

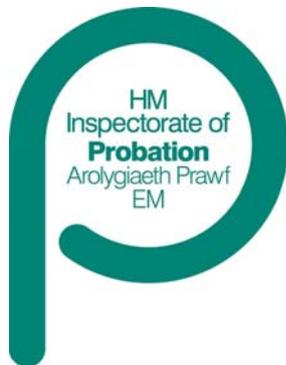
Report on an unannounced inspection of

HMP Humber

by HM Chief Inspector of Prisons

13 – 24 July 2015

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Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	19
Section 2. Respect	31
Section 3. Purposeful activity	47
Section 4. Resettlement	55
Section 5. Summary of recommendations and housekeeping points	63
Section 6. Appendices	71
Appendix I: Inspection team	71
Appendix II: Prison population profile	73
Appendix III: Summary of prisoner questionnaires and interviews	77

Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectors.gov.uk/hmiprisons/about-our-inspections/>

Introduction

HMP Humber is a large category C resettlement prison near Hull, formed by the merger of HMPs Wolds and Everthorpe. At the time of this inspection, the prison held 1,002 adult men. The prison is operated by the public sector following market testing. Wolds, which had previously been run by G4S, moved to the public sector in April 2013, and the formal merger of the two prisons took place in April 2014. A secure corridor, which creates a physical link between the two sites, was opened in April 2015. This is our first inspection of HMP Humber.

Market testing and the merger had been a protracted process which was described by some staff as a 'collision' rather than a coming together of the two prisons. The opening of the secure corridor had been significantly delayed, and during this period of uncertainty many aspects of the running of the two sites had deteriorated. Cultural differences between the two establishments were still evident during the inspection, as were some divisions among the staff group. Pay differentials remained and there was dissatisfaction with the management of the merger. The merger had delayed the introduction of changes to staffing structures and the core day, which were now established in most other prisons but were still causing concern in HMP Humber. Relationships between staff and prisoners were good at both sites but better at the old Wolds site, where 92% of prisoners said staff treated them with respect, compared with 81% at the Everthorpe site. Conversely, only 27% of prisoners said they had ever felt unsafe on the Everthorpe site, compared with 36% on the Wolds site. Overall outcomes had deteriorated during the merger. The new governor and his senior management team had started to recover lost ground but the prison was still failing to provide good enough outcomes for prisoners in three of our four healthy prison tests.

The prison was not sufficiently safe and many procedures designed to underpin prisoners' safety were underdeveloped or very recent. Incidents of poor behaviour by prisoners were common, and some of these were serious. Some poor behaviour went unchallenged by staff and the number of assaults on staff was high. The availability and use of illegal drugs were too high, and there were major challenges with the use of new psychoactive substances. Responses to these challenges were not well coordinated and a more cohesive approach was being developed. The management of disciplinary procedures needed improvement. Too many incidents could have been dealt with by the incentives and earned privileges scheme rather than adjudications. The use of force was too high: we were concerned about some incidents we reviewed and its oversight needed urgent attention. The number of prisoners segregated was not high but the regime in the segregation unit was poor, and some prisoners who felt threatened were self-isolating on the wings with little attention to their needs. Despite this, in our survey fewer prisoners than the comparator said they had felt unsafe, which we felt reflected the strong and supportive relationships between staff and prisoners.

Early days work was good and efforts to improve support for prisoners on assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm were starting to have a real impact on the quality of care provided. Nevertheless, a more coordinated approach was required to manage prisoners with complex needs. A new substance misuse provider had taken over in recent weeks and was starting to develop a good range of support for prisoners, although at the time of the inspection some of it was not in place and this had a negative impact on outcomes.

The majority of prisoners told us that staff treated them with respect and that they had someone to help them with a problem. This provided an excellent base on which to improve outcomes for prisoners across all our healthy prison tests. Living conditions were reasonable, although cleanliness could have been improved and some single cells used to hold two prisoners were unacceptably small. The applications process was not working. Prisoners were generally negative about the food but many told us that it had improved recently, and we found it to be adequate. Some basic canteen items were in short supply which caused prisoners considerable frustration.

Equality and diversity work had collapsed and the governor had recently put a structure in place to address the needs of the protected characteristics groups. Support for all groups was underdeveloped. No monitoring of outcomes had taken place for some time and we could not be confident that outcomes were equitable. Faith provision was good. The management of complaints had been weak but had improved recently. The health care provider had very recently taken over and, despite some teething problems, was already delivering good support to prisoners.

Time out of cell was good and there was very little slippage in the regime. The recently introduced free flow process was working effectively, although some staff and prisoners were finding the transition from a more restricted regime challenging. There was a shortfall of about 15% in the availability of activity places. Not even all the available places were fully used and about a quarter of prisoners were completely unemployed and were usually on the wings with little to do. This added to the instability of the prison. The range of learning and skills provision was good, but attendance and punctuality were poor and achievements in some areas of basic skills needed improvement. The allocation of activities was not equitable. Good opportunities were provided by the library and gym.

Resettlement provision varied. A needs analysis of the new prison and its population had not yet been carried out. The community rehabilitation company arrangements for resettlement services provided by Purple Futures were still bedding in, and it was unclear what support could be delivered. Arrangements for release on temporary licence were robust and a few prisoners were working in the community and developing family links. The quality of offender management work varied; some assessments were overdue and too much casework required improvement. There was irregular contact between offender supervisors and prisoners. Reintegration planning was good, as was the support provided in most of the resettlement pathways.

Overall, Humber was a prison undergoing major change. The merger had been traumatic and prolonged, and some aspects of the management of the process could have been better. Managing the introduction of new providers in health, substance misuse and resettlement added considerably to an already complex picture. Change on so many fronts was a significant factor in many of the poor outcomes we have reported. However, the good relationships between staff and prisoners provided a solid foundation on which to build. The work the new governor had started was having a positive impact on outcomes for prisoners, but it was too early to see the benefit of many very recent initiatives. We had some confidence that progress would continue to be made but the challenges were significant and the prison would need significant support from the Prison Service if outcomes were to improve..

Nick Hardwick
HM Chief Inspector of Prisons

September 2015

Fact page

Task of the establishment

Male category C resettlement prison

Prison status (public or private, with name of contractor if private)

Public

Region/Department

Yorkshire and Humberside

Number held

1,002

Certified normal accommodation

947

Operational capacity

1,026

Date of last inspections (full and short follow-up)

HMP Wolds, 23 April 2012

HMP Everthorpe, 19 March 2012

Brief history

HMP Humber was formed by the amalgamation of two former prisons, HMPs Everthorpe and Wolds. Everthorpe opened as a borstal in 1958 and later held category C adult males. Two new wings were built in 2005. Wolds opened in 1992 as a category B establishment and was the first privately run prison in Europe. It reverted to the public sector in June 2013 with the formation of HMP Humber. The two sites were joined by a secure walkway in May 2015 and HMP Humber is now a Category C resettlement prison.

Short description of residential units

Zone 1 (formally Wolds)

A wing is the first night centre and induction unit and has 60 beds. B, C and D wings each have 60 beds, as do E and F wings which form the drug recovery unit. G wing is an enhanced unit with 30 beds. The segregation unit has 18 beds.

Zone 2 (formally Everthorpe)

H wing has 79 beds, I wing 96 beds, J, K and L wing 82 beds each and M wing 81 beds. The enhanced unit, N wing, has 120 beds and O wing, the category D resettlement unit, 14 beds.

Name of governor/director

Ian Telfer

Escort contractor

GeoAmey

Health service commissioner and providers

City Health Care Partnership

Learning and skills providers

The Manchester College

Independent Monitoring Board chair

Mike Austin

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 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.

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The 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

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

A4 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 the National Offender Management Service.

- **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.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection. This inspection follows a short follow-up inspection and does not report directly on progress made against the previous recommendations.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission or Healthcare Inspectorate Wales, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

S1 *Prisoners told us they were treated well by escort staff. Reception, first night and induction arrangements were generally good. Procedures to keep prisoners safe were seriously underdeveloped, although fewer than the comparator reported feeling unsafe at some time in the prison. There had been a number of serious incidents and assaults on staff were high. The quality of care provided to most men on ACCTs² was now reasonably good. Most security arrangements were proportionate but more needed to be done to address the challenges of high availability and use of drugs. Incentives and earned privileges (IEP) were being used to encourage positive behaviour but the scheme was not always applied and the regime for basic level prisoners was too limited. Some adjudications could have been better dealt with through the IEP scheme. The segregation environment was reasonable and relationships were good, but the regime was very poor. Use of force was high and oversight needed improvement. Substance misuse support was developing. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S2 Most journeys to the prison were short and prisoners we spoke to reported positively about the escort contractor. Reception processes were thorough and prisoners were treated well by staff. Initial assessment interviews were good but not always conducted in private. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and peer mentors helped new prisoners to settle in to the prison. First night arrangements were good and most prisoners felt safe but some night support procedures were not adequately focused on potential risks. The new induction programme had bedded in well and equipped prisoners to make full use of the regime. Too many prisoners remained on the first night unit after completing induction, and the use of the unit to reintegrate some challenging prisoners was inappropriate.

S3 Procedures to keep prisoners safe were seriously underdeveloped although fewer than the comparator reported feeling unsafe at some time. Those in zone 1 were more negative which we thought was linked to the large communal exercise yard, ease of access to cell windows and higher levels of inactivity. Although most incidents were low level, they were frequent and some had been very serious. The number of assaults on staff was high and the management of poor behaviour needed improvement. Senior managers had recognised this and a new strategy was being developed, including a zero tolerance approach to poor behaviour. Use of new psychoactive substances (NPS)³ and the resulting debt was acknowledged as a significant issue. Several prisoners had isolated themselves for their own protection. They did not have an individual management plan and had an impoverished regime. The overall approach to men with more complex issues or needs lacked coordination.

S4 Violence reduction and suicide and self-harm prevention were overseen at monthly safer custody meetings, but some key departments were not regularly represented. The safer custody team had been re-formed in the last three months and staff were motivated to make a difference. Monthly safer custody reports provided a variety of indicators of violence, antisocial behaviour and vulnerability and some good analysis of trends had been developed

² Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm

³ A chemical substance which acts on the central nervous system to alter brain function – perception, mood, consciousness, cognition and behaviour

for discussion and action. The weekly safer custody meeting was a good initiative with the potential to provide better coordination of some of this work.

- S5 Action plans had been put in place to address the Prisons and Probation Ombudsman's recommendations from deaths in custody and the recent negative safer custody audit. Reasonably good progress had been made. Levels of self-harm were not high and ACCT documents that we reviewed were completed to an acceptable standard. Some robust action had been taken in the last three months to improve the quality of the ACCT process and good care was provided to most prisoners. Listeners felt supported by most staff but they were underused, particularly at night. Too many prisoners on ACCTs had been segregated and the exceptional circumstances for this were not always clear. A new process had been introduced to address this.
- S6 A local adult safeguarding policy had been published and the deputy governor attended local adult safeguarding meetings, but many staff were unaware of safeguarding adults arrangements.
- S7 The flow of intelligence was reasonable, but there had been some serious incidents. Drug availability was high; 49% of prisoners in our survey said it was easy or very easy to get illegal drugs and 15% said they had developed a drug problem at Humber. The random positive mandatory drug test (MDT) rate averaged 7.2% in the previous six months, but NPS, which were the main drugs of use, could not be tested for. A new supply reduction strategy had not yet been fully implemented and links between security and other departments required improvement to ensure a more coordinated approach. Security arrangements were proportionate, but the use of closed visits for unrelated reasons was excessively punitive.
- S8 In our survey, more prisoners than in comparator prisons reported positively about the IEP scheme. In the cases we reviewed, decisions to downgrade were appropriate, but some were made without the required review. There were too few opportunities for some prisoners on basic level of the scheme to demonstrate improvement in their behaviour.
- S9 Too many adjudications were not pursued and many could have been dealt with through the IEP scheme. Use of force was high. Documentation was often incomplete but most cases we reviewed demonstrated efforts to de-escalate. We were aware of some incidents of excessive use of force where management had taken appropriate action. Few planned interventions were videoed and reviewed; one of the two that we reviewed was concerning and we passed this to management to investigate. Little use was made of special accommodation, although not all the relevant paperwork was available to confirm that it had been used appropriately. Oversight of all aspects of use of force required improvement.
- S10 The regime for segregated prisoners was poor. The environment was reasonable, although a few cells were poor. The number of prisoners segregated was not high although some were held for long periods, and care and reintegration plans did not demonstrate sufficient efforts to reintegrate them. Relationships were good and staff had excellent knowledge of those in their care.
- S11 The substance misuse strategy was developing. Meetings had only just restarted and an interim policy was in place, but it lacked action plans informed by a local needs analysis. A new provider had recently taken over and arrangements were still bedding in. During the transition, the team had suspended most group and one-to-one support, and some prisoners said they had not been well supported. A wide range of interventions was to be introduced shortly. Clinical management was appropriate and treatment was reviewed regularly.

Respect

S12 *Living conditions were reasonable, although some areas were dirty. Some single cells used for two prisoners were very cramped. Prisoners faced daily frustration obtaining basic services and the applications process was poor. However, prisoners reported positively on relationships with staff. We observed decent interactions, although some poor prisoner behaviour needed to be more actively challenged. Equality and diversity work did not demonstrate that all outcomes were equitable. Faith provision was good. The management of complaints was improving. Prisoners were positive about access to legal services. The new health care provider was developing and delivering safe and responsive services. Food was reasonable but there were delays in prisoners receiving their first full canteen order. **Outcomes for prisoners were reasonably good against this healthy prison test.***

- S13** External areas were largely free of litter, but some internal communal areas needed more thorough cleaning. Some shared cells in zone 1 were very small. Access to showers was good but many showers in zone 2 were stained, as were some toilets across the prison. Some toilets were not screened well enough. Not enough prison-issue clothing, bedding or towels were available. The management of applications was poor, replies were not tracked and prisoners had little confidence in the system which caused them considerable frustration.
- S14** Most interactions between staff and prisoners that we observed were decent and in our survey nearly all prisoners said staff treated them with respect and that they had someone to help them with problems. However, we observed several prisoners breaking the rules and staff failing to challenge them.
- S15** The strategic approach to equality and diversity had been inadequate. However, the recently introduced Humber pilot scheme was a promising peer-led initiative to improve communication and increase the support provided to prisoners, although more prisoner consultation was required. There had been no monitoring of outcomes for many months to ensure equitable treatment for any of the protected characteristic groups, which was unacceptable. Some prisoner equality representatives were confident in their roles and were well known around the prison, but not all were proactive enough. Most had received a good level of training. The number of discrimination incident report forms was not excessive. They were answered politely and reasonably well, but too many were answered late. The external scrutiny process was very good.
- S16** There was too little prisoner consultation about equality and diversity and this was particularly true for black and minority ethnic prisoners who had concerns over the fairness of procedures such as allocation to activities. The new consultative group for Gypsy, Romany and Traveller prisoners was a positive development. Most foreign national prisoners spoke English, but we were not confident that interpretation was used as frequently as necessary. The policy for issuing free telephone credit to foreign national prisoners was too restrictive and the library stock did not meet the needs of this group. Men with disabilities were identified and interviewed at reception to establish any particular needs. Some reasonable adjustments had been made, but there was a backlog of work, and in our survey men with disabilities were more negative across a range of parameters than those without disabilities. Most gay men were reluctant to disclose their sexuality, and no named member of staff provided them with support. The transgender policy was appropriate. A more systematic approach to meet the needs of older prisoners needed to be developed.
- S17** The chaplaincy worked effectively as a team and was well respected across the prison. Prisoners were routinely seen by a chaplain on induction. Provision for most religions was good and there was strong support for bereaved prisoners. In our survey, fewer prisoners

than in comparator prisons said that their religious beliefs were respected and that it was easy to attend religious services. Chaplains needed to be more involved in some prison processes.

- S18 The management of complaints had improved but too many issues should have been dealt with more informally. Management oversight was now good.
- S19 There was little demand for legal services but prisoners were positive about the help that was available. Legal visits arrangements were good.
- S20 The new health provider had only been in the prison for six weeks but despite some real challenges, including staffing gaps and prisoner perceptions, services were safe, positive and responsive. Routine health screening on arrival was good. Access to nurses and GPs was good, although the location of all primary care services on zone 2 and the distance to the primary care centre presented a challenge for prisoners with mobility difficulties. There was a suitable range of primary services with appropriate prioritisation of need. The 'did not attend' rate at clinics had recently increased but steps were being taken to improve this. Some prisoners had waited too long to see the dentist but this was improving.
- S21 Management of medicines was generally sound but the risk assessment to enable prisoners to hold medicines in possession lacked sufficient focus on the individual prisoner and arrangements for prisoners in Zone 1 needed action. Care of prisoners with long-term conditions was reasonable, with advanced plans for further improvement. Care planning was underused. Mental health services were good with an appropriate range of therapeutic interventions, but lacked an up-to-date needs assessment to ensure the new model matched need.
- S22 Only 22% of prisoners in our survey said that the food was good. Portion sizes were reasonable as was the quality of food that we sampled. Breakfast packs were poor.
- S23 New prisoners had to wait too long for access to a full canteen order but the risk of getting into debt was mitigated by access to reception packs.

Purposeful activity

S24 *Prisoners had a good amount of time out of cell and there was little slippage in the regime. There were not enough activity places for all prisoners, and those available were not fully used. As a consequence, too many men were unemployed which added to control problems. There was a clear commitment by senior managers to develop additional provision to support the resettlement aims of the prison. The range of provision was good but some aspects of leadership and management of learning and skills required improvement. The allocation process was unfair and the quality of the activities varied. Achievements were generally good, but outcomes in some areas of basic skills were poor. The library and gym were mostly good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

- S25 Most prisoners were positive about the amount of time unlocked, association and access to exercise. Time unlocked for the vast majority of prisoners was very good at over 10 hours and up to seven hours for those unemployed. The regime ran mainly to time with little slippage. Free flow movement had been introduced since the last inspection. A quarter of prisoners were unemployed, which was too many, and these men were usually held on wings with nothing to do. This was adding to problems with poor behaviour and disorder.

- S26 Prison managers had a strong commitment to improve the learning and skills provision and to support work to resettle prisoners. There was a good range of vocational training and contract workshops provided relevant opportunities to develop work skills. There was good engagement with employers and community agencies to secure work on release on temporary licence and to support prisoner development through the Humber pilot. However, there were not enough activity places, not all those available were being used and the allocation process was unfair. Attendance and punctuality at some activities were poor.
- S27 Self-assessment was embryonic, but it was realistic and linked well to the quality improvement process. Target setting for improvement needed to be smarter.
- S28 The quality of teaching, learning and assessment was too variable. Most sessions in vocational and educational provision were good, but functional skills sessions were weak. Initial assessment was adequate and most prisoners were placed on the right level course. An appropriate range of education and vocational training was provided. There was a good programme of distance learning and Open University courses. There was not enough support for the development of English and mathematics skills in the workshops. Prisoners developed good employability skills but these were not always sufficiently recognised. The employment and training passport had yet to be fully implemented and some opportunities to accredit training were missed. There were practical opportunities for prisoners to develop work skills in well-equipped workshops and prisoners worked diligently to commercial standards.
- S29 Most tutors were skilled in supporting prisoners to manage their behaviour, and learning support practitioners and peer mentors provided effective support. Overall success rates in education and vocational training were high. Standards of prisoners' work and behaviour were good. Prisoners received good feedback which helped them to progress. Success rates were too low in English at levels 1 and 2 and mathematics at level 1.
- S30 More prisoners than the comparator were positive about library provision and access was good. Stock was good and met the needs of most prisoners. There were effective links with education and some good initiatives to promote reading and writing. The library induction session needed to be reinstated.
- S31 Prisoners were also more positive about the gym in our survey. There was good access to recreational PE and links with health care to promote healthy living. There were no outdoor facilities and no accredited qualifications were being offered.

Resettlement

- S32** *Strategic management of resettlement required improvement, and the needs of all the groups held were not fully understood. Community Rehabilitation Company (CRC) arrangements were still bedding in and it was too early to gauge their effectiveness. Use of release on temporary licence (ROTL) was good. Offender management arrangements were not consistent and there were delays in some key assessments. There was not enough contact between prisoners and offender supervisors. Public protection work was good. Management of home detention curfew (HDC) was generally good but little was done to support indeterminate sentence prisoners. Categorisation reviews were robust, but an excessively risk-averse approach was sometimes adopted and moves to open prisons were too often delayed. Reintegration work was reasonable and support in the reducing reoffending pathways was mostly good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

- S33 Strategic management of resettlement was not well developed. There was no detailed understanding of the needs of the population which had recently changed, and a reducing reoffending strategy was still being drafted. There had been a strategic approach to the introduction of the new CRC arrangements but the new services were not well publicised, links with the offender management unit (OMU) were not well developed and there was general confusion about how they would operate. ROTL was used well to promote employment and community links for a few prisoners. Risk assessment of ROTL was effective and well monitored.
- S34 There was a backlog of OASYS (offender assessment system) assessments. Although initial contact between offender supervisors and prisoners was prompt, there was no continued support or oversight of the achievement of sentence plan targets. The quality of case work was too varied.
- S35 Public protection arrangements were robust. Although risk levels before release were checked, planning and communication of risk management measures required improvement.
- S36 HDC arrangements were generally good. There were no dedicated facilities for indeterminate sentence prisoners but consultation to identify their needs had started.
- S37 There was a thorough assessment of risk before prisoners were deemed suitable for open conditions, but we found several cases where the approach was too risk averse. Too many transfers to open conditions had been delayed by a shortage of transport.
- S38 All new arrivals were seen to identify their resettlement needs and again three months before release. There was some uncertainty among CRC providers about how to meet resettlement needs of prisoners who were not within three months of release (the contracted period). The Shelter workers who carried out this work urgently needed a single location where they could meet prisoners in confidence.
- S39 Nearly all the prisoners who had sought help with accommodation left with an address.
- S40 A good range of vocational training provision and commercial contract work provided good employability skills. There was a good pre-release employment training programme. National Careers Service provision was good and the virtual campus⁴ was used well to support resettlement.
- S41 All prisoners were provided with appropriate pre-release health care support; prisoners with mental health needs were linked effectively with their community teams. The substance misuse service was strengthening links with community providers and recruiting a 'through-the-gate' worker to improve through-care provision further. Local drug intervention programme teams visited the prison regularly.
- S42 A money management course was available, and a qualified debt adviser visited weekly, but prisoners could not get ID cards or open bank accounts.
- S43 The visitors' centre was too small and, despite recent refurbishment, the visits hall was cramped. Plans to introduce additional visits sessions were welcome. Visitors experienced delays in booking visits, but there had been recent improvements in the timeliness of visits. Broader support to help prisoners maintain contact with their family and friends was good and included regular family days and accredited parenting courses.

⁴ Prisoner access to community education, training and employment opportunities via the internet

- S44 The range of accredited offending behaviour programmes was appropriate. There was no intervention to address violence in relationships.

Main concerns and recommendations

- S45 Concern: The violence reduction strategy was still being developed and a multidisciplinary approach to tackling antisocial behaviour was in its infancy. Processes to identify, challenge and monitor unacceptable behaviour were seriously underdeveloped. Some poor behaviour was not challenged by staff. There were limited interventions to work with prisoners who behaved badly, or to support victims. Some prisoners seeking protection were self-isolating on the wings and more needed to be done to identify and protect them, while offering them a decent regime. There was no coordinated approach to ensuring the safety of prisoners who felt under threat.

Recommendation: The violence reduction strategy should establish a multi-disciplinary approach to tackling anti-social behaviour and ensure managers provide the support and supervision required to help staff robustly and promptly challenge poor behaviour and provide pro-active, co-ordinated support to victims.

- S46 Concern: Use of force was high and inadequate oversight did not provide reassurance that force was always used proportionately and as a last resort. We found examples where this was not the case.

Recommendation: The governance of use of force should provide assurance that the use of force was always proportionate and a last resort. This should include ensuring handcuffs are only used after dynamic risk assessment, planned interventions are routinely filmed and reviewed, and all documentation is completed.

- S47 Concern: There was only enough work and activity places for about 850 of the population of 1,000. Not all these places were used and about 250 prisoners were unemployed. We found these prisoners on wings with little to do, and considered that this contributed to the challenges of poor behaviour. The opportunity to prepare these prisoners for release was being missed.

Recommendation: All prisoners of working age should have a full-time programme of activity which keeps them purposefully occupied and helps to prepare them for release into the community.

- S48 Concern: Most of the prisoners were coming to the end of a long determinate sentence, or were serving an indeterminate sentence. Good assessment, sentence planning and risk reduction work were essential to ensure that these prisoners addressed issues of risk before release or consideration by the Parole Board. Too many did not have an up-to-date OASys or sentence plan to guide interventions work and support. The quality of case work was far too variable and prisoners had little ongoing contact with offender supervisors to help them reduce risk.

Recommendation: All prisoners should have a sentence plan based on a comprehensive assessment of need and risk. They should be supported to achieve targets by regular contact with and oversight by their offender supervisor.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1** *The relatively few prisoners arriving each week usually travelled short distances to the prison. Vehicles were in good order and prisoners told us they were well treated.*
- I.2** About 30 new prisoners arrived each week, usually during the late morning, having travelled relatively short distances from nearby prisons. Despite this, the escort contractor provided a lunch pack for each prisoner to ensure that they had a midday meal.
- I.3** In our survey, only 58% of prisoners against the comparator of 63% said that the vehicle was clean, but vehicles that we inspected throughout the week were clean and in good order and prisoners arriving during the inspection told us that they were well treated by escort staff. Staff allowed prisoners to get off vans quickly without using handcuffs. Interactions between prisoners and staff were friendly and respectful. Escort records were appropriately completed and provided sufficient information.

Early days in custody

Expected outcomes:

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

- I.4** *Early days arrangements were generally good and provided a positive experience for new arrivals. The reception area had been refurbished and processes were efficient. Initial safety screening covered vulnerability issues and first night arrangements were mostly reasonable, but night staff were not briefed well enough. Some first night cells were dirty. The recently introduced peer-led induction procedures were effective and ensured that new prisoners were prepared for life at Humber.*
- I.5** The reception area was newly refurbished and provided a positive environment which was reinforced by interactions with staff. Holding rooms were clean and notice boards provided a range of useful information. Prisoners were offered a hot drink on arrival and were seen by a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) who explained the role of the Listener team and made real efforts to put newly arrived prisoners at ease. Initial safety screening was comprehensive, but part of this was undertaken at the front desk, which was not private. Searching arrangements were appropriate and strip-searching was only used when intelligence indicated it was necessary. All new arrivals were offered a smokers' or non-smokers' canteen pack. Private consultation rooms were used by health care staff and the interviews we observed were thorough and supportive.

- 1.6** Despite some negativity in our survey, the reception process appeared reasonably swift. Once it was complete, all new arrivals were located on A wing where they were interviewed by staff and allocated cells. First night cells had lockers, clean mattresses, a pillow and a television, but some that we saw were not clean enough for occupation. Access to showers and telephones was good. Night staff had little knowledge of newly arrived prisoners and there were no additional mechanisms to support new arrivals such as more frequent checks throughout the night.
- 1.7** A number of prisoners remained on the first night unit after completing induction, often because they appreciated the supportive approach of staff and felt vulnerable on other wings. The unit was also used on occasion to reintegrate prisoners from segregation which was inappropriate (see main recommendation S45).
- 1.8** The induction procedure had been updated. Peer supporters/induction orderlies met all new prisoners to deliver induction, either in a group or individually. Induction usually started the day after arrival with a formal presentation by induction orderlies and sessions with a wide range of departments from across the prison. Prisoners told us that they were provided with useful information which helped to familiarise them with the facilities and regime at Humber.

Recommendations

- 1.9** Initial safety screening interviews should be conducted in private.
- 1.10** All first night cells should be clean and fully prepared for new arrivals.
- 1.11** First night staff should know the location of newly arrived prisoners and should provide them with additional support as required.
- 1.12** The first night wing should not be used to reintegrate men from segregation.

Bullying and violence reduction

Expected outcomes:

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

1.13 *Procedures for the management of violence and antisocial behaviour were weak although fewer prisoners than the comparator reported feeling unsafe. The proactive safer custody team had recently been formed but some key aspects of work were in their infancy. We had concerns about several self-isolated prisoners with very limited regimes and no formal management plans.*

- 1.14** In our survey fewer prisoners than the comparator said they had felt unsafe at some time. However, prisoners in zone 2 were considerably more negative across a range of safety parameters than those in zone 1. Zone 2 had a large communal exercise yard from which there was easy access to cell windows and many prisoners were under-occupied, all of which created a potential for bullying.

- I.15** During the previous six months, there had been a monthly average of nine prisoner-on-prisoner assaults and fights. Assaults on staff averaged four a month which was much higher than we usually see. Some of these incidents had been serious (see security section).
- I.16** The prison had not conducted a prisoner safety survey and there was no violence reduction action plan. The Humber pilot group (the prisoner consultation process in use) had been consulted about prisoners' views on safety and had suggested that boredom, staff changes, the availability of new psychoactive substances⁵ and debt all played a part. Managers were developing a 'debt deterrence toolkit' to help prisoners avoid and manage debt. The safer custody team had recently been formed and was proactive and well resourced.
- I.17** Monthly reports contained a range of violence, antisocial behaviour and vulnerability statistics for discussion and action at monthly safer custody committee meetings. Representation by some key departments at these meetings was poor; the offender management unit and learning and skills department had not been represented at any meetings in the previous six months and the security department had only attended once. Since March 2015, the safer custody manager had chaired an additional weekly safer custody meeting attended by all department managers at which significant events over the previous week were discussed and actions taken. This was a good initiative.
- I.18** Some processes to keep prisoners safe were seriously underdeveloped. An unacceptable behaviour log was supposed to include any instances of poor behaviour, but was not being completed. No prisoners were being managed on victim support plans, only four prisoners were subject to unacceptable behaviour monitoring, and just one of these prisoners was initially being monitored; also the records were not up-to-date. We also saw a number of examples of poor behaviour by prisoners, including verbal aggression, which were not being challenged by staff (see section on staff-prisoner relationships). The incentives and earned privileges scheme and adjudications were used, but there were no interventions such as mediation or conflict resolution to respond to antisocial behaviour or to support victims.
- I.19** There was no structured support for men with more complex needs. Several prisoners were self-isolating, afraid to leave their cells or wings because of threats from other prisoners or unresolved debt. All had extremely restricted regimes which could amount to just an hour out of cell a day, and we found examples of men who were refused showers and use of telephones through lack of staff. Although some of these men were discussed at the weekly safer custody meetings, none had formal support, reintegration or management plans.
- I.20** Senior managers recognised that violence reduction procedures were weak and a new, comprehensive draft violence reduction strategy, including a zero-tolerance approach, was nearing finalisation.

Recommendation

- I.21 Regular prisoner safety surveys should be used to inform the strategy, and safety should be given a high profile at prisoner forums.**

⁵ A chemical substance that acts on the central nervous system to alter brain function – perception, mood, consciousness, cognition and behaviour

Self-harm and suicide prevention

Expected outcomes:

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

I.22 *Progress was being made in addressing most of the recommendations made by the Prisons and Probation Ombudsman (PPO) into deaths in custody. Levels of self-harm were not high and robust management had improved the quality of ACCT⁶ documents and processes. Some night observations were too predictable. Too many prisoners were held in segregation on open ACCTs. Listeners felt well supported by most staff but the service was not always available at night.*

I.23 Robust action had improved the quality of ACCT documents and procedures. These included ACCT refresher training, the introduction of weekly safer custody meetings and daily reports to the senior management team. The safer custody manager issued 'deficiency notices' requiring named individuals to rectify identified shortfalls within 24 hours.

I.24 Three self-inflicted deaths had occurred in 2014. There was no overall safer custody action plan but individual action plans addressed recommendations from PPO reports. A separate action plan addressed recommendations from a negative safer custody audit in February 2015. Progress was being made against most recommendations, but we noted that, despite a PPO recommendation, not all night staff felt confident about entering a cell alone in an emergency.

I.25 Levels of self-harm were not high, with an average of 14 self-harm incidents and 24 ACCT documents opened monthly. Most ACCT documents that we looked at were completed reasonably well and included multidisciplinary reviews and clear action plans. However, triggers were not always well identified and the quality of comments varied from very good to purely observational. The timing of some night observations was too predictable. Most prisoners on ACCTs whom we spoke to were positive about the support they received and no prisoner had been managed on constant supervision in the past year.

I.26 Investigations were undertaken into serious self-harm incidents and unexplained injuries. Too many prisoners on open ACCTs had been segregated in the previous six months and a new procedure had been introduced to address this (see section on segregation).

I.27 In our survey, 51% of prisoners against the comparator of 56% said they were able to speak to a Listener at any time. Some prisoners told us that they had been refused the opportunity to speak to a Listener at night and were instead offered a Samaritans telephone. Listeners felt supported by most staff but some staff did not adhere to the published rota to ensure that listening work was fairly shared out.

Recommendations

I.28 **Written observations in ACCT documents should indicate engagement with the prisoner in all cases and night observations should not be predictable.**

⁶ Assessment, care in custody and teamwork case management of prisoners at risk of suicide and self-harm

- I.29 Prisoners on an open ACCT should be held in segregation only in exceptional circumstances which can be clearly demonstrated.**
- I.30 Prisoners should have 24-hour access to Listeners.**

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.⁷

I.31 *Most staff had little understanding of adult safeguarding. The prison was represented at local safeguarding adults meetings and a local safeguarding policy had recently been published.*

- I.32** Prison staff had not received any training in adult safeguarding and, with the exception of health care staff, few understood the concept. Some members of the safer custody team were due to undertake safeguarding training in autumn 2015. Senior managers had developed links with the East Riding of Yorkshire safeguarding adults board and the deputy governor had attended the two previous board meetings.
- I.33** A local safeguarding vulnerable adults policy had been published in April 2015. It included information on how to make a referral to the local safeguarding board, but did not mention the Care Act 2014 or give the name of the prison safeguarding lead. The 'managing vulnerable adults' section of the policy described how vulnerable prisoners would be managed and kept safe but not how the social care needs of prisoners with disabilities or long-term health conditions would be met.
- I.34** No prisoners had been referred to the local authority for a social care needs assessment.

Recommendation

- I.35 Awareness training in safeguarding adults should be delivered to all staff.**

⁷ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

Security

Expected outcomes:

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

- I.36** *Intelligence objectives were appropriate but there were delays in responding to intelligence reports. New psychoactive substances (NPS) were widely available and in our survey too many prisoners said they had developed a drug problem at the prison. The approach to supply reduction was embryonic and required a whole-prison approach to be effective. Most security arrangements were proportionate.*
- I.37** Between January and June 2015, about 2,500 intelligence reports had been submitted and processed, fewer than we would have expected. Much of the intelligence related to unauthorised articles and violence. Strategic intelligence objectives were appropriate, but some actions, including targeted searching for weapons, were not always prompt. There had been a number of serious incidents during the six months before the inspection, including hostage incidents and concerted indiscipline.
- I.38** Drug availability was high. In our survey, 49% of prisoners said it was easy to get illegal drugs against the comparator of 36%, and 15% against the comparator of 8% said they had developed a drug problem at Humber. The random mandatory drug testing (MDT) positive rate was within target and averaged 7.2% over the previous six months. Positive findings were mainly for subutex which was not medically prescribed at the prison. There had only been 18 suspicion tests over this period, although this had improved in the last month. MDT facilities and staffing were satisfactory. Prisoners were also more likely than the comparator to say they had developed a problem with diverted prescribed medication at the prison and aspects of in-possession risk assessment and the supervision of medication queues needed improvement (see pharmacy section).
- I.39** The main problem at Humber was new psychoactive substances such as ‘Spice’⁸, which could not be tested for under MDT. During June 2015 drugs with an estimated prison value of £200,000 had been recovered inside the prison, much more than in previous months and much of it thrown over the perimeter. Some had been found sprayed on paper in correspondence. During the previous six weeks, health care staff had attended to 57 prisoners thought to be under the influence of NPS, three of whom required hospitalisation. There was also evidence of alcohol use (‘hooch’ and high strength distilled alcohol) and diverted medication, and this was reflected in our survey findings.
- I.40** The new supply reduction strategy had not yet been fully implemented, but a more proactive, coordinated approach had resulted in increased finds. A weekly intelligence assessment directed the work of the department, although the monthly security meeting did not take place regularly and attendance was usually poor. Links between security, health care and substance misuse teams were improving, but a more coordinated prison-wide approach to supply reduction was required.

⁸ A so-called ‘legal high’ or ‘new psychoactive substance’ which induces effects akin to cannabis

- I.41** Most security procedures did not restrict access to the regime unnecessarily. Movement around the prison and risk assessments for access to work activity were appropriate to the population, with the exception of the use of closed visits. At the time of the inspection, 49 prisoners were subject to closed visits, most for reasons unrelated to incidents in visits, and this sanction was not removed at the earliest opportunity.

Recommendations

- I.42** Intelligence-led searching should be conducted promptly.
- I.43** A coordinated, prison-wide approach should be taken to supply reduction and the supply reduction strategy should be fully implemented.
- I.44** Closed visits should only be authorised when supported by intelligence related to trafficking through visits.

Incentives and earned privileges

Expected outcomes:

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

- I.45** *Differences between the levels of the incentives and earned privileges scheme (IEP) were clear and, in our survey, prisoners' views of the scheme were more positive than the comparator. We found some inconsistency in the application of the scheme and targets for those on basic level were not always tailored to the individual. Some prisoners on basic had too little time out of cell to demonstrate improvements in behaviour.*

- I.46** At the time of the inspection, half the prisoners were on the enhanced regime and about 5% were on basic level. In our survey, more prisoners than in comparator prisons reported positively on the IEP scheme, particularly in zone I.
- I.47** There was some inconsistency in the application of the scheme. Decisions to downgrade prisoners were generally appropriate, but we found one example of a prisoner placed on basic level without a formal review and some had had several warnings without the required review.
- I.48** Targets for some prisoners on basic level were not tailored to the individual and neither prisoners nor staff understood which behaviours needed to change. The basic regime included only one hour a day out of cell if the prisoner was not working which provided too little opportunity to demonstrate a change in behaviour. Reviews after seven days on basic level were always completed but most prisoners remained on the basic level for 28 days even if evidence demonstrated improved behaviour.

Recommendations

- I.49** The IEP policy should be applied consistently and a decision to downgrade a prisoner should always be based on a formal, recorded review.
- I.50** Prisoners on the basic level of the incentives and earned privileges scheme should have individual progression targets, with sufficient opportunity to demonstrate improvements in behaviour.

Discipline

Expected outcomes:

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

- I.51** *Some adjudications could have been dealt with through the IEP scheme and too many were dismissed. Use of force was high. Governance of most aspects of disciplinary procedures required improvement and we were aware of some incidents where excessive force was used. The segregation unit environment was reasonable but the regime was poor. Good order or discipline reviews and care plans were not focused sufficiently on reintegration.*

Disciplinary procedures

- I.52** The number of adjudications was not excessive, and records of hearings showed that prisoners were given enough time to prepare their case and were able to seek legal assistance. Most records demonstrated sufficient exploration before a finding of guilt. In the previous six months, about 10% of cases had been dismissed or not proceeded with because of procedural error. Some cases could have been dealt with through the IEP process. A random sample of records was quality assured by the deputy governor who identified and addressed deficiencies. The adjudication standardisation meeting was irregular and attendance was poor, and there was not enough analysis of data to draw meaningful conclusions.

Recommendation

- I.53** **Adjudicators should regularly and consistently analyse data to ensure that the adjudication process fully supports discipline in the establishment and to promote best practice.**

The use of force

- I.54** In our survey, 11% of respondents said they had been physically restrained during the previous six months against the comparator of 6%. There had been 121 use of force incidents during that period and about three-quarters of these had involved the use of control and restraint techniques. The use of handcuffs was routine rather than based on a dynamic risk assessment.

- I.55** Most records contained adequate detail of the incident and demonstrated sufficient efforts to de-escalate, but many records were incomplete. Planned incidents were not routinely video recorded or reviewed. We were concerned by the contents of one of the two video recordings we were able to watch which was passed to the governor to review.
- I.56** Batons had been drawn on six occasions and used twice since the beginning of 2015. In both cases, managers had been concerned about excessive use of force and had investigated and taken appropriate action. Special accommodation had been used on three occasions in the previous six months. Its use was warranted in the one record we were able to review but not all paperwork was available to provide reassurance in the other cases. The use of rip-proof clothing was not always justified.
- I.57** Use of force was briefly discussed at the safer custody meeting, but there was not enough analysis of incidents to identify trends or patterns.

Recommendation

- I.58** **Special accommodation and rip-proof clothing should only be used as a last resort and signed authority should be retained.**

Segregation

- I.59** Segregation had been used on 152 occasions in the six months to June 2015, which was not excessive. However, the average stay was high at 18 days, and over 50 prisoners had spent more than 30 days in segregation. Good order or discipline reviews and reintegration and care planning were inadequate and did not always demonstrate sufficient efforts to reintegrate. Thirty-two prisoners subject to ACCT case management had been segregated. This was much higher than we would expect and we were not confident that decisions to segregate in these circumstances had been correct (see section on self-harm and suicide prevention). Comprehensive data on segregation were collated but the segregation monitoring and review group met irregularly and attendance was poor.
- I.60** The segregation unit held a maximum of 18 prisoners and was full at the time of the inspection. Most prisoners were held on rule 45 good order and discipline, and many told us that they had committed an offence deliberately to seek a transfer from the prison. About a third of prisoners had been transferred from the segregation unit in the previous six months. With the exception of the six exercise yards which were cage-like and contained no seating or exercise equipment, the environment in the unit was reasonable. Prisoners were unable to exercise together regardless of their risk, which increased their isolation. Most cells were well maintained but a few were grubby and contained graffiti, and two had broken or missing glazed panels.
- I.61** The regime in the unit was very poor. Prisoners were only able to have a shower every other day and there was no access to a television, gym or in-cell work. A telephone call and exercise were available each day, as was a small library of books. Relationships in the unit were very good and staff were knowledgeable about those in their care, but this was not always reflected in their entries in prisoner case history notes.

Recommendations

- I.62** Good order or discipline reviews and care and reintegration planning should be personalised and focused on the prisoner's reintegration into the prison.
- I.63** Cells in the segregation unit should be kept clean and well maintained, and the regime for prisoners should be enhanced, including access to a daily shower and in-cell work.

Housekeeping point

- I.64** Segregation unit staff entries in prisoner case history notes should be comprehensive and reflect knowledge of those in their care.

Substance misuse

Expected outcomes:

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

I.65 *Substance misuse services were in transition and the new provider, Lifeline, had temporarily suspended group work and limited one-to-one contact with prisoners until the team was fully staffed. Clinical management had been prioritised and was safe. The substance misuse strategy was developing.*

- I.66** An interim substance misuse strategy had been drafted, but the document lacked an annual development plan and performance measures, and was not informed by a needs analysis. Drug strategy meetings were chaired by a new drug and health care lead, but not all relevant departments were represented and only two meetings had taken place so far.
- I.67** Six weeks before the inspection, Lifeline had become the provider of clinical and psychosocial support services. The team still carried vacancies and staff focused on seeing all new receptions, meeting clinical need and offering pre-release support. The active caseload of 192 prisoners was low given the size of the population, and in our survey only 52% of prisoners said they received support with their drug problem compared with 63% in similar prisons.
- I.68** Induction was delivered by recovery champions supervised by Lifeline, and included information about the dangers of 'Spice' and other NPS. Lifeline staff had run an NPS awareness campaign throughout the prison involving posters, leaflets and staff training.
- I.69** Group work modules had been suspended but prisoners could still access SMART (self-management and recovery training) meetings and designated gym sessions for those undergoing detoxification. The service was recruiting additional peer supporters, and a range of group work interventions was due to start in August 2015. There were credible plans for E and F wings to become drug recovery units.
- I.70** At the time of the inspection, 172 prisoners were prescribed methadone on a reducing basis. Reduction regimes were prisoner led and treatment was reviewed regularly. Lifeline's treatment protocols also allowed for buprenorphine prescribing, and prisoners could access secondary detoxification and naltrexone regimes. Most prisoners on methadone were

located on E and F wings. Controlled drug administration was safe and appropriately supervised.

- I.71** Good joint working arrangements were developing between substance misuse, primary and mental health teams.

Recommendations

- I.72** The substance misuse strategy should be updated, contain detailed development targets and be informed by a comprehensive needs analysis. Representatives from all relevant departments should meet regularly to implement and oversee the strategy and ensure coordinated working.
- I.73** Substance misuse services should be developed to meet the identified needs of the population and include structured interventions, peer support and the provision of designated recovery units.

Section 2. Respect

Residential units

Expected outcomes:

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

- 2.1** *Most outside areas were clean but some internal communal areas, particularly in zone 2, were grubby and many toilets were unacceptably dirty. Some shared cells were very cramped and lacked privacy and much cell furniture was in disrepair. Access to some basic services was poor and the application system was not working effectively. Timeliness of delivery of incoming mail needed to improve.*
- 2.2** Outside areas were generally clean, litter free and well maintained. Those in zone 2 were much more attractive and welcoming than those in zone 1. Some wings and internal communal areas in zone 2 were worn and some showers were particularly grubby. Some in-cell toilets across both zones were unacceptably dirty. Access to showers was very good.
- 2.3** Some cells designed for one prisoner held two and were very cramped. Many shared cells did not have adequate toilet screening and few cells had curtains at the windows. Much in-cell furniture was in disrepair and most cells did not have a lockable cupboard. However, most had privacy locks which provided some security for prisoners' personal belongings.
- 2.4** Laundry facilities on the wings and access to stored property were good. However, access to prison-issue clothing, bedding and towels was poor, despite a large stock held in the main stores. For example, some prisoners only had two pairs of socks and boxer shorts to last a week. In our survey, fewer prisoners than in similar prisons and fewer still in zone 1, said they were offered enough suitable and clean clothes for the week. Fewer prisoners also reported receiving clean sheets each week and again this was worse in zone 1.
- 2.5** Many prisoners reported difficulty in getting staff to complete basic tasks on their behalf and said they had to resort to making a formal application or complaint. Many prisoners lacked confidence in the application system which caused them considerable frustration. In our survey, only 79% compared to 82% said it was easy to make an application; 51% compared to 58% said they were dealt with fairly; and only 28% compared to 42% said they were dealt with quickly.
- 2.6** The management of the application process was poor. While application forms were generally available on wings, prisoners did not retain a copy and replies were not always logged which prevented accountability and follow up of missing responses. However, a very useful survey had been undertaken and a new application process developed which was to be implemented shortly after the inspection.
- 2.7** Access to wing telephones was good and most afforded privacy. In our survey, significantly more prisoners than the comparator said they had problems sending or receiving mail and this was much worse for zone 1. We observed cell call bells being answered promptly and, in our survey, more prisoners than in comparator prisons, particularly in zone 1, said their bell was normally answered within five minutes. The ongoing upgrade to the cell bell system would enable monitoring of responses to be undertaken on all wings.

Recommendations

- 2.8 All communal showers and in-cell toilets should be clean and toilets should be screened to improve privacy. All cells should have curtains at windows and furniture that is fit for purpose.**
- 2.9 All prisoners should have an adequate supply of prison-issue clothing and bedding each week.**
- 2.10 The application system should be improved to ensure that a response is always received.**
- 2.11 Incoming mail should be delivered to prisoners on the day it is received in the prison.**

Staff-prisoner relationships

Expected outcomes:

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

2.12 *In our survey, more prisoners than the comparator said staff treated them with respect. We saw examples of staff failing to challenge poor behaviour. While not all prisoners had met their personal officer, three-quarters said they had somebody to turn to for help. Personal officer record keeping was poor, as was management oversight. The developing Humber pilot scheme was a promising way of improving consultation with prisoners.*

- 2.13** In our survey, 85% of prisoners said staff treated them with respect against the comparator of 78% and this rose to 92% in zone 1.
- 2.14** We saw respectful and decent interactions between staff and prisoners; staff mixed with prisoners during association and dealt with requests. However, we witnessed a number of occasions where inappropriate behaviour and rule breaking by prisoners was not challenged by wing staff.
- 2.15** Personal officers were allocated on a cell number basis and most prisoners knew they had a personal officer. Not all prisoners had met their personal officer, but in our survey, 74% (and 85% in zone 1) said they had somebody to turn to for help. Personal officer contact with prisoners was often limited and random. P-Nomis (Prison Service IT system) recording was poor and management oversight was not routine. There was little evidence of personal officer involvement in the incentives and earned privileges (IEP) scheme or sentence plan reviews.
- 2.16** Consultation with prisoners had declined over the previous year but the new Humber pilot scheme which had been developed in the last few months looked very promising. The scheme aimed to support prisoners and signpost services, gather views on prison life and undertake consultation and surveys across the wings. Information desks which were a requirement of the scheme were not yet in place on most wings and too few prisoners knew about the scheme.

Recommendation

- 2.17** Personal officers should meet their allocated prisoners regularly, participate in reviews and make detailed entries on NOMIS. Regular management oversight should be in place.

Housekeeping point

- 2.18** The Humber pilot scheme information desks should be in place on all wings and more prisoners should be aware of the scheme.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁹ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.19** *The strategic approach to equality and diversity had previously been inadequate, with no regular monitoring. However, a promising new structure was now in place. The policy was reasonable, but more prisoner consultation was required. Not all prisoner equality representatives were sufficiently proactive. Discrimination incident report forms (DIRFs) were answered reasonably well, but too many were answered late. Black and minority ethnic prisoners did not have confidence in some key prison processes and no monitoring of outcomes was taking place. Professional interpretation was not used frequently enough, and more could have been done to support foreign nationals. Many men with disabilities had been identified, and reasonable adjustments had been made, but there were very few care plans. Most gay men were reluctant to disclose their sexuality. A more strategic approach was required to meet the needs of older prisoners.*

Strategic management

- 2.20** There had previously been no strategic approach to equality and diversity: there had been only one equality and diversity team meeting in the previous six months; no monitoring of the treatment of prisoners; and no equality impact assessments. The senior management team had recently established a new structure which we judged to be appropriate: an equality manager who took up post during our inspection, an administrator and 28.5 officer hours a week were in place.
- 2.21** A new policy had been published in March 2015. The policy was reasonable, but not enough planned consultation was taking place. The associated action plan was up to date, but did not focus adequately on the assessed needs of the population.

⁹ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.22** Twelve prisoner equality representatives supported the equality team, but they were concentrated on the enhanced wings rather than spread across the prison. Some were very confident in their roles, had received good training and were well known. Others were not proactive enough and did not maintain a sufficiently high profile, failing to display their door badges or maintain their notice boards and log books. Not all staff and prisoners knew the prisoner equality representative for their wing.
- 2.23** All prisoners were given an equality questionnaire on induction and offered help from equality representatives to complete it. Some were not returned, but men who identified particular needs were interviewed by an officer. There was a backlog of about 100 interviews but we were assured that the most urgent cases were being prioritised.
- 2.24** There had been 26 DIRFS in the six months before our inspection, which was not excessive. The forms were readily available on the units, except in segregation where prisoners had to ask for them. The DIRF forms were collected with complaint forms and there were often delays of several days before the forms arrived in the equality office. Prisoners received an acknowledgement letter with a target date for the final reply. Most replies were polite, but too many were answered late – one which was outstanding during our inspection had been submitted more than two months previously. There was a very good external scrutiny process, involving prisoner equality representatives. In April 2015, this had also identified that some more complex investigations were not documented well enough, and we agreed with this.
- 2.25** Education staff were proactive in fostering diversity, particularly in art classes, and some work was displayed in prisoner areas (see section on learning and skills).

Recommendation

- 2.26** **There should be monthly data collection and analysis to monitor the fairness of key prison processes. The data should be widely published, discussed with prisoners and actions should be taken where necessary.**

Protected characteristics

- 2.27** The majority of the DIRFs submitted related to ethnicity and race, but there was no specific consultation for black and minority ethnic prisoners. In our groups, these prisoners had concerns about the fairness of a number of processes, particularly activity allocation, and more needed to be done to demonstrate equality of access. The lack of diversity monitoring of outcomes by ethnicity meant that neither managers nor prisoners could be confident that outcomes were equitable. In addition, the specific needs of black and minority ethnic prisoners for canteen items were not being addressed (see section on canteen).
- 2.28** Most foreign national prisoners spoke reasonable English, and English language classes were available. Professional interpretation was used for matters such as parole interviews or induction, but only very rarely for more routine activities, such as personal officer conversations. We found one man with very poor English who clearly needed professional interpretation to help build relationships with him and to counter his feeling of isolation. One multilingual prisoner had been nominated as the representative for foreign nationals. He visited prisoners across the prison and his work as a library orderly provided a good opportunity for prisoners to seek his support. The library stock of foreign language books did not meet the needs of the current population.

- 2.29** A few prisoners complained that halal requirements were not always observed closely enough, but we were assured that this was closely monitored (see section on catering).
- 2.30** In our survey, 17% of the population said that they had a disability, and the prison had identified a similar number. There were no adapted cells, but some reasonable adjustments had been made, such as chairs with arms. Staff from education, health care and the equality team had started to share information more strategically in the previous two months to ensure that the needs of prisoners with disabilities were met. Staff knew which prisoners would need help in the event of an emergency evacuation.
- 2.31** In our survey, prisoners with disabilities were less positive than others across a range of indicators, including safety and respect. We did not identify anyone with unmet physical needs, but some less able prisoners were under-occupied and needed some gentle structured activity to alleviate isolation and boredom. In our survey, 77% of prisoners with disabilities said they had emotional wellbeing or mental health problems, compared with 23% in the rest of the population. We met some prisoners who felt that their emotional or mental health needs were not well enough understood by wing staff. We saw an example of a simple care plan, but felt this system could have been more widely used and shared more proactively with wing staff to promote optimum care and understanding.
- 2.32** Only three men had disclosed that they were homosexual. We found men reluctant to talk about sexuality and noted that it was sometimes the subject of inappropriate humour among prisoners which was not challenged. No transgender prisoners were held at the time of the inspection, but the relevant policy document was appropriate.
- 2.33** A strategic approach to older prisoners still needed development. The gym had some provision targeted at older men, and retired men received reasonable pay.

Recommendation

- 2.34** **Staff should use comprehensive and multidisciplinary care plans, which include some structured activity wherever possible, to care for older men or men with disabilities.**

Faith and religious activity

Expected outcomes:

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

- 2.35** *The chaplaincy worked effectively as a team and was well respected across the prison. Chaplains saw prisoners routinely during induction. Provision was good for most religions and support for bereaved prisoners was strong. In our survey, fewer prisoners than in comparator prisons said that their religious beliefs were respected. Chaplains needed to be more involved in some prison processes.*

- 2.36** A range of part-time chaplains and volunteers supported the full-time Muslim chaplain who coordinated chaplaincy services. They worked effectively as a team and were well respected across the prison. Despite some vacancies in key posts, there was a full programme of corporate worship and well attended study classes, including for minority religions. In our

conversations, most prisoners were positive about the chaplaincy and Muslim prisoners were satisfied with the arrangements for Ramadan. Chaplains routinely saw prisoners on induction and religious festivals were celebrated.

- 2.37** However, in our survey, fewer prisoners than in comparator prisons said that their religious beliefs were respected and that it was easy to attend religious services. Possible contributory factors were the late start of methadone administration which forced prisoners to choose between attending corporate worship and receiving methadone; and prisoners had been appropriately restricted to one religious class a week during working hours. The physical facilities for worship and pastoral support were located in zone 2 which was a considerable distance from zone 1. They were adequate for the population, but chaplains had identified the need for a space in zone 1 where they could offer pastoral support to prisoners. Support for bereaved prisoners was good and enhanced by a weekly Cruse bereavement counselling service.
- 2.38** The team had already identified that they could be more involved in prison processes, such as ACCT reviews and sentence planning, and we agreed that this was an area for improvement.

Recommendation

- 2.39** **Chaplains should contribute to ACCT reviews whenever possible and to sentence planning processes for prisoners they know well.**

Complaints

Expected outcomes:

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

- 2.40** *There had been a drive to improve the operation of the complaints procedure. Recent responses to complaints were of a high standard, and governance was good.*

- 2.41** The number of complaints was slightly higher than at comparator prisons, and survey results indicated that 17% of prisoners did not think complaints were answered quickly enough against the comparator of 29%. There had been a real effort to improve the quality and timeliness of responses. Management oversight was now regular and effective with good data collection and weekly feedback was given to managers about performance and emerging issues and trends.
- 2.42** There was an average of 230 complaints a month and many complaints we looked at should have been resolved less formally, reflecting a lack of confidence by prisoners in the applications system (see section on residential units).
- 2.43** Complaints boxes on all wings were easily accessible and there was a full range of forms, including information about complaining to the Independent Monitoring Board and the Prisons and Probation Ombudsman. We were satisfied that complaints about staff were being managed at the appropriate level.

Legal rights

Expected outcomes:

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

2.44 *In our survey, prisoners were more positive than in comparator prisons about most aspects of legal service provision. Demand for legal services was low.*

2.45 In our survey, prisoners were more positive about most aspects of legal service provision than the comparator, although 46% against the comparator of 41% said that legal mail had been opened by staff.

2.46 The prison no longer employed legal services officers. Prisoners told us that they asked their family or wing staff for relevant information, used local newspapers or Inside Times or sourced legal information in the library. Offender supervisors provided ad hoc assistance. Suitable facilities for private legal visits were available in the visits room.

2.47 Demand for legal services appeared low, although it was not known how many prisoners were appellants.

Health services

Expected outcomes:

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

2.48 *The new health provider had begun to make positive changes and services were largely safe and responsive. Access to primary care had improved and while the 'did not attend' rate had increased before our visit, this was being actively managed. Waits for the dentist had reduced and more systematic care was being developed for prisoners with long-term conditions. Assessments for in-possession medicines needed to be focused more on the individual and the room used in Zone 1 was unsuitable. A new integrated model of mental health was providing improved support for primary mental health needs.*

2.49 *The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹⁰ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.*

¹⁰ 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>

Governance arrangements

- 2.50** The CQC found there were no breaches of the relevant regulations.
- 2.51** NHS England (Yorkshire and the Humber) commissioned City Health Care Partnership to provide all health services. The new contract had started on 1 June 2015, approximately six weeks before our inspection.
- 2.52** The health needs assessment was out of date and a new approach was being developed by NHS England and Public Health England (PHE). In spite of the prison merger since our last inspection, primary care provision still matched overall needs.
- 2.53** Clinical leadership was strong and enthusiastic, with visible senior management support. The change of provider had resulted in the loss of several senior nurses but this was being actively addressed. Although several staff were new to the prison environment, there was a good mix of skills and experience in a range of clinical settings. Vacancies were mitigated effectively by use of permanent staff from HMP Hull.
- 2.54** All primary health services were delivered from the health centre in zone 2 and prisoners with compromised mobility living in zone 1 had to walk a long way to access services. A prison officer provided interim support pending a risk assessment. The centre did not provide enough space for all activities. The large wellbeing centre in Zone 1 was now only used for mental health and substance misuse team offices.
- 2.55** The main health centre was clean. Wing treatment rooms on E/F and H/I wings required some minor changes and the 'yard' treatment room was unsuitable at the time of the inspection, but this was addressed immediately after the inspection (see pharmacy section). Infection control visits had been conducted and necessary actions identified and a full infection control audit was scheduled for October 2015.
- 2.56** There was a range of internal and wider organisational governance meetings with suitable focus and evidence of action on immediate clinical and operational issues. Health was appropriately represented at wider prison meetings and there were effective working relationships with the prison.
- 2.57** Nursing staff were now available on a 24-hour basis. All nursing staff had received core mandatory induction training at the start of the new contract, including basic life support skills and safeguarding training. Most nursing staff had not received training in minor injuries or illness and a 'clinical skills passport' was being developed to match clinical skills to service needs. There was no formal clinical supervision.
- 2.58** Emergency equipment was strategically located in both zones; equipment bags were not standardised, a few items were out of date and there were some gaps in the record of daily checks. Additional automated defibrillators were held in key locations but very few prison officers (5%) were trained in basic life support and none had been trained to use the defibrillators.
- 2.59** The confidential complaints process was poorly advertised and rarely used. Clinical and serious untoward incidents were well managed. Nurses were not routinely called to attend planned use of force until after the removal or restraint was over. F213 forms (use of force) and F213SH (self-harm) were completed appropriately and scanned on to the clinical records.

- 2.60** There was no dedicated lead for older prisoners or prisoners with disabilities. Health promotion was limited to leaflets in the main health centre and there was some very good new information about services, including a map to help prisoners find health services. The use of the prison Humber pilot scheme to help signpost prisoners to health services was a good initiative, but the way it was used potentially presented a risk to patient confidentiality.
- 2.61** There were 107 prisoners on the smoking cessation waiting list with waits of up to six months; there was an advanced plan to train staff to deliver clinics to address the backlog.

Recommendations

- 2.62 All prison staff should receive basic life support training, including use of the automated defibrillator, to ensure they are confident to respond to any emergency.**
- 2.63 Nurses should routinely attend all use of force incidents and should be notified in advance of planned use of force.**
- 2.64 There should be a designated nurse to lead on the care of older prisoners and prisoners with disabilities.**

Housekeeping point

- 2.65** The Humber pilot scheme should operate so that there is no risk to patient confidentiality.

Delivery of care (physical health)

- 2.66** In our survey, fewer prisoners (43%) than at comparator prisons (52%) said that they found it easy to see a nurse. Immediately before our inspection, the system for notifying prisoners of their appointments had been changed because of security concerns. This had led to prisoners not knowing they had an appointment and the 'did not attend rate' had climbed to 30% from 11% within a few weeks. This was resolved during the inspection and there were very early signs that attendance was improving.
- 2.67** Health screening on arrival was suitably risk focused with thorough attention to both health and wider prisoner concerns such as threats and risk of self-harm. We observed good engagement by nurses and a compassionate and thoughtful approach.
- 2.68** Primary care services included physiotherapy and acupuncture to manage musculoskeletal problems, including pain.
- 2.69** Several prisoners on the optician waiting list were recorded only as having broken spectacles an issue that could have been resolved quickly without seeing an optician.
- 2.70** Triage of appointment requests was sound and appointment waiting times were reasonable. Access to out-of-hours GP services was also reasonable. There was good prioritisation of urgent cases; we observed a man who presented with chest pain being dealt with swiftly and efficiently and another case where there was excellent emergency response and compassionate care for a prisoner who had experienced a possible stroke.

- 2.71** Care for prisoners with long-term conditions was developing. There was no register or formal follow-up system and nurses were being identified for further training in chronic disease management. However, cases we reviewed had received appropriate and timely care. Formal care planning was underused.
- 2.72** External referrals were now tracked. Very few hospital appointments were cancelled and there was an effective system for clinical scrutiny of any proposed cancellation.

Recommendation

- 2.73** **Prisoners with long-term conditions should be identified and reviewed in a formal and systematic way in line with community procedures.**

Housekeeping point

- 2.74** Consideration should be given to providing a spectacle repair service and/or over-the-counter reading glasses.

Pharmacy

- 2.75** Medicines were supplied by an in-house pharmacy. Most medicines (92%) were supplied in possession, usually weekly, as patient named items, and appropriately labelled.
- 2.76** The in-possession policy and risk assessment was completed after arrival at the prison and did not adequately risk assess each individual medicine for the patient. The number of prisoners receiving tradable medicines was not high overall; we noted one example where a more focused risk assessment, repeated when risk indicators altered, could have prevented a tradable medicine being given in possession (see section on security).
- 2.77** There was a limited range of patient group directions (PGDs)¹¹ but only those for paracetamol and ibuprofen were currently used. There were nurse prescribers but it was not clear to what extent their skills were being used.
- 2.78** Administration of medicines was reasonable in Zone 2; some rooms had no access to SystemOne (electronic clinical information system) and on H/I wings the administration of general medicines at the same time as controlled drugs was not ideal.
- 2.79** Administration of medicines in Zone I was from a room known as ‘the yard’ and while we observed safe administration, there was no running water to wash hands or provide drinking water and prisoners had to queue outside the building. Queues were not always actively controlled and there was a risk to patient confidentiality and of bullying. Immediately after the inspection, we received confirmation that the administration had been moved to a suitable location.
- 2.80** Arrangements to ensure availability of medicines for prisoners attending court or being discharged did not always work smoothly and some nurses were not aware of the pharmacy system.

¹¹ Authorise appropriate health care professionals to supply and administer prescription-only medicine.

- 2.81** Timing of medicine administration meant that the last dose was given at about 4.30pm, including sedative medication, unless the patient was assessed as safe to have it daily in possession. Prisoners had no lockable facility for their in-possession medicines.
- 2.82** Fridge temperatures were not always checked and recorded appropriately in the pharmacy room (wellbeing centre) in zone 1 and the MI treatment room in zone 2.
- 2.83** Stock management was sound with regular date checking. Drugs alerts were dealt with appropriately. Controlled drugs registers were compliant with the regulations and running balances were audited regularly. Appropriate standard operating procedures were in place. An up-to-date drug reference book was not available.
- 2.84** There was no opportunity for prisoners to seek advice from a pharmacist.
- 2.85** A new drugs and therapeutics committee had started in July 2015 and the pharmacist had attended.

Recommendations

- 2.86** **There should be a robust and timely in-possession risk assessment of each prisoner against each medicine to ensure potentially tradable medicines are correctly managed. Application of the policy should be adhered to and reasons for any decision clearly recorded.**
- 2.87** **Medicines should only be administered from rooms with running water and hand washing facilities and access to SystemOne. There should be vigilant observation by nurses of each prisoner while he takes his medicine and care should be taken by prison staff to ensure confidentiality.**
- 2.88** **The pharmacist should provide pharmacy advice clinics and prescribing reviews and should consider contributing to the in-possession risk assessments.**
- 2.89** **Prisoners should have access to lockable cupboards in their cells to enable secure storage of their medicines.**

Housekeeping points

- 2.90** Up-to-date medicine reference books or easy online access should be available.
- 2.91** Maximum and minimum fridge temperatures should be recorded daily to ensure that heat sensitive items are stored within 2-8 degrees C range.

Dentistry

- 2.92** In our survey, 11% of prisoners against the comparator of 13% said that they found it easy to access the dentist. Waits for a routine appointment had reached 11 weeks but this had reduced to eight weeks at the time of our inspection, which was broadly equivalent to the community.
- 2.93** The range of treatments was equivalent to NHS community services. A nurse triage system was available but not used and all applications were transferred to the dental waiting list and the dental nurse scheduled appointments.

- 2.94** There were alternately three days and two days of dental clinics each week and prisoners with acute pain or dental problems could be prioritised. The longest wait for urgent treatment was approximately five days. Prisoners with acute pain or potential infection could be seen by the GP in the meantime, and there was scope to improve the triage of these men.
- 2.95** Changes to the primary care appointment system had resulted in delays and had reduced prisoners' confidence that they would be dealt with in a timely way. This was starting to improve.
- 2.96** The dental suite was clean and suitably equipped, although a previous infection control visit had identified a need to address the flow between clean and dirty areas. The dentist had reviewed all the maintenance and servicing records for moveable equipment which were up to date, but some lack of clarity remained about the servicing and maintenance of the dental chair in Zone 2, which was being resolved.

Recommendation

- 2.97** **Dental triage by primary care nurses should be developed to ensure prisoners are prioritised effectively at all times.**

Housekeeping point

- 2.98** Arrangements should be clarified for the regular servicing and maintenance of fixed dental equipment to ensure all equipment is in a safe condition at all times.

Delivery of care (mental health)

- 2.99** In our survey, more prisoners (34%) than the comparator (29%) said that they had mental health/emotional needs. There was no up-to-date analysis of mental health needs and the staff skill mix was still largely based on the previous service model. A plan to manage this was due to be implemented by September 2015.
- 2.100** A new integrated mental health pathway had started on 1 June 2015 and, although not yet fully staffed, it better reflected a community model. The service was available from Monday to Friday between 8am and 4.30pm.
- 2.101** A range of mental health practitioners included primary mental health practitioners, community psychiatric nurses and forensic psychiatrists and one registered learning disabilities nurse. The co-location of the team alongside substance misuse colleagues facilitated good communication about prisoners with dual diagnosis needs.
- 2.102** The new blue referral forms were clear and provided the opportunity to record useful information. The triage process enabled each referral to be directed to the appropriate professional. New referrals were assessed promptly. Sixteen full assessments and about 40 follow-up consultations were completed each week.
- 2.103** The change in the primary care system for notifying prisoners of their appointments had caused some confusion and uncertainty about where appointments were held. This was being addressed using the new maps.
- 2.104** Each practitioner had about 30 clients on their caseload with a total team caseload of 124 of whom 34 were subject to the care programme approach, a reduction from previously.

- 2.105** A range of therapeutic interventions included guided self help and was supported by a good range of books in the library. Structured interventions delivered one-to-one solution-focused therapy, including anger/stress/anxiety/depression and self-harm management. Professional counselling was available. There were plans to hold stress control groups. There were not enough therapy rooms for consultations and the old wellbeing centre was unused and unstaffed.
- 2.106** There was constructive and regular support by the team of the ACCT procedure with an average of 18 reviews attended each week since the end of June 2015.
- 2.107** We were told that there had been about five transfers out to secure hospitals in the year to 1 June 2015 and all had been achieved within the 14-day target. We were unable to confirm this as the formal records remained with the previous provider.
- 2.108** Only 11% of prison staff had received mental health awareness training.

Recommendations

- 2.109** **An assessment of mental health needs should be completed to ensure that the new service model and staffing profile meet the needs of the population.**
- 2.110** **Prison staff should be trained in mental health awareness to enable them to deal appropriately with prisoners and to be alert to significant behavioural changes.**

Housekeeping point

- 2.111** Consideration should be given to using the wellbeing centre for mental health group work.

Good practice

- 2.112** *The new blue referral form provided a really helpful template for referring focused information to guide the assessment process.*

Catering

Expected outcomes:

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

- 2.113** *Prisoners reported negatively about the food, but we found it to be mostly of reasonable quality and quantity. Consultation about food was good. Hygiene standards and training opportunities were generally good.*

- 2.114** In our survey, only 22% of prisoners reported that the food was good against the comparator of 27%. However, with the exception of the breakfast packs which were too small, the meals we tasted were of reasonable quality and quantity. The pre-select menu varied throughout the week and catered for the full range of religious and dietary requirements.

- 2.115** The kitchen was well managed and maintained to a high standard with only a few mechanical defects. Food storage procedures were appropriate and good efforts were made to ensure that meals were of a good standard when delivered to wings, especially those which had to be transported across the prison on a van. Lunch was served too early at 11.45am as was the evening meal at 4.45pm.
- 2.116** The kitchen was fully staffed with 31 prisoners, 19 of whom were on duty at a time. Food hygiene training, including halal requirements, was delivered to kitchen and servery workers by staff and a well qualified prisoner. Kitchen workers could gain nationally recognised qualifications.
- 2.117** Kitchen workers were all appropriately dressed, but some servery workers did not wear the correct protective clothing. Supervision of mealtimes was reasonable and staff managed the process well.
- 2.118** Consultation about food was reasonable. It was a standard agenda item at the prisoner council and there was an annual survey and weekly checks of the food comments books. The catering staff were responsive to requests and had made some changes following prisoner comments.
- 2.119** Most wings had some self-catering and dining out facilities.

Recommendation

- 2.120 Prisoners should be provided with an adequate breakfast.**

Housekeeping point

- 2.121** All prisoners involved in serving food should be appropriately dressed.

Good practice

- 2.122** *A highly trained peer tutor was used to deliver hygiene training to prisoners.*

Purchases

Expected outcomes:

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

- 2.123** *The majority of prisoners were satisfied with the range of goods sold by the prison shop and consultation was adequate. New arrivals waited too long to receive their first full shop order. Catalogues were not accessible enough and the administration fee for catalogue orders was inappropriate.*

- 2.124** In our survey, 53% of prisoners against the comparator of 46% said the shop sold a wide enough range of goods. There was adequate consultation about the range of goods sold by the prison shop and some changes had been made following consultation. The specific needs of black and minority ethnic prisoners had not been explored.

- 2.125** New prisoners received a reception pack and could buy additional packs if they had the money, which mitigated the risk of accruing debts. However, they could wait up to 10 days for access to a full canteen order, which was too long. Processes for administering shop orders were adequate.
- 2.126** The range of catalogues was limited and there was no access to on-line ordering systems. The 50p administration fee was not appropriate. Newspapers were easily accessible.

Recommendations

- 2.127** Regular consultation with black and minority ethnic prisoners should inform the range of goods sold by the prison shop.
- 2.128** Prisoners should be able to buy goods through on-line catalogues.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.¹²

- 3.1** *Time out of cell was good at over 10 hours a day for most prisoners, but too many prisoners remained on wings during the core day, with nothing to do. For the majority, access to evening association was inadequate.*
- 3.2** Time unlocked for working prisoners was good, at about 10.5 hours per weekday and slightly less at weekends. Unemployed prisoners had up to seven hours out of cell, depending on their location. During our roll checks we found about a quarter of prisoners on wings, about 250 of whom were unemployed.
- 3.3** Most wings locked up at 6.15pm and only men on the enhanced wings could use the telephones after this time, which limited opportunities to contact family and friends. The regime ran mostly to time (with the exception of E wing where medication administration often delayed the regime). Free flow movements had been introduced in May 2015 which aided good movement around the prison. However, many staff and prisoners told us that they felt this added to challenges relating to safety and insecurity.
- 3.4** Access to association during 'domestic' times was reasonable and most equipment was in reasonably good order. There was regular access to outside exercise and the exercise yards had benches and a small quantity of exercise equipment.

¹² 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.

Learning and skills and work activities

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

3.5 *The management and effectiveness of learning, skills and work required improvement but prison managers had a strong commitment to developing the recently merged prison into a resettlement prison with full employment. There were purposeful activity places for only 850 of the prisoners and these were underused. Too many prisoners remained unemployed on the residential units with little to do. The management of attendance and punctuality was weak. There was a good range of vocational training and contract workshops providing good employability skills. The range of education courses was appropriate and approximately 70 prisoners were following distance learning and Open University courses. The quality of teaching, learning and assessment was variable and required improvement. Achievements of prisoners had improved but were still too low for some English and mathematics qualifications. Access to the library and physical education (PE) was good but, too few accredited PE courses were offered.*

3.6 *Ofsted¹³ made the following assessments about the learning and skills and work provision:*

<i>Overall effectiveness of learning and skills and work:</i>	<i>Requires improvement</i>
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Requires improvement</i>
<i>Quality of learning and skills and work provision:</i>	<i>Requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Requires improvement</i>

Management of learning and skills and work

3.7 *The management of learning, skills and work required improvement. Senior prison managers were strongly committed to developing Humber as a category C training and resettlement prison with learning, skills and work provision to meet all prisoners' resettlement needs. A good range of vocational training programmes was based on an informed needs analysis of employment opportunities in Yorkshire and Humberside, the main release areas for most prisoners. Prison managers had developed very successful partnerships with community organisations and a good range of contract workshops provided employability skills development opportunities to commercial standards, with the exception of one workshop which provided low-skilled cleaning and assembly work.*

3.8 *Prison staff managed attendance and punctuality poorly. During the inspection, prisoners arrived late for some sessions, which adversely affected outcomes. Attendance at vocational training, education and work sessions was too variable, particularly in English and mathematics learning sessions. The Offender Learning and Skills Service (OLASS) delivered by The Manchester College (TMC) required improvement.*

¹³ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

- 3.9** Wing officers were responsible for nominating prisoners for work and security clearance. The process for allocating prisoners to purposeful activities did not always demonstrably ensure fairness and impartiality, particularly for jobs on the residential units. Waiting lists were short and prisoner pay scales ensured that those prisoners attending education or vocational training were not disadvantaged.
- 3.10** The self-assessment and quality improvement action plan for the merged prison was in the early stages of development. The interim self-assessment report for 2014-2015 was realistic and self-critical. Staff had correctly identified the key strengths and areas for improvement in a detailed quality improvement action plan which closely matched our findings. However, the targets for improvement were too broad and not ambitious enough.
- 3.11** The TMC session observation structure was well developed and clearly linked to improving teaching, learning and assessment. However, teaching, learning and assessment were too variable and much required improvement, particularly in English and mathematics. Teaching in other education and vocational training sessions was much better and generally good. Prison staff had been trained to observe teaching, learning and assessment to help drive improvement, and plans were in place to develop this process for the non-OLASS provision.

Recommendations

- 3.12** **The self-assessment and quality improvement procedures should continue to be developed, and actions and targets should be prioritised, specific and time bound.**
- 3.13** **Prisoners should attend allocated activities and should arrive on time.**

Provision of activities

- 3.14** There were approximately 1,000 prisoners in Humber, with purposeful activities for about 850 men, 160 of which were part time. Activity places were often underused. At the time of the inspection, about 250 prisoners were unemployed on the residential units, 150 in zone 1 and 100 in zone 2. These men were often on the wings with nothing to do and we considered that this contributed significantly to poor behaviour and disorder.
- 3.15** Eighty-five prisoners were trained as peer mentors under the Humber pilot scheme. A large majority were qualified in advice and guidance and provided prison staff and other prisoners with good support across the prison.
- 3.16** Prisoners' induction into the prison was good, although lack of input about the library was an omission. Effective use was made of very good peer mentors to provide support. All prisoners had their immediate learning and skills needs sensitively identified by experienced and qualified staff from the National Careers Service provider, Prospects, through a sub-contracted arrangement with Careers Yorkshire and Humber. The large majority of prisoners were given an initial assessment of their English and mathematics skill levels. All prisoners needed to be qualified to at least level 1 in English and mathematics, or working towards this, before being allocated to work. Approximately 50 prisoners were waiting for relevant information to be sent from their previous prison and were frustrated by the delay.
- 3.17** Education provision was adequate. Most of the English and mathematics provision was offered in zone 1, with prisoners progressing to further education and skills training in zone 2. About 160 education places were provided. TMC staff supported prisoners taking distance learning and Open University programmes very well. However, there was not enough

planned support for the development of English and mathematics skills in the contract workshops.

- 3.18** The range of vocational training was good and met the resettlement needs of prisoners well. It included about 90 full-time places in bricklaying, plastering, wall and floor tiling, painting and decorating, building maintenance and fitted interiors. More work was needed to implement accredited training in the gardens and waste management area. Prisoners achieved a 'WoodWise' qualification at level 2 in the wood mill and a few prisoners were following a 'Performing Manufacturing Qualification' at level 2 in other contract workshops. An 'Employability Training Passport' had been introduced to support non-accredited skills development but this had not yet been implemented across the prison. Plans were well advanced to provide a bakery and rail track training to approximately 40 prisoners.

Recommendations

- 3.19 All prisoners of working age should have a full-time programme of activity.**
- 3.20 Teaching, learning and assessment to support and improve English and mathematics skills should be delivered to prisoners in the workplace.**
- 3.21 The 'Employability Training Passport' should be implemented across the whole prison to the benefit of all prisoners.**

Housekeeping point

- 3.22** Information about prisoners' initial assessment results and achievements should be sent promptly from previous prisons.

Quality of provision

- 3.23** Teaching, learning and assessment were variable and required improvement. In the better education sessions, tutors used a good range of teaching techniques, including information and learning technology, to motivate and challenge prisoners to learn new skills and develop as independent learners. In too many English and mathematics sessions the pace of learning was slow, with an over-reliance on tutor-led delivery and the completion of worksheets. As a result, prisoners were not engaged and were often bored. The prison and TMC had recognised this and the inconsistent use of individual learning plans in their recent self-assessment.
- 3.24** Most tutors were skilled at supporting prisoners to manage their behaviour, so that they focused more productively on their learning. Learning support practitioners were deployed effectively to provide individual support, and were ably assisted by a large group of well-trained prisoner mentors. The promotion of equality and diversity in learning and skills was good. Tutors challenged stereotypical views and language swiftly. Prisoners in the art classes designed some powerful sculptures and paintings to celebrate different sexualities and Black History month.
- 3.25** The quality of vocational training was good. Good coaching and feedback enabled prisoners to develop and practise new skills and gain confidence. Training took place in workshops which were well equipped, but a few, for example the shared workshop for plastering and wall and floor tiling, were small and cramped.

- 3.26** Wing cleaners taking the industrial cleaning qualification were given particularly good support to improve their English and mathematics skills. Through well-planned activities, they improved their ability to read and interpret instructions and understanding of how to use ratios to mix and prepare cleaning solutions. Trainers ensured that prisoners developed good work-related skills and work ethic, but there was an over-reliance on learners copying from hand-outs on to paper worksheets to record evidence of job knowledge.

Recommendations

- 3.27** **The quality of teaching, learning and assessment should be improved to support prisoners to achieve and develop the most appropriate skills across all activities.**
- 3.28** **Tutors should set specific targets in individual learning plans to accelerate each learner's progress.**

Education and vocational achievements

- 3.29** The achievement of entry level qualifications in English and mathematics was high. Success rates in English at levels 1 and 2 and mathematics at level 2 were too low and required improvement, although data in the current year showed a steady improvement. However, progress to higher levels of qualification was good, particularly in information and communications technology (ICT) programmes. About one-third of prisoners involved in these activities in the current year had progressed to a higher level of qualification in mathematics and English. A few prisoners had progressed through two levels in mathematics. The great majority of prisoners had achieved their qualifications in the remainder of the educational provision, apart from those on managing money courses, where achievements had declined.
- 3.30** Success rates in most vocational qualifications were high. The proportion of prisoners who had achieved qualifications was high in building maintenance, brickwork, fitted interiors, plastering and wall tiling. Success rates had declined and were low in cleaning and support services qualifications.
- 3.31** Prisoners' standards of work were good, and recognised nationally by prestigious awards, for example gardening, art, creative writing, sign work, painting and decorating and woodwork.

Recommendation

- 3.32** **The success rates in English at levels 1 and 2 and mathematics at level 1 should be improved.**

Library

- 3.33** There were two libraries, one managed by the East Yorkshire County Council Library service and the other by the Prison Service. Plans to consolidate the management arrangements were well advanced. The libraries were appropriately staffed with well trained prisoner orderlies, and were open to prisoners during the core day, in the evenings and at weekends. In our survey, just over half the prisoners said they visited the libraries once a week, more than in comparable prisons. Levels of access and participation had improved since the implementation of free-flow prisoner movement in May 2015. However, the removal of a library contribution to induction was a barrier to increasing participation.

3.34 The quality and range of stock in the libraries was adequate, with loss and damage to books kept to a minimum. There were text books for all the main vocational subjects taught in the workshops, and a range of foreign language texts and dictionaries and easy-read books for prisoners with low levels of literacy. Many Prison Service Instructions and Orders were out of date. The libraries ran a number of good projects to promote reading and writing. A writer in residence had worked with library users to produce a well-written published volume of their work. Numbers involved in the Six Book Challenge had grown significantly over the past few years. Links with the education department were effective, and classes had timetabled visits.

Recommendation

3.35 **Library staff should participate in the prisoners' induction programme.**

Housekeeping point

3.36 Prisoners should be able to access all current PSIs and PSOs in the library.

Physical education and healthy living

Expected outcomes:

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

3.37 *Prisoners had appropriate access to a good range of indoor PE activities and training facilities. There were sufficient trained staff to ensure that access to recreational PE was available during the core day, in the evenings and at weekends. Links with health care and the promotion of healthy living were good. Most accredited courses had ceased because of staff shortages and untrained PE instructors. There were no outdoor facilities in either zone.*

3.38 The PE department had good indoor facilities for a wide range of sports, including football, volleyball, badminton, basketball, spinning and circuit training, and areas for free weights, resistance and cardiovascular equipment. There were sufficient well-maintained changing areas and showers. The lights in the sports hall in the zone 2 gym were not bright enough for all the exercise and sporting activities. There were no suitable outdoor facilities for sport or recreational PE.

3.39 Induction to the gym took place within the first two weeks and included focus on health and safety. Access to recreational PE was good. All prisoners could use the gym at least twice a week during evenings and weekends, although prisoners attending the first session on weekdays had to leave other allocated activity to do so. PE staff promoted the gym well. Data were collected and used to analyse and respond to any groups or individuals not using PE facilities. PE staff had started to make good use of the Humber pilot scheme mentors to promote PE. In our survey, 47% of prisoners said that they used the PE facilities three or more times a week against the comparator of 34%.

3.40 PE programmes met the needs of the population. Links with health care facilitated a good range of exercise referral and remedial PE during the core day. Healthy lifestyles and cardiovascular exercise were promoted well. A good fitness programme was available for older prisoners. Although the PE department had offered accredited qualifications, and

intended to do so again, most had been suspended because of staff absence and training needs associated with the prison merger.

Recommendations

3.41 Outdoor sports facilities should be provided.

3.42 The PE department should offer a range of accredited qualifications.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

Good planning ensures a seamless transition into the community.

4.1 *There was no up-to-date needs analysis of the population and the reducing reoffending strategy had not been finalised. Planning for the introduction of new resettlement arrangements was reasonable but more work needed to be done to ensure that they operated effectively and the needs of all prisoners were met. Release on temporary licence (ROTL) provision for a limited number of prisoners was good.*

4.2 Humber had been through some significant changes recently, including designation as a resettlement prison. A significant number of prisoners had been transferred to the prison to prepare for release in the local community. As a result, 56% of prisoners had been at Humber for less than six months and a high number were being released from the prison (430 in the last six months).

4.3 There was inadequate planning to meet the needs of this new population. There was no updated needs analysis to reflect the length of stay, type of offence and previous custodial experience of the prisoners held. A reducing reoffending strategy was being prepared, but its potential effectiveness was questionable without a comprehensive needs analysis.

4.4 Resettlement managers had been focused on implementing the national resettlement strategy from April 2015 in partnership with Purple Futures Community Rehabilitation Company (CRC). Planning meetings had been held and the prison and Purple Futures met regularly to monitor delivery and seek resolution of problems. Although these processes were helpful, there was still confusion about the scope of the CRC provision and poor communication in the establishment about how resettlement services would operate (see section on reintegration planning). The service was not yet linked with the offender management unit (OMU).

4.5 Representatives from departments contributing to resettlement met monthly at the reducing reoffending meeting. There was no strategic action plan, but actions were agreed and progress was reported.

4.6 ROTL opportunities were used well for a few prisoners who were housed on O wing in the Kairos unit. At the time of the inspection, six prisoners were working in the prison farms and gardens, one on a community placement and four in paid employment. Assessments of risk were thorough and prisoners had to provide detailed itineraries with their applications for temporary release. The number of prisoners who could benefit from this was limited to 14 at a time and it was not available to those who came under MAPPAs (multi-agency public protection arrangements) or to indeterminate sentence prisoners. However, the governor planned to extend these opportunities to more prisoners.

Recommendations

- 4.7 A comprehensive resettlement needs analysis should be carried out and used to inform the provision of resettlement services.**
- 4.8 Opportunities for release on temporary licence should be available to a wider range of prisoners while continuing to ensure that the requirements of public protection are met.**

Offender management and planning

Expected outcomes:

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

4.9 *Sentence planning and casework with prisoners were inadequate. Home detention curfew procedures were sound but some decisions were too restrictive. Public protection procedures were mostly good and improvements to release planning were imminent. Categorisation was timely but too risk averse and poorly communicated in some cases. Some moves to open establishments had been delayed. Provision for indeterminate sentence prisoners was underdeveloped.*

- 4.10** The OMU was understaffed with four vacancies, and offender supervisors were frequently redeployed to other tasks such as covering for absent colleagues elsewhere in the prison. Offender supervisors had monitored these redeployments and told us that they spent only 32% of their time in the department, instead of 50%. The staffing of the OMU had changed in the six months before the inspection and many offender supervisors had limited experience and required further training and development.
- 4.11** Many prisoners arrived with no OASys (offender assessment system) and sentence plan or with one that was due for review. There was a backlog of 118 OASys reviews or initial assessments, of which more than half were the responsibility of the prison.
- 4.12** Offender supervisors told us they did not have enough time to provide regular contact with prisoners to monitor and facilitate achievement of sentence plan targets. In our sample of cases, offender supervisors were supporting the delivery of planned work in only half the cases and in only seven of the 18 cases were prisoners fully engaged with their plan. However, in our survey, more prisoners than in comparator prisons said they had a named offender supervisor and that they were working with them to achieve their sentence plan targets. Offender supervisors generally only saw prisoners shortly after arrival, and thereafter to prepare reports for procedures such as re-categorisation reviews or home detention curfew (HDC) applications.
- 4.13** All new arrivals were seen promptly and were given an indication of appropriate targets, based on the information held by the offender supervisor, which varied according to whether an OASys assessment and sentence plan had been prepared by the sending prison. It was then up to the prisoner to refer himself to appropriate services.
- 4.14** The quality of assessments that we reviewed varied. Assessments of the likelihood of risk of re-offending were mostly reasonable, but too many targets were not sufficiently focused on outcomes. Most initial assessments of risk of harm were adequate but reviews were often

overdue and offender supervisors seldom followed up on cases where support and motivation were required. There was not enough quality checking and feedback by managers.

- 4.15** In groups and individually prisoners complained of difficulty in contacting the OMU. This problem had been identified by managers and a promising initiative was being introduced as part of the Humber pilot to train prisoner representatives to deal directly with initial enquiries or help prisoners to articulate the help they needed (see section on staff-prisoner relationships). The representatives we met were mature and capable which instilled confidence in the potential success of the initiative with the quality of training provided by the OMU manager.
- 4.16** HDC assessment procedures were reasonable and timely. Any delays were outside the prison's control. However, the approach to decision making was sometimes too risk averse - we saw examples of cases where HDC refusal was based on reoffending during a bail period or on licence from a long time previously.

Recommendations

- 4.17 Offender supervisors should receive feedback on the quality of their work and appropriate support in improving performance.**
- 4.18 Risk assessments for HDC and categorisation should be proportionate and prisoners should be set targets to help them progress.**

Public protection

- 4.19** A separate public protection department was managed by a senior probation officer and procedures were well established. New prisoners who might present a risk of harm to the public were identified from a range of sources including offending history, OASys assessments if available, a check of alerts on P-Nomis (Prison Service IT system) and information held by the police liaison officer. Monitoring arrangements and restrictions were agreed at a weekly interdepartmental meeting, attended by appropriate departments, and these were appropriately reviewed. In cases where initial monitoring had been suspended during a prisoner's sentence, it was often reinstated approaching release when the risk of inappropriate contact was heightened. Prisoners were informed by offender supervisors of restrictions placed on their contact with children and the procedure for applying for contact with named children.
- 4.20** There was evidence of good levels of contact with community offender managers and police where required. A member of public protection staff contacted community probation staff at the appropriate time before release to establish MAPPA levels, and ensured that MAPPA forms were completed and records collated. However high-risk prisoners nearing release were not routinely discussed at the weekly interdepartmental risk management team (IRMT) meeting. A separate monthly IRMT had been introduced recently to rectify this.

Categorisation

- 4.21** Categorisation reviews were timely and assessments were thorough. Recommendations from offender supervisors were ratified by a risk assessment board which included responsible managers and the police liaison officer. We found too many cases where prisoners had made good progress in reducing risk but were still refused progression because of factors in their offending history. In these cases, notification of the decision did

not indicate further action required before the prisoners could progress. In contrast, we found some examples of good communication with prisoners about decisions such as requiring a period in enhanced accommodation before they were considered for open conditions.

- 4.22** Thirty category D prisoners were held at the time of the inspection, of whom 13 were located in the Kairos unit and had access to temporary release. Some of the other category D prisoners had waited three months for transfer to open prisons because of difficulties in securing transport. We were told that there were imminent plans to resolve this by granting accompanied day release to enable them to be transported by an officer to their receiving prison.

Recommendation

- 4.23 Prisoners suitable for open conditions should be transferred promptly.**

Indeterminate sentence prisoners

- 4.24** The 106 indeterminate sentence prisoners (58 of whom were serving life sentences) were located across the prison. They had no dedicated facilities, but all parole dossiers were completed on time and those we spoke to were satisfied with progress they had made, especially with access to appropriate programmes and education.
- 4.25** The head of the OMU had recently initiated consultation with indeterminate sentence prisoners and minutes of their meeting indicated discussion of positive developments to improve communication and support.

Recommendation

- 4.26 There should be planned provision to meet the needs of indeterminate sentence prisoners.**

Good practice

- 4.27** *The appointment and training of offender management unit prisoner representatives was a good initiative to support prisoner progress.*

Reintegration planning

Expected outcomes:

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

4.28 *All new prisoners were assessed on arrival and three months before release, but the new CRC arrangements were still bedding in and we were concerned that not all future needs would be met. Resettlement work was hampered by the lack of suitable facilities. Accommodation support was reasonable, but finance, benefit and debt work needed improvement. Careers advice was good, and there were some good job search initiatives, but data needed improvement. Health care pre-release arrangements were reasonable. Links with community drugs agencies were sound and improving. Visits provision was inadequate to meet demand, but the dedicated provision for children and families work was good. The accredited programmes were suitable for the population but there was a perceived need for a programme addressing violence in relationships.*

4.29 Humber was designated as a resettlement prison and the population had been reconfigured with more than 60% having less than 12 months left to serve and 21% less than three months.

4.30 Under the new resettlement arrangements (see section on strategic management of resettlement), all new prisoners were seen on arrival to identify resettlement needs and their needs were checked again three months before release. Shelter workers provided a service on behalf of the CRC contractor to meet the needs for accommodation, employment and debt advice for men within three months of release.

4.31 We were not confident that these new arrangements had been fully thought out. There was confusion over whether men with more than three months to serve would receive help from Shelter with outstanding or emerging needs. It was also unclear how the basic custody screening tool was to be used – we did not see it being used to inform resettlement planning. Although the new procedures were described as 'through the gate', we did not see any evidence of staff identifying who would be supervising men on release or making contact with them. These issues needed to be addressed as a priority.

4.32 Reintegration work by Shelter was impeded by a lack of a suitable area for seeing prisoners which had access to telephones, information technology and interview facilities. The size of the site and the lack of such a space added significantly to the challenges of providing relevant support. Despite these reservations, much of the support that we saw being delivered under the resettlement pathways was reasonable.

Recommendations

4.33 **Prison managers and CRC partners should ensure that reintegration planning arrangements meet the needs of all prisoners. Available assessments, contact with new prisoners and links with community supervision should be used to develop resettlement plans.**

4.34 **Resettlement workers should meet prisoners in a suitable area with adequate facilities, including access to telephones and IT.**

Accommodation

- 4.35** All prisoners were invited for an accommodation assessment, conducted by Shelter staff and trained peer workers, 12 weeks before release. At the time of our inspection, 55 men (approximately a third of those being released) were receiving support.
- 4.36** Data were limited because the service was new, but July 2015 figures showed that all but five of the 57 discharged men left with an address. One of these was referred to a direct access hostel, and the other four had not sought help with accommodation. A further four men only had short-term accommodation.

Education, training and employment

- 4.37** The quality of the National Careers Service (NCS) provision, contracted to Careers Yorkshire and Humber and sub-contracted to Prospects, was good. There were sufficient staff to carry out individual interviews with all prisoners during induction into the prison. The quality of the skills action plans was particularly good with clear, detailed and relevant targets.
- 4.38** Staff managed the career management aspect of the NCS contract well and ensured that all prisoners were seen before release. Staff provided comprehensive up-to-date information about employment in release areas and supported prisoners with finding jobs. This work was complemented by effective use of the virtual campus¹⁴. Links between the prison and community agencies providing 'through the gate' support for prisoners had been good, but the new CRC arrangements were causing some confusion and data on prisoners entering work were unreliable.
- 4.39** Good vocational training and work-related skills development were provided. Links between the prison and employers were well established. The pre-release programme provided by The Manchester College was a good resource but attendance and achievements required improvement.

Health care

- 4.40** Health care arrangements to prepare prisoners for release were reasonable. Prisoners were provided with a summary of their clinical record and a week's supply of medicines. However, we observed an instance where, due to staff sickness, men waited too long in reception to see the nurse before discharge, and there was confusion about the supply of medicines for one man being released.
- 4.41** Prisoners with mental health problems were linked appropriately with their community mental health teams before release.

Drugs and alcohol

- 4.42** The Lifeline team contributed to sentence planning boards and provided pre-release support and plans. Links with community drug intervention programmes (DIPs) had strengthened and staff from local DIP teams visited the prison regularly. Lifeline was in the process of recruiting a 'through the gate' worker to develop through-care provision and enhance post-release support.

¹⁴ Prisoner access to community education, training and employment opportunities via the internet.

Finance, benefit and debt

- 4.43** Shelter were contracted to provide finance, benefit and debt services and their staff were trained to do so. However, the current provision did not meet needs because staff prioritised work to find accommodation for men being released, and told us they had too little time to resolve debt issues. A debt counsellor visited once a week, and there were examples of very good work being done with a minority of prisoners who had very severe debts. However, although prisoners could open credit union accounts, they could not obtain ID cards or open bank accounts. A money management course was available in education, although achievements on this had declined (see section on education and vocational achievements).

Recommendation

- 4.44** **Prisoners should be able to obtain identity cards and open bank accounts before release.**

Children, families and contact with the outside world

- 4.45** The visitors' centre was based outside the prison and run by R-evolution (a Humberside charity). Staff provided a good service, greeting visitors and offering free hot drinks and water. The centre was clean but too small for the number of visitors and many had to stand outside. The centre's crèche had not been open for some time. There was no bus service to the local railway station and visitors without a car relied on a taxi service. Despite these issues, most visitors were positive about their experience of the centre and said staff treated them well. R-evolution had undertaken a visitors' survey and had plans to address many of the points raised.
- 4.46** Visits took place in the morning and afternoon on Mondays, Thursdays and Fridays and in the afternoon on Saturdays and Sundays. The visits hall had been expanded with the merger of the two prisons but was still too cramped and noisy. The number of visits sessions was inadequate and there were plans to introduce more. The crèche area was poorly equipped and only staffed at weekends and did not meet demand. A refreshment bar sold an appropriate range of products.
- 4.47** Until recently, visits had often started late, but changes to staffing arrangements had improved punctuality. Visitors told us that they had difficulty booking a visit by telephone and we found some delays with this service. Prisoners attending visits could wear their own clothes and did not have to wear a bib.
- 4.48** A dedicated children and families team provided a range of interventions, including learning through play and an accredited parenting course, as well as family days throughout the year. They worked proactively with the Humberside 'Troubled families' team. Release on temporary licence had been used over 300 times between January and June 2015 to help prisoners maintain family ties.

Recommendation

- 4.49** **The deficiencies in the provision of visits should be addressed, particularly the size of the visitors' centre.**

Good practice

- 4.50** *The proactive work to engage with the Humberside troubled families team was a positive initiative to address a broad range of family related issues and to positively contribute to the resettlement of prisoners back into the community.*

Attitudes, thinking and behaviour

- 4.51** The provision of accredited programmes was based on a needs analysis undertaken in 2011 which projected five years ahead but this needed to be updated to reflect the prisons new population. At the time of the inspection, the thinking skills programme and Resolve, which addressed violent offending, were delivered, with 60 places a year on each programme. A further programme, COVAID (control of violence for angry impulsive drinkers) had been commissioned and was due to start later in 2015.
- 4.52** The programmes delivered were appropriate for the population but providers felt there was an outstanding need for an intervention which addressed violence in relationships. The programmes department had lost a number of experienced facilitators following a change in the roles of prison staff and they were experiencing difficulties in meeting the targets for delivery, especially the Resolve programme. A recruitment programme for facilitators had started.
- 4.53** The chaplaincy continued to provide the Sycamore Tree victim awareness programme which offered 60 places during 2015 and there was a victim awareness pack for individual completion.

Recommendation

- 4.54** **The need for a programme to address violence in relationships should be evaluated and, if the need is established, provided.**

Additional resettlement services

- 4.55** There were no specific services for victims of abuse, but counselling was available in health care and specialist bereavement counselling was offered by Cruse volunteers through the chaplaincy (see sections on faith and religious activity and delivery of care (mental health)).

Section 5. Summary of recommendations and housekeeping points

The reference number at the end of each recommendation, housekeeping point or example of good practice refers to its paragraph location in the main report.

Main recommendations

To the governor

- 5.1** The violence reduction strategy should establish a multi-disciplinary approach to tackling anti-social behaviour and ensure managers provide the support and supervision required to help staff robustly and promptly challenge poor behaviour and provide pro-active, co-ordinated support to victims. (S45)
- 5.2** The governance of use of force should provide assurance that the use of force was always proportionate and a last resort. This should include ensuring handcuffs are only used after dynamic risk assessment, planned interventions are routinely filmed and reviewed, and all documentation is completed. (S46)
- 5.3** All prisoners of working age should have a full-time programme of activity which keeps them purposefully occupied and helps to prepare them for release into the community. (S47)
- 5.4** All prisoners should have a sentence plan based on a comprehensive assessment of need and risk. They should be supported to achieve targets by regular contact with and oversight by their offender supervisor. (S48)

Recommendations

Early days in custody

- 5.5** Initial safety screening interviews should be conducted in private. (1.9)
- 5.6** All first night cells should be clean and fully prepared for new arrivals. (1.10)
- 5.7** First night staff should know the location of newly arrived prisoners and should provide them with additional support as required. (1.11)
- 5.8** The first night wing should not be used to reintegrate men from segregation. (1.12)

Bullying and violence reduction

- 5.9** Regular prisoner safety surveys should be used to inform the strategy, and safety should be given a high profile at prisoner forums. (1.21)

Self-harm and suicide prevention

- 5.10** Written observations in ACCT documents should indicate engagement with the prisoner in all cases and night observations should not be predictable. (1.28)

5.11 Prisoners on an open ACCT should be held in segregation only in exceptional circumstances which can be clearly demonstrated. (1.29)

5.12 Prisoners should have 24-hour access to Listeners. (1.30)

Safeguarding

5.13 Awareness training in safeguarding adults should be delivered to all staff. (1.35)

Security

5.14 Intelligence-led searching should be conducted promptly. (1.42)

5.15 A coordinated, prison-wide approach should be taken to supply reduction and the supply reduction strategy should be fully implemented. (1.43)

5.16 Closed visits should only be authorised when supported by intelligence related to trafficking through visits. (1.44)

Incentives and earned privileges

5.17 The IEP policy should be applied consistently and a decision to downgrade a prisoner should always be based on a formal, recorded review. (1.49)

5.18 Prisoners on the basic level of the incentives and earned privileges scheme should have individual progression targets, with sufficient opportunity to demonstrate improvements in behaviour. (1.50)

Discipline

5.19 Adjudicators should regularly and consistently analyse data to ensure that the adjudication process fully supports discipline in the establishment and to promote best practice. (1.53)

5.20 Special accommodation and rip-proof clothing should only be used as a last resort and signed authority should be retained. (1.58)

5.21 Good order or discipline reviews and care and reintegration planning should be personalised and focused on the prisoner's reintegration into the prison. (1.62)

5.22 Cells in the segregation unit should be kept clean and well maintained, and the regime for prisoners should be enhanced, including access to a daily shower and in-cell work. (1.63)

Substance misuse

5.23 The substance misuse strategy should be updated, contain detailed development targets and be informed by a comprehensive needs analysis. Representatives from all relevant departments should meet regularly to implement and oversee the strategy and ensure coordinated working. (1.72)

5.24 Substance misuse services should be developed to meet the identified needs of the population and include structured interventions, peer support and the provision of designated recovery units. (1.73)

Residential units

- 5.25** All communal showers and in-cell toilets should be clean and toilets should be screened to improve privacy. All cells should have curtains at windows and furniture that is fit for purpose. (2.8)
- 5.26** All prisoners should have an adequate supply of prison-issue clothing and bedding each week. (2.9)
- 5.27** The application system should be improved to ensure that a response is always received. (2.10)
- 5.28** Incoming mail should be delivered to prisoners on the day it is received in the prison. (2.11)

Staff-prisoner relationships

- 5.29** Personal officers should meet their allocated prisoners regularly, participate in reviews and make detailed entries on NOMIS. Regular management oversight should be in place. (2.17)

Equality and diversity

- 5.30** There should be monthly data collection and analysis to monitor the fairness of key prison processes. The data should be widely published, discussed with prisoners and actions should be taken where necessary. (2.27)
- 5.31** Staff should use comprehensive and multidisciplinary care plans, which include some structured activity wherever possible, to care for older men or men with disabilities. (2.34)

Faith and religious activity

- 5.32** Chaplains should contribute to ACCT reviews whenever possible and to sentence planning processes for prisoners they know well. (2.39)

Health services

- 5.33** All prison staff should receive basic life support training, including use of the automated defibrillator, to ensure they are confident to respond to any emergency. (2.62)
- 5.34** Nurses should routinely attend all use of force incidents and should be notified in advance of planned use of force. (2.63)
- 5.35** There should be a designated nurse to lead on the care of older prisoners and prisoners with disabilities. (2.64)
- 5.36** Prisoners with long-term conditions should be identified and reviewed in a formal and systematic way in line with community procedures. (2.73)
- 5.37** There should be a robust and timely in-possession risk assessment of each prisoner against each medicine to ensure potentially tradable medicines are correctly managed. Application of the policy should be adhered to and reasons for any decision clearly recorded. (2.86)

- 5.38** Medicines should only be administered from rooms with running water and hand washing facilities and access to SystemOne. There should be vigilant observation by nurses of each prisoner while he takes his medicine and care should be taken by prison staff to ensure confidentiality. (2.87)
- 5.39** The pharmacist should provide pharmacy advice clinics and prescribing reviews and should consider contributing to the in-possession risk assessments. (2.88)
- 5.40** Prisoners should have access to lockable cupboards in their cells to enable secure storage of their medicines. (2.89)
- 5.41** Dental triage by primary care nurses should be developed to ensure prisoners are prioritised effectively at all times. (2.97)
- 5.42** An assessment of mental health needs should be completed to ensure that the new service model and staffing profile meet the needs of the population. (2.109)
- 5.43** Prison staff should be trained in mental health awareness to enable them to deal appropriately with prisoners and to be alert to significant behavioural changes. (2.110)

Catering

- 5.44** Prisoners should be provided with an adequate breakfast. (2.120)

Purchases

- 5.45** Regular consultation with black and minority ethnic prisoners should inform the range of goods sold by the prison shop. (2.127)
- 5.46** Prisoners should be able to buy goods through on-line catalogues. (2.128)

Learning and skills and work activities

- 5.47** The self-assessment and quality improvement procedures should continue to be developed, and actions and targets should be prioritised, specific and time bound. (3.12)
- 5.48** Prisoners should attend allocated activities and should arrive on time. (3.13)
- 5.49** All prisoners of working age should have a full-time programme of activity. (3.19)
- 5.50** Teaching, learning and assessment to support and improve English and mathematics skills should be delivered to prisoners in the workplace. (3.20)
- 5.51** The 'Employability Training Passport' should be implemented across the whole prison to the benefit of all prisoners. (3.21)
- 5.52** The quality of teaching, learning and assessment should be improved to support prisoners to achieve and develop the most appropriate skills across all activities. (3.27)
- 5.53** Tutors should set specific targets in individual learning plans to accelerate each learner's progress. (3.28)

5.54 The success rates in English at levels 1 and 2 and mathematics at level 1 should be improved. (3.32)

5.55 Library staff should participate in the prisoners' induction programme. (3.35)

Physical education and healthy living

5.56 Outdoor sports facilities should be provided. (3.41)

5.57 The PE department should offer a range of accredited qualifications. (3.42)

Strategic management of resettlement

5.58 A comprehensive resettlement needs analysis should be carried out and used to inform the provision of resettlement services. (4.7)

5.59 Opportunities for release on temporary licence should be available to a wider range of prisoners while continuing to ensure that the requirements of public protection are met. (4.8)

Offender management and planning

5.60 Offender supervisors should receive feedback on the quality of their work and appropriate support in improving performance. (4.17)

5.61 Risk assessments for HDC and categorisation should be proportionate and prisoners should be set targets to help them progress. (4.18)

5.62 Prisoners suitable for open conditions should be transferred promptly. (4.23)

5.63 There should be planned provision to meet the needs of indeterminate sentence prisoners. (4.26)

Reintegration planning

5.64 Prison managers and CRC partners should ensure that reintegration planning arrangements meet the needs of all prisoners. Available assessments, contact with new prisoners and links with community supervision should be used to develop resettlement plans. (4.33)

5.65 Resettlement workers should meet prisoners in a suitable area with adequate facilities, including access to telephones and IT. (4.34)

5.66 Prisoners should be able to obtain identity cards and open bank accounts before release. (4.44)

5.67 The deficiencies in the provision of visits should be addressed, particularly the size of the visitors' centre. (4.49)

5.68 The need for a programme to address violence in relationships should be evaluated and, if the need is established, provided. (4.54)

Housekeeping points

Discipline

- 5.69** Segregation unit staff entries in prisoner case history notes should be comprehensive and reflect knowledge of those in their care. (1.64)

Staff-prisoner relationships

- 5.70** The Humber pilot scheme information desks should be in place on all wings and more prisoners should be aware of the scheme. (2.18)

Health services

- 5.71** The Humber pilot scheme should operate so that there is no risk to patient confidentiality. (2.65)
- 5.72** Consideration should be given to providing a spectacle repair service and/or over-the-counter reading glasses. (2.74)
- 5.73** Up-to-date medicine reference books or easy online access should be available. (2.90)
- 5.74** Maximum and minimum fridge temperatures should be recorded daily to ensure that heat sensitive items are stored within 2-8 degrees C range. (2.91)
- 5.75** Arrangements should be clarified for the regular servicing and maintenance of fixed dental equipment to ensure all equipment is in a safe condition at all times. (2.98)
- 5.76** Consideration should be given to using the wellbeing centre for mental health group work. (2.111)

Catering

- 5.77** All prisoners involved in serving food should be appropriately dressed. (2.121)

Learning and skills and work activities

- 5.78** Information about prisoners' initial assessment results and achievements should be sent promptly from previous prisons. (3.22)
- 5.79** Prisoners should be able to access all current PSIs and PSOs in the library. (3.36)

Examples of good practice

Health services

- 5.80** The new blue referral form provided a really helpful template for referring focused information to guide the assessment process. (2.112)

Catering

5.81 A highly trained peer tutor was used to deliver hygiene training to prisoners. (2.122)

Offender management and planning

5.82 The appointment and training of offender management unit prisoner representatives was a good initiative to support prisoner progress. (4.27)

Reintegration planning

5.83 The proactive work to engage with the Humberside troubled families team was a positive initiative to address a broad range of family related issues and to positively contribute to the resettlement of prisoners back into the community. (4.50)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Sean Sullivan	Team leader
Joss Crosbie	Inspector
Paul Fenning	Inspector
Sandra Fieldhouse	Inspector
Jeanette Hall	Inspector
Andrew Lund	Inspector
Andrew Rooke	Inspector
Paul Rowlands	Inspector
Elizabeth Walsh	Inspector
Joe Simmonds	Researcher
Tim McSweeney	Researcher
Alissa Redmond	Researcher
Rachel Murray	Researcher
Sophie Skinner	Researcher

Specialist inspectors

Siggi Engelen	Substance misuse inspector
Nicola Rabjohns	Health services inspector
Paul Tarbuck	Health services inspector
Karena Reed	Care Quality Commission inspector
Rachel O’Callaghan	Pharmacist
Bob Cowdrey	Ofsted inspector
Malcolm Fraser	Ofsted inspector
Margaret Hobson	Ofsted inspector
Charles Searle	Ofsted inspector
Ian Simpkins	Offender management inspector
Paddy Doyle	Offender management inspector
Martyn Griffiths	Offender management inspector

Appendix II: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	0	829	82.7
Recall	0	94	9.4
Convicted unsentenced	0	0	0
Remand	0	0	0
Civil prisoners	0	0	0
Other	0	79 ¹⁵	7.9
Total		1002	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	0	0	0
Less than six months	0	14	1.4
six months to less than 12 months	0	46	4.6
12 months to less than 2 years	0	100	10
2 years to less than 4 years	0	318	31.7
4 years to less than 10 years	0	390	38.9
10 years and over (not life)	0	28	2.8
ISPP (indeterminate sentence for public protection)	0	48	4.8
Life	0	58	5.8
Total	0	1002	100

Age	Number of prisoners	%
Please state minimum age here: 21		
Under 21 years	0	0
21 years to 29 years	412	41.1
30 years to 39 years	366	36.5
40 years to 49 years	158	15.8
50 years to 59 years	50	5.0
60 years to 69 years	13	1.3
70 plus years	3	0.3
Please state maximum age here: 79		
Total	1002	100

Nationality	18–20 yr olds	21 and over	%
British	0	967	96.5
Foreign nationals	0	35	3.5
Total		1002	100

¹⁵ This figure refers to prisoner sentenced under the Offender Rehabilitation Act 2014.

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	0	0	0
Uncategorised sentenced	0	0	0
Category A	0	0	0
Category B	0	0	0
Category C	0	972	97
Category D	0	30	3
Other	0	0	0
Total	0	1002	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British	0	840	83.8
Irish	0	2	0.2
Gypsy/Irish Traveller	0	28	2.8
Other white	0	27	2.7
Mixed			
White and black Caribbean	0	11	1.1
White and black African	0	0	0
White and Asian	0	2	0.2
Other mixed	0	4	0.4
Asian or Asian British			
Indian	0	10	1.0
Pakistani	0	7	0.7
Bangladeshi	0	18	1.8
Chinese	0	1	0.1
Other Asian	0	1	0.1
Black or black British			
Caribbean	0	21	2.1
African	0	11	1.1
Other black	0	9	0.9
Other ethnic group			
Arab	0	0	0
Other ethnic group	0	8	0.8
Not stated	0	2	0.2
Total	0	1002	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	0	0
Church of England	0	190	19.0
Roman Catholic	0	168	16.8
Other Christian Denominations	0	89	8.9
Muslim	0	49	4.9
Sikh	0	2	0.2
Hindu	0	2	0.2
Buddhist	0	17	1.7
Jewish	0	4	0.4
Other	0	6	0.6

No religion	0	475	47.3
Total	0	1002	100

Other demographics	18–20 yr olds	21 and over	As % of 1002 total
Veteran (ex-armed services)	0	11	1.1
Total	0	11	1.1%

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	126	12.5
1 month to 3 months	0	0	206	20.5
3 months to six months	0	0	230	23.0
six months to 1 year	0	0	234	23.4
1 year to 2 years	0	0	205	20.5
2 years to 4 years	0	0	0	0
Other	0	0	1	0.1
Total	0	0	1002	100

Sentenced prisoners only

	18–20 yr olds	21 and over	As % of 1002
Foreign nationals detained post sentence expiry	0	0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/ restrictions).	0	55	5.5%
Total	0	55	5.5%

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	0	0
1 month to 3 months	0	0	0	0
3 months to six months	0	0	0	0
six months to 1 year	0	0	0	0
1 year to 2 years	0	0	0	0
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	0	0	0	0

Main offence	18–20 yr olds	21 and over	%
Violence against the person	0	271	27.3
Sexual offences	0	3	0.3
Burglary	0	223	22.4
Robbery	0	163	16.4
Theft and handling	0	38	3.8
Fraud and forgery	0	21	2.1
Drugs offences	0	150	15.1
Other offences	0	124	12.5
Civil offences	0	0	0
Offence not recorded /holding warrant	0	1	0.1
Total	0	994	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment¹⁶. Respondents were then randomly selected from a P-NOMIS prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone interpretation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 13 July 2015 the prisoner population at HMP Humber was 1,002. Using the method described above, questionnaires were distributed to a sample of 229 prisoners.

We received a total of 187 completed questionnaires, a response rate of 82%. This included two questionnaires completed via interview. Nine respondents refused to complete a questionnaire, 22 questionnaires were not returned and 11 were returned blank.

Wing/unit	Number of completed survey returns
A	8
B	12

¹⁶ 95% confidence interval with a sampling error of 3%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

C	9
D	10
E	12
F	12
G	7
H	20
I	19
J	11
K	13
L	17
M	16
N	16
O	2
Segregation unit	3

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Humber.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant¹⁷ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Humber in 2015 compared with responses from prisoners surveyed in all other Category C prisons. This comparator is based on all responses from prisoner surveys carried out in 35 Category C prisons since April 2011.
- A comparison within the 2015 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2015 survey between the wings in Zone 1 (A–G) and in Zone 2 (H–O).

¹⁷ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Q1.1	What wing or houseblock are you currently living on? See shortened methodology	
Q1.2	How old are you?	
	Under 21	1 (1%)
	21 - 29.....	82 (44%)
	30 - 39.....	63 (34%)
	40 - 49.....	31 (17%)
	50 - 59.....	8 (4%)
	60 - 69.....	1 (1%)
	70 and over	1 (1%)
Q1.3	Are you sentenced?	
	Yes	169 (91%)
	Yes - on recall.....	15 (8%)
	No - awaiting trial.....	0 (0%)
	No - awaiting sentence	1 (1%)
	No - awaiting deportation.....	1 (1%)
Q1.4	How long is your sentence?	
	Not sentenced	2 (1%)
	Less than 6 months	6 (3%)
	6 months to less than 1 year	11 (6%)
	1 year to less than 2 years	15 (8%)
	2 years to less than 4 years	54 (29%)
	4 years to less than 10 years.....	73 (39%)
	10 years or more	6 (3%)
	IPP (indeterminate sentence for public protection)	13 (7%)
	Life.....	5 (3%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship.)	
	Yes	12 (6%)
	No.....	173 (94%)
Q1.6	Do you understand spoken English?	
	Yes	184 (98%)
	No.....	3 (2%)
Q1.7	Do you understand written English?	
	Yes	182 (98%)
	No.....	3 (2%)

Q1.8	What is your ethnic origin?		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	154 (84%)	Asian or Asian British - Chinese 0 (0%)
	White - Irish	1 (1%)	Asian or Asian British - other..... 0 (0%)
	White - other.....	10 (5%)	Mixed race - white and black Caribbean. 6 (3%)
	Black or black British - Caribbean.....	3 (2%)	Mixed race - white and black African 1 (1%)
	Black or black British - African	0 (0%)	Mixed race - white and Asian
	Black or black British - other	0 (0%)	Mixed race - other..... 1 (1%)
	Asian or Asian British - Indian	1 (1%)	Arab..... 0 (0%)
	Asian or Asian British - Pakistani.....	4 (2%)	Other ethnic group
	Asian or Asian British - Bangladeshi.....	0 (0%)	1 (1%)
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes		9 (5%)
	No.....		173 (95%)
Q1.10	What is your religion?		
	None.....	82 (46%)	Hindu
	Church of England	53 (29%)	Jewish
	Catholic	33 (18%)	Muslim
	Protestant.....	0 (0%)	Sikh
	Other Christian denomination	4 (2%)	Other.....
	Buddhist.....	0 (0%)	2 (1%)
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight		180 (97%)
	Homosexual/Gay.....		2 (1%)
	Bisexual.....		3 (2%)
Q1.12	Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs.)		
	Yes		32 (17%)
	No.....		154 (83%)
Q1.13	Are you a veteran (ex- armed services)?		
	Yes		5 (3%)
	No.....		181 (97%)
Q1.14	Is this your first time in prison?		
	Yes		40 (22%)
	No.....		145 (78%)
Q1.15	Do you have children under the age of 18?		
	Yes		115 (62%)
	No.....		70 (38%)

Section 2: Courts, escorts and transfers

Q2.1	On your most recent journey here, how long did you spend in the van?		
	Less than 2 hours		127 (68%)
	2 hours or longer		48 (26%)
	Don't remember		11 (6%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	127 (68%)
	<i>Yes</i>	30 (16%)
	<i>No</i>	21 (11%)
	<i>Don't remember</i>	9 (5%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	127 (68%)
	<i>Yes</i>	3 (2%)
	<i>No</i>	49 (26%)
	<i>Don't remember</i>	8 (4%)
Q2.4	On your most recent journey here, was the van clean?	
	<i>Yes</i>	107 (58%)
	<i>No</i>	63 (34%)
	<i>Don't remember</i>	16 (9%)
Q2.5	On your most recent journey here, did you feel safe?	
	<i>Yes</i>	153 (82%)
	<i>No</i>	28 (15%)
	<i>Don't remember</i>	5 (3%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	<i>Very well</i>	49 (26%)
	<i>Well</i>	84 (45%)
	<i>Neither</i>	34 (18%)
	<i>Badly</i>	7 (4%)
	<i>Very badly</i>	4 (2%)
	<i>Don't remember</i>	9 (5%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	<i>Yes, someone told me</i>	112 (60%)
	<i>Yes, I received written information</i>	6 (3%)
	<i>No, I was not told anything</i>	62 (33%)
	<i>Don't remember</i>	7 (4%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	<i>Yes</i>	161 (87%)
	<i>No</i>	21 (11%)
	<i>Don't remember</i>	4 (2%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	85 (46%)
	<i>2 hours or longer</i>	86 (47%)
	<i>Don't remember</i>	13 (7%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	<i>Yes</i>	157 (86%)
	<i>No</i>	17 (9%)
	<i>Don't remember</i>	9 (5%)

Q3.3	Overall, how were you treated in reception?	
	Very well.....	54 (30%)
	Well.....	87 (48%)
	Neither.....	23 (13%)
	Badly.....	8 (4%)
	Very badly.....	4 (2%)
	Don't remember.....	6 (3%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Loss of property.....	36 (20%)
	Housing problems.....	37 (21%)
	Contacting employers.....	4 (2%)
	Contacting family.....	33 (19%)
	Childcare.....	4 (2%)
	Money worries.....	24 (14%)
	Feeling depressed or suicidal.....	22 (12%)
	Physical health.....	22 (12%)
	Mental health.....	42 (24%)
	Needing protection from other prisoners.....	6 (3%)
	Getting phone numbers.....	24 (14%)
	Other.....	6 (3%)
	Did not have any problems.....	60 (34%)
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?	
	Yes.....	33 (19%)
	No.....	79 (46%)
	Did not have any problems.....	60 (35%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)	
	Tobacco.....	152 (84%)
	A shower.....	74 (41%)
	A free telephone call.....	102 (56%)
	Something to eat.....	107 (59%)
	PIN phone credit.....	88 (49%)
	Toiletries/ basic items.....	80 (44%)
	Did not receive anything.....	11 (6%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)	
	Chaplain.....	109 (61%)
	Someone from health services.....	119 (66%)
	A Listener/Samaritans.....	50 (28%)
	Prison shop/ canteen.....	53 (30%)
	Did not have access to any of these.....	27 (15%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)	
	What was going to happen to you.....	94 (56%)
	What support was available for people feeling depressed or suicidal.....	65 (39%)
	How to make routine requests (applications).....	63 (38%)
	Your entitlement to visits.....	68 (40%)
	Health services.....	78 (46%)
	Chaplaincy.....	84 (50%)
	Not offered any information.....	43 (26%)
Q3.9	Did you feel safe on your first night here?	
	Yes.....	155 (87%)
	No.....	19 (11%)
	Don't remember.....	5 (3%)

Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	41 (23%)
	<i>Within the first week</i>	112 (63%)
	<i>More than a week</i>	14 (8%)
	<i>Don't remember</i>	11 (6%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	41 (23%)
	<i>Yes</i>	87 (49%)
	<i>No</i>	34 (19%)
	<i>Don't remember</i>	15 (8%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	33 (19%)
	<i>Within the first week</i>	61 (35%)
	<i>More than a week</i>	47 (27%)
	<i>Don't remember</i>	31 (18%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	28 (16%)	55 (32%)	19 (11%)	27 (16%)	17 (10%)	24 (14%)
	<i>Attend legal visits?</i>	22 (14%)	66 (41%)	21 (13%)	10 (6%)	9 (6%)	32 (20%)
	<i>Get bail information?</i>	10 (6%)	22 (14%)	26 (17%)	13 (8%)	18 (12%)	66 (43%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	<i>Not had any letters</i>					40 (23%)	
	<i>Yes</i>					80 (46%)	
	<i>No</i>					55 (31%)	
Q4.3	Can you get legal books in the library?						
	<i>Yes</i>					82 (47%)	
	<i>No</i>					11 (6%)	
	<i>Don't know</i>					80 (46%)	
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	111 (63%)	63 (36%)	2 (1%)			
	<i>Are you normally able to have a shower every day?</i>	169 (95%)	8 (5%)	0 (0%)			
	<i>Do you normally receive clean sheets every week?</i>	100 (56%)	73 (41%)	4 (2%)			
	<i>Do you normally get cell cleaning materials every week?</i>	141 (81%)	32 (18%)	2 (1%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	68 (39%)	78 (45%)	28 (16%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at 123 night time?</i>	70% (70%)	49 (28%)	3 (2%)			
	<i>If you need to, can you normally get your stored property?</i>	41 (24%)	75 (43%)	58 (33%)			
Q4.5	What is the food like here?						
	<i>Very good</i>					1 (1%)	
	<i>Good</i>					38 (21%)	
	<i>Neither</i>					61 (34%)	
	<i>Bad</i>					43 (24%)	
	<i>Very bad</i>					34 (19%)	

Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/ don't know</i>	7 (4%)
	Yes.....	92 (53%)
	No.....	76 (43%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes.....	89 (51%)
	No.....	16 (9%)
	Don't know.....	70 (40%)
Q4.8	Are your religious beliefs respected?	
	Yes.....	77 (44%)
	No.....	17 (10%)
	Don't know/ N/A.....	80 (46%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes.....	100 (57%)
	No.....	7 (4%)
	Don't know/ N/A.....	68 (39%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	42 (24%)
	Very easy.....	38 (22%)
	Easy.....	29 (17%)
	Neither.....	11 (6%)
	Difficult.....	8 (5%)
	Very difficult.....	1 (1%)
	Don't know.....	44 (25%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes.....	134 (79%)
	No.....	28 (16%)
	Don't know.....	8 (5%)
Q5.2	Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option.)	
		Not made one Yes No
	Are applications dealt with fairly?	15 (9%) 78 (46%) 75 (45%)
	Are applications dealt with quickly (within seven days)?	15 (10%) 39 (25%) 100 (65%)
Q5.3	Is it easy to make a complaint?	
	Yes.....	94 (56%)
	No.....	40 (24%)
	Don't know.....	33 (20%)
Q5.4	Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option).	
		Not made one Yes No
	Are complaints dealt with fairly?	60 (35%) 40 (23%) 71 (42%)
	Are complaints dealt with quickly (within seven days)?	60 (37%) 17 (10%) 85 (52%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes.....	35 (21%)
	No.....	129 (79%)

Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	36 (21%)
	<i>Very easy</i>	25 (15%)
	<i>Easy</i>	37 (22%)
	<i>Neither</i>	38 (23%)
	<i>Difficult</i>	24 (14%)
	<i>Very difficult</i>	8 (5%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	3 (2%)
	<i>Yes</i>	102 (60%)
	<i>No</i>	53 (31%)
	<i>Don't know</i>	13 (8%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	3 (2%)
	<i>Yes</i>	95 (57%)
	<i>No</i>	52 (31%)
	<i>Don't know</i>	16 (10%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	19 (11%)
	<i>No</i>	153 (89%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	127 (78%)
	<i>Very well</i>	4 (2%)
	<i>Well</i>	7 (4%)
	<i>Neither</i>	8 (5%)
	<i>Badly</i>	5 (3%)
	<i>Very badly</i>	11 (7%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	144 (85%)
	<i>No</i>	25 (15%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	124 (74%)
	<i>No</i>	44 (26%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes</i>	54 (32%)
	<i>No</i>	117 (68%)

Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	5 (3%)
	<i>Never</i>	23 (13%)
	<i>Rarely</i>	34 (20%)
	<i>Some of the time</i>	63 (36%)
	<i>Most of the time</i>	37 (21%)
	<i>All of the time</i>	11 (6%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	56 (33%)
	<i>In the first week</i>	48 (29%)
	<i>More than a week</i>	44 (26%)
	<i>Don't remember</i>	20 (12%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	56 (34%)
	<i>Very helpful</i>	30 (18%)
	<i>Helpful</i>	42 (25%)
	<i>Neither</i>	18 (11%)
	<i>Not very helpful</i>	11 (7%)
	<i>Not at all helpful</i>	10 (6%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	<i>Yes</i>	52 (30%)
	<i>No</i>	119 (70%)
Q8.2	Do you feel unsafe now?	
	<i>Yes</i>	26 (16%)
	<i>No</i>	139 (84%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	<i>Never felt unsafe</i>	119 (73%)
	<i>Everywhere</i>	19 (12%)
	<i>Segregation unit</i>	4 (2%)
	<i>Association areas</i>	19 (12%)
	<i>Reception area</i>	2 (1%)
	<i>At the gym</i>	10 (6%)
	<i>In an exercise yard</i>	15 (9%)
	<i>At work</i>	16 (10%)
	<i>During movement</i>	21 (13%)
	<i>At education</i>	4 (2%)
	<i>At meal times</i>	12 (7%)
	<i>At health services</i>	5 (3%)
	<i>Visits area</i>	6 (4%)
	<i>In wing showers</i>	14 (9%)
	<i>In gym showers</i>	8 (5%)
	<i>In corridors/stairwells</i>	13 (8%)
	<i>On your landing/wing</i>	20 (12%)
	<i>In your cell</i>	15 (9%)
	<i>At religious services</i>	1 (1%)
Q8.4	Have you been victimised by other prisoners here?	
	<i>Yes</i>	42 (25%)
	<i>No</i>	128 (75%)

Q8.5 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	12 (7%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	13 (8%)
<i>Sexual abuse</i>	3 (2%)
<i>Feeling threatened or intimidated</i>	21 (12%)
<i>Having your canteen/property taken</i>	16 (9%)
<i>Medication</i>	7 (4%)
<i>Debt</i>	6 (4%)
<i>Drugs</i>	9 (5%)
<i>Your race or ethnic origin</i>	4 (2%)
<i>Your religion/religious beliefs</i>	3 (2%)
<i>Your nationality</i>	1 (1%)
<i>You are from a different part of the country than others</i>	10 (6%)
<i>You are from a traveller community</i>	2 (1%)
<i>Your sexual orientation</i>	2 (1%)
<i>Your age</i>	6 (4%)
<i>You have a disability</i>	3 (2%)
<i>You were new here</i>	7 (4%)
<i>Your offence/ crime</i>	8 (5%)
<i>Gang related issues</i>	8 (5%)

Q8.6 Have you been victimised by staff here?

Yes	51 (30%)
No	118 (70%)

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

<i>Insulting remarks (about you or your family or friends)</i>	19 (11%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	7 (4%)
<i>Sexual abuse</i>	2 (1%)
<i>Feeling threatened or intimidated</i>	22 (13%)
<i>Medication</i>	8 (5%)
<i>Debt</i>	4 (2%)
<i>Drugs</i>	7 (4%)
<i>Your race or ethnic origin</i>	7 (4%)
<i>Your religion/religious beliefs</i>	2 (1%)
<i>Your nationality</i>	3 (2%)
<i>You are from a different part of the country than others</i>	9 (5%)
<i>You are from a traveller community</i>	3 (2%)
<i>Your sexual orientation</i>	3 (2%)
<i>Your age</i>	5 (3%)
<i>You have a disability</i>	6 (4%)
<i>You were new here</i>	6 (4%)
<i>Your offence/ crime</i>	8 (5%)
<i>Gang related issues</i>	8 (5%)

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

<i>Not been victimised</i>	107 (69%)
Yes	20 (13%)
No	28 (18%)

Section 9: Health services**Q9.1 How easy or difficult is it to see the following people?**

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	20 (12%)	12 (7%)	37 (22%)	26 (16%)	45 (27%)	26 (16%)
The nurse	19 (11%)	18 (11%)	54 (33%)	28 (17%)	35 (21%)	12 (7%)
The dentist	26 (16%)	5 (3%)	13 (8%)	16 (10%)	39 (24%)	65 (40%)

Q9.2	What do you think of the quality of the health service from the following people?					
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>
	The doctor	25 (15%)	13 (8%)	49 (29%)	18 (11%)	35 (21%)
	The nurse	25 (15%)	22 (13%)	55 (33%)	27 (16%)	19 (12%)
	The dentist	41 (25%)	15 (9%)	31 (19%)	25 (15%)	19 (12%)
Q9.3	What do you think of the overall quality of the health services here?					
	<i>Not been</i>					18 (11%)
	<i>Very good</i>					17 (10%)
	<i>Good</i>					41 (25%)
	<i>Neither</i>					19 (12%)
	<i>Bad</i>					39 (24%)
	<i>Very bad</i>					31 (19%)
Q9.4	Are you currently taking medication?					
	Yes					85 (51%)
	No					82 (49%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?					
	<i>Not taking medication</i>					82 (49%)
	<i>Yes, all my meds</i>					54 (32%)
	<i>Yes, some of my meds</i>					19 (11%)
	<i>No</i>					12 (7%)
Q9.6	Do you have any emotional or mental health problems?					
	Yes					56 (34%)
	No					110 (66%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)					
	<i>Do not have any emotional or mental health problems</i>					110 (67%)
	Yes					24 (15%)
	No					29 (18%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?		
	Yes		61 (36%)
	No		108 (64%)
Q10.2	Did you have a problem with alcohol when you came into this prison?		
	Yes		27 (16%)
	No		141 (84%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?		
	<i>Very easy</i>		64 (38%)
	<i>Easy</i>		18 (11%)
	<i>Neither</i>		14 (8%)
	<i>Difficult</i>		5 (3%)
	<i>Very difficult</i>		7 (4%)
	<i>Don't know</i>		59 (35%)

Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	33 (20%)
	Easy.....	30 (18%)
	Neither.....	20 (12%)
	Difficult.....	5 (3%)
	Very difficult.....	12 (7%)
	Don't know.....	67 (40%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	25 (15%)
	No.....	143 (85%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	17 (10%)
	No.....	151 (90%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	Did not / do not have a drug problem.....	96 (59%)
	Yes.....	35 (21%)
	No.....	32 (20%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	Did not / do not have an alcohol problem.....	141 (85%)
	Yes.....	14 (8%)
	No.....	10 (6%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	Did not have a problem/ did not receive help.....	120 (75%)
	Yes.....	32 (20%)
	No.....	7 (4%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	17 (10%)	10 (6%)	62 (38%)	16 (10%)	46 (28%)	14 (8%)
	Vocational or skills training	32 (21%)	13 (8%)	61 (39%)	18 (12%)	26 (17%)	6 (4%)
	Education (including basic skills)	25 (16%)	24 (15%)	76 (49%)	12 (8%)	14 (9%)	5 (3%)
	Offending behaviour programmes	45 (29%)	8 (5%)	29 (19%)	25 (16%)	26 (17%)	23 (15%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	Not involved in any of these.....					38 (25%)	
	Prison job.....					85 (55%)	
	Vocational or skills training.....					22 (14%)	
	Education (including basic skills).....					31 (20%)	
	Offending behaviour programmes.....					15 (10%)	
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	27 (18%)	60 (39%)	55 (36%)	12 (8%)		
	Vocational or skills training	29 (21%)	59 (42%)	39 (28%)	13 (9%)		
	Education (including basic skills)	29 (21%)	54 (40%)	39 (29%)	13 (10%)		
	Offending behaviour programmes	33 (25%)	47 (35%)	35 (26%)	19 (14%)		

Q11.4	How often do you usually go to the library?	
	<i>Don't want to go</i>	14 (8%)
	<i>Never</i>	29 (17%)
	<i>Less than once a week</i>	39 (23%)
	<i>About once a week</i>	61 (37%)
	<i>More than once a week</i>	23 (14%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?	
	<i>Don't use it</i>	34 (20%)
	<i>Yes</i>	90 (54%)
	<i>No</i>	43 (26%)
Q11.6	How many times do you usually go to the gym each week?	
	<i>Don't want to go</i>	35 (21%)
	<i>0</i>	35 (21%)
	<i>1 to 2</i>	18 (11%)
	<i>3 to 5</i>	60 (36%)
	<i>More than 5</i>	18 (11%)
Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	12 (7%)
	<i>0</i>	17 (10%)
	<i>1 to 2</i>	34 (20%)
	<i>3 to 5</i>	37 (22%)
	<i>More than 5</i>	69 (41%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	5 (3%)
	<i>0</i>	9 (5%)
	<i>1 to 2</i>	6 (4%)
	<i>3 to 5</i>	13 (8%)
	<i>More than 5</i>	135 (80%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)	
	<i>Less than 2 hours</i>	10 (6%)
	<i>2 to less than 4 hours</i>	15 (9%)
	<i>4 to less than 6 hours</i>	16 (10%)
	<i>6 to less than 8 hours</i>	31 (18%)
	<i>8 to less than 10 hours</i>	40 (24%)
	<i>10 hours or more</i>	45 (27%)
	<i>Don't know</i>	11 (7%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	55 (34%)
	<i>No</i>	109 (66%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	90 (53%)
	<i>No</i>	79 (47%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	25 (15%)
	<i>No</i>	144 (85%)

Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	27 (16%)
	<i>Very easy</i>	16 (9%)
	<i>Easy</i>	36 (21%)
	<i>Neither</i>	16 (9%)
	<i>Difficult</i>	31 (18%)
	<i>Very difficult</i>	39 (23%)
	<i>Don't know</i>	5 (3%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	2 (1%)
	<i>Yes</i>	138 (83%)
	<i>No</i>	26 (16%)

Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	28 (16%)
	<i>No contact</i>	58 (34%)
	<i>Letter</i>	47 (28%)
	<i>Phone</i>	21 (12%)
	<i>Visit</i>	43 (25%)

Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	131 (81%)
	<i>No</i>	31 (19%)

Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	2 (1%)
	<i>Yes</i>	109 (66%)
	<i>No</i>	54 (33%)

Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	56 (33%)
	<i>Very involved</i>	35 (21%)
	<i>Involved</i>	20 (12%)
	<i>Neither</i>	15 (9%)
	<i>Not very involved</i>	20 (12%)
	<i>Not at all involved</i>	23 (14%)

Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	56 (33%)
	<i>Nobody</i>	54 (32%)
	<i>Offender supervisor</i>	46 (27%)
	<i>Offender manager</i>	32 (19%)
	<i>Named/ personal officer</i>	12 (7%)
	<i>Staff from other departments</i>	9 (5%)

Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	56 (34%)
	<i>Yes</i>	73 (44%)
	<i>No</i>	25 (15%)
	<i>Don't know</i>	13 (8%)

Q13.8 Are there plans for you to achieve any of your sentence plan targets in another prison?
Do not have a sentence plan/ not sentenced..... 56 (33%)
 Yes 22 (13%)
 No..... 71 (42%)
 Don't know 20 (12%)

Q13.9 Are there plans for you to achieve any of your sentence plan targets in the community?
Do not have a sentence plan/ not sentenced..... 56 (33%)
 Yes 37 (22%)
 No..... 45 (26%)
 Don't know 32 (19%)

Q13.10 Do you have a needs based custody plan?
 Yes 8 (5%)
 No..... 83 (50%)
 Don't know 74 (45%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?
 Yes 21 (13%)
 No..... 146 (87%)

Q13.12 Do you know of anyone in this prison who can help you with the following on release? (please tick all that apply to you.)

	<i>Do not need help</i>	Yes	No
Employment	41 (26%)	42 (27%)	75 (47%)
Accommodation	36 (23%)	48 (31%)	71 (46%)
Benefits	33 (21%)	55 (35%)	69 (44%)
Finances	40 (28%)	30 (21%)	74 (51%)
Education	44 (31%)	38 (26%)	62 (43%)
Drugs and alcohol	43 (29%)	53 (36%)	51 (35%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?
Not sentenced..... 2 (1%)
 Yes 77 (48%)
 No..... 82 (51%)

Main comparator and comparator to last time



Prisoner survey responses HMP Humber 2015

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

Key to tables

		HMP Humber 2015	Category C Training prisons comparator
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		187	5957
SECTION 1: General information			
1.2	Are you under 21 years of age?	1%	3%
1.3	Are you sentenced?	99%	100%
1.3	Are you on recall?	8%	9%
1.4	Is your sentence less than 12 months?	9%	6%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	7%	9%
1.5	Are you a foreign national?	7%	8%
1.6	Do you understand spoken English?	98%	99%
1.7	Do you understand written English?	98%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	10%	26%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	4%
1.1	Are you Muslim?	3%	13%
1.11	Are you homosexual/gay or bisexual?	3%	3%
1.12	Do you consider yourself to have a disability?	17%	21%
1.13	Are you a veteran (ex-armed services)?	3%	6%
1.14	Is this your first time in prison?	22%	37%
1.15	Do you have any children under the age of 18?	62%	51%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	26%	45%
For those who spent two or more hours in the escort van:			
2.2	Were you offered anything to eat or drink?	50%	72%
2.3	Were you offered a toilet break?	5%	8%
2.4	Was the van clean?	58%	63%
2.5	Did you feel safe?	82%	80%
2.6	Were you treated well/very well by the escort staff?	71%	71%
2.7	Before you arrived here were you told that you were coming here?	60%	62%
2.7	Before you arrived here did you receive any written information about coming here?	3%	15%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Humber 2015	Category C Training prisons comparator
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
2.8	When you first arrived here did your property arrive at the same time as you?	87%	87%
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	46%	52%
3.2	When you were searched in reception, was this carried out in a respectful way?	86%	84%
3.3	Were you treated well/very well in reception?	78%	74%
	When you first arrived:		
3.4	Did you have any problems?	66%	61%
3.4	Did you have any problems with loss of property?	20%	18%
3.4	Did you have any housing problems?	21%	14%
3.4	Did you have any problems contacting employers?	2%	2%
3.4	Did you have any problems contacting family?	19%	19%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	2%
3.4	Did you have any money worries?	14%	14%
3.4	Did you have any problems with feeling depressed or suicidal?	12%	14%
3.4	Did you have any physical health problems?	12%	12%
3.4	Did you have any mental health problems?	24%	14%
3.4	Did you have any problems with needing protection from other prisoners?	3%	5%
3.4	Did you have problems accessing phone numbers?	14%	17%
	For those with problems:		
3.5	Did you receive any help/ support from staff in dealing with these problems?	30%	36%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	84%	75%
3.6	A shower?	41%	26%
3.6	A free telephone call?	56%	41%
3.6	Something to eat?	59%	57%
3.6	PIN phone credit?	49%	52%
3.6	Toiletries/ basic items?	44%	44%
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	61%	51%
3.7	Someone from health services?	67%	69%
3.7	A Listener/Samaritans?	28%	33%
3.7	Prison shop/ canteen?	30%	22%

Main comparator and comparator to last time

Key to tables

		HMP Humber 2015	Category C Training prisons comparator
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	56%	50%
3.8	Support was available for people feeling depressed or suicidal?	39%	40%
3.8	How to make routine requests?	38%	44%
3.8	Your entitlement to visits?	40%	42%
3.8	Health services?	46%	53%
3.8	The chaplaincy?	50%	48%
3.9	Did you feel safe on your first night here?	87%	82%
3.10	Have you been on an induction course?	77%	91%
	For those who have been on an induction course:		
3.11	Did the course cover everything you needed to know about the prison?	64%	59%
3.12	Did you receive an education (skills for life) assessment?	81%	84%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	49%	46%
4.1	Attend legal visits?	55%	49%
4.1	Get bail information?	21%	14%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	46%	41%
4.3	Can you get legal books in the library?	47%	42%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	63%	66%
4.4	Are you normally able to have a shower every day?	96%	91%
4.4	Do you normally receive clean sheets every week?	57%	76%
4.4	Do you normally get cell cleaning materials every week?	81%	65%
4.4	Is your cell call bell normally answered within five minutes?	39%	35%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	70%	68%
4.4	Can you normally get your stored property, if you need to?	24%	23%
4.5	Is the food in this prison good/very good?	22%	27%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	53%	46%
4.7	Are you able to speak to a Listener at any time, if you want to?	51%	56%
4.8	Are your religious beliefs are respected?	44%	52%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	57%	58%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Humber 2015	Category C Training prisons comparator
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.10	Is it easy/very easy to attend religious services?	39%	50%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	79%	82%
	For those who have made an application:		
5.2	Do you feel applications are dealt with fairly?	51%	58%
5.2	Do you feel applications are dealt with quickly (within seven days)?	28%	42%
5.3	Is it easy to make a complaint?	56%	59%
	For those who have made a complaint:		
5.4	Do you feel complaints are dealt with fairly?	36%	32%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	17%	29%
5.5	Have you ever been prevented from making a complaint when you wanted to?	21%	20%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	37%	29%
SECTION 6: Incentives and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	60%	51%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	57%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	6%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	31%	37%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	85%	78%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	74%	73%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	32%	29%
7.4	Do staff normally speak to you most of the time/all of the time during association?	28%	19%
7.5	Do you have a personal officer?	67%	67%
	For those with a personal officer:		
7.6	Do you think your personal officer is helpful/very helpful?	65%	62%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	30%	35%
8.2	Do you feel unsafe now?	16%	15%
8.4	Have you been victimised by other prisoners here?	25%	27%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	7%	12%
8.5	Hit, kicked or assaulted you?	8%	7%
8.5	Sexually abused you?	2%	1%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Humber 2015	Category C Training prisons comparator
	Any percentage highlighted in blue is significantly worse		
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	Percentages which are not highlighted show there is no significant difference		
8.5	Threatened or intimidated you?	12%	16%
8.5	Taken your canteen/property?	9%	6%
8.5	Victimised you because of medication?	4%	4%
8.5	Victimised you because of debt?	4%	4%
8.5	Victimised you because of drugs?	5%	4%
8.5	Victimised you because of your race or ethnic origin?	2%	4%
8.5	Victimised you because of your religion/religious beliefs?	2%	3%
8.5	Victimised you because of your nationality?	1%	3%
8.5	Victimised you because you were from a different part of the country?	6%	4%
8.5	Victimised you because you are from a Traveller community?	1%	1%
8.5	Victimised you because of your sexual orientation?	1%	2%
8.5	Victimised you because of your age?	4%	3%
8.5	Victimised you because you have a disability?	2%	3%
8.5	Victimised you because you were new here?	4%	5%
8.5	Victimised you because of your offence/crime?	5%	5%
8.5	Victimised you because of gang related issues?	5%	4%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	30%	30%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	11%	11%
8.7	Hit, kicked or assaulted you?	4%	4%
8.7	Sexually abused you?	1%	1%
8.7	Threatened or intimidated you?	13%	13%
8.7	Victimised you because of medication?	5%	4%
8.7	Victimised you because of debt?	2%	2%
8.7	Victimised you because of drugs?	4%	3%
8.7	Victimised you because of your race or ethnic origin?	4%	4%
8.7	Victimised you because of your religion/religious beliefs?	1%	3%
8.7	Victimised you because of your nationality?	2%	2%
8.7	Victimised you because you were from a different part of the country?	5%	3%
8.7	Victimised you because you are from a Traveller community?	2%	1%

Main comparator and comparator to last time

Key to tables

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	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.7	Victimised you because of your sexual orientation?	2%	1%
8.7	Victimised you because of your age?	3%	2%
8.7	Victimised you because you have a disability?	4%	3%
8.7	Victimised you because you were new here?	4%	4%
8.7	Victimised you because of your offence/crime?	5%	4%
8.7	Victimised you because of gang related issues?	5%	2%
For those who have been victimised by staff or other prisoners:			
8.8	Did you report any victimisation that you have experienced?	42%	40%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	30%	30%
9.1	Is it easy/very easy to see the nurse?	43%	52%
9.1	Is it easy/very easy to see the dentist?	11%	13%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
9.2	The doctor?	44%	47%
9.2	The nurse?	55%	57%
9.2	The dentist?	38%	43%
9.3	The overall quality of health services?	40%	43%
9.4	Are you currently taking medication?	51%	49%
For those currently taking medication:			
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	86%	83%
9.6	Do you have any emotional well being or mental health problems?	34%	29%
For those who have problems:			
9.7	Are you being helped or supported by anyone in this prison?	45%	52%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	36%	24%
10.2	Did you have a problem with alcohol when you came into this prison?	16%	17%
10.3	Is it easy/very easy to get illegal drugs in this prison?	49%	36%
10.4	Is it easy/very easy to get alcohol in this prison?	38%	22%
10.5	Have you developed a problem with drugs since you have been in this prison?	15%	8%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	10%	6%
For those with drug or alcohol problems:			
10.7	Have you received any support or help with your drug problem while in this prison?	52%	63%
10.8	Have you received any support or help with your alcohol problem while in this prison?	58%	64%
For those who have received help or support with their drug or alcohol problem:			
10.9	Was the support helpful?	82%	77%

Main comparator and comparator to last time

Key to tables

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Percentages which are not highlighted show there is no significant difference		
SECTION 11: Activities		
Is it very easy/ easy to get into the following activities:		
11.1 A prison job?	44%	43%
11.1 Vocational or skills training?	47%	39%
11.1 Education (including basic skills)?	64%	54%
11.1 Offending behaviour programmes?	24%	23%
Are you currently involved in any of the following activities:		
11.2 A prison job?	55%	58%
11.2 Vocational or skills training?	14%	15%
11.2 Education (including basic skills)?	20%	24%
11.2 Offending behaviour programmes?	10%	12%
11.3 Have you had a job while in this prison?	82%	82%
For those who have had a prison job while in this prison:		
11.3 Do you feel the job will help you on release?	47%	42%
11.3 Have you been involved in vocational or skills training while in this prison?	79%	73%
For those who have had vocational or skills training while in this prison:		
11.3 Do you feel the vocational or skills training will help you on release?	53%	56%
11.3 Have you been involved in education while in this prison?	79%	79%
For those who have been involved in education while in this prison:		
11.3 Do you feel the education will help you on release?	51%	59%
11.3 Have you been involved in offending behaviour programmes while in this prison?	75%	70%
For those who have been involved in offending behaviour programmes while in this prison:		
11.3 Do you feel the offending behaviour programme(s) will help you on release?	47%	51%
11.4 Do you go to the library at least once a week?	51%	43%
11.5 Does the library have a wide enough range of materials to meet your needs?	54%	47%
11.6 Do you go to the gym three or more times a week?	47%	34%
11.7 Do you go outside for exercise three or more times a week?	63%	50%
11.8 Do you go on association more than five times each week?	80%	67%
11.9 Do you spend ten or more hours out of your cell on a weekday?	27%	16%
SECTION 12: Friends and family		
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	34%	33%
12.2 Have you had any problems with sending or receiving mail?	53%	44%
12.3 Have you had any problems getting access to the telephones?	15%	24%
12.4 Is it easy/ very easy for your friends and family to get here?	31%	28%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 13: Preparation for release			
For those who are sentenced:			
13.1	Do you have a named offender manager (home probation officer) in the probation service?	84%	83%
For those who are sentenced what type of contact have you had with your offender manager:			
13.2	No contact?	41%	36%
13.2	Contact by letter?	33%	35%
13.2	Contact by phone?	15%	25%
13.2	Contact by visit?	30%	33%
13.3	Do you have a named offender supervisor in this prison?	81%	73%
For those who are sentenced:			
13.4	Do you have a sentence plan?	67%	67%
For those with a sentence plan:			
13.5	Were you involved/very involved in the development of your plan?	49%	52%
Who is working with you to achieve your sentence plan targets:			
13.6	Nobody?	48%	48%
13.6	Offender supervisor?	41%	35%
13.6	Offender manager?	29%	27%
13.6	Named/ personal officer?	11%	12%
13.6	Staff from other departments?	8%	16%
For those with a sentence plan:			
13.7	Can you achieve any of your sentence plan targets in this prison?	66%	63%
13.8	Are there plans for you to achieve any of your targets in another prison?	20%	20%
13.9	Are there plans for you to achieve any of your targets in the community?	32%	29%
13.10	Do you have a needs based custody plan?	5%	6%
13.11	Do you feel that any member of staff has helped you to prepare for release?	13%	16%
For those that need help do you know of anyone in this prison who can help you on release with the following:			
13.12	Employment?	36%	34%
13.12	Accommodation?	40%	38%
13.12	Benefits?	44%	40%
13.12	Finances?	29%	27%
13.12	Education?	38%	34%
13.12	Drugs and alcohol?	51%	44%
For those who are sentenced:			
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in the future?	48%	55%

Diversity Analysis



Key question responses (disability) HMP Humber 2015

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		32	154
1.3	Are you sentenced?	97%	99%
1.5	Are you a foreign national?	3%	7%
1.6	Do you understand spoken English?	100%	98%
1.7	Do you understand written English?	100%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	3%	11%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	9%	4%
1.1	Are you Muslim?	0%	3%
1.12	Do you consider yourself to have a disability?		
1.13	Are you a veteran (ex-armed services)?	6%	2%
1.14	Is this your first time in prison?	16%	23%
2.6	Were you treated well/very well by the escort staff?	75%	70%
2.7	Before you arrived here were you told that you were coming here?	53%	62%
3.2	When you were searched in reception, was this carried out in a respectful way?	87%	86%
3.3	Were you treated well/very well in reception?	78%	77%
3.4	Did you have any problems when you first arrived?	94%	60%
3.7	Did you have access to someone from health care when you first arrived here?	68%	66%
3.9	Did you feel safe on your first night here?	77%	89%
3.10	Have you been on an induction course?	91%	75%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	44%	50%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	66%	63%
4.4	Are you normally able to have a shower every day?	97%	95%
4.4	Is your cell call bell normally answered within five minutes?	42%	39%
4.5	Is the food in this prison good/very good?	16%	23%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	47%	54%
4.7	Are you able to speak to a Listener at any time, if you want to?	72%	47%
4.8	Do you feel your religious beliefs are respected?	50%	43%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	72%	54%
5.1	Is it easy to make an application?	87%	77%
5.3	Is it easy to make a complaint?	61%	56%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	61%	59%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	52%	58%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	26%	8%
7.1	Do most staff, in this prison, treat you with respect?	90%	84%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	70%	74%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	23%	28%
7.4	Do you have a personal officer?	62%	67%
8.1	Have you ever felt unsafe here?	48%	26%
8.2	Do you feel unsafe now?	34%	12%
8.3	Have you been victimised by other prisoners?	48%	20%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	29%	9%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	1%
8.5	Have you been victimised because of your age? (By prisoners)	13%	2%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	3%	2%
8.6	Have you been victimised by a member of staff?	47%	26%
8.7	Have you ever felt threatened or intimidated by staff here?	27%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	2%
8.7	Have you been victimised because of your nationality? (By staff)	7%	1%
8.7	Have you been victimised because of your age? (By staff)	10%	2%
8.7	Have you been victimised because you have a disability? (By staff)	17%	1%
9.1	Is it easy/very easy to see the doctor?	20%	31%
9.1	Is it easy/ very easy to see the nurse?	41%	43%
9.4	Are you currently taking medication?	84%	43%
9.6	Do you feel you have any emotional well being/mental health issues?	77%	23%
10.3	Is it easy/very easy to get illegal drugs in this prison?	47%	49%
11.2	Are you currently working in the prison?	57%	54%
11.2	Are you currently undertaking vocational or skills training?	11%	15%
11.2	Are you currently in education (including basic skills)?	11%	22%
11.2	Are you currently taking part in an offending behaviour programme?	3%	11%
11.4	Do you go to the library at least once a week?	52%	50%
11.6	Do you go to the gym three or more times a week?	23%	53%
11.7	Do you go outside for exercise three or more times a week?	55%	65%
11.8	On average, do you go on association more than five times each week?	77%	81%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	32%	26%
12.2	Have you had any problems sending or receiving mail?	58%	53%
12.3	Have you had any problems getting access to the telephones?	23%	13%



Prisoner survey responses HMP Humber 2015

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

Key to tables

	Any percentage highlighted in green is significantly better	Zone 1 (Wings A, B, C, D, E, F and G)	Zone 2 (Wings H, I, J, K, L, M, N and O)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		70	114
SECTION 1: General information			
1.2	Are you under 21 years of age?	0%	1%
1.3	Are you sentenced?	99%	99%
1.3	Are you on recall?	6%	10%
1.4	Is your sentence less than 12 months?	12%	8%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	7%	7%
1.5	Are you a foreign national?	3%	9%
1.6	Do you understand spoken English?	100%	97%
1.7	Do you understand written English?	99%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	4%	13%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	5%
1.1	Are you Muslim?	0%	5%
1.11	Are you homosexual/gay or bisexual?	1%	4%
1.12	Do you consider yourself to have a disability?	20%	16%
1.13	Are you a veteran (ex-armed services)?	3%	3%
1.14	Is this your first time in prison?	23%	22%
1.15	Do you have any children under the age of 18?	68%	58%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	29%	24%
2.5	Did you feel safe?	79%	84%
2.6	Were you treated well/very well by the escort staff?	80%	67%
2.7	Before you arrived here were you told that you were coming here?	66%	56%
2.8	When you first arrived here did your property arrive at the same time as you?	88%	85%
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	47%	46%
3.2	When you were searched in reception, was this carried out in a respectful way?	87%	86%
3.3	Were you treated well/very well in reception?	84%	74%

Key to tables

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	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
	When you first arrived:		
3.4	Did you have any problems?	59%	70%
3.4	Did you have any problems with loss of property?	18%	22%
3.4	Did you have any housing problems?	26%	18%
3.4	Did you have any problems contacting employers?	3%	2%
3.4	Did you have any problems contacting family?	11%	23%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	3%
3.4	Did you have any money worries?	15%	13%
3.4	Did you have any problems with feeling depressed or suicidal?	17%	10%
3.4	Did you have any physical health problems?	12%	13%
3.4	Did you have any mental health problems?	29%	21%
3.4	Did you have any problems with needing protection from other prisoners?	5%	3%
3.4	Did you have problems accessing phone numbers?	12%	15%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	88%	81%
3.6	A shower?	52%	34%
3.6	A free telephone call?	72%	48%
3.6	Something to eat?	70%	52%
3.6	PIN phone credit?	58%	42%
3.6	Toiletries/ basic items?	48%	42%
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	58%	63%
3.7	Someone from health services?	66%	66%
3.7	A Listener/Samaritans?	31%	26%
3.7	Prison shop/ canteen?	33%	28%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	61%	54%
3.8	Support was available for people feeling depressed or suicidal?	46%	34%
3.8	How to make routine requests?	47%	31%
3.8	Your entitlement to visits?	50%	34%
3.8	Health services?	55%	41%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
3.8	The chaplaincy?	51%	50%
3.9	Did you feel safe on your first night here?	88%	85%
3.10	Have you been on an induction course?	84%	74%
3.12	Did you receive an education (skills for life) assessment?	75%	86%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	60%	42%
4.1	Attend legal visits?	64%	51%
4.1	Get bail information?	27%	18%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43%	47%
4.3	Can you get legal books in the library?	52%	45%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	59%	67%
4.4	Are you normally able to have a shower every day?	99%	96%
4.4	Do you normally receive clean sheets every week?	42%	64%
4.4	Do you normally get cell cleaning materials every week?	83%	79%
4.4	Is your cell call bell normally answered within five minutes?	53%	30%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	74%	68%
4.4	Can you normally get your stored property, if you need to?	28%	22%
4.5	Is the food in this prison good/very good?	28%	18%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	53%	52%
4.7	Are you able to speak to a Listener at any time, if you want to?	59%	46%
4.8	Are your religious beliefs are respected?	47%	43%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	57%	58%
4.10	Is it easy/very easy to attend religious services?	43%	37%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	80%	78%
5.3	Is it easy to make a complaint?	66%	49%
5.5	Have you ever been prevented from making a complaint when you wanted to?	19%	23%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	48%	29%

Key to tables

	Any percentage highlighted in green is significantly better	Zone 1 (Wings A, B, C, D, E, F and G)	Zone 2 (Wings H, I, J, K, L, M, N and O)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	65%	57%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	62%	55%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	12%	10%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	92%	81%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	85%	67%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	44%	22%
7.4	Do staff normally speak to you most of the time/all of the time during association?	30%	26%
7.5	Do you have a personal officer?	72%	64%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	36%	27%
8.2	Do you feel unsafe now?	15%	17%
8.4	Have you been victimised by other prisoners here?	31%	20%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	6%	8%
8.5	Hit, kicked or assaulted you?	11%	6%
8.5	Sexually abused you?	3%	1%
8.5	Threatened or intimidated you?	17%	10%
8.5	Taken your canteen/property?	13%	8%
8.5	Victimised you because of medication?	3%	5%
8.5	Victimised you because of debt?	3%	4%
8.5	Victimised you because of drugs?	6%	5%
8.5	Victimised you because of your race or ethnic origin?	5%	1%
8.5	Victimised you because of your religion/religious beliefs?	5%	0%
8.5	Victimised you because of your nationality?	2%	0%
8.5	Victimised you because you were from a different part of the country?	8%	5%
8.5	Victimised you because you are from a traveller community?	3%	0%
8.5	Victimised you because of your sexual orientation?	3%	0%
8.5	Victimised you because of your age?	5%	3%
8.5	Victimised you because you have a disability?	5%	0%

Key to tables

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8.5	Victimised you because you were new here?	6%	3%
8.5	Victimised you because of your offence/crime?	8%	3%
8.5	Victimised you because of gang related issues?	6%	3%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	31%	29%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	9%	12%
8.7	Hit, kicked or assaulted you?	5%	4%
8.7	Sexually abused you?	2%	1%
8.7	Threatened or intimidated you?	14%	13%
8.7	Victimised you because of medication?	5%	5%
8.7	Victimised you because of debt?	2%	3%
8.7	Victimised you because of drugs?	3%	5%
8.7	Victimised you because of your race or ethnic origin?	5%	4%
8.7	Victimised you because of your religion/religious beliefs?	0%	2%
8.7	Victimised you because of your nationality?	2%	2%
8.7	Victimised you because you were from a different part of the country?	0%	9%
8.7	Victimised you because you are from a traveller community?	3%	1%
8.7	Victimised you because of your sexual orientation?	3%	1%
8.7	Victimised you because of your age?	2%	4%
8.7	Victimised you because you have a disability?	5%	3%
8.7	Victimised you because you were new here?	5%	3%
8.7	Victimised you because of your offence/crime?	5%	5%
8.7	Victimised you because of gang related issues?	8%	3%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	29%	29%
9.1	Is it easy/very easy to see the nurse?	40%	44%
9.1	Is it easy/very easy to see the dentist?	5%	14%
9.4	Are you currently taking medication?	61%	46%
9.6	Do you have any emotional well being or mental health problems?	37%	33%

Key to tables

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SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	43%	32%
10.2	Did you have a problem with alcohol when you came into this prison?	19%	15%
10.3	Is it easy/very easy to get illegal drugs in this prison?	50%	47%
10.4	Is it easy/very easy to get alcohol in this prison?	39%	36%
10.5	Have you developed a problem with drugs since you have been in this prison?	10%	17%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	5%	14%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	41%	45%
11.1	Vocational or skills training?	47%	46%
11.1	Education (including basic skills)?	67%	62%
11.1	Offending Behaviour Programmes?	23%	25%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	57%	55%
11.2	Vocational or skills training?	15%	14%
11.2	Education (including basic skills)?	23%	19%
11.2	Offending Behaviour Programmes?	10%	9%
11.4	Do you go to the library at least once a week?	44%	54%
11.5	Does the library have a wide enough range of materials to meet your needs?	48%	57%
11.6	Do you go to the gym three or more times a week?	53%	44%
11.7	Do you go outside for exercise three or more times a week?	67%	59%
11.8	Do you go on association more than five times each week?	83%	80%
11.9	Do you spend ten or more hours out of your cell on a weekday?	25%	28%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	36%	33%
12.2	Have you had any problems with sending or receiving mail?	60%	49%
12.3	Have you had any problems getting access to the telephones?	16%	14%
12.4	Is it easy/ very easy for your friends and family to get here?	29%	33%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	85%	78%
13.10	Do you have a needs based custody plan?	3%	6%
13.11	Do you feel that any member of staff has helped you to prepare for release?	13%	13%