shelter had not kept pace with the substantial change in the prison population and national leaders had been slow to address this.

About HMP Hull

Task of the prison/establishment

A reception prison which also holds a longer-term population of prisoners convicted of sexual offences.

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection

Prisoners held at the time of inspection: 954

Baseline certified normal capacity: 722

In-use certified normal capacity: 679

Operational capacity: 968

Population of the prison

- The number of new arrivals had more than doubled since our last inspection to an average of 320 a month and about 95 prisoners were released from the prison every month.
- 48% of the population were remanded or unsentenced and 1,300 prisoners had been recalled in the last year.
- About 9% of the population were foreign national prisoners and about 10% were from black and minority ethnic backgrounds.
- Two-thirds of sentenced prisoners were assessed as a high risk of serious harm to others.
- About 20% of all prisoners released did not have anywhere to live.

Prison status (public or private) and key providers

Public

Physical health provider: Spectrum

Mental health provider: Tees, Esk and Wear Valley

Substance misuse treatment provider: Change, Grow, Live

Dental health provider: Time for Teeth

Prison education framework provider: NOVUS

Escort contractor: GeoAmey

Prison group/Department

Yorkshire Prison group

Prison Group Director

Matt Spencer

Brief history

HMP Hull is a large, inner-city reception prison serving local courts. It also holds a significant number of prisoners convicted of or charged with sexual offences. The prison was built in the late 19th century and two of the current wings are from that era, with two new wings added mid-20th century and five new wings and a gym added in the early part of the 21st century. There are two specialist commissioned units: the PIPE and well-being units.

Short description of residential units

A wing: the PIPE unit and the drug recovery unit

B wing: general population

C wing: general population

Segregation unit: below C wing

D wing: general population

G wing: first night/induction

H wing: incentivised substance-free living

I wing: general population and those convicted of or charged with sexual offences

J wing: prisoners convicted of or charged with sexual offences

Well-being unit: predominantly for prisoners awaiting assessment or transfer to a secure mental health hospital

Name of governor and date in post

Shaun Mycroft: May 2021 –

Independent Monitoring Board chair

Lewis Henery

Date of last inspection

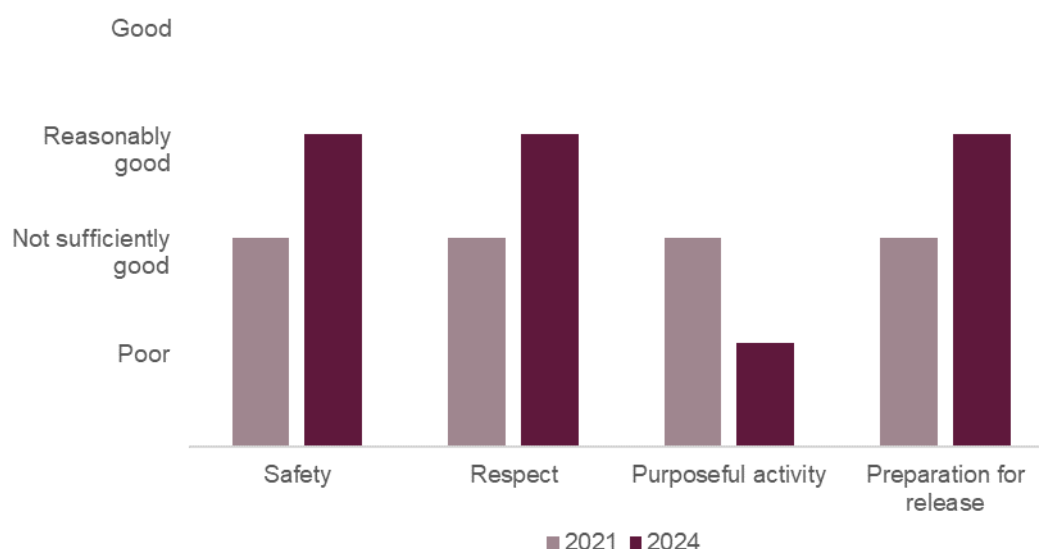
July 2021

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP Hull, we found that outcomes for prisoners were:
- reasonably good for safety
 - reasonably good for respect
 - poor for purposeful activity
 - reasonably good for preparation for release.
- 1.3 We last inspected HMP Hull in 2021. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Hull healthy prison outcomes 2021 and 2024



Progress on key concerns and recommendations

- 1.4 At our last inspection in 2021, we made 23 recommendations, eight of which were about areas of key concern. The prison fully accepted 17 of the recommendations, partially (or subject to resources) accepted three and rejected three of the recommendations.
- 1.5 At this inspection we found that one of our recommendations about areas of key concern had been achieved, five had been partially achieved and two had not been achieved. Where scores increased across three of our healthy prison tests, there was some evidence of

achievement of our recommendations. In the purposeful activity test, the concerns had not been addressed and outcomes had worsened considerably. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

Evidence of our expectations being met to deliver particularly good outcomes for prisoners, and/or particularly original or creative approaches to problem solving.

1.7 Inspectors found four examples of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met but are by no means the only way.

Examples of notable positive practice

a)	Priority key work for new arrivals in their first four weeks in prison addressed some very basic worries and helped prisoners to cope.	See paragraph 3.8
b)	The prison had increased the length of their control and restraint training. This now included a session on how best to respond to individuals with neurodiverse needs to promote tailored de-escalation techniques by staff.	See paragraph 3.24
c)	Redacted data about the use of force were broadcast on the in-cell televisions to raise awareness and improve perceptions of fair treatment among prisoners.	See paragraph 3.26
d)	Prison offender managers trained officers to improve the quality of key work by linking it to sentence planning.	See paragraph 4.4

Section 2 Leadership

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

- 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 Continuity of leadership had been excellent with the same governor, deputy, and head of business assurance as at our last full inspection in 2021. They worked well together and were committed to providing clear and robust leadership. However, although there were now more officers in post, time out of cell for many prisoners remained poor and progress to improve this had been far too slow.
- 2.3 The senior team had a good operational grip of the extremely busy reception prison and motivated custodial managers undertook regular checks to enforce standards of decency. The managers on A and C wings and the well-being unit were particularly impressive in their roles.
- 2.4 Almost two-thirds of staff responding to our survey said the main priorities were clearly communicated to them and 60% agreed with them. Although the governor's priorities were clear and appropriate, illicit drug use was not emphasised enough in the self-assessment report, which also lacked concrete measures of success.
- 2.5 The governor had commissioned an external body to review the staff culture and, in response to the findings, had introduced the female support network and re-launched a scheme to support those wanting to progress through promotion. Consultation with staff was good but response rates to surveys were often very poor which limited their usefulness. Leaders used regular recognition events and well-being days to support staff. Two training days a month enabled staff to build their confidence and skills, but more prisoners were locked in their cells for even longer periods than usual on these days.
- 2.6 HMPPS had not made sufficient investment in improving living conditions on the old wings and had not provided funding for more robust security to help stem the supply of drugs. HMPPS had also made changes to the population by removing many of those convicted of sexual offending and increasing the proportion of prisoners on remand. It was not clear what the function of Hull would be in future in terms of the delivery of accredited programmes to those convicted of sexual offences.
- 2.7 To manage the new population, the governor promoted inclusivity by enabling some prisoners convicted of or remanded on charges of

sexual offending to live and work alongside those from the main population. He had plans to extend this further.

- 2.8 Despite continuing efforts by the governor to address concerns, the provision of education, skills and work was poor. Too many prisoners were unable to benefit from it and the allocation process was not effective. Leaders had identified weaknesses in the quality of teaching in functional English and mathematics but had not taken effective action to make improvements.

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 An average of 320 prisoners arrived at the prison each month which was more than twice the number at our last full inspection in 2021. Some were from areas outside Yorkshire and Humberside and had longer journeys to the prison. The reception area was often very busy, and some prisoners arrived late in the evening, which limited the time they had to settle in on the induction wing before being locked up for their first night.
- 3.2 Searching procedures were appropriate given the increasing availability of drugs in the prison. Reception staff spoke to each prisoner as they arrived to put them at ease but there were no rooms for this to be done in private.
- 3.3 Prisoners could shower and have a hot meal, but only 20% of prisoners said they could access items from the prison shop within the first few days compared with 34% in similar prisons we have inspected since November 2023. This increased the risk of falling into debt (see paragraphs 3.14 and 4.17).
- 3.4 A thorough safety interview was conducted in private on the induction wing. One of the peer mentors helped prisoners to settle in, although this was slightly rushed for prisoners arriving late. Officers completed hourly checks on prisoners throughout their first night, which was a good safety measure.
- 3.5 In our survey, only 30% of prisoners said their first night cell was clean. Most of the cells that we looked at were reasonably clean and well equipped, but many remained bleak for prisoners who had very little time out of cell (see paragraph 5.1).



First night cell

- 3.6 Prisoners had reasonably good access to their personal property within the first few days of arrival and, in our survey, 48% said they could access property within the first few days compared with 36% in similar prisons we have inspected recently.
- 3.7 Our survey results showed that 84% of prisoners had completed the induction programme but only 48% said it covered everything they needed to know. It was very limited in content and did not sufficiently engage and inform prisoners about life at HMP Hull. A peer-led induction talk took place the day after arrival, but staff did not oversee its delivery adequately.
- 3.8 Key work (see Glossary) had been introduced as a priority to support new arrivals, each of whom received a weekly session for their first four weeks (see paragraph 6.10).
- 3.9 In our survey, 24% of prisoners said they could make a free phone call on their first night and 27% that they had phone credit in the first few days against respective comparators of 52% and 53%. Delays in approving phone numbers caused considerable frustration (see paragraph 6.7).

Promoting positive 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 Despite a more transient population and an increase in the number of remanded prisoners, the rate of assaults had remained relatively stable over the last year and was lower than the average for similar prisons. Very few incidents had been serious in nature.
- 3.11 In our survey, 29% of prisoners said they felt unsafe, which was similar to other prisons we have inspected recently but compared with 15% at the previous inspection. The atmosphere in the prison was calm and it was positive that some prisoners from the general population were able to live on the same wings and work in the same jobs as those convicted of or remanded for sexual offences.
- 3.12 Safer custody peer workers were in place but their support for prisoners was restricted by the very limited regime and the fact that they were not unlocked early with peer workers in other roles (see paragraph 3.41).
- 3.13 A wide range of data were considered at the monthly safety meeting, but actions were typically in response to single incidents and not clearly linked to the goals in the safety strategy. Leaders were not using data well enough to understand the causes of violence.
- 3.14 A debt strategy had recently been prepared, although understanding of the scale of the problem remained limited. Prisoners who told staff that they were being threatened because of debt were typically moved to another wing or left on their original wing with even less time out of cell. This increased their social isolation and boredom while the underlying problems were not addressed.
- 3.15 In our survey, only 20% of respondents said there were sufficient opportunities and rewards to motivate good behaviour and we observed too little focus in this important area. There was no specific wing for enhanced prisoners and the incentives scheme did little to promote positive behaviour. The management of poor behaviour was based primarily on using punitive measures rather than helping to address the reasons for the behaviour. We saw isolated examples of very good work initiated by key workers (see paragraphs 3.8 and 6.10). This included the use of the Choices and Changes (see paragraph 6.23) workbooks which helped to develop young adult prisoners with low levels of maturity and a distance learning pack aimed at dealing with conflict.

- 3.16 Many prisoners who exhibited repeated poor behaviour or violence were managed using challenge, support and intervention plans (CSIPs, see Glossary). The administration of CSIPs was better than we often see, with timely reviews, but plans almost exclusively relied on restricting a prisoner's access to the regime and did not include constructive targets to help improve behaviour.

Adjudications

- 3.17 The number of adjudications had increased since January 2024. This coincided with an increase in the availability of illicit drugs (see paragraph 3.32).
- 3.18 The proportion of charges that were not proceeded with had increased during this period and managers speculated that this could be attributable to the increasingly transient nature of the population, with many prisoners being transferred or released before the hearing was held.
- 3.19 Leaders had reduced the number of cases that were adjourned by working closely with the police, including a weekly meeting to expedite decisions on whether a criminal prosecution would follow.
- 3.20 The deputy governor chaired a quarterly meeting to make sure that awards were consistent and responsive to trends in prisoner behaviour. This had led to a recent decision to avoid punishing prisoners with a loss of earnings because this reduced the incentive to attend their allocated activity.
- 3.21 It was positive that managers had recently asked prisoners and staff for their views on the type of activity that could be considered for awards of payback punishment (short-term unpaid work to benefit the entire prison community, such as painting or litter picking).

Use of force

- 3.22 During the previous 12 months, the use of force had increased but remained lower than in similar prisons. This was reflected in our survey, where 20% of prisoners said they had been restrained by staff in the last six months against the comparator of 30%.
- 3.23 Most use of force over the previous year had involved low-level guiding holds or handcuffs when escorting prisoners. Batons had not been used at all in the last year. PAVA incapacitant spray had been used twice which was justified in both instances.
- 3.24 The governor had extended the annual training for control and restraint from one to two days. It was positive that the neurodiversity manager was involved in the training to guide staff on using de-escalation techniques in response to the behaviours of neurodivergent prisoners.
- 3.25 Most staff carried body-worn video cameras (BWVCs) and the proportion of incidents captured was very high. In the footage that we reviewed, force appeared justified, and we saw examples of staff caring

for prisoners' welfare during incidents and trying to de-escalate the situation swiftly.

- 3.26 Leaders scrutinised all use of force incidents. Incidents and footage from the previous week were reviewed at a weekly meeting and feedback was regularly given to staff, either to recognise good practice or to address learning needs. An open invitation was extended to all staff to increase their confidence in the review process and encourage use of BWVCs. A good range of data were considered at a monthly meeting to identify the factors contributing to the use of force. Leaders had recently shared a redacted version of use of force data on the in-cell Hull TV channel, to improve perceptions of fairness and procedural justice among prisoners.

Segregation

- 3.27 Management oversight of the segregation unit had improved and the concerns that we identified at the previous inspection had been addressed.
- 3.28 Segregation was used as a last resort and for as short a time as possible. Data showed that the unit had rarely been full in the previous 12 months and the average length of stay was very short at five days. About 40% of stays were for cellular confinement awarded at adjudication.
- 3.29 The unit was clean but remained austere. Cells had no plug sockets and prisoners were not provided with hot water flasks to make themselves a drink.



Empty segregation unit cell

- 3.30 Murals had been painted on the unit exercise yard walls, but there was no exercise equipment or rest areas, and the space retained an oppressive feel.



Segregation unit exercise yard

- 3.31 The unit felt settled during the inspection week and we saw staff speaking to prisoners in a calm and supportive way. Most prisoners we spoke to were complimentary about their interactions with staff. However, the day-to-day regime remained far too limited, with little time out of cell. Prisoners did not have the opportunity to attend activities in the wider prison to support their reintegration and told us that long periods of boredom were detrimental to their well-being. They could not watch television in their cell and no longer had access to radios. There was, however, a small selection of books on the unit and prisoners welcomed the introduction of hand-held game devices to occupy themselves in the evenings.

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 misuse and effective drug supply reduction measures are in place.

- 3.32 The average rate of positive drug test results over the previous year was lower than most reception prisons, but it had been increasing steadily over that time and in April 2024 was one of the highest among this group. In our survey, 40% of prisoners said it was easy to get illicit

drugs and prison data showed there had been a sharp increase in the number of prisoners found under the influence in recent months.

- 3.33 Despite this, the number of suspicion drug tests completed was very low (only 11% of all tests), which limited the prison's ability to deal with illicit drug use. However, intelligence about prisoners being in possession of drugs generally led to prompt searches and increasing quantities of drugs and illicit items being seized.
- 3.34 Leaders had employed a range of other measures to reduce the potential routes of entry for drugs, such as photocopying incoming mail, improved searching of visitors and increased surveillance to detect drones. All newly arrived prisoners were strip-searched and checked on the body scanner. However, clear weaknesses remained, such as a lack of window grills on some wings. Security measures for staff entering and leaving the prison were unusually poor and lacked investment.
- 3.35 A senior manager had been appointed to lead on the implementation of the substance misuse strategy, although it was unclear how this work would be coordinated or its success measured. The drug strategy lead was not available during the inspection and none of the other functional leads was able to describe the strategy or how the various departments were meant to work together to deliver it.
- 3.36 The incentivised substance-free living unit (ISFL, see paragraph 4.73) offered help to some prisoners to overcome their drug dependency and all prisoners who were subject to disciplinary procedures related to drug use were referred to the substance use team.
- 3.37 The regime was managed effectively, allowing prisoners from the general population and those convicted of or remanded on a charge related to sexual offending to mix on some wings and in some work places (see paragraph 3.11).

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

- 3.38 There had been one self-inflicted death since our last full inspection. Leaders had improved their focus on addressing recommendations made by the Prisons and Probation Ombudsman.
- 3.39 The recorded rate of self-harm was lower than in similar prisons, although it had increased by 49% since our last inspection. A small number of prisoners repeatedly self-harmed and support for them was

overseen and co-ordinated through the safety intervention meeting (SIM). Leaders also held multidisciplinary safeguarding meetings to discuss complex individuals on a case-by-case basis.

- 3.40 The range of support available to prisoners who harmed themselves or were at risk of self-harm was too limited. Only 20% of those subject to assessment, care in custody and teamwork (ACCT, case management of prisoners at risk of suicide and self-harm) support during our inspection week were participating regularly in education, training or work which left them without enough money, bored and frustrated. Some prisoners told us that spending most of the day locked in their cell was detrimental to their well-being. Yoga had been introduced as a therapeutic tool and some short sessions where a few prisoners could play board games on the wings had started, but this was not enough to engage all men in recreational and social activities aimed at promoting their coping skills. The well-being unit provided excellent support to men with very acute mental health problems (see paragraph 4.70).
- 3.41 Peer workers such as safety representatives and Listeners (trained by the Samaritans to provide emotional support to fellow prisoners) were not being used to their full potential to help prisoners develop better coping skills. It was positive to see that the safety peer workers had been selected based on their own experiences of self-harm, but they were not unlocked at the same time as other peer workers which limited the support they could provide to those in crisis. The Listener scheme was not yet fully embedded in practice and in our survey only 38% of prisoners said they could speak to a Listener if they needed to.
- 3.42 The safety strategy included a needs analysis which considered a wide range of data, but not enough had been done to understand the causes of self-harm or to identify how prisoners could be helped to avoid getting into crisis.
- 3.43 In our survey, only 39% of prisoners on an ACCT felt well cared for, compared to 71% when we last inspected the prison in 2021, and we found that the delivery of the process was weak. Many of the ACCTs we reviewed did not have a meaningful care plan to address the prisoner's underlying problems. Some checks on prisoners took place at predictable intervals and recorded entries did not always reflect meaningful conversations.

Protection of adults at risk (see Glossary)

- 3.44 A leader had responsibility for adult safeguarding and links and information sharing with the local authority board were good. Most staff we spoke to said they would report concerns about prisoners who they felt were at risk of neglect or abuse, but a few did not know what risks they should be looking for.
- 3.45 The safer custody team held multidisciplinary meetings when concerns were raised about individuals at risk and prisoners who had been identified as needing support were discussed at the SIM.

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 In our survey, 63% of prisoners said staff treated them with respect compared with 81% at our last inspection. The quality and depth of relationships were often undermined by the very poor time out of cell which meant staff and prisoners had little time to get to know each other (paragraph 5.1).
- 4.2 We observed many friendly and professional interactions and most prisoners we spoke to were positive about staff and their approach. This was particularly evident where there was clear leadership from custodial managers such as the PIPE (psychologically informed planned environment, see paragraph 6.28). Similarly, staff on C wing had developed a positive culture by implementing prison rules fairly, while being visible and engaging with prisoners during periods of unlock.
- 4.3 In our survey, 78% of prisoners said that they had a named key worker (see Glossary) compared with 60% in similar prisons. Leaders had sensibly prioritised groups of prisoners for key work such as new arrivals (see paragraph 3.8). Most prisoners we spoke to appreciated their support and there were good efforts to make sure they saw the same officer for each session.
- 4.4 Leaders of the offender management unit were improving the quality of key work by using uniformed prison offender managers (POMs) to help wing officers develop their skills and confidence. The quality of entries in records was generally good and most sessions were clearly focused on the individual's circumstances and needs. We found good examples of good joint working between POMs and key workers to support prisoners' progression.
- 4.5 There were some opportunities for prisoners to take on peer work roles that encouraged positive behaviour and enabled them to support others. For example, prisoner information desk (PID) workers gave prisoners general information and signposted them to staff for help. However, there was scope to develop more peer working roles to extend the range of support on offer.

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

- 4.6 Nearly two-thirds of the population lived in overcrowded conditions with two sharing a cell originally built for one. Many prisoners described poor ventilation, particularly during warmer weather, which made conditions unbearable. As at our last inspection, these conditions were exacerbated for prisoners who were locked in their cell for almost the whole day (see paragraph 5.1).
- 4.7 The prison was generally clean but living conditions in some areas of the older Victorian accommodation, in particular D and C wings, were shabby with evidence of damp in the cells. There was a continuing problem with vermin across the prison.



Mould and decaying paint in a cell on D wing

- 4.8 Leaders were aware of these concerns which were reflected in the self-assessment report as a priority for improvement. Residential managers had taken positive action to try to improve decency and living conditions, including the use of prisoner painting parties and regular assurance checks of all areas. Most cells that we looked at were adequately equipped and there were regular programmes to replace items such as mattresses.
- 4.9 The very impressive communal areas on the PIPE unit (A wing) provided clear evidence of what could be achieved in a mid-20th century building. The area was bright and welcoming and prisoners could access a wide range of facilities including a small fitness suite and a self-catering area.

- 4.10 All prisoners had regular access to cleaning materials, and laundry facilities on the wings ensured that clean clothing was readily available.
- 4.11 Outside areas, including most exercise yards, were good. Leaders had installed artwork and gardens staff led a group of prisoners to develop their landscaping skills by increasing the number of green spaces, flower beds and hanging baskets around the prison.



PIPE exercise yard (left) and landscaped areas outside other units

- 4.12 Response times to cell call bells were not routinely monitored and we observed some slow responses. These concerns were reflected in our survey where just 28% of prisoners said that their cell bell was responded to within five minutes.

Residential services

- 4.13 In our survey, 35% of prisoners said that the food was good, which was similar to other prisons but significantly worse than the 57% at the last full inspection.
- 4.14 The catering team had consulted prisoners and used these interactions to shape their provision. Hot food was offered twice a day which we rarely see in similar prisons and the on-site bakery was a very positive resource.



Making pizzas in the on-site bakery

- 4.15 Menus followed a four-week cycle and prisoners could choose from five options a day. Portion sizes were adequate and, while we observed appropriate supervision of meals, some Muslim prisoners raised concerns about the incorrect use of equipment to serve halal food.
- 4.16 With the exception of prisoners on the PIPE, drug recovery and ISFL units, there were far too few opportunities for prisoners to cook food for themselves or eat their meals with other prisoners.
- 4.17 Prisoners could order a range of products from catalogues and the DHL canteen list, but for new arrivals there was no canteen provision for non-smokers until their second week at the prison. Prisoners on the PIPE and ISFL units were able to place additional orders for fresh produce to use in self-cook areas, which encouraged independent living.

Prisoner consultation, applications and redress

- 4.18 Consultation arrangements were reasonable. A range of forums took place, PID workers attended regular meetings with managers to raise immediate concerns, while broader issues were discussed at a quarterly council. Leaders had conducted a survey of prison life that had led to an action plan and meetings to drive improvement. Not all these meetings had been well attended and communicating the outcomes to prisoners was not effective.
- 4.19 Very few prisoners we spoke to were aware of the consultation procedures that were in place. This was reflected in our survey where 44% of prisoners compared with 68% in 2021 said they were consulted about things like food, canteen or wing matters. Only 34% of these compared to 58% at the last inspection said that things changed as a result.
- 4.20 The rate of complaints over the previous 12 months was among the lowest of all reception prisons. Most were responded to appropriately and promptly. Routine oversight was good with quality assurance by a

senior leader and data were reviewed regularly to understand emerging themes.

- 4.21 The applications system had improved and tracking was more effective in delivering prompt responses. However, funding had not been made available for electronic kiosks or in-cell technology and the prison was not as well equipped as many other jails, having to rely on paper applications and complaints.
- 4.22 A bail information officer provided support to prisoners on remand (see paragraph 6.10) and the provision for legal visits was good. There were appropriate facilities, including video link suites, for prisoners to speak to their solicitors or probation staff and the two video link courts were used each day.
- 4.23 Leaders were aware of the process for eligible prisoners to vote in elections and had made sure this had been communicated to prisoners for the General Election which took place during the inspection week.

Fair treatment and inclusion

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), or those who may be at risk of discrimination or unequal treatment, 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.

- 4.24 The governor was committed to the fair treatment of staff and prisoners. Several steps had been taken to address negative aspects of the staff culture, including the delivery of 'Show Racism the Red Card' training. There was a busy calendar of celebrations for prisoners to mark festivals and other events.
- 4.25 However, data were not interrogated well enough to explore disproportionality or underpin a plan to promote fair treatment. Consultation had improved for some groups, but leaders had not done enough to understand prisoners' experiences fully.
- 4.26 Provision for some protected groups was good but we found areas of unmet need and heard from some prisoners about inconsistent treatment they had experienced. Regular and well attended forums for LGBT prisoners were valued. Veterans received extensive support including help with resettlement and therapy from several community organisations. Prisoners could attend monthly breakfast clubs.
- 4.27 About half the foreign national prisoners had limited use of English. Leaders had identified these prisoners, but professional telephone interpreting services were not always used by wing staff and there was not enough translated information around the prison. Instead, other

prisoners were used to interpret confidential interactions such as key work sessions and first night interviews, which was not appropriate.

- 4.28 Prisoners with physical disabilities could not access parts of the prison, including some workshops, and others struggled to access the shower cubicles on I and J wings. Staff were still not always aware of who needed help or what kind of help during an emergency evacuation.
- 4.29 Prisoners with social care needs or disabilities were provided with peer support 'buddies' who provided non-intimate care. However, buddies had received little guidance on their role and staff supervision was limited.
- 4.30 The neurodiversity support manager worked well across the prison to improve awareness of prisoners' needs and to suggest environmental improvements that were required. This manager had also worked collaboratively with other departments, for example by helping to improve use of force training (see paragraph 3.24).
- 4.31 The gym delivered age-specific sessions for older and younger prisoners. About one-third of prisoners were young adults and, apart from the gym sessions, provision was lacking for them. Only a handful of prisoners benefited from the Choices for Changes programme and, in our survey, none of those aged under 25 said the culture of the prison encouraged them to behave well.
- 4.32 Minority ethnic prisoners complained to us about aspects of unfair treatment, for instance the quality of staff-prisoner relationships, how much food they were served or the allocation of workspaces. It was encouraging that leaders had used data to investigate the fairness of job allocation for minority ethnic prisoners, but the results or any actions had not been communicated well enough to these men. There had only been one forum for this group in recent months and leaders had not yet done enough to understand their experiences and build transparency and trust.
- 4.33 There had been 99 complaints about discrimination in the past 12 months. Prisoners told us they lacked confidence in the system. Discrimination incident report forms (DIRFs) were hard to find on some wings and the boxes to submit them were not all clearly marked.
- 4.34 The quality of investigation and responses was adequate in the DIRFs that we reviewed. They benefited from robust internal scrutiny by the governor and external scrutiny from the Zahid Mubarek Trust. Leaders did not use these complaints as a source of information, which was a missed opportunity to generate themes and patterns in this area.

Faith and religion

- 4.35 The number of new arrivals and releases had increased and the chaplaincy worked hard to meet all their statutory duties. They also delivered faith-based classes and provided pastoral care.

- 4.36 The chaplaincy was very visible across the prison and had easy access to prisoners with whom they needed to speak. However, in our survey, only 23% of prisoners aged under 25 said they could speak to a chaplain in private compared with 59% of those over 25.
- 4.37 National recruitment difficulties prevented prisoners from the Rastafarian, Hindu and Sikh faiths from seeing a chaplain of their faith, but a printed service sheet and sessions in the chaplaincy were offered instead.

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.

- 4.38 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. The CQC found there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 4.39 Effective partnership working underpinned reasonable outcomes for prisoners. Spectrum Community Health CIC primary care services had recently been introduced. Tees, Esk and Wear Valley mental health services and Time for Teeth dental services were well led, although the substantially increased throughput of prisoners had placed the services under immense pressure. A health needs assessment carried out in 2023 had not yet driven improvements.
- 4.40 Prompt analysis of clinical incidents, risks and complaints facilitated early learning. The service risk register clearly captured all adverse situations, which were regularly reviewed and mitigated. Some progress had been made against Prisons and Probation Ombudsman recommendations, but further work was required to deliver patients' health assessments.
- 4.41 Patient satisfaction data were positive, although a systematic approach to patient consultation had yet to be introduced. Clinical audits effectively identified gaps in compliance against quality standards, but limited progress had been made to improve deficits.
- 4.42 We observed professional, compassionate and respectful interactions with patients. There had been major gaps in staffing before our inspection, which had led to over-stretched services and staff fatigue. Spectrum and TEWV had made substantial progress in recruitment and most posts were now filled. Staff felt supported and valued and apposite supervision, appraisal and mandatory training arrangements were in place. Nurses were available 24 hours a day and the skills mix largely met patients' needs.

- 4.43 The clinical records that we sampled met professional standards, although some were too brief. There were examples of effective multidisciplinary support for patients.
- 4.44 Access to services had improved. In our survey, 30% of prisoners said it was easy/very easy to see a doctor compared with 21% in similar prisons. Waiting times for all services were low and an urgent appointment with a GP was available at the next clinic. Vulnerable patients were safeguarded to maintain their safety in the prison.
- 4.45 Clinical rooms in health care and on the residential units required a deep clean. Funding had been agreed to upgrade some, but not all, the treatment rooms in the Victorian accommodation. Infection prevention and control audits had been completed. Where standards had not been reached, remedial action had been identified. Emergency resuscitation equipment was strategically located in the prison and regularly checked.
- 4.46 Patients submitted about 20 confidential comments and complaints each month, but some we spoke to did not know how to make a complaint. Responses to complaints were focused, timely and respectful and some contained an appropriate apology, followed by action to avoid repetition.

Promoting health and well-being

- 4.47 There was no prison-led health and well-being strategy to coordinate the activities of each department.
- 4.48 Appropriate health promotion literature in several languages and materials from national campaigns were available in the health centre, but largely absent from the residential units. Impressive health promotion activities were offered in the gym, such as over 55s sessions twice a week and exercise on prescription.
- 4.49 There were no dedicated peer workers, a missed opportunity to develop informed health promotion and monitoring in the residential areas, although PID workers did their best to signpost men to support.
- 4.50 Health checks were not routinely offered to patients, but there were plans to address this. Efficient processes were in place to screen for blood-borne viruses and undertake national programmes such as bowel health. A limited range of immunisations and vaccinations were delivered, including Hepatitis B and influenza.
- 4.51 A limited sexual health service was provided on site by the GP and a motivated health care assistant, with specialist sexual health advice available from the local hospital. Harm minimisation was encouraged by providing condoms and lubricants to patients at risk.
- 4.52 There was an up-to-date and comprehensive disease outbreak control plan. An outbreak of whooping cough was being expertly managed by the GP and primary care team.

Primary care and inpatient services

- 4.53 New prisoners were screened for health and social care concerns, but in June 2024 a quarter of new prisoners did not receive a secondary assessment, which was unacceptable. Not all patients had access to a prescriber on the first night because of staffing challenges, although Spectrum medical staff had minimised this gap in service. Patients were appropriately prioritised according to need and listed for consultations.
- 4.54 A reasonable range of primary care clinics included nurse and pharmacist-led prescribing, GP consultations, optometry, physiotherapy and podiatry. Patients with diabetes and hypertension had good opportunities to receive evidence-based care with clear protocols for treatment to guide practice.
- 4.55 Several clinicians triaged their waiting lists remotely using SystmOne (electronic clinical records), which was highly effective in ensuring that patients were seen promptly where necessary. The appointments system was efficient, albeit some patients failed to attend because they said they had not been notified of their appointments or were not collected by officers. The number failing to attend was reducing but was still high, for example 18% of the GP appointments in June 2024 had been missed.
- 4.56 Telemedicine was not in general use although some patients accessed hospital specialists in the presence of the GP, which afforded integrated care in specialisms such as haematology. A proposal to introduce local telemedicine for a wider range of services was under discussion with the local Integrated Commissioning Board, with a view to reducing the high proportion of hospital appointments not attended.
- 4.57 Despite the increase in the number of prisoners being released, nurses and GPs provided good pre-release care including community coordination and harm minimisation advice.

Social care

- 4.58 A strategic memorandum of understanding between the prison and Hull City Council (HCC) was in draft form. There were clear and effective arrangements for the assessment and provision of care with a Spectrum healthcare assistant (HCA) leading on the pathway, and HCAs supporting patients with their identified personal care needs.
- 4.59 Referral to HCC resulted in a social work assessment of needs or an occupational therapy assessment of the need for aids and adaptations. Generally, patients did not wait long to receive the help they needed but there were arrangements to mitigate risks to patients in case of delays to assessments. With prior agreement by the local authority, support started on the first night for prisoners who required it, which was efficient.

- 4.60 At the time of the inspection, four prisoners were in receipt of a social care package (see Glossary), mainly for help with personal care. Some prisoners had received equipment such as mobility aids to help them maintain their independence.
- 4.61 Social care buddies supported prisoners with low-level social care needs, but oversight of these roles was too limited.

Mental health

- 4.62 Tees, Esk and Wear Valley NHS Trust (TEWV) delivered a comprehensive mental health service seven days a week. The busy service was stable and effective despite several vacancies, some of which had been filled.
- 4.63 The integrated multidisciplinary team (MDT) consisted of experienced professionals from a range of disciplines including nursing, occupational therapy, psychology, speech and language therapy and social work. All were well trained and clinically supervised.
- 4.64 Reception health screening identified prisoners with mental health issues or neurodiverse needs and referred them to the mental health team.
- 4.65 The MDT triaged referrals promptly and assessed patients to identify their needs and risks. Duty staff attended all initial ACCT reviews and determined if further support was needed. Patients' individual care was monitored at a focused daily 'interventions' meeting.
- 4.66 A stepped care model was used to make sure that patients received relevant treatments. There was a wide range of interventions comprising pharmaceutical and talking therapies. The psychiatrist delivered clinics each week, which was sufficient to meet the needs of patients. Waiting lists were minimal and the MDT regularly checked on the welfare of patients while they were on the list.
- 4.67 The MDT managed the cases of patients with severe mental illness and complex needs and an assistant practitioner made sure that patients received necessary physical health checks. The team ably supported patients with neurodiverse needs such as ADHD, autism and learning disabilities.
- 4.68 The team's care navigator worked alongside prison staff to plan safe releases by arranging follow up care in the community, providing information on local services, and maintaining contact with the patient for up to a month after release to make relapse less likely.
- 4.69 There was better than usual access to secure in-patient beds in the local hospital with 20 patients transferred during the previous 12 months, although 11 of these had waited longer than the 28-day target.
- 4.70 TEWV operated the well-being unit, which was a new regional enhanced mental health unit with clear eligibility criteria and a well-managed admissions process. The unit provided care and treatment for

acutely mentally ill patients whose needs and risks could not be safely managed in the main prison environment. In some cases, this prevented the need for the patient to be housed in segregation or transferred to hospital.

- 4.71 Eleven beds were available to 10 local prisons and two further beds were used to care for patients with complex physical health or social care needs. A palliative care suite was also being developed. The environment was spacious and pleasantly decorated and rooms were clean and well equipped. Facilities included clinic rooms, therapy rooms and a separate, secure pleasant garden.
- 4.72 The unit was ably led by the mental health MDT with a primary care nurse providing cover overnight. Dedicated prison officers supported the work, although they were sometimes redeployed which affected the consistency of the therapeutic regime.

Support and treatment for prisoners with addictions and those who misuse substances

- 4.73 We saw evidence of effective joint working, although the recently updated drug strategy was not yet embedded across the prison and was not driving change. The incentivised substance-free living unit (ISFL) offered some genuine incentives for prisoners attempting to stay drug free. However, there was significant scope to develop this work. At present only one wing landing offered support of this nature and criteria for prisoner selection was not always clear. In addition, officers had no access to enhanced training or supervision which would develop their capability and capacity to offer more effective help in collaboration with the available specialist healthcare support.
- 4.74 Nevertheless, a coherent and coordinated pathway of well-led support for patients with drug and/or alcohol problems was delivered by the drug and alcohol recovery team (DART). DART consisted of Spectrum clinicians and Change, Grow, Live (CGL) delivering psychosocial support.
- 4.75 The DART provision had been increased to meet the level of need. There was a good emphasis on support during the early days and a clinical prescriber was generally present on site until late in the evening. Robust monitoring was delivered on the first night centre. Remote prescribing was periodically required but could not be facilitated consistently, which potentially posed a risk. A new business case had been developed to enhance provision and the proposed introduction of a patient group direction to alleviate symptoms of alcohol withdrawal would considerably mitigate existing risk.
- 4.76 At the time of the inspection, 117 patients were in receipt of opiate substitution treatment (OST). Treatment was flexible and tailored to individual need, including maintaining and initiating the use of slow-release OST (Buprenorphine), which was positive. Clinical treatment reviews were carried out appropriately but were not always jointly undertaken with CGL practitioners because of staffing constraints.

- 4.77 CGL had well-established and robust governance arrangements. Practitioners were working with 227 prisoners across all wings at the time of the inspection. Prisoners were usually seen within 24 hours of arriving at the prison, which was impressive. There was an appropriate focus on harm minimisation, particularly for any prisoner found 'under-the-influence', and a range of other psychosocial support was delivered by a skilled, motivated team. Intensive work was delivered in the recovery hub located on A wing through therapeutic groups, structured activities and mutual aid led by a CGL practitioner. This was valued by prisoners.
- 4.78 Access to community support was facilitated by rehabilitation and resettlement workers. Prisoners were trained in the use of naloxone (to treat opiate overdose) which was supplied on release, where indicated. Several prisoners we spoke to were very concerned at the prospect of being released street homeless.

Medicines optimisation and pharmacy services

- 4.79 Medicines were securely supplied by a new in-house pharmacy and a new full-time pharmacist clinically screened prescriptions. There was no procedure for prisoners to have regular reviews of their medicines with the pharmacist and no medicines management group to discuss, implement and review the medicines strategy. However, the prescribing of abusable medicines was monitored and the GPs were leading work to reduce use of these medicines.
- 4.80 Approximately two-thirds of patients were prescribed medicines in possession, but risk assessments were not routinely reviewed every six months as outlined in the in-possession policy.
- 4.81 Administration of medicines not in possession was supervised three times a day on each wing. Patients attending work were not routinely prioritised to receive their medicines in the morning and often had to choose between going to work or receiving their medicines. Prison officers were available to supervise prisoners waiting to collect their medication and the medicine hatches afforded adequate confidentiality for patients.
- 4.82 Medicines were stored securely in the treatment rooms, but the team did not reconcile medicines regularly to remove those that were no longer required. There was evidence of a near miss caused by lack of proper checks. Team members monitored fridge temperatures each day and the pharmacy managed controlled drugs appropriately.
- 4.83 Patients had access to emergency medicines, which were stored in a locked cabinet in a treatment room in the health care wing. A system was in place for nurses to inform the pharmacy when they removed items from emergency stock. However, this process was not always followed and there was no robust system to reconcile the stock of emergency medicines and therefore no robust audit trail of patients being supplied emergency medicines, which increased the risks of

diversion. A suitable stock of over-the-counter medicines was available to treat patients' minor ailments without a prescription.

- 4.84 The provision of medicines for prisoners being transferred or released was appropriate.

Dental services and oral health

- 4.85 Patients received exemplary dental care from Time for Teeth. The dental suite was large and best practice standards were met in air cleansing and the management of sterile and used equipment. Other equipment met regulatory standards.
- 4.86 Patients we spoke to expressed satisfaction with their care. Dentists, nurses and a therapist offered triage, oral health advice and treatment to NHS standards. Not all patients were in the prison long enough to receive preferred treatments.
- 4.87 Dental nurses triaged all new applications each day and patients had easy access to the dentist. The dentist triaged the waiting lists and patients with urgent needs were seen at the next clinic. There were five clinics a week where treatment, pain relief and antibiotics were available as indicated.
- 4.88 Dental records that we sampled were clear and illustrated cases where the dentist had referred patients to hospital in emergencies by using SystmOne remotely, which was highly efficient.

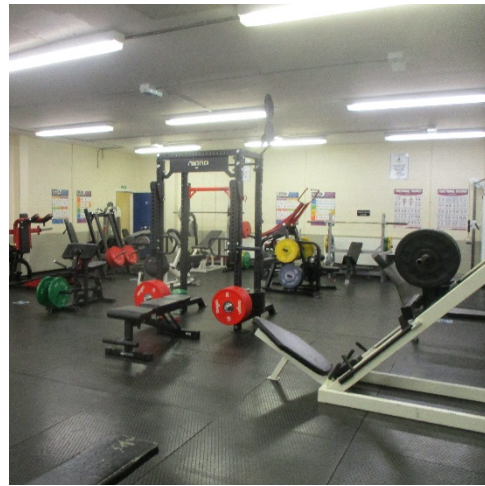
Section 5 Purposeful activity

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) and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

- 5.1 Leaders were committed to improving time out of cell, but progress had been far too slow despite reasonably good staffing levels on the wings. We found 40% of prisoners locked in their cell during the working day, which was far too high. A similar proportion were engaged in purposeful activity, including 15% of prisoners who were involved in work on the wings such as cleaning or peer work.
- 5.2 Unemployed prisoners only had 75 minutes a day out of their cell which was very poor, and even less at weekends. Prisoners complained of regular slippage in the delivery of the regime and we saw this happening during the inspection.
- 5.3 The provision of wing-based recreational and social activities was poor. Prisoners had to apply for time to play board games which was very unusual as these sessions are freely available in most prisons. These sessions were only 30 minutes long and only accommodated about 10 prisoners at a time. On some wings it took nearly two weeks for every prisoner to access a session, and many told us that they did not bother applying.
- 5.4 Snooker, pool and table tennis equipment had been removed during COVID-19 and leaders had never reintroduced them. Some communal areas on wings were very bare and some did not even have chairs for prisoners to sit and chat to their peers or staff. Many prisoners described being bored and frustrated and some thought they were not allowed to associate with their peers.
- 5.5 Prisoners living on the PIPE unit had a much better experience. They had considerably more time unlocked and could access a range of activities, including self-catering, a room equipped with sports equipment and a welcoming exercise yard.
- 5.6 The provision for physical education was good, with modern facilities and a good range of equipment including a well-equipped sports hall that offered racket sports and the use of cardiovascular equipment. There was a separate area for weights and an outside astroturf pitch of reasonable size.



Gym facilities

- 5.7 The enthusiastic PE team included staff who were able to deliver rehabilitation sessions including physiotherapy. The PE programme included age-specific activities for both younger and older prisoners (see paragraph 4.31), and classes for those located on the PIPE and ISFL units. Qualifications were limited to manual handling and first aid at work, although there were credible plans to reintroduce Level 1 fitness.
- 5.8 Attendance at PE was good at around 68% and there were procedures for staff to maintain equitable access. This started on induction to PE when staff issued a sticker for the prisoner's ID card indicating which PE activities they could access. This was a novel initiative for staff to make sure that the correct prisoners were accessing sessions.
- 5.9 The library was a good resource, but leaders had not prioritised access. The timetable was far too limited and, until very recently, the library had only been open on Friday, Saturday and Sunday with access on Thursday only recently introduced. There were no evening sessions and it was closed completely from Monday to Wednesday, affording very little opportunity to link with education provision during the working week. Timetabled sessions for each wing were sometimes compromised by the late arrival of prisoners or the cross-deployment of officers needed to escort them from the wings.
- 5.10 Hull City Council ran the library and provided good access to other library stock in the region. The librarians had recently hosted a literary criticism and creative writing course for 10 prisoners overseen by the University of Hull. Apart from this, the library was not a focal point in prison life and did not routinely host recreational activities or clubs. The library service was not included in prisoners' induction, but it was positive to see the library team involved in family days and other events in the visits hall.

Education, skills and work activities



This part of the report is written by Ofsted inspectors using Ofsted's inspection framework, available at <https://www.gov.uk/government/publications/education-inspection-framework>.

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

- 5.11 Ofsted made the following assessments about the education, skills and work provision:

Overall effectiveness: Inadequate

Quality of education: Inadequate

Behaviour and attitudes: Inadequate

Personal development: Requires improvement

Leadership and management: Inadequate

- 5.12 Leaders had not provided sufficient spaces within education, skills and work (ESW) to meet the needs of the prison population. More than a third of prisoners were not accessing purposeful activity and there were waiting lists for education and training.
- 5.13 The allocations process was not effective in ensuring sentenced prisoners were prioritised to access ESW and too many were unemployed. Those in the main population could not access all parts of ESW because in areas such as art, horticulture and waste management most places were taken by prisoners convicted of sexual offences.
- 5.14 Leaders and managers had designed the curriculum to meet prisoners' immediate needs and to aid them to gain employment or further training on release. Leaders reviewed the curriculum frequently using the expertise provided by employers as part of the prison employment and skills board. The curriculum offer was based around English and mathematics skills from entry level to level two, joinery, horticulture,

catering, art and the development of the employment-based skills and attitudes that employers value. Most courses were short in duration due to the little time most prisoners stayed at Hull and the need to equip them swiftly with the skills to fill job roles in the prison. The curriculum was aligned with other prisons where prisoners may be moved to in order to complete their sentence. Leaders had plans in place to improve the curriculum by adding construction skills to enable prisoners to get the certification they need for work in the sector. Prisoners were able to access work in a suitable range of industries such as waste management, wing cleaning and working in the design and print workshop.

- 5.15 Leaders and managers had not ensured that the recommendations from the previous inspection had been fully met. They had not ensured that the needs of all prisoners with learning disabilities and difficulties were addressed appropriately. However, they had ensured that the proportion of prisoners gaining vocational qualifications had increased and most had access to improved information, advice and guidance.
- 5.16 Leaders and managers had appropriate quality assurance processes in place and they had identified weaknesses in the quality of teaching within functional English and mathematics classes but they had not taken sufficiently effective actions to make improvements. Teachers had been offered training to help them to improve and managers had taken action to recruit teaching staff and had provided cover for most lessons. To date improvements had been negligible and too many prisoners continued to receive weak teaching.
- 5.17 Most vocational staff had suitable industrial experience. However, in too many instances, staff with no qualifications or training were teaching subjects that they did not have expertise in. This was the case in subjects such as recycling and in the design and print workshops.
- 5.18 The quality of induction when preparing for ESW was not good enough. It covered all of the information that prisoners might need, but it was delivered at too fast a pace by information, advice and guidance (IAG) staff. As a result, prisoners had no reflection time or opportunity to ask questions for clarification. Prisoners were not given a list of courses and had limited information to inform the discussion with IAG staff following the initial presentation. However, IAG staff questioned prisoners skilfully to ascertain their needs when supporting them to set short- and long-term goals following induction. They paid good attention to the health and well-being needs of prisoners and made referrals to other agencies where appropriate.
- 5.19 Most staff said their work loads were challenging due to staffing issues, but they felt well supported by managers and their colleagues. However, IAG staff did not receive sufficient time or support within their working day for the administration tasks associated with their role and had to complete this work in their own time.
- 5.20 The pay policy was equitable across ESW. Prisoners were paid the same rate based on their incentive and earned privileges status and

were paid higher rates for job roles with additional responsibility, where they worked unsocial hours or were in high-risk job roles.

- 5.21 Novus who provided education and vocational training in the prison had not recruited sufficient staff to teach the curriculum adequately. Too much teaching in education particularly in functional English and mathematics was weak. Teachers did not plan learning effectively. They did not ensure prisoners were able to develop their skills well enough, with prisoners often finding work too easy and gaining qualifications below their expected levels. Teachers did not plan lessons using their knowledge of prisoners' starting points, for example in gardens many were already proficient gardeners. In instances where prisoners were being taught new knowledge teachers did not check learning well enough to ensure they had grasped new concepts and they did not manage lessons effectively with poor behaviour unchecked. Prisoners did not receive consistently helpful feedback from teachers to help them to improve. Where teaching was better, prisoners developed their skills well. For example, in art classes, they quickly developed the artistic skills to draw high-quality pencil drawings.
- 5.22 Most teachers did not deploy support staff including mentors well enough. Where it worked best in the prison gardens and art lessons, mentors aided learning effectively. The quality of prisoners' work varied significantly across provision but generally was not of a high enough standard. In joinery, the quality and accuracy of prisoners' work was particularly poor. However, in art and gardening prisoners' work was of a high standard. Prisoners swiftly developed good drawing skills in art and in gardens designed joyful flower bed arrangements. For those prisoners who stayed on their vocational courses, a high proportion completed and gained qualifications.
- 5.23 Despite leaders and managers having in place a documented strategy for reading across the prison, it had not been implemented effectively. Too many staff did not have high enough expectations of prisoners to help them improve their reading skills. Too many prisoners cited that they had no interest in reading and that most literature available to them was uninspiring. Shannon Trust had recently secured a coordinator who had trained one mentor, but the other four mentors in the prison had not benefited from any training to support the development of reading. Prisoners for whom English was not their first language were being inappropriately signposted to Shannon Trust rather than to English courses for speakers of other languages. Only a few prisoners improved their skills or developed an interest in reading.
- 5.24 Teaching staff had correctly identified many prisoners with a learning difficulty or need. However, in too many cases, staff did not use the information about prisoners' needs to help plan or support prisoners to access the curriculum. Across education and prison work, there were too many instances where the lack of support inhibited prisoners' learning and development.
- 5.25 Attendance at education and for inductions was too low. Leaders and managers had recognised this and had started to put in place

strategies to improve attendance. However, the impact of any actions was yet to be seen. Attendance in vocational training and industries was higher and at an acceptable level.

- 5.26 Teaching staff did not challenge poor prisoner behaviour in English and mathematics lessons, including the use of foul language. Prisoners too often did not show respect for one another and often laughed aloud at others when they offered incorrect answers to tasks. Learners were belittled and embarrassed by their peers in lessons and lost motivation as a result.
- 5.27 Prisoners felt safe while attending ESW. Most prisoners reported that they enjoyed their lessons, had good relationships with teaching staff and were grateful for the opportunity to learn.
- 5.28 Leaders and managers had not ensured that the virtual campus was used sufficiently to support learning or to prepare prisoners for release. It was used by IAG staff to record interviews and employment and education goals. Prisoners had access to virtual campus in the employment hub, library and education but used it rarely.
- 5.29 Staff did not support prisoners to develop their understanding of how to stay safe from radicalisation and extremism. For example, prisoners reported that radicalisation and extremism were not a problem at the prison because they believed that most prisoners were White British, and these issues did not apply here. This further demonstrated their lack of knowledge and understanding of these topics.
- 5.30 Prisoners did not benefit sufficiently from an enrichment programme to develop their interests and talents outside of ESW. Very few activities had been offered to prisoners in the residential units or in ESW and the take up by prisoners was limited.
- 5.31 Careers and employment hub staff provided helpful support to prepare prisoners for release. Prisoners benefited from an effective service to prepare and apply for jobs when nearing their release date and they provided further support for them in the community with job applications and interviews. Staff collaborated effectively with partner agencies to ensure that prisoners had help with housing, finance and other welfare services. Many prisoners had been successful in obtaining employment linked to the skills that they had developed in prison and through additional training on release (see preparation for release).

Section 6 Preparation for release

Preparation for release is understood as a core function of the prison. 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 understands the importance of family ties to resettlement and reducing the risk of reoffending. The prison promotes and 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 Lincolnshire Action Trust (LAT) continued to provide good support to prisoners and their families, including a positive range of casework. The team were well known across the prison and ran an unusually high number of family days, with 16 in 2023.
- 6.2 About 40% of the population did not receive any social visits, but there were impressive efforts to engage with this group. LAT had recently helped to run an event in the visits hall linking some of these men with the chaplaincy as well as befrienders from the New Bridge Foundation (a voluntary organisation aiming to help socially isolated prisoners) which could also offer ongoing contact. More of these events were planned.
- 6.3 There were not enough additional interventions to support family contact. For instance, the Family Storytime scheme that allowed prisoners to record stories for their children had ended and no parenting skills courses were running.
- 6.4 In our survey, far fewer prisoners than in similar prisons we have inspected recently said it was easy for their visitors to get to the jail. About 20% now came from outside Yorkshire and Humberside. We talked to families who had driven for two or three hours to visit, only to find the start time was delayed which reduced the time left for the visit.
- 6.5 Video visits were underused, but it was very positive and quite unusual to see evening face-to-face visits taking place twice a week. These were very popular. However, overall there were too few visits sessions to accommodate the large increase in the number of remanded men, who were entitled to more visits each week. There were only 230 slots a week for a population of nearly 1,000 and the number of tables in the hall had still not been increased despite the end of COVID-19 restrictions a long while ago.

- 6.6 The visitors' centre was well maintained and spacious, but it was very difficult to book or amend visits by phone and the lines were only open in the mornings. The visits hall had a café that sold hot food and was popular, but the children's play area was run down and not staffed at weekends.
- 6.7 Most new arrivals had to wait about two weeks to get phone numbers added to their account, which was far too long. About 80% of the population had a history of offending behaviour such as sexual offences or domestic abuse. This meant that the offender management unit (OMU) had to approve contact and this process was very inefficient.

Reducing reoffending

Expected outcomes: Prisoners are helped to change behaviours that contribute to offending. Staff help prisoners to demonstrate their progress.

- 6.8 The population had changed substantially since our last full inspection. About half the prisoners compared with a third previously were now remanded or unsentenced and the number of prisoners convicted of sexual offences who needed to complete an accredited programme had reduced considerably as most had been transferred to another prison to make way for the remanded men.
- 6.9 Progress to help the remand population with housing had been far too slow. A nationally directed contract originally intended to start in 2023 was due to begin in late summer 2024, but not all the necessary workers had been recruited and there were no clear and up-to-date plans for successful implementation.
- 6.10 Other aspects of support were better than we usually see. All new arrivals benefited from focused key work for the first four weeks (see paragraph 3.8), which enabled prisoners to raise any immediate concerns. Remanded men could also access very good help with finance, benefit and debt and had access to a bail information officer (see paragraph 4.22).
- 6.11 Over 1,300 men had been recalled to prison over the last year but there was too little support for them. There were very few interventions to help them address the reasons for their return to prison and no permanent housing workers on site to help them plan for their release.
- 6.12 Half the population were sentenced and required offender management. The OMU benefited from a settled, experienced and confident team of leaders who worked well together. The unit was reasonably well staffed and no longer suffered from cross-deployment of uniformed staff, but there were too few probation officers. Prison offender managers (POMs) appreciated regular supervision and their caseloads were manageable.

- 6.13 Contact between POMs and prisoners was much better than at the last inspection and was now good, particularly for those living on the PIPE unit.
- 6.14 Most sentence plans that we reviewed were of good quality and most prisoners had made reasonable progress against their targets. However, at the time of the inspection there was a backlog of about 50 waiting to be completed.
- 6.15 Most men from the general population transferred to other prisons quickly after sentencing. However, at the time of the inspection 118 prisoners convicted of sexual offences needed to move from the prison to a training site, including some who had graduated from the PIPE unit. Transfer was difficult to secure as there were very few category C places in other prisons. There were further challenges in getting other prisons to accept men with mobility issues who required adaptations and additional health care and support.

Public protection

Expected outcomes: Prisoners' risk of serious harm to others is managed effectively. Prisoners are helped to reduce high risk of harm behaviours.

- 6.16 Substantial challenges made the safe release of prisoners more difficult than at the last inspection. OMU managers had to bring forward prisoners' release dates with little notice under the end of custody supervised licence (ECSL) scheme, often leaving just a few weeks to develop new plans.
- 6.17 Leaders had identified deficiencies in public protection arrangements and were working hard to make improvements, including enhancing the role of the interdepartmental risk management meeting. Managers were trying to focus on high-risk cases approaching release where risk management plans were incomplete, but we were not confident that this process was yet fully effective in capturing all the weaknesses.
- 6.18 In the cases that we reviewed, the handover of responsibility from the POM to the community offender manager was usually timely and communication about risk issues was good. Almost all the prisoners we spoke to who were approaching release had been in contact with their community offender manager.
- 6.19 Recorded multi-agency public protection (MAPPA) management levels had been identified in each case that we checked and the quality of contributions to MAPPA meetings in the community was generally good.
- 6.20 Telephone monitoring was used appropriately and 12 men were being monitored at the time of the inspection. Calls were listened to promptly and, where breaches were identified, for example a prisoner trying to contact his victim, there were appropriate consequences, such as an

adjudication. Restrictions on contact with children were well understood by staff across the prison, including the mailroom and visits hall.

Interventions and support

Expected outcomes: Prisoners are able to access support and interventions designed to reduce reoffending and promote effective resettlement.

- 6.21 The prison had retained the specialist role of delivering accredited programmes and the programmes team continued to offer Horizon (a medium intensity programme), Kaizen (a high intensity programme), Becoming New Me Plus (for those with learning difficulties) and a Healthy Sex Programme delivered by a psychologist. Fewer prisoners than at the last inspection were suitable for a place on one of these courses since the number of prisoners convicted of sexual offences had reduced.
- 6.22 A lack of trained staff had reduced the delivery of accredited programmes to 39 completions in the previous financial year. This was planned to increase to 55 completions in the current year and the programmes team was working hard to achieve this.
- 6.23 There were not enough structured interventions for the large population of remanded and short-sentenced prisoners to learn new life skills or develop plans and goals for the future. Only one group had so far completed the Sycamore Tree, a victim awareness course run by the chaplaincy, and only a handful of young adults had accessed Choices and Changes, delivered by trained young adult key workers (see paragraphs 3.15 and 4.31).
- 6.24 Despite about 40% of the population having an offending behaviour history linked to domestic abuse, there were no structured interventions to address their attitudes and behaviour. However, encouraging links were being forged with White Ribbon (a charity promoting an end to violence by men against women and girls).
- 6.25 Support for men to manage their finances and address debts was very good. Since September 2022, the Growth Company (a social enterprise aiming to help prisoners develop opportunities for the future) had provided five full-time staff who gave information, advice and guidance to remanded and sentenced men. They also signposted prisoners to specialist debt advice agencies and ran an occasional roadshow in the visits hall. This gave prisoners access to a range of services, including a charity to help overcome gambling problems.
- 6.26 There was only one full-time work coach from the Department of Work and Pensions on site. She was stretched but was well integrated with other teams and managed to see prisoners who were approaching release. A bank account and ID worker was in post and 84 bank accounts had been opened for prisoners in the year to March 2024.

- 6.27 An impressive prison employment lead was well embedded and an average of eight prisoners a month had employment six weeks after release. This was better than most other reception prisons.

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.

Psychologically informed planned environment (PIPE)

- 6.28 The PIPE unit, part of the offender personality disorder pathway, continued to deliver very good support to high-risk prisoners convicted of sexual offences. The unit was predominantly run by specially trained and enthusiastic prison staff who were supported and advised by a lead and a trainee psychologist.
- 6.29 Two-thirds of PIPE prisoners were serving indeterminate sentences at the time of the inspection. Residents had generally already completed an intervention like Kaizen (see paragraph 6.21), and their time spent on the PIPE was intended to consolidate their learning and help them demonstrate their coping skills and risk reduction.
- 6.30 The wing was very welcoming and well decorated (see paragraph 4.9) and had an impressive outdoor area. Key work was among the best we have seen (see paragraph 4.4). Officers working on the unit were sometimes deployed elsewhere in the prison, which could affect delivery of the planned activities and therapy.

Returning to the community

Expected outcomes: Prisoners' specific reintegration needs are met through good multi-agency working to maximise the likelihood of successful resettlement on release.

- 6.31 Demand for resettlement help had increased and an average of 95 prisoners were now released directly from the prison each month. In addition, it was more difficult to make resettlement plans for men who were not from Yorkshire and Humberside as staff did not always have direct links to agencies in other regions.
- 6.32 The pre-release team had been affected by several changes in their structure and leadership since the last inspection but was now well staffed and we were impressed by those we met. They made sure that almost all prisoners had an assessment of their resettlement needs and staff were able to make referrals directly to finance and housing workers, rather than wait for a community offender manager to do this, which speeded up access to help.

- 6.33 During the previous 12 months, only about a third of prisoners had been released to sustainable accommodation and about 20% had been released with nowhere to sleep. Shelter, the housing provider, sent a worker into the prison two afternoons each week, but this was not enough to meet need. The contract with Shelter had not kept pace with the substantial change in the prison population and national leaders had been slow to address this.
- 6.34 The introduction of a strategic housing specialist since the previous inspection was a positive development. She had made excellent links with the local authority and there were advanced plans to bring their staff into the prison to complete assessments with prisoners likely to be homeless on release. However, there was a critical lack of housing stock in the local area. A large Salvation Army hostel had recently closed and we were told that demand for social housing in the city outstripped supply by four to one.
- 6.35 Outcomes were notably worse for men released under the ECSL scheme. About 40% were released homeless, twice the average, and a third had already been recalled. Staff typically had only a few weeks to plan for the change in release date and communication of the new date to all the resettlement agencies involved was not always good enough.
- 6.36 There was very little practical support on the day of release. Although a through-the-gate service was offered for the most complex men to make sure they reached appointments, only five prisoners had benefited from this in the last 12 months. Men were not always given a holdall for their belongings and there was no facility for them to charge their mobile phone.

Section 7 Progress on recommendations from the last full inspection report

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.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2021, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

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.

Partially achieved

The number of times force is used should be reduced. When used it should be proportionate and undertaken safely.

Achieved

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.

Partially achieved

All Prisons and Probation Ombudsman recommendations should be implemented and sustained over time to help prevent further self-inflicted deaths.

Partially achieved

Recommendations

Improvements to the reception area should be undertaken to make it a welcoming environment for new arrivals.

Achieved

First night cells should be clean, free of graffiti and properly equipped.

Achieved

The more negative perceptions of prisoners with mental health problems about their safety and victimisation by staff should be investigated and addressed.

Not achieved

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.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2021, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

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.

Not achieved

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.

Partially achieved

Recommendations

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

Not achieved

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

Not achieved

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

Achieved

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.

Not achieved

Purposeful activity

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

At the last inspection in 2021, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

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.

Not achieved

Recommendations

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

Partially achieved

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

Partially achieved

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

Partially achieved

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 2021, outcomes for prisoners were not sufficiently good against this healthy prison test.

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.

Partially achieved

Recommendations

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

Not achieved

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

Achieved

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

Not achieved

All prisoners should have a comprehensive resettlement plan which is reviewed no later than 12 weeks before release.

Partially achieved

Appendix I About our inspections and reports

HM 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, 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 benefit them.

Preparation for release

Preparation for release is understood as a core function of the prison. 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.

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 HM 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 identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for prisoners. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list 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 outlines the priority and key concerns from the inspection and our judgements 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 6, 2023) (available on our website at [Expectations – HM Inspectorate](#))

[of Prisons \(justiceinspectorates.gov.uk\)](https://justiceinspectorates.gov.uk)). 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 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:

Charlie Taylor	Chief inspector
Sandra Fieldhouse	Team leader
Jonathan Tickner	Inspector
Sumayyah Hassam	Inspector
David Owens	Inspector
Ian Dickens	Inspector
Martyn Griffiths	Inspector
Alicia Grassom	Researcher
Helen Downham	Researcher
Tareek Deacon	Researcher
Emma King	Researcher
Paul Tarbuck	Lead health and social care inspector
Steve Eley	Health and social care inspector
Simon Newman	Health and social care inspector
Chris Barnes	Pharmacist
Si Hussain	Care Quality Commission inspector
Jonny Wright	Ofsted inspector
Sheila Willis	Ofsted inspector
Glenise Burrell	Ofsted inspector
Ian Frear	Ofsted inspector
Philipa Firth	Ofsted inspector

Appendix II Glossary

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.

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.

Family days

Many prisons, in addition to normal visits, arrange 'family days' throughout the year. These are usually open to all prisoners who have small children, grandchildren, or other young relatives.

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.

MAPPA

Multi-Agency Public Protection Arrangements: the set of arrangements through which the police, probation and prison services work together with other agencies to manage the risks posed by violent, sexual and terrorism offenders living in the community, to protect the public.

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).

Secure video calls

A system commissioned by HM Prison and Probation Service (HMPPS) that requires users to download an app to their phone or computer. Before a call 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).

Special purpose licence ROTL

Special purpose licence allows prisoners to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

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.

Prison staff survey

Prison staff are invited to complete a staff survey. The results are published alongside the report on our website.

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Printed and published by:
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10 South Colonnade
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