

Report on an announced inspection of

HMP Hull

10–14 November 2008

by HM Chief Inspector of Prisons

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Introduction

Hull is a large local prison on an extensive site, holding a mixed population of mainstream adult prisoners, young adults and vulnerable prisoners. It is extremely creditable that, even with current population pressures, this inspection showed that it was performing reasonably well across all our four key tests – safety, respect, purposeful activity and resettlement.

Hull was not an unsafe prison, but a high proportion of prisoners, particularly recently arrived and vulnerable prisoners, said that they had felt unsafe there. More resources were needed to support safer custody work: both to identify and deal with bullying, and to ensure that suicide prevention procedures were sufficiently robust and consistent. The roles and occupancy of K wing, the overspill segregation unit, and H wing, which housed both vulnerable and challenging prisoners, needed to be clarified. Nevertheless, use of force was low, and the integrated drug treatment system excellent.

Hull's buildings are a mix of old and new. Communal areas in both were commendably clean, but some of the cells in the older buildings were far too cramped for two men to eat and live, and some were in poor decorative order. The quantity and quality of food was poor. Relationships between staff and prisoners were appropriate and positive, although this was not yet reflected in an effective personal officer scheme or support for prisoners' resettlement. Healthcare had improved considerably, although there were some concerns about primary mental healthcare. There was some extremely innovative work on diversity and race, which needed to be embedded at all levels and support for foreign nationals strengthened.

The level of activities at Hull was commendable, especially for a local prison. Prisoners were able to have an average of nine hours a day out of their cells, and there were activity spaces for nearly 80% of prisoners. Some of the vocational training was excellent, and geared towards employment opportunities. Unfortunately, the quality and scope of some of the education provision, in particular, needed to improve, and activities needed to be aligned to the different populations. Nevertheless, it was creditable that Hull felt more like a training prison than a busy, transitory local.

Some good work was taking place in resettlement, with some very impressive community links, a new offender management unit, focused work with priority and persistent offenders, and a multidisciplinary resettlement unit coordinating work across the resettlement pathways. These elements of work needed to be strengthened and coordinated, with a needs analysis, more support for offender supervisors, and better links between the resettlement and offender management units, and between those units and education, personal officers and diversity work.

Overall, Hull was achieving some good outcomes for a local prison, particularly in activities and resettlement. There was evidence of commitment and innovation and, with only a few improvements, the prison could be performing well in these areas. The physical environment in the older part of the prison will remain a challenge, but the good relationships between staff and prisoners provide a sound basis for proactive work. The area of most concern was safety, where attention was needed to the basics of safer custody, as well as the development of innovative approaches. With that proviso, it was easy to see Hull becoming a high-performing local prison.

Anne Owers
HM Chief Inspector of Prisons

March 2009

Fact page

Task of establishment

HMP Hull is a local category B prison for adult and young adult males.

Brief history

HMP Hull is a Victorian prison, opened in 1870 to house both men and women. In 1939, it was used as a military prison and later a civil defence depot. In 1950, it reopened as a closed male borstal. In 1969, after extensive security work, it became one of the first maximum-security dispersal prisons. In August 1976, it suffered considerable damage following a five-day disturbance. In 1986, Hull was removed from the dispersal system and assumed its current role of male local prison/remand centre.

Area organisation

Yorkshire and Humberside

Number held

1,038

Certified normal accommodation

723

Operational capacity

1,044

Last inspection

Full inspection : 15-19 March 2004

Short follow-up : 28-30 November 2005

Description of residential units

Wing

- A First night induction centre
- B Sentences and unsentenced adults (drug free)
- C Sentenced and unsentenced adults
- D Sentenced and unsentenced adults
- F Healthcare centre
- G IDTS unit
- H Vulnerable prisoner unit
- I Vulnerable prisoner sex offenders
- J Vulnerable prisoner sex offenders
- K Other vulnerable prisoner unit/sex offender overflow

Healthy prison summary

Introduction

HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review Suicide is everyone's concern, published in 1999. The criteria are:

Safety	prisoners, even the most vulnerable, are held safely
Respect	prisoners are treated with respect for their human dignity
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them
Resettlement	prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

... performing well against this healthy prison test.

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

... performing reasonably well against this healthy prison test.

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns.

... not performing sufficiently well against this healthy prison test.

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

... performing poorly against this healthy prison test.

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

Safety

HP3 Reception was a clean, respectful environment. More prisoners than the comparator said they felt unsafe on their first night, and the lack of Listeners on A wing was a concern. Induction was not sufficiently informative. There were gaps in the implementation of suicide and self-harm policies. Violence reduction lacked analysis

and was underdeveloped, and vulnerable prisoners in particular said that they had felt unsafe. There was no flexibility to return prisoners to wings outside main movement times. The role of K wing was ambiguous. The use of force was low. Substance use services were good. Overall, the establishment was performing reasonably well against this healthy prison test.

- HP4 Reception was a clean environment, with an experienced staff group, who dealt with prisoners respectfully. The first floor location of the reception area prohibited prisoners using wheelchairs or with physical disabilities from accessing it, and the process for them was conducted on A wing, or in healthcare, depending on which was best for the individual.
- HP5 Vulnerable prisoners were more negative than the general population about their treatment on reception. Reception staff did not always ensure that the processes were fully explained to newly received prisoners if they had been at the prison before. Little information was displayed in the holding cells where prisoners spent time before being taken to the first night centre.
- HP6 All prisoners, with the exception of those located on G or H wing to join the integrated drug treatment system (IDTS), spent their first night on A wing. The communal areas were clean, light and well maintained, with useful information displayed. Some of the cells were in a poor state of decoration and dirty. In our survey, significantly more prisoners than the comparator said that they felt unsafe on their first night, and this was supported by the high number of assessment, care in custody and teamwork (ACCT) documents opened on A and G wings. No Listeners were located on either of these wings, and although there was a rota system for accessing Listeners, they were rarely called out, especially to A wing.
- HP7 The induction programme took place on the day after arrival, but did not last the three to four days scheduled. It was well delivered by resettlement staff and prisoner orderlies, and much of it concerned prisoner passport completion and interviews with resettlement staff. Prisoners in our survey responded significantly worse than at comparator establishments about having been on an induction programme, which could be explained by a lack of explanation of the process. Essential information regarding safer custody, violence reduction, race equality and diversity was either not adequately relayed to prisoners or not delivered at all during the induction programme.
- HP8 The safer custody coordinator was responsible for violence reduction and suicide and self-harm and was unable fully to undertake all the requirements of her role, despite her obvious commitment and enthusiasm. Data were collected but not adequately analysed, and there was an untested reliance on staff to implement the systems designed to improve the management of prisoners at risk of self-harm.
- HP9 There had been nine deaths in custody since the previous inspection, three of which were self-inflicted. Action plans had been reviewed. We were unable to find any reports or action plans for the near-death incidents in the previous two years. ACCT documents were monitored and reported at the well-attended safer custody meeting. Some recent work had started through the safer custody practice meeting to provide a multidisciplinary approach to support some of the more vulnerable prisoners. While the quality of the ACCT assessments was reasonable, many of the care maps were poor, despite daily checks by wing managers. Additionally, there were no recorded observations recorded for those prisoners attending work, education or the gym.

Some observations demonstrated quality exchanges. Only 40% of staff had received ACCT training. Listeners were not available on all wings, nor were working Samaritan phones.

- HP10 The violence reduction strategy did not adequately address how the different populations were to be safeguarded. This was particularly important in the light of young prisoners now being located across the residential wings, with adults and the potentially volatile mixed population accommodated on H wing. Overall, 51% of prisoners said they had felt unsafe at Hull, but this was much more pronounced on the wings holding vulnerable prisoners. The safer custody coordinator was supported by a part-time coordinator. A good range of information about bullying was collated and there was some discussion regarding trends, but it was not clear what action was subsequently taken. The risk management department was notified of all prisoners who were placed on anti-bullying measures. Prisoners identified bullying as a significant issue, yet there were few violence reduction support plans opened and poor completion of those that were.
- HP11 Dynamic security was good and provided a flow of intelligence to the security department. The numbers of closed visits and banned visitors were low and regular reviews took place. Movement around the prison ensured that prisoners arrived at activities on time, but there was no flexibility to return prisoners to wings outside main movement times, resulting in prisoners experiencing lengthy waits in holding rooms.
- HP12 While communal areas on the separation and care unit (SACU) were reasonably clean, the cells were grubby and extremely cold for inactive residents. The regime on both the SACU and K wing, the overspill for the SACU, was limited. Entries in SACU and K wing files were largely observational and did not demonstrate positive engagement or interaction with prisoners, although this clearly existed in many cases. Good records were kept of those held under formal segregation procedures, but there was no monitoring of the other prisoners located in K wing, who could therefore be segregated without necessary safeguards. The role of K wing was unclear.
- HP13 Use of force was relatively low, with 106 uses from January to September 2008. Special accommodation had been used on only two occasions in 2008, both overnight.
- HP14 Clinical treatment for substance users was good. The prison operated the integrated drug treatment (IDTS) scheme. Prisoners reported that the IDTS and counselling, assessment, referral, advice and throughcare (CARAT) staff were caring and instrumental in facilitating positive changes in drug-using attitudes and behaviour. Positive random drug test results were low.

Respect

- HP15 The environment in the newer part of the prison was good but in the older part, some cellular accommodation was unfit to be shared, poorly decorated or dirty. Exercise yards were in poor condition but access to showers was good. Staff-prisoner relationships were positive and supportive. The effectiveness of the personal officer scheme varied. The incentives and earned privileges (IEP) scheme was well understood. Food portions were small and quality suffered through the long delay between the preparation and serving of the evening meal. Provision for diversity and

race was good, with some innovative work. Services for foreign national prisoners needed more development. Faith links into the community were underdeveloped. The application system was good and well tracked, but there was a large number of complaints which could have been dealt with informally. Healthcare was improving. Overall, the establishment was performing reasonably well against this healthy prison test.

- HP16 The standard of accommodation varied across the prison. E wing had finally been demolished, following recommendations from earlier inspections. Communal areas and the cells in newer wings were in good condition, but elsewhere prisoners shared cells barely suitable for one, particularly on A and D wings, and cells on A and C wing were dirty and poorly decorated. There were heating problems on D wing. There was good access to showers, but some were inadequately ventilated. Many cells were in good condition but some, particularly on A and C wings, were in a poor state of decoration and the doors were ingrained with graffiti. Screening for toilets in the older accommodation was rare and prisoners used sheets or other material to try to provide privacy. The exercise yards and external walls and grilles were dirty. There was no seating in exercise areas. Prisoners had access to adequate clothing and laundry facilities, although some clothing was in a poor condition.
- HP17 The IEP policy and facilities list was published on residential units but was only available in English. The policy was understood by staff and prisoners. Prisoners expressed mixed views about whether the differentials between the levels offered sufficient incentive to engage with the scheme. Links with engagement in offending behaviour work were not routinely made when considering enhanced status for general population prisoners. Use of the basic level was low and targets for improved behaviour rare.
- HP18 Staff–staff and staff–prisoner relationships were generally good. There was a good awareness of the personal officer scheme, although some prisoners reported not having met their personal officer. Personal officers were only rarely linked with sentence planning. The quality of documented contact varied widely between wings and between individual officers. The standard of wing file contributions was particularly good on I and J wings, where history sheets were kept according to personal officer, rather than alphabetically. Enthusiasm to improve the scheme there had led to a piloting of monthly sheets, but this was not working.
- HP19 In the older accommodation, the fabric of the serveries was poor and the D wing servery suffered from persistent flooding from the drains. The evening meal was cooked from 3pm and started to leave the kitchen one hour later, despite not being served until 6pm. The food was soggy and dried out by the time it was consumed and had lost nutritional value. There was no dining in association, although it would be possible on the newer accommodation. In the older accommodation, prisoners ate in cells with unscreened toilets.
- HP20 Diversity matters were dealt with well at the bi-monthly race equality action team meeting. There were good monitoring systems, and 82% of staff had been trained in diversity, which covered race relations, foreign nationals and diversity issues. There were some excellent initiatives, such as individual interviews on request to discuss needs with the disability manager, a gay prisoner support group and a worker dedicated to providing services to prisoners over 55.

- HP21 The diversity manager was supported in race equality work by a deputy race equality officer (REO) and there were prisoner diversity representatives. Racist incident report forms (RIRFs) were investigated thoroughly and there were good independent quality checks. Prisoners placed on the racist offending and behaviour log had no links with sentence planning, offender management or public protection systems. There were links with community groups.
- HP22 The comprehensive foreign nationals policy contained both local support information and information relating to legal aspects of custody. Foreign national prisoners were seen by the REO. There were excellent links with the UK Border Agency, but there was no awareness of the independent advice available from external agencies. There was an over-reliance on prisoners for routine interpretation, sometimes for confidential information.
- HP23 Information about how to make applications was widely advertised. Prisoners were aware of how to use the system and were positive about its fairness and accessibility. The formal complaints system was overloaded with domestic issues, many involving property, which could have been dealt with informally.
- HP24 The chaplaincy team was small for the size of the establishment. The Sunday morning Roman Catholic service for vulnerable prisoners clashed with exercise. There was a limited range of activities, and few links with community-based faith groups.
- HP25 There was strong support from the primary care trust, which had managed a significant shift from prison to NHS health provision. Staff recruitment was difficult but improving steadily. The inpatient area was impressive, with excellent facilities, good time out of cell and therapeutic activities. The beds were on the certified normal accommodation and were inappropriately used at times. Wing-based healthcare areas were in a poor state of decoration and unsuitable for use. A comprehensive range of health services was delivered. Many appointments were missed, partly because prisoners were held in the waiting rooms for excessively long periods. Dental services were of a high standard, but there were insufficient clinical sessions and long waiting lists. Pharmacy services were good but underdeveloped. There was separate primary and secondary mental health provision, but no day care facilities. Prisoners were less satisfied with primary mental health services.

Purposeful activity

HP26 There were activity spaces for 78% of the population. The learning and skills provision was wide ranging. In education, teaching was satisfactory, but lessons did not sufficiently motivate learners. Much of the work was accredited and geared to employability; teaching was good. The amount of time prisoners spent out of their cells was very good for a local prison, although time in the fresh air was too restricted. Library provision was inequitable and underused. Gym facilities were well used and catered for a range of different groups. Overall, the establishment was performing reasonably well against this healthy prison test.

HP27 The leadership and management of learning and skills were satisfactory. There was provision for a wide range of remand, vulnerable and general population prisoners. A range of provision was available to ensure the development of employability skills,

and provide literacy, numeracy and language support and opportunities to improve personal and social integration skills. Attendance, punctuality and behaviour were good. There was a culture of mutual respect between learners and tutors.

- HP28 Teaching and learning were generally satisfactory, and mainly good in the vocational workshops and in art sessions. In education classes, the range of planned activities was narrow and did not motivate prisoners. Insufficient attention was paid to the results of initial assessments to inform individual learning plans, set challenging targets or support individual learning. Pay rates for work and education were inequitable.
- HP29 Much of the work in employment areas offered the opportunity for accredited qualifications. There was outreach provision on the wings and literacy and numeracy support was available in workshops. The prison reported a time out of cell figure of nine hours against a target of 8.5 hours. The maximum for a fully employed prisoner was around 10 hours on Monday to Thursday, but less on Fridays and at weekends. Even unemployed prisoners could be out of cell for over 6 hours. Prisoners on A wing, where a split regime was offered, had less time out of cell. Exercise was limited to 30 minutes on weekdays, at a time which conflicted with the collection of some medications.
- HP30 Planned access to the library from education, vocational areas and wings was not utilised. The half-day study period provision was mainly accessed by vulnerable prisoners, and other leisure events were rarely attended by general population prisoners. Library staff promoted literacy through a range of initiatives and worked successfully with education staff to develop family link projects. The library stock met most prisoners' needs.
- HP31 Access to the gym was good. Those who attended work and education received priority at evening sessions. Attendance was on a rota system and access was equitable. The practice of excluding prisoners without formal procedures was inappropriate. The range of equipment was good, and a variety of programmes had been developed for prisoners of different skill levels and ages. The number of accredited courses was limited but achievement good. Links with the healthcare department were sound.

Resettlement

HP32 The management of resettlement was based around the pathways, with no overall strategy for outcomes. A positive and wide range of interventions was offered but had not been derived from a needs analysis. There were excellent arrangements for priority and other prolific offenders (PPOs). The offender management team worked well together but cross-deployment of offender supervisors restricted their ability to engage prisoners with their sentence plans. There was a lack of strategic direction of the management of the resettlement pathways. Family contact was well supported and relationships with visitors positive. Overall, the establishment was performing reasonably well against this healthy prison test.

HP33 While there was a resettlement policy, it did not outline strategic aims, and the interventions delivered were not based on a needs analysis, despite the complex mix of prisoners held at the prison. The bi-monthly resettlement committee focused on the

resettlement pathways. Links between offender management and other resettlement work were underdeveloped.

- HP34 All prisoners, including those on remand, had their immediate resettlement needs assessed during induction but the prisoner passport did not result in ongoing custody planning, which was a particular concern for unconvicted and short-term prisoners.
- HP35 The offender management team was multidisciplinary and all those involved were co-located, which helped to engender a positive team approach. The extensive cross-deployment of officer offender supervisors meant that they spent only approximately 50% of their time on these duties. This had an impact on their ability to ensure that sentence plans drove the sequencing and delivery of resettlement interventions. Offender managers usually attended sentence planning boards. There were excellent arrangements for identifying priority and other prolific offenders and updating schemes in the community.
- HP36 Most of the work with life-sentenced prisoners and those serving indeterminate sentences for public protection was coordinated by the lifer manager. Work with the latter group was insufficiently integrated with offender management.
- HP37 The provision of interventions to deal with offending behaviour was well managed. The standard of delivery of enhanced thinking skills (ETS) and the sex offender treatment programme (SOTP) was particularly good. A detailed local prisoner needs analysis had not been carried out to ensure that provision was targeted correctly and that the availability of programmes met demand. Effective work was carried out with sex offenders in denial through an innovative mentoring scheme while preparing them for SOTP.
- HP38 Overall, there was a lack of strategic direction of the resettlement pathways, despite well-developed interventions being available. Discipline and specialist housing staff saw all newly arrived prisoners about accommodation needs and were supported by prisoner peer workers. A range of relevant support was offered, at this stage and before release, to maintain and secure accommodation. Provision in the finance, benefit and debt pathway needed further development, although prisoners could open bank accounts and obtain initial assistance with debt and benefits. No specialist debt advice service was offered.
- HP39 Prisoners could gain accredited qualifications to enhance their employability. Courses broadly reflected the employment needs of the local community. The prison had begun to forge links with employers, the local authority and other agencies to help raise awareness of employment opportunities for prisoners following release. Information, advice and guidance was provided by the education staff, and, with Jobcentre Plus, supplied good information on continued training and employment opportunities.
- HP40 There were systems to provide prisoners with information about health services and with medication on release, but they were underdeveloped, with no formal pre-release clinics available. Mental health teams contacted community mental health teams, where possible, before prisoners' release, but primary mental health support was underdeveloped.
- HP41 A drug strategy including alcohol was in place, but there were insufficient alcohol services. Voluntary drug testing was available and there were good links with local

drug intervention programme (DIP) teams, which came into the prison from 12 weeks before release. The local DIP team provided a 'gate pick-up' facility, whereby newly released prisoners would be taken to accommodation or to their first probation appointment.

- HP42 The visitors' centre was clean and well decorated. There was an appropriate range of useful information for visitors to take away, including how to get assistance with finance and how to contact the prison if they had a problem. There were no facilities to allow visitors to book their next visit in person. The main visits room was appropriately set out and the environment was comfortable, although some seating was torn. The crèche was a particularly good facility. Relationships between supervising staff, prisoners and visitors were good. Although usage was low, the closed visits area was dirty, poorly furnished and unwelcoming.
- HP43 Family visits and the parenting course for general population prisoners were good initiatives but the entry criteria focused too much on recent custodial behaviour and not sufficiently on the needs of all prisoners, in terms of developing and maintaining relationships with their families, particularly children.
- HP44 There were robust public protection systems, and details of prisoners with child protection restrictions were circulated to relevant staff. However, the public protection panel did not discuss prisoners with adult victims, or who had racially motivated offending or attitudes.

Main recommendations

- HP45 All staff should receive assessment, care in custody and teamwork (ACCT) foundation training and refresher training, and further training should be provided to staff regarding the expected standards of ACCT documents.
- HP46 There should be greater focus on and adequate resources for violence reduction.
- HP47 Two prisoners should not share cells designed for one.
- HP48 The catering provision should be overhauled to ensure that food is palatable, sufficient and healthy.
- HP49 There should be an up-to-date resettlement needs analysis, covering all resettlement needs and the various prisoner populations, and this should be the basis for a coordinated strategy.
- HP50 There should be sufficient dedicated offender supervisors, and better links between offender management and the resettlement unit.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement prisoners' individual needs are recognised and given proper attention.

- 1.1 On average, there were 60–70 movements through reception a day. Prisoners did not spend long periods in escort vehicles. Some prisoner escort records (PERs) were not fully completed and it was not clear on all records what time prisoners had left local courts. Newly arrived prisoners were transferred from the escort vans promptly and placed in the holding rooms in reception. Escort vans had ingrained graffiti on the walls and chairs and were in a poor condition. A good range of clothes and shoes was held in the reception area for prisoners who did not have appropriate clothing in which to be discharged or attend court.
- 1.2 Global Solutions Limited (GSL) was the contracted escort provider. There was a good relationship between reception staff and GSL, and we observed a smooth transfer of prisoners from the escort's charge to that of reception staff.
- 1.3 On average, there were 60–70 movements through reception a day. PERs revealed that prisoners did not spend long periods on escort vehicles; many of the prisoners came from local areas. However, some PERs were not fully completed and it was not clear in all records what time prisoners had left local courts. Managers were aware of this and were in discussion with GSL to ensure that escort staff documented all prisoner movements. Prisoners' perceptions of their journey to the prison were significantly better than at comparator establishments, but responses about the cleanliness of the vans were significantly more negative. Escort vans we examined had ingrained graffiti on the walls and seats, and the latter were in a poor condition. Sufficient refreshments were carried on the vehicles, and escort staff were observed dealing with prisoners in a respectful manner.
- 1.4 Newly arrived prisoners were transferred from the escort vans promptly and placed in the holding rooms in reception. Reception was open during the lunch period and was profiled to accept prisoners until 7.30pm, so there were no long waits at the gate or on the vans outside reception, and prisoners we spoke to confirmed this.
- 1.5 Prisoners' property was appropriately checked and reception staff ensured that any discrepancies in the information provided by GSL were clarified and any amendments to the records were explained to the prisoners.
- 1.6 Prisoners were expected to eat their breakfast packs, issued the afternoon before departure, before going to court or being transferred to the establishment, and were offered only a hot drink in reception. Records indicated that prisoners were taken to reception by 7am and left the reception area by 8am to go to court.
- 1.7 A good range of clothes and shoes was held in the reception area for prisoners who did not have appropriate clothing in which to be discharged or attend court, and prisoners were issued with canvass holdalls for their property on discharge.

Recommendations

- 1.8 Prisoner escort records should be fully completed by escort contractors and should clearly record all the movements of prisoners in their charge.
- 1.9 Escort vans should be cleaned, graffiti removed and seats replaced where necessary.
- 1.10 Prisoners attending court should be offered a further breakfast pack in reception if they have not eaten beforehand.

First days in custody

Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

- 1.11 The reception area was clean, although its first floor location prohibited prisoners with restricted mobility from accessing it. More prisoners than the comparator said that they were treated well or very well in reception, but vulnerable prisoners were more negative than the general prisoner population about their treatment in reception. Reception staff spent longer with prisoners who had not been in prison before, and explained what would happen while in reception and on the first night centre. Access to showers was inconsistent. Significantly more prisoners than at comparator establishments said that they felt unsafe on their first night at the prison, and this was supported by the high number of assessment, care in custody and teamwork (ACCT) documents opened on the first night centre. Induction was delivered by resettlement staff and prisoner orderlies, but there were some gaps and misinformation.

Reception

- 1.12 The reception area was clean, but its first floor location prohibited prisoners with restricted mobility from accessing it. We were told that the process would be conducted on A wing (the first night centre) for such prisoners.
- 1.13 There was little information displayed in the three holding rooms in reception and little communication from staff once prisoners were located there. Vulnerable prisoners were located in separate holding rooms. Prisoners requesting protection could do so in private. Each prisoner was booked in at the front desk separately, and asked if it was his first time in prison. If this was the case, reception staff spent more time with them and explained what would happen while in reception and on the first night centre. Reception staff did not always explain the processes to newly arrived prisoners if they had been at the prison before, even when they were asked to sign documents. The cell sharing risk assessment was completed in a small room in private, and a counselling, assessment, referral, advice and throughcare (CARAT) officer saw all new prisoners to assess if there were substance use issues. The cleaner in reception was also a Listener, but this was not generally advertised; staff told new receptions about the Listener provision on the wings, rather than in reception, even though there was no Listener in the first night centre.

- 1.14 In our survey, 64% of respondents said that they were treated well or very well in reception, which was significantly better than the 57% comparator. Although we did not observe any vulnerable prisoners being received at the establishment, in our groups and in our survey vulnerable prisoners responded significantly more negatively than the general population about their treatment in reception. In the vulnerable prisoner group we held, the main issues raised concerned the disrespectful way they felt they were spoken to by staff and the amount of time they had to wait.
- 1.15 In our survey, 30% of respondents said that they had had the opportunity to shower and 46% said that they had had the opportunity to make a free telephone call on the day of arrival. These figures were significantly worse than the comparators. Access to showers was inconsistent. We observed reception staff telling a prisoner who had asked to take a shower that he could do so once he had been taken to the first night centre, and then encouraging another prisoner, who had previously been homeless, to take a shower and change into clean clothes before being taken to the first night centre.
- 1.16 All prisoners were strip searched in reception without a risk assessment. In our survey, 76% of prisoners said that searching was carried out in a respectful way, which was significantly better than at comparator establishments.
- 1.17 Prisoners were not held in reception for long periods, and refreshments were offered. Once the reception process had been completed, a member of staff from the first night centre transferred new prisoners there. If prisoners arrived at meal times, they were offered a microwave meal on reception.

First night

- 1.18 With the exception of those joining the integrated drug treatment system (IDTS) programme (who were located on G and H wings) all prisoners spent their first night on A wing. A wing was split into two sections: one side comprised the first night centre and the other accommodated prisoners who were waiting to be moved to other wings or were long-term residents there. First night procedures consisted of staff going through the rules and regime and identifying prisoners' immediate concerns. Prisoners also had the opportunity to request vulnerable prisoner status. Showers were offered, and smokers' and non-smokers' packs issued. All prisoners were seen by a member of health services staff.
- 1.19 Each prisoner was given £1 free PIN telephone credit to contact a friend or family member; foreign national prisoners were given the same amount, despite the fact that they usually made international calls. If there were public protection concerns, staff made the telephone call on the prisoner's behalf. During the inspection, two prisoners arrived after 8pm and first night procedures were completed appropriately.
- 1.20 Although there were no specific first night cells, the four safer cells tended to be kept empty for prisoners who had an ACCT document opened on reception. There was good monitoring of first night prisoners, with hourly observations. Staff were able to identify the new receptions and their location.
- 1.21 In our survey, significantly more prisoners than at comparator establishments said that they felt unsafe on their first night at the prison, and this was supported by the high number of ACCT documents opened on the first night centre. However, no Listeners were located on A wing and, although there was a rota system for accessing Listeners, we were told by Listeners that

they were rarely called out to the first night centre. Due to the lack of monitoring of the location of Listener call-outs, we were unable to evidence this.

Induction

- 1.22 The induction policy had been updated in September 2008 but not all staff were aware of its content, and some did not know of its existence and/or location. The induction programme took place on the next working day after reception. It did not last the three to four days scheduled and was delivered separately for vulnerable prisoners and the general prisoner population. Prisoners were not given an induction timetable, and the information they were given about the prison was poorly reproduced, although it was available in large-print and translated formats if requested.
- 1.23 Much of the induction concerned completion of the prisoner passport and interviews with resettlement staff. It was well delivered by resettlement staff and prisoner orderlies, and prisoners also met a member of the chaplaincy team. Prisoner diversity representatives delivered the race and diversity section of the induction programme. This was inadequate, consisting of a statement being read and a booklet handed out to prisoners. There was no support by staff, who remained outside the room. The diversity representatives were not equipped to take responsibility for this element of the programme. These representatives were also charged with collecting the names of those on remand, to be forwarded to the bail information officer, but gave incorrect information to prisoners about their eligibility for bail. Essential information about safer custody and violence reduction was either not adequately relayed to prisoners or not delivered at all during the induction programme. The second part of the induction programme involved a visit to the library and a gym induction. In our survey, prisoners responded significantly more negatively than at comparator establishments about having been on an induction programme.
- 1.24 A programme manager met new vulnerable prisoners during the induction programme and informed them of the range of programmes available. Where appropriate, they were fast tracked to I or J wing.
- 1.25 Prisoners were not kept fully occupied throughout the induction and spent lengthy periods locked up. Owing to the two populations being housed on A wing, separate regimes had to be delivered, consisting of a morning and afternoon 'domestic period' (45 minutes for each population). The morning period had been introduced a week before the inspection. Evening association was only available to employed prisoners on A wing.
- 1.26 There were variations in the times that prisoners spent on A wing. During our groups, some prisoners said that they had spent four days on A wing, while others had spent weeks there; this was largely determined by the availability of space on other wings. Vulnerable prisoners and prisoners assessed as high risk remained on A wing for the longest time. A wing also housed prisoners who were seeking their own protection and prisoners from I and J wings who had refused to undertake offending behaviour programmes.

Recommendations

- 1.27 Prisoners should be permitted to have a shower in reception on request.
- 1.28 Foreign national prisoners should receive enough PIN telephone credit on the first night centre to make a call to family and friends overseas.

- 1.29 Prisoners' feelings of being unsafe on their first night should be explored and improvements implemented where necessary.
- 1.30 The induction policy should be re-distributed to reception and induction staff, and made available to prisoners on the first night centre.
- 1.31 Induction staff should take responsibility for delivering elements of the induction programme, supported by prisoner representatives.
- 1.32 The induction programme should include the delivery of information about safer custody issues.
- 1.33 Prisoners should receive association on their first night and subsequently on the unit.
- 1.34 Induction should be structured so that it fills the timetable. Prisoners should be occupied rather than locked in their cells during its delivery.

Housekeeping points

- 1.35 Information about the prison should be displayed in the holding rooms.
- 1.36 All documents that require a signature should be fully explained to all prisoners.
- 1.37 Induction information should be legible.
- 1.38 Prisoners should be given an induction timetable which explains what the programme contains and when it happens.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

2.1 The environment was clean. The standard of accommodation varied across the prison. E wing had been demolished. Many cells were in good condition but cells on A and C wings were dirty and in a poor state of decoration. Some prisoners shared cells barely suitable for one, particularly on A and D wings, and few toilets in the older accommodation were screened. There were heating problems on D wing. Some showers were poorly ventilated and in a poor state of repair. There was good access to showers and cleaning materials. The exercise yards and external walls were dirty and unappealing. Prisoners had access to adequate clothing and laundry facilities, although some clothing was damaged. Procedures for dealing with mail were well developed, and access to telephones good. Young adults were co-located with adults.

Accommodation and facilities

- 2.2 The standard of decoration was generally good. The communal areas had recently been redecorated and were bright and clean. The cells we saw on B, D, G, H, I and J wings were in a good state of repair but those on A and C wings were in a poor state of decoration. The doors, in particular, were ingrained with graffiti.
- 2.3 Accommodation varied across the prison. E wing had finally been demolished, following recommendations from earlier inspections. The cells in the newer part of the prison were bright and in a good state of repair, but in the older building, particularly on A and D wings, prisoners shared cells barely suitable for one. In the older accommodation, cells on the same wing varied in size, and some of the shared cells required one prisoner to be at the table or on his bed in order for the other to walk to the toilet or sink. Unsurprisingly, prisoners complained about sharing these small cells. There were heating problems on D wing during the inspection.
- 2.4 Prisoners had access to drinking water and toilet and washing facilities at all times, and kettles were available.
- 2.5 There was no longer a dedicated wing for young adults; cells for young adults were allocated among the adult accommodation in all wings. Allocation to accommodation was based on the cell sharing risk assessment and took no special account of age. Young adults only shared cells with other young adults, but in all other circumstances mixed with the general prisoner population. In our groups, prisoners' views about this change varied. Some older prisoners reported feeling bullied by younger prisoners but others felt that it had had a calming effect and had given the adults a sense of satisfaction when mentoring younger men.
- 2.6 The response to cell call bells observed during the inspection varied, with some being answered instantaneously and others with a delay. Prisoners reported that some responses to cell call bells were slow, but generally they felt that seven out of 10 staff would answer within five minutes. It was not possible to test this accurately, as, despite the new accommodation

having the appropriate technology, we were not provided with the cell call bell response time recording sheets. All prisoners on A wing said that cell call bells were responded to quickly.

- 2.7 Prisoners were only given keys to their rooms on B wing. We did not see observation panels covered over. Staff we spoke to recalled instances where this had happened, particularly with prisoners at risk of self-harm and suicide, but were clear about the action that needed to be taken to remove blockages and the importance of always having a clear view into the cells.
- 2.8 The offensive display policy was not strictly adhered to. Given the level of cell sharing, the policy was not enforced sufficiently rigorously.
- 2.9 The communal areas in the newer wings were adequate in size, but were more cramped on B, C and D wings. Prisoners were allowed to associate in their cells as well as on the wings. The communal areas were clean and well decorated, and relatively well used. We observed staff engaging with prisoners on the ground floor, where the games and seating were located.
- 2.10 The facilities available varied between wings. This led to dissatisfaction on H wing, where prisoners could see that G wing had a table tennis table and assumed that they did not have one because of their vulnerable prisoner status. Games such as chess and draughts were available on H wing but records showed that no one had used them. Staff said that this was because prisoners were required to hand their identification card over when using them, and they needed these to collect their medication, but the prisoners we spoke to were not aware that the games were available.
- 2.11 The external communal areas, such as exercise yards, were in a poor state. External walls were dirty and grilles covering windows were full of rubbish, including prison bedding. Exercise areas comprised bare tarmac. There was no seating available in the majority of exercise areas and nothing to make time spent outdoors appealing.
- 2.12 There were prisoner representatives for consultative committees and the race equality action team, as well as Listeners and Insiders. Prisoner representatives met monthly with relevant staff and were consulted about routines and facilities. The minutes did not always show who was responsible for dealing with items raised, or what the outcomes were. Suggestions had been asked for compiling the new prison shop list but prisoners expressed frustration that their suggestions had not been taken into account. Facilitated meetings between staff and prisoners had been run, with subsequent action plans for the delivery of suggestions agreed. Listeners felt that their suggestions were not always taken seriously or acted on.
- 2.13 Residential areas were calm and quiet. During the day, immediately after lock-up in the evening and during our night visit, there was a calm atmosphere, with no shouting from cells. Staff said that on the rare occasions when music was too loud, they requested that it be turned down.

Clothing and possessions

- 2.14 Only enhanced prisoners were allowed to wear their own clothing. Most prisoners had access to adequate prison clothing. Stocks on A wing were mostly sufficient for those arriving, offering items in a variety of sizes and in good condition. Larger sizes had to be brought across from stores, so prisoners arriving outside main opening times had to wait for properly fitting clothes. In our prisoner groups, lifers were particularly unhappy about the clothing available to them. They were concerned about going to visits in prison-issue bottoms in the wrong sizes, without buttons or with torn trouser legs. During the inspection, some clothing was observed to be torn,

although the majority was in reasonable condition. In our survey, 55% of prisoners said that they were normally offered enough clean, suitable clothes for the week, compared with the 50% comparator.

- 2.15 Prisoners had access to adequate laundry facilities, through orderlies. The security of personal items was good, with orderlies ensuring that the laundries were either supervised or locked. They said that even when machines broke down, they were able to keep up with the laundry, indicating that the current provision was adequate. Irons and ironing boards were available from all wing offices. Prison clothing and bedding were washed externally and returned, although some bedding was washed on A wing to ensure that fresh supplies were always available.
- 2.16 Prisoners' property was held securely in reception. Application and complaint forms both demonstrated a high level of frustration in accessing property, and these issues were sometimes raised inappropriately through confidential access in the hope of a more satisfactory outcome. Complaints relating to property and cash were dealt with circuitously, and prisoners often had to make more than one representation before compensation was granted. The procedures for controlling prisoner property were commensurate with risk and need. We did not encounter any inappropriate restrictions.

Hygiene

- 2.17 Access to cleaning materials was good. Time for domestic duties had been introduced and was well used by those prisoners left on the wing during the working day. Seventy-seven per cent of prisoners in our survey, compared with the 64% comparator, said that they normally got cell cleaning materials every week. However, the cells were dirty. On A wing, the sinks and toilets were caked in grime. Cell cleanliness was the responsibility of new incumbents, and prisoners on C wing, in particular, complained about being allocated dirty cells, which they then had to clean as best they could.
- 2.18 In our survey, 95% of respondents, compared with the 77% comparator, said that they were able to have a shower every day. Prisoners reported easy access to showers throughout the day and after gym sessions. Some showers, even in the newer accommodation, were inadequately ventilated and in a poor state of repair. Many showers in the older site had damaged shower fittings and poor water pressure. Prisoners on D wing said that they sometimes had to queue for access to showers because of shortages caused by damage which had yet to be repaired. Some showers offered privacy, with stainless steel single cubicles, but others were open and offered no privacy. Showers in the accommodation for prisoners with disabilities in the newer building were in the toilet area, allowing for privacy.
- 2.19 Few toilets in the older accommodation were screened, and prisoners used sheets or other material to try to provide a barrier between the toilet and the table. The prison had bid for improvements but these were not yet forthcoming.
- 2.20 There was a ready supply of personal hygiene items of basic quality on the residential areas. Freshly laundered bedding was provided for all prisoners on arrival. Thereafter, kit exchange took place weekly. Some prisoners said that they had difficulty accessing sheets and blankets, but in our survey 90% of respondents, compared with the 82% comparator, said that they normally received clean sheets every week. Prisoners reported waiting for up to two months for a new mattress.

- 2.21 Prisoners were allowed their own duvets and curtains on the enhanced level of the IEP scheme. The availability of prison-issue curtains varied.

Mail

- 2.22 There were no restrictions on the number of letters that prisoners could write or have sent in. Supplies of stationery were available for prisoners to buy in the prison shop. They could, on application, be issued with one letter a week to send at public expense.
- 2.23 All incoming mail was delivered to a central post room, where it was opened and checked for enclosures, and delivered to the residential units on the day of its arrival. Outgoing mail was collected from the residential units and posted on the same day. In our survey, 39% of respondents said that they had experienced problems with sending or receiving mail, which was significantly better than the 44% comparator.
- 2.24 There were systems to identify mail for targeted censorship due to legitimate and stated reasons of security. This mail was delivered unopened to the security department for processing.

Telephones

- 2.25 Prisoners across the residential units had good access to telephones during periods of unlock (see section on time out of cell) and all were located in areas at a suitable distance from cells and staff offices to maximise privacy. In our survey, only 22% of respondents said that they had any problem getting access to telephones, which was significantly better than the 34% comparator.

Recommendations

- 2.26 The cells on A and C wings should be deep cleaned and redecorated.
- 2.27 Graffiti should be removed and its recurrence prevented.
- 2.28 The temperature problems on D wing should be rectified.
- 2.29 The in-built system for testing cell call bell responses in the newer accommodation should be activated and checked regularly by managers. A system for assessing the promptness of responses on the older accommodation should be introduced.
- 2.30 A wider range of leisure activities should be made available and any disincentives for their use removed.
- 2.31 The external communal areas should be cleaned.
- 2.32 Exercise areas should be made more appealing and outdoor seating provided.
- 2.33 A mending service for torn clothing should be available locally.
- 2.34 All cells should be properly cleaned before prisoners are allocated to them.
- 2.35 Restitution for property and cash losses should be more expeditious.

- 2.36 The ventilation in the shower areas should be improved.
- 2.37 Dividing screens should be provided in the large shower areas to improve privacy.
- 2.38 Shower repairs should be made promptly.
- 2.39 All toilets should be screened from the main cell area.
- 2.40 Arrangements for regularly replacing mattresses should be improved.
- 2.41 Curtains should be provided in all cells.

Housekeeping points

- 2.42 The offensive display policy should be adhered to across the prison.
- 2.43 The minutes of the prisoner representative meetings should include time-bound action points and demonstrate action against positive suggestions.
- 2.44 A wider size range of clothing should be held on A wing.

Staff–prisoner relationships

Expected outcomes:

Prisoners are treated respectfully by all staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

- 2.45 Staff–staff and staff–prisoner relationships were generally good and there had been some pro-social modelling training. We saw good and positive interactions between residential staff and prisoners, especially on the first night unit.
- 2.46 Staff offered a variety of responses when asked to define their role. Most mentioned security and physical safety as the most important elements of their job. Some found it difficult to believe that criminal behaviour could be changed, but most understood their duty of care and the importance of protecting prisoners.
- 2.47 Most staff interacted well with other staff and with prisoners and offered appropriate role models. The importance of positive role modelling had been reinforced through the introduction of formal pro-social modelling training in June 2008. Sixty staff had been trained so far, accounting for around 14% of staff. Some staff had clearly invested in this concept and there were plans to deliver courses twice monthly from November 2008.
- 2.48 Staff were mainly confident in acknowledging good conduct as well as challenging problematic behaviour, although in some cases requests to follow rules, such as wearing appropriate footwear, were not followed up when the individual failed to respond. The methods used to gain compliance were appropriate and often good-humoured.

- 2.49 Most prisoners were referred to by their surnames. A 'notice to staff' had been issued asking staff to call prisoners by their preferred names or titles but it had not yet made an impact. Although most entries in wing history files on I and J wings used titles or first names, prisoners there said that their surnames would often be used in conversation with staff. The lifers also said that there was a culture of using their surnames.
- 2.50 Staff demonstrated some knowledge of the issues facing the prisoners in their care. Engagement at association and at meal times was generally positive. Prisoners were clearly confident in approaching staff to ask questions or gain information. We saw good interactions between residential staff and prisoners, especially on the first night unit.
- 2.51 We saw some staff routinely knocking before entering cells, but this was not uniform across staff or wings. In our groups, some prisoners from the general population described what they perceived as a form of bullying by a few members of staff, in that they delivered negative information in a bullying fashion. The language used by staff and their approach to prisoners observed during the inspection was fair. In our survey, 69% of respondents said that most staff in the prison treated them with respect, which was in line with the 67% comparator. Across the focus groups, there was almost unanimous agreement that there were good staff-prisoner relationships.

Recommendation

- 2.52 Prisoners should be addressed by title or their preferred name.

Personal officers

Expected outcomes:

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

- 2.53 There was a good awareness of the personal officer scheme, although some prisoners reported not having met their personal officer. The quality of documented contact varied widely between wings and between individual officers. The standard of wing file contributions was particularly good on I and J wings. Enthusiasm to improve the scheme there had led to a piloting of monthly sheets, designed to focus attention on key issues such as vulnerability and engagement with sentence planning, but which risked devaluing a good scheme. Management checks varied in quality. Personal officers rarely contributed to sentence planning.
- 2.54 Prisoners were generally able to name their personal officer or point to his or her name outside their cell, but some said that they had never met them. The personal officer scheme had moved from a cell-based scheme to a wing-allocated one, which ensured that prisoners kept the same personal officer while they were located on the same wing. While this change had been accepted enthusiastically by some staff, who saw it as better for the relationship between officers and prisoners, others saw it as confusing and unnecessary, as it was felt that prisoners were rarely moved from the cell they had originally been allocated.
- 2.55 The quality of the relationships between personal officers and the prisoners in their care varied. Some demonstrated a close working relationship, whereby the officer was aware of particular issues and offered practical support and follow-up in personal matters and in resettlement issues. Others showed no knowledge of particular prisoners and seemed

unaware of whom they had responsibility for. Of the 10 personal officer–prisoner introductory interview sheets viewed on B wing, none had any meaningful information entered under ‘comments’ or ‘action’.

- 2.56 The knowledge of personal officers about the personal circumstances of the prisoners in their care and willingness to engage with families varied widely from wing to wing and officer to officer. We saw evidence of staff intervening directly to ensure that contact was made with families, and other circumstances where there was no evidence of action being taken to support the prisoner concerned.
- 2.57 The published personal officer scheme required a minimum of one quality entry in the wing history sheet at least every seven days. Most files had at least weekly entries dating back several months and, in some cases, years. The quality of documented contact varied widely between wings and between individual officers. There were some dismissive or single-line entries in the wing history sheets on some wings but the standard of wing file contributions was good on I and J wings, where history sheets were kept according to personal officer, rather than alphabetically. Enthusiasm to improve the scheme there had led to a piloting of sheets for each month, requiring twice-monthly completion, designed to focus attention on key issues such as vulnerability and engagement with sentence planning. However, the format of these encouraged one-word entries and risked devaluing a good scheme. The establishment was aware of this and seeking to address the issue.
- 2.58 The quality of management checks also varied, from simple entries saying that a check had been done, but with no further information about quality, to detailed entries, either noting good entries or stating that improvement was needed and explaining how this could be achieved. In the best instances, these quality checks had led to an improvement in the entries by the officers concerned. The files became confusing when the monthly sheets were introduced because the manager's check was recorded on the history sheet but the entries were made on a separate sheet stapled to the history sheet. They failed to correct the move towards single-word entries.
- 2.59 The personal officer scheme required personal officers to contribute to IEP reviews, sentence planning, release on temporary licence (ROTL) boards and parole reports. However, while engagement with the IEP scheme was reasonable, personal officers were rarely linked with sentence planning and ROTL boards. Staff we spoke to said that they would make written contributions rather than attend.

Recommendations

- 2.60 Relevant information from the initial personal officer interview should be logged in the history sheet.
- 2.61 The scheme on I and J wings to improve personal officer contributions regarding vulnerability and sentence planning should incorporate the current good standard of entries in history sheets, rather than producing standard replies to set questions.
- 2.62 All management checks should comment on quality and list areas of good practice or where improvement is required.
- 2.63 Personal officers should offer at least written contributions to all events significant in the lives of the prisoners in their care.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

- 3.1 The violence reduction strategy did not adequately address how the different populations at the establishment would be safeguarded from violent and bullying behaviour. Violence reduction was discussed at the safer custody meeting and, although a good range of information about bullying and violence was collated and presented at the meeting, it was not clear what action, if any, was subsequently taken when trends were identified. Most violence reduction support (VRS) plans for perpetrators were opened on B and H wings, but few on C and D. The mix of prisoners on H wing was problematic. VRS plans for perpetrators were poorly completed. There were no interventions for bullies. The coordinator referred all prisoners who were placed on anti-bullying measures to the risk management unit
- 3.2 Prisoners did not report feeling unsafe in their cells or on the communal areas of residential units. Prisoner groups described the level of bullying on wings as 'what you would expect'. The survey response to the question 'have you ever felt unsafe in this prison?' was significantly worse than in comparator prisons, at 51% compared with 40%. The survey results for vulnerable prisoners showed that 62% had felt unsafe, compared with 45% of the general population. Prisoners said that they felt unsafe during movement around the prison, especially in the tunnel.
- 3.3 The violence reduction strategy did not adequately address how the different populations at the establishment would be safeguarded from violent and bullying behaviour, providing a generic approach to the management of bullying. This was particularly concerning now that young adults were located across the residential wings alongside adults. The strategy had last been updated in September 2008 and was not informed by the safety exit questionnaires completed at the prison.
- 3.4 The safer custody coordinator was responsible for violence reduction, and in the previous two months had had support from a part-time officer (violence reduction coordinator), who was still familiarising himself with the policy documents and the process and paperwork concerning the work. The safer custody coordinator told us that the violence reduction work had not been prioritised owing to workload pressures. Violence reduction was discussed at the monthly safer custody meeting and, although a good range of information about bullying and violence was collated and presented at the meeting, it was not clear what action, if any, was subsequently taken when trends were identified.
- 3.5 There had been seven serious assaults and 46 less severe assaults (28 prisoners, 18 staff) in the previous six months. All unexplained injuries were referred to the violence reduction coordinator to cross-reference with the violence reduction data, and wing managers were responsible for investigating all bullying allegations and unwitnessed assaults and submitted a report to the violence reduction coordinator outlining the action taken. Those we looked at

were adequately completed. The establishment had stopped completing safety exit questionnaires in August 2008 and had not yet implemented a new questionnaire, which they planned to send to a random selection of prisoners.

- 3.6 There had been 111 VRS plans opened in the year to October 2008, and only 20 of these concerned support for victims. Alleged bullies were placed on one of three stages of the anti-bullying measures, ranging from observations to referral to an IEP board with a view to being placed on the basic regime. Victims were offered relocation to other wings and/or a period of observation. The VRS document recorded that a victim support plan should be opened on every occasion, although the coordinator said that this only occurred if it was deemed appropriate, but staff were not clear about this. Only 13% of staff had received anti-bullying training.
- 3.7 Most VRS plans for perpetrators were opened on B and H wings, which was consistent with the level of assaults and fights occurring on these wings. A similar number of assaults and fights occurred on C and D wings, but a markedly lower number of VRS plans had been opened on these wings; this had not been highlighted by the coordinator and consequently not investigated.
- 3.8 The increase in assaults on B and H wings had been raised at the safer custody meeting and we were told by the coordinator that identified bullies were relocated on other wings. H wing was of particular concern, as it housed vulnerable prisoners undertaking the integrated drug treatment system (IDTS) programme (at the time of the inspection, only one prisoner), young adults, vulnerable prisoners waiting to access offending behaviour programmes on I and J wings, and general population prisoners seeking protection from prisoners on other wings, all of whom had the same regime. Although staff did not express any concerns about the wing, prisoners on H wing said that a lot of bullying occurred there.
- 3.9 During the inspection, there were six VRS plans open; one of these concerned a victim of bullying. The VRS plans we looked at for perpetrators were poorly completed. Although daily observations were expected, in one plan we looked at, despite comments by managers that entries needed to be made, there had been no entries made for four days. Entries in the booklet did not demonstrate that meaningful engagement had taken place with victims or perpetrators. There were no interventions for bullies at the time of the inspection, although a programme was being explored and the coordinator referred all prisoners who were placed on anti-bullying measures to the risk management unit.

Recommendations

- 3.10 The recently updated violence reduction strategy should be distributed to all staff.
- 3.11 Safety questionnaires should be re-introduced.
- 3.12 Data pertaining to acts of violence and bullying incidents should be recorded and monitored, and trends should be discussed at the safer custody meetings and action taken.
- 3.13 The use of violence reduction support plans for victims of bullying should be clarified and staff given guidance on when a victim booklet should be opened.

- 3.14 The low use of violence reduction support plans on C and D wings should be investigated and the use of the support plans on wings where assaults occur should be monitored.
- 3.15 Safety questionnaires should be distributed more regularly in areas where problems are identified.
- 3.16 The content and quality of open and closed violence reduction support plans should be monitored by the safer custody coordinator and discussed at the safer custody meeting.
- 3.17 All staff should receive anti-bullying training.

Self-harm and suicide

Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.18 The safer custody strategy made no distinction between the different populations at the prison and how they might be supported. There was good attendance at the safer custody meeting and recent attempts at multidisciplinary support for hard to manage prisoners. Action plans for deaths in custody had been reviewed and actions implemented. Reports and action plans on near-death incidents were not available. There was little monitoring of the quality of either closed or open assessment, care in custody and teamwork (ACCT) documents. Data were collected but not adequately analysed. Some ACCT documentation was poor. Only 40% of staff had received ACCT training. Listeners were not located on all wings.
- 3.19 The safer custody strategy had been reviewed in July 2008 and outlined the main duties of the safer custody coordinator and how the establishment sought to minimise and support those at risk of suicide and self-harm. There was no distinction made between the different populations at the prison (older prisoners, young adults and the general population) and how they might be supported.
- 3.20 Staff were aware of the policy document and it was displayed in wing offices. The safer custody monthly meeting was chaired by the head of residence and there was good attendance from across the establishment, including representation from the primary care mental health team and from the IDTS programme. Acts of self-harm were reported and monitored at the meeting. More recently, a safer custody practice meeting had been convened and followed the initial meeting. It was chaired by the head of residence and attended by the coordinator and health services professionals. The main aim of this additional meeting was to provide a multidisciplinary approach to support for prisoners who were difficult to manage. While the practice meeting was a good initiative, we were unsure about its effectiveness. The remit of the meeting did not extend beyond difficult-to-manage prisoners and did not strategically address how prisoners most at risk would be managed effectively.

- 3.21 There had been nine deaths in custody since the previous inspection (three self-inflicted). Action plans for deaths in custody were managed by the head of operations and had been reviewed and actions implemented. We were told that there had been one near-death incident in 2008 and seven in 2007, although the subsequent reports and action plans were not available, and there was some confusion regarding what was meant by a near-death incident and who was responsible for coordinating this information.
- 3.22 The safer custody coordinator, a senior officer, was also responsible for violence reduction. There was support from an administrative officer and occasional support from an officer grade, when available. The coordinator had little time to monitor the quality of either closed or open ACCT documents. Data were collected but not adequately analysed and there appeared to be an untested assumption that staff effectively implemented the systems designed to improve the management of prisoners at risk of self-harm. The ACCT documents contained a range of checklist and referral forms and information designed to improve the management of such prisoners. In many of the documents we looked at, these forms were either not completed or, when missing, they were not referred to in the observations as being completed and sent to the relevant departments.
- 3.23 There had been 732 ACCT documents opened in the year to date. The quality was inconsistent and attendance at case reviews had not been multidisciplinary. Our examination of some closed and open ACCT documents revealed few or minimal interactions with prisoners, poor observations by staff and reviews which did not cover all issues of concern for the prisoner. There were no observations recorded in ACCT documents for prisoners who attended work, education or the gym. In some instances, insufficient attention had been given to the completion of care maps, with 'keep safe' recorded as an action but no detail as to how the prisoner was to be kept safe and by whom. In one open ACCT document, no care map had been produced until it was brought to the attention of the wing manager during the inspection. Only 40% of staff had received ACCT training, and there were only 23 ACCT assessors, which was insufficient for the number of ACCT documents opened.
- 3.24 Most ACCT documents were opened on A and G wings but a high number was also opened in the healthcare department. The healthcare department had four closed-circuit television camera cells, where prisoners at risk of self-harm could be located if appropriate. We were told by the safer custody coordinator that prisoners were located in the healthcare department if there were multiple issues, including mental health concerns. However, this was not the experience related by health services staff (see section on health services).
- 3.25 The prison currently had 18 Listeners – six from the general prisoner population and the remainder from the vulnerable prisoner population. There were no Listeners located on A, B, C or G wings, although during the inspection a group of prisoners were undergoing training with the Samaritans, following which it was hoped that all wings would have a Listener. There were difficulties in maintaining a good level of Listeners, and, despite succession planning, Listeners from the general prisoner population were routinely transferred. Although call-outs were recorded by Listeners and monitored by the coordinator, the location of call-outs was not, so there was no overview of the use of Listeners across the establishment.
- 3.26 Listeners expressed concerns about staff being reluctant to escort prisoners to other wings and having a general lack of understanding about their role, and felt that their concerns were not adequately communicated at safer custody meetings, which were attended by only one Listener. A Listener suite was located on A wing and was well furnished but rarely used. Samaritans telephones were available on all the wings but were not all in working order.

- 3.27 During our night visit, staff we spoke to were aware of what actions to take in the event of an emergency. All night staff carried anti-ligature knives.

Recommendations

- 3.28 The safer custody strategy should clearly outline how high-risk prisoners will be supported and managed.
- 3.29 Terms of reference for the safer custody practice meeting should be devised, with clear objectives, and include how prisoners most at risk will be strategically managed.
- 3.30 Information concerning acts of self-harm should be collated and analysed, and trends discussed at the safer custody meetings.
- 3.31 The definition of a near-death incident should be distributed to all relevant staff, and roles and responsibilities for producing reports and implementing action plans following such an incident should be established.
- 3.32 A review of the number of assessment, care in custody and teamwork (ACCT) assessors should be undertaken and further ACCT assessors trained if appropriate.
- 3.33 The content and quality of open and closed ACCT documents should be monitored by the safer custody coordinator and discussed at the safer custody meeting.
- 3.34 Staff should be briefed about all the forms provided in ACCT documents to assist in the management of prisoners at risk of self-harm.
- 3.35 Samaritans telephones should be regularly checked and should all be in working order.
- 3.36 Listeners should be invited to attend the safer custody meetings on a rota basis.
- 3.37 The location of Listener call-outs should be monitored by the safer custody coordinator and discussed at safer custody meetings.
- 3.38 Listeners should be available on all wings.

Housekeeping point

- 3.39 The safer custody practice meeting should be documented.

Diversity

Expected outcomes: All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support.

- 3.40 Diversity was well developed and managed, with a comprehensive policy and dedicated staff and good links with the local community. The race equality action team (REAT) dealt with race relations as well as diversity, and attendance at meetings was good. Reasonable adjustments

had been made for prisoners with disabilities, although some were located in unsuitable accommodation and there were no formal care plans. Safety evacuation plans were in place, although staff awareness was underdeveloped. A support group for gay prisoners had recently been established on the vulnerable prisoner unit, and there were plans to provide similar support to prisoners in the general population. Services for older prisoners were being developed.

- 3.41 Senior management responsibility for diversity rested with the deputy governor. It was managed with race relations full time by a dedicated principal officer. Diversity matters were discussed at the bi-monthly REAT meeting, and the minutes showed that attendance was good and that sufficient time and detail was given to both the diversity and race agendas. The meeting was attended by members of local community support groups, which were actively involved in the diversity agenda at the prison.
- 3.42 There was a comprehensive diversity policy, supported by a detailed race equality action plan and diversity action plan. However, the diversity action plan was too staff focused and did not reflect the good work being done with prisoners. Both action plans were time bound and were monitored at the REAT meeting. A diversity handout for staff referred only to the support available for staff and staff policies. There were good monitoring systems, and diversity events were celebrated regularly.
- 3.43 The diversity manager had been supported since September 2008 by a second principal officer, who held responsibility for older prisoners and those with disabilities, as well as safer custody and violence reduction. Although he had no specific hours profiled for the work, he had achieved a significant amount in a short period.
- 3.44 Prisoners were asked to complete a basic disability questionnaire in reception. This included dyslexia, learning difficulties and mental health problems, as well as physical and sensory disabilities. Those who self-reported a disability received a more detailed follow-up questionnaire, and the majority requested an interview with the disability manager, who would arrange to see them on a one-to-one basis to discuss their needs. Twenty-three per cent of the prisoner population had declared a disability of some type and there were 87 older prisoners (over 55s), most of whom were vulnerable prisoners.
- 3.45 Dyslexia assessment was not routinely carried out and there were too few staff qualified to screen, test and support learners with dyslexia. There were arrangements to refer those with mental health problems to the mental health in-reach team, and those with physical disabilities to health services staff. Reasonable adjustments had been made to cells for prisoners identified as needing them. Two cells on each of the newer wings had been designed for prisoners using wheelchairs, but the need outstripped availability and we found instances of prisoners using wheelchairs having to share a cell which could not accommodate a wheelchair, requiring the individual to manoeuvre himself on crutches and share communal showers. In general, prisoners with disabilities we spoke to did not feel disadvantaged in terms of access to work or services, although one prisoner was doing in-cell education rather than the cleaning job he had requested as first preference, and wondered whether this was because of his disability. There was no designated accommodation for older prisoners but most older prisoners were located in the newer accommodation, which offered easier access to cells and association areas.
- 3.46 Nominated prisoners offered planned support for those identified as needing it. One personal evacuation plan had another prisoner as the named helper. We were told that prisoners would receive bonus payments for this work, which ran alongside other paid employment or education.

- 3.47 The names of prisoners who had identified themselves as having a disability were marked on a board with a sticker saying 'PEEP' (personal emergency evacuation plan). Safety evacuation plans were in place, although some staff were not aware of their existence and not all plans were clear about what assistance was needed or who would give this assistance. Not all prisoners with a PEEP sticker needed or had an evacuation plan, so it was not the best way to identify who required support in the event of an emergency. Staff were generally supportive of prisoners with disabilities and moved them into appropriate accommodation as soon as it became available.
- 3.48 There were no formal care plans for prisoners with disabilities. There had been some work done to provide a buddy system for a blind prisoner, but this was in its infancy. A needs analysis of prisoners with disabilities had identified what adjustments were required and additional funding was being sought to enable this work to go ahead.
- 3.49 A forum for older prisoners and those with disabilities had been established recently on the vulnerable prisoner wings, as this was where the majority were located. Prisoners with disabilities located with the general population (five at the time of the inspection) could discuss their needs at the general wing prisoner consultation meetings. Discussion at the forum had led to the development of a policy for older prisoners and those with disabilities but this had not yet been implemented fully.
- 3.50 Age Concern provided support to older prisoners. Funding from Lloyds TSB provided a full-time worker and a student who ran support groups, activities and undertook resettlement work, including opening bank accounts and sorting out benefits and housing. Ongoing support in the community was offered to those leaving custody.
- 3.51 A support group for gay prisoners had been established on the vulnerable prisoner unit. This had been well received by staff and prisoners and was run by prisoners with assistance from the Lesbian, Gay, Bisexual and Transgender Switchboard and the diversity manager. There were plans to provide a similar group for prisoners in the general population.

Recommendations

- 3.52 The diversity action plan should include actions relating to prisoners as well as staff.
- 3.53 The diversity handout for staff should be expanded to include policies and support available to prisoners.
- 3.54 Formal care plans should be provided for older prisoners and those with disabilities.
- 3.55 Prisoners with physical disabilities and those using wheelchairs should be located in specifically adapted accommodation.

Housekeeping points

- 3.56 The manager responsible for older prisoners and those with a disability should have time identified for his duties.
- 3.57 Personal evacuation plans should make clear which prisoners need assistance in an emergency.

Good practice

- 3.58 *The gay prisoners' support group had been established on the vulnerable prisoner unit.*
- 3.59 *The community and voluntary sector provided support to older prisoners.*
- 3.60 *Prisoners were asked to complete a basic disability questionnaire in reception, and this was followed up.*

Race equality

Expected outcomes:

All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected.

- 3.61 Race equality was the responsibility of the deputy governor, and the bi-monthly REAT meetings were regularly chaired by the Governor or his deputy. There was a comprehensive diversity policy and race equality action plan (REAP), which was monitored closely at the meetings. Over 80% of staff had been trained in diversity, which included race relations. The diversity manager was supported by a deputy race equality officer (REO). Ten per cent of the prisoner population were from black and minority ethnic backgrounds, but the black and minority ethnic support group had not been functional for several months. Prisoner diversity representatives dealt with diversity and race relations matters. Racist incidents were well managed and investigated, with external scrutiny. Prisoners with racially motivated behaviour and/or offending were identified and monitored, although racist behaviours and attitudes were not challenged. Community links were well developed.

Race equality

- 3.62 Race equality was the responsibility of the deputy governor, and the bi-monthly REAT meetings were regularly chaired by the Governor or his deputy. The REAT meeting was well attended by staff, prisoner diversity representatives and representatives from local community organisations. Relevant issues and management information were discussed and followed up. A detailed REAP, with nationally identified and current priorities for the establishment, including the recent measuring the quality of prison life (MQPL) survey report, was closely monitored.
- 3.63 The diversity manager and violence reduction manager were co-located; this had resulted in good systems to identify and manage racist bullying. Bi-monthly reports on all diversity matters were provided to the REAT meeting, and monthly reports to the senior management team. Issues identified through ethnic monitoring had been raised at the REAT meeting and investigations and follow-up actions carried out. The prison had received positive feedback from a recent MQPL survey.
- 3.64 Eighty-two per cent of staff had attended general diversity training, which included race relations. New staff received information about relevant policies and practice, and racist signs and symbols. There were 20 members of staff from black and minority ethnic backgrounds, which was above the target for the prison. Many black and minority ethnic prisoners had a

positive view of their experience at the establishment, stating that managers took swift and decisive action to deal with racist incidents.

- 3.65 A trained diversity manager and deputy REO (who was allocated two mornings a week for this work) were in post and race matters were monitored closely. Both were known to staff and prisoners and received sufficient support from senior managers. There were seven prisoner diversity representatives at the time of the inspection. Some had attended race equality training, but not all had detailed job descriptions, which meant that they were unsure of their role. The prisoner representatives attended their own meeting before the REAT meeting, and two of them then went on to attend the general meeting.
- 3.66 There were prominent race equality notice boards in all residential areas, containing pictures of key staff involved, policies, relevant information and ethnic monitoring data, which prisoner representatives had been trained to interpret. However, details of prisoner representatives were not all up to date and were not displayed at all in some residential areas.
- 3.67 Community links were well developed with organisations providing independent scrutiny of racist incident investigations and support to black and minority ethnic prisoners. The Governor and diversity manager sat on the Hull Diversity Panel, which provided 100 hours of support a year to the prison. Ten per cent of the prisoner population were from black and minority ethnic backgrounds, but an internal black and minority ethnic support group had not been functional for several months, despite it being judged a success when held previously.

Managing racist incidents

- 3.68 Racist incident report forms (RIRFs) were freely available in all prisoner and some staff areas. They were submitted through the yellow complaints boxes, which were emptied during the night by the orderly officer. Thirty-seven had been submitted since the beginning of 2008, which was a reduction of 25 on the previous year. However, the REAT had done no formal analysis to identify why there had been a reduction. RIRFs were discussed in detail at the REAT meeting, and some trends identified and investigated, but most RIRFs concerned the use of racist comments, which had not been identified as an issue.
- 3.69 The Governor or his deputy checked all RIRFs for quality of investigation and appropriateness of action taken. An external check was undertaken by a community organisation, and recommendations made had been acted on. Incidents were investigated in detail and hand-written reports provided, which were sometimes difficult to read. Some complaints against staff had been referred for formal investigation, and when prisoners were involved, some had been referred for adjudication and incentives and earned privileges reviews. Detailed responses were given to staff and prisoners on completion of the investigation. Victims of racist bullying were offered support through a victim assessment and support plan, and many incidents were resolved with mediation.

Race equality duty

- 3.70 The Governor was clear about his general duty under the Race Relations Act, and this duty was clearly displayed on notice boards to prisoners and staff. Impact assessments of policies were up to date and monitored through the REAT meeting.
- 3.71 Prisoners were monitored through a racist offending and behaviour log if they had previous convictions for racist offending, had self-reported being racist or had been the subject of a racist investigation in the prison. There were 61 prisoners on the log at the time of the

inspection, with prisoners being monitored weekly at a superficial level by the diversity manager, who would check history sheets for evidence of further racist incidents or behaviour. Prisoners on the log had no links with sentence planning, offender management or public protection systems. Racist behaviour, offending and attitudes were therefore effectively unchallenged.

Recommendations

- 3.72 All prisoner diversity representatives should be given a job description and their role should be made clear.
- 3.73 The black and minority ethnic prisoner support groups should be reinstated.
- 3.74 Formal analysis should be carried out to identify the reason for the reduction in the number of racist incident report forms (RIRFs) submitted.
- 3.75 Analysis of the high number of RIRFs for inappropriate language should be carried out and appropriate action taken to address the issue.
- 3.76 Prisoners monitored through the racist offenders log should have their racist offending, attitudes and behaviour challenged through sentence planning, offender management and public protection systems.

Housekeeping points

- 3.77 Details of prisoner diversity representatives should be displayed in all prisoner areas and kept up to date.
- 3.78 Investigations of racist incidents should be typewritten.

Good practice

- 3.79 *Many racist incidents were resolved using mediation.*

Foreign national prisoners

Expected outcomes:

Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the specific needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.

- 3.80 Five per cent of the prisoner population were foreign nationals, of 25 different nationalities. There was a comprehensive policy, detailing the support available, as well as legal considerations for foreign national prisoners. The diversity manager had responsibility for managing the foreign national population and they were interviewed on reception. There were no foreign national prisoner representatives. Support was offered in the form of individual intervention or groups for specific nationalities. Translated material was available in many areas but there was an over-reliance on the diversity manager and prisoners to provide

translation services, including for confidential matters. The prison had good links with the UK Border Agency (UKBA) and there were few delays for prisoners being moved to immigration removal centres or deported.

- 3.81 There were 51 foreign national prisoners, of 25 different nationalities, representing 5% of the prisoner population. Issues relevant to this population were dealt with at REAT meetings. The prisoner diversity representatives were expected to cover foreign national prisoner matters as part of their remit, but it was not always clear if the views of foreign national prisoners were taken into consideration. The foreign nationals policy was comprehensive, clear and contained details of support available in the prison and legal considerations for foreign national prisoners.
- 3.82 Foreign national prisoners were identified on reception and all would be seen by the deputy REO, who discussed their needs with them. Prisoner history booklets were marked on the front to identify foreign national prisoners, and immigration matters were dealt with by two administration officers.
- 3.83 Close links had been forged with UKBA and weekly contact was maintained. Surgeries were held for prisoners regularly. Because of the close working relationship between the prison and UKBA, there were few delays in moving prisoners to immigration removal centres or deporting them. At the time of the inspection, there were four prisoners being held beyond their sentence expiry date, one since 2005 and the other three having completed their sentences in recent weeks. The prisoner detained since 2005 had refused to cooperate with UKBA, as he could not provide details of his family, with whom he was no longer in contact. There were links with a local independent immigration organisation but they were not always contacted for foreign national prisoners needing specialist advice. The prisoner who was three years past his release date had not been offered independent advice.
- 3.84 There was a significant amount of translated material available, on a variety of subjects, and the Big Word translation service was used. However, staff tended to ask the diversity manager to arrange interpreting or translating services or to use prisoners to interpret before considering using this service. A list of staff who spoke foreign languages was kept, and they were used on occasion. In our groups, prisoners told us that they felt 'overused' in providing interpretation and translation for other prisoners. One prisoner said that he had been asked to assist (and had done so) in interpreting for prisoners seeing the doctor. Some prisoners were paid for interpreting and translating. Local community organisations provided translation and interpreting services at the request of the diversity manager, and innovative work had been carried out to assist some prisoners. One of these was a Chinese prisoner serving a life sentence, who had been present at three multidisciplinary meetings to discuss his needs, with an interpreter from the community present.
- 3.85 There were no regular generic foreign national prisoner forums. Forums were held on an ad hoc basis when five or more prisoners of one nationality were held in the prison. Other foreign national prisoners were given individual support by the diversity manager.

Recommendations

- 3.86 Foreign national prisoner representatives should be identified, trained and utilised in representing foreign national prisoners in the prison.
- 3.87 All staff should utilise external interpreting services and not prisoners when confidential issues are discussed.

- 3.88 Independent immigration advice should be routinely offered to foreign national prisoners.
- 3.89 Foreign national prisoners should meet as a group with the foreign nationals coordinator and this should be fed back into the race equality action team meeting.

Applications and complaints

Expected outcomes:

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

- 3.90 Information about how to make applications was widely advertised and prisoners were aware of how to use the system. Monitoring arrangements were good and the time it took to process individual applications was logged. Prisoners reported a lack of confidence in the system used to collect and deliver formal complaints. Many formal requests were minor in nature and, although responses were timely, many were not sufficiently respectful and did not always address the issues at hand.
- 3.91 The system to allow prisoners to make applications, formal requests and complaints was properly explained and well advertised. There were posters explaining how procedures worked on all of the wings, and information leaflets were issued to all newly arriving prisoners during their induction programme. This included instructions about how to make confidential complaints. There was also clear information on display about how prisoners could get access the Independent Monitoring Board and the Prisons and Probation Ombudsman.
- 3.92 Application forms were readily available on all residential units. A three-part application tracking form was used. One copy was kept by wing staff, one went to the relevant department for action and one was retained by the prisoner. Wing logs were also kept that detailed the receipt of applications, the date they were passed to other departments and when applications were dealt with, so that the time to completion could be tracked, while ensuring that they were concluded properly. In our survey, 60% of respondents said that applications were dealt with fairly, which was significantly better than the 53% comparator.
- 3.93 Prisoners also had good access to formal request and complaints forms, which were found on all residential units. After completion by the prisoner, they were placed in locked boxes, which were emptied every evening by night staff, usually the orderly officer. These forms were delivered the following morning to a nominated complaints clerk, who allocated them to appropriate staff to deal with and noted required response times. As night staff had access to the complaints and were solely responsible for their delivery, prisoners were not always confident that their complaints reached appropriate areas, particularly if they wanted to complain about staff.
- 3.94 There had been 1,362 formal request and complaints from January to October 2008. The main issues raised by prisoners were relatively minor domestic matters that could have been dealt with informally by residential officers. Many of the comments recorded by prisoners reflected a high level of frustration about how they had been unable to sort things out for themselves.

- 3.95 Formal replies were generally timely but many were cursory, insufficiently respectful and did not always address the issues at hand, despite the monthly management quality checks by the residential governor.

Recommendations

- 3.96 The complaints boxes should be emptied by nominated staff who do not work on residential units.
- 3.97 More effort should be made to deal with minor issues raised by prisoners informally.
- 3.98 Replies to complaints should always be detailed, respectful and constructive.

Legal rights

Expected outcomes:

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

- 3.99 During induction, all new arrivals were interviewed and those eligible for bail were identified. Although provision for legal visits was good and there were no obstacles to prevent prisoners from contacting their legal advisers, prisoners reported poor access to legal visits and difficulties in communicating with their solicitors.
- 3.100 A legal services officer and a relief officer had been appointed and saw all new prisoners at scheduled interviews during the induction programme. During interview, they ensured that newly convicted prisoners understood their sentence and the opportunities for early release, and consistently offered advice to unsentenced prisoners about how to access and pursue bail applications. Applications for bail were forwarded to a nominated bail clerk for processing.
- 3.101 Prisoners who chose to represent themselves in court could have extra stamps and writing material as required, and the library had a reasonable stock of directories and legal reference texts, including Prison Service Orders (see section on learning and skills and work activities). If they had no personal funds, they could make telephone calls to their solicitor at public expense.
- 3.102 Legal visits were provided every morning and were conducted in one of nine private and well equipped booths located in the main visits area. Bookings were made by telephone or by email.
- 3.103 Despite these good systems, prisoners reported that communication with their solicitors was difficult and that it was not easy to attend legal visits. They said that although they were seen by the legal services officer during induction, many prisoners were unsure about how to get help or advice at other times. The role was not well advertised and access arrangements through application were not known to some prisoners. In our survey, 36% of respondents said that it was easy to communicate with a legal adviser and 56% said that it was easy to attend legal visits. These figures were significantly worse than the comparators of 42% and 63%, respectively.

Recommendations

- 3.104 The role and contact arrangements of the legal service office should be widely advertised.
- 3.105 There should be systems to ensure that prisoners are aware of how to contact their legal representatives and how to access legal visits.

Substance use

Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

- 3.106 The integrated drug treatment system (IDTS) worked well. The medication administration room was poorly situated, posing a significant risk to both the safety of administration staff and the security of controlled drugs. Prisoners were generally positive about their treatment under the IDTS programme. There was limited provision for prisoners with alcohol-related problems. Random mandatory drug test rates were low.
- 3.107 Prisoners arriving at reception were screened for drug problems by a nurse, and a counselling, assessment, referral, advice and throughcare (CARAT) worker was also based in the reception area to assist with screening and initial contact. Prisoners with opiate-based drug treatment needs were taken immediately to the stabilisation wings, where they received care under the IDTS. At the time of the inspection, 287 prisoners were undergoing treatment under this programme.
- 3.108 The stabilisation wings were clean and orderly, although the medication administration room was small and poorly situated. This posed a significant risk to both the safety of administration staff and the security of controlled drugs. This had been recognised by the staff and was being addressed. A new larger and safer facility was expected to be operational a few days after the inspection.
- 3.109 Once detoxified or stabilised on their medication, prisoners were moved from the stabilisation wings on to the general population wings. Those on a methadone maintenance programme received their medication from a central distribution point. This facility was clean and efficiently run, but it was situated in an open area at the confluence of several corridors, and offered no privacy.
- 3.110 Many prisoners on the IDTS programme told us that clinical, psychosocial and custody staff were all caring, generally understood prisoners' issues and facilitated positive changes in drug-using attitudes and behaviour.
- 3.111 While provision for opiate-based treatment worked well, there was limited provision of alcohol detoxification services. Prisoners arriving at the prison with alcohol misuse problems were given symptomatic relief until they could be transferred to another establishment that could provide alcohol treatment.

- 3.112 There was no specialist dual diagnosis service on-site, but mental health in-reach staff had access to external specialists, who would attend the prison on request.
- 3.113 The mandatory drug testing rate over the six months May to October 2008, including refusals and diluted samples, was 5.59%. In our survey, 34% of respondents said that it was easy or very easy to get drugs in the prison, which was comparable to the comparator.

Recommendations

- 3.114 The new medication administration facility should be made operational as soon as possible.
- 3.115 The establishment should take steps to improve the privacy of prisoners receiving opiate substitution.
- 3.116 Clinical services should be extended to offer adequate alcohol detoxification.

Section 4: Health services

Expected outcomes:

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

4.1 Healthcare had progressed well with support from the primary care trust (PCT). There was a current health needs assessment. Services for prisoners were generally good, including chronic disease management, but health promotion needed development. Initial screening was good, but there was no secondary screening. The appointment system did not work well. Facilities within the healthcare department were good but wing-based facilities were poor. More generic healthcare promotion work was needed. The quality of dental provision was good but waiting lists were too long. The inpatient unit was well run, but there were some inappropriate allocations there. Pharmacy services had improved but too few medicines were given in-possession. There was sufficient primary and secondary mental health provision, but prisoners, especially vulnerable prisoners, had negative views about the former.

General

- 4.2 There was good joint working with the PCT and local healthcare providers. A contemporaneous health needs analysis was in place to inform service requirements. The prison held extensive health policies from the PCT, as well as specific prison health policies.
- 4.3 The head of healthcare was a member of the senior management team, and also of the prison partnership board and clinical governance group, and the healthcare department was represented on many of the prison's committees.
- 4.4 Health services were spread across a considerable geographical area within the prison. The main outpatient and inpatient facility was located centrally in a two-storey purpose-built block, with primary care and administration facilities on the ground floor and inpatients upstairs. There were numerous consulting rooms and offices, and one treatment room. All areas were clean and well maintained. The two waiting rooms were clean, and graffiti that had been carved into the walls and doors had been painted over. Both rooms were stark and austere, and the fixed bench seating was uncomfortable. Toilet facilities were inside the waiting rooms. We were told that the waiting rooms had been comfortably furnished in the past but prisoners had destroyed the furniture and television.
- 4.5 The pharmacy area was small but suitable for its role. It was clean and tidy and there were several secure cabinets for holding medicines. Although controlled drugs were correctly stored, the keys to the controlled drugs drawer were left in open drawers. There was no register of those who accessed the keys during the night.
- 4.6 Pharmacy reference books and computer systems provided medical information. Medicines were transported across the prison in secure metal containers.
- 4.7 The dental surgery was large and the standard of equipment generally good but there was no washer/disinfector. The radiograph developer was too close to the autoclave and there was no evidence that the compressor was maintained and checked regularly.

- 4.8 The healthcare treatment areas on A, G, H, I and J wings were in a poor state of decoration and did not meet infection control guidelines and NHS standards. The A wing facility was large but the doctor's room was small, paint was peeling off the ceiling and the overall décor was poor. On G, H, I and J wings, décor was poor and storage facilities were inadequate, with equipment and clutter on the floor. Hand washing facilities were unsatisfactory in most wing treatment areas, and all areas were dirty.
- 4.9 A full-time housekeeper had responsibility for the cleanliness of all healthcare areas. There was a regular cleaning schedule, although it was impossible for the housekeeper and her part-time assistant to ensure that all areas were clean and tidy because the facilities were spread across a large area. Prison cleaners were employed to work in the main healthcare department, under the supervision of the housekeeper.
- 4.10 The inpatient area was bright, well decorated and spacious. The unit comprised 18 beds, which were included in the certified normal accommodation (CNA). There were 15 single camera cells and a three-bedded ward area; all were safer cells, except for those in the ward area. All were in good condition and had in-cell electricity, but one cell had deep burn marks on the floor. There was no gated cell, so it was not possible for health services staff to interact with patients on close observation. Considering the large number of patients on open assessment, care in custody and teamwork (ACCT) documents, this was inappropriate.
- 4.11 The two treatment rooms in the inpatient area were clean and tidy; one held a medicine trolley, which was chained to the wall.
- 4.12 There was a large association room and a small dining area for patients. Next door was a classroom which was decorated with prisoners' paintings; the room was also used for teaching.
- 4.13 Although health promotion was delivered on a one-to-one basis, there was insufficient delivery of general health promotion across the prison. There were plans to install notice boards on all wings for this purpose. There were links with local health and social services, which provided assistance for older prisoners and those with disabilities.
- 4.14 Prisoners were treated respectfully, and in our survey the number of prisoners finding the overall quality of healthcare delivered to be good or very good was comparable to the comparator.
- 4.15 A health professional had been identified to focus on older people, and the scheme was due to roll out in December 2008. There was no named lead for prisoners with disabilities.
- 4.16 For most prisoners, there was good access to NHS services. Although there were some difficulties in accessing NHS appointments in the community, we were told that if an external appointment had to be cancelled for staffing reasons, it was usually possible for a further appointment to be made within a reasonable length of time. Where necessary, prisoners were placed on a 'medical hold', to ensure that important medical treatment was not discontinued owing to prisoners being prematurely transferred to other establishments.

Clinical governance

- 4.17 Clinical governance arrangements included the management and accountability of staff. There had been significant changes in the structure of the health team and a large turnover of nursing staff. At the time of the inspection, there were 32 whole-time equivalent (WTE) nursing

staff. A new head of healthcare was taking up her post imminently and two modern matron posts were about to be filled. The head of healthcare was a band 8c registered general nurse (RGN) and the modern matrons were band 8a RGNs. Two team leaders, for inpatients and outpatients, were band 7 RGNs. Staffing grades and skill mix levels were good and included healthcare assistants. There was also a nurse practitioner and a nurse prescriber. The career structure for all staff was good.

- 4.18 Discipline officers supported the inpatient and outpatient teams and the system worked well. Some of the inpatient officers were trained nurses, and others held National Vocational Qualification level three qualifications. Nine administrators and 1.5 WTE domestic staff backed up the health services team.
- 4.19 Ongoing professional training was fully supported where appropriate, and clinical supervision had been fully implemented with documented reviews. There were regular operational team meetings and the whole team received robust support from the PCT assistant director for specialist care services, who attended the prison regularly.
- 4.20 Pharmacy staff comprised a full-time pharmacist, two full-time pharmacy technicians and two trainee dispensing technicians.
- 4.21 The general practice (GP) service was well established and provided good access for patients, with appointments offered within 48 hours or less. Some of the GPs worked at a local practice. Six PCT-employed GPs provided 10 sessions each week. The PCT also provided out-of-hours cover.
- 4.22 Colour-coded emergency bags, including defibrillators, were located strategically throughout the prison and were checked weekly.
- 4.23 Clinical records were computer based and SystmOne was the programme of choice. We examined several entries and found them to be contemporaneous and appropriate. Old records were stored on-site and were only accessed by health services staff.
- 4.24 There was a healthcare prisoner forum, allowing prisoners direct access to a senior health services worker. The forum met monthly to discuss prisoners' concerns about health services.
- 4.25 There was a robust system for the management of prisoners' complaints. An in-house patient advice and liaison service (PALS) had been introduced, and a dedicated PALS worker in the prison had responsibility for addressing all complaints from prisoners about healthcare matters. If necessary, the prisoner's complaint was escalated to a formal complaint, which was looked into by the investigating manager at the PCT. Prisoners received an answer to their complaints within 25 days of submission. The Governor received an anonymised report of all complaints received by the PCT.
- 4.26 The management of communicable diseases was well structured and there were good links with the local Health Protection Agency.

Primary care

- 4.27 Newly arrived prisoners were seen by a registered nurse. An initial health screen was carried out and prisoners were given verbal and written information as to how to access health services. Prisoners were asked for their consent to share relevant information with other medical agencies. Prisoners' GPs were contacted for copies of clinical records following their

arrival at the prison. No secondary screening process took place, although we were told that this was planned, and the PCT reception health assessment protocol confirmed this.

- 4.28 Prisoners wishing to access health services did so by completing an application form and placing it in a locked dedicated healthcare box on the wings. The box was emptied by health services staff each morning and the application processed by a senior nurse. Prisoners feeling unwell during the day could report as 'sick' to wing officers, who contacted the healthcare department for an appointment. Appointments for individual clinics were made, and written notification of appointments was given to wing staff to push under prisoners' cell doors. This should have ensured that prisoners were seen by a doctor on the same or next day after submitting an application. Although prisoners told us that there were long waiting times for clinics, in reality only the dentist had a long waiting list. Anecdotal evidence suggested that the appointment system did not work well, in that it failed to ensure that prisoners received notification of appointments.
- 4.29 Healthcare attendance rates were poor. In August, September and October 2008, an average of 24.27% of prisoners failed to attend appointments. During the inspection, one clinic had 13 appointments booked, but only four prisoners turned up. Many prisoners expressed concern at having to wait for hours in the healthcare waiting room, where, some claimed, they were bullied. The prison regime meant that all prisoners with an appointment were brought to the healthcare department at 9am. Regardless of their appointment time, they remained in the waiting room until lunchtime movements. The procedure was the same for afternoon clinics. While discipline staff supervised waiting prisoners, there were not enough of them to be able to escort prisoners back to their locations.
- 4.30 Nurse triage clinics were in place and worked well. Chronic disease management was delivered by a senior nurse supported by specialist community nurses. Health promotion included smoking cessation and sexual health clinics, which were run in-house. Visiting consultants included a hepatologist and sexual health specialists. Condoms were available through the healthcare department, and prisoners were given health advice when requesting these items.
- 4.31 Prisoners held in the segregation unit were seen by a health services professional every day; this included the doctor, who visited the unit three times a week. Segregation staff told us they were well supported by health services staff.

Pharmacy

- 4.32 Pharmacy services had improved under the leadership of a new PCT pharmacist. The management of pharmacy stocks was generally good but we found some loose foils of medicines that were not stored correctly.
- 4.33 The storage of medicines in wing treatment rooms was poor. While most medicines were stored correctly, there were some loose and out-of-date medicines on shelves. The management of methadone electronic dispensing equipment was satisfactory.
- 4.34 Heat-sensitive products were not always stored correctly and some staff were unaware of how to record refrigerator temperatures.
- 4.35 Prescription record charts were computer generated but there was no facility for computerised prescriptions. Prescription charts were well managed.

- 4.36 Most medicines were patient named. All prisoners were risk assessed before receiving medication, and a third of prisoners receiving medication did so under supervision. The pharmacist was reviewing the number of supervised medications in an effort to decrease the number. Some prisoners receiving supervised medication were given it in-possession at the weekend. In-possession medication was given for up to 28 days. Prisoners were able to reorder medication using a repeat prescription form in the same way as in the community. There were no pharmacy-led clinics, although there were plans to introduce these.
- 4.37 Medicines were administered three times a day, at 7.30am, 11.45am and 5.45pm. At the weekend, the 5.45pm medicines were administered at 4pm. These times were restrictive, in that a prisoner would be unable to receive medication every 12 hours. Access to out-of-hours medication was good and records kept of any occurrences.
- 4.38 There were no patient group directions, which would allow nursing staff to administer more potent medications where appropriate.
- 4.39 The medicines management committee met monthly, with good representation from the prison and PCT. The committee was developing a medicine formulary, which would inform prescribing habits.
- 4.40 There was no 'special sick' policy, which would allow nurses to give medicines for minor ailments. The current system only allowed for two paracetamol tablets to be given at any one time.

Dentistry

- 4.41 The standard of dental care was high and prisoners could access the full range of NHS treatments. However, there were insufficient clinical sessions to reduce the waiting list, which was up to five months, and a full course of routine treatment could take up to two years to complete. Priority was given to urgent cases, which were normally seen in the next session. Currently, there were three clinical sessions a week with the dentist, and 14 non-clinical sessions, covering triage and administration, with the dental nurse and dental manager.
- 4.42 The dental manager and nurse operated the dental triage system and saw approximately 20 patients in each session. We were told that that this differential was under review, in order to increase the number of clinical sessions and reduce the number of non-clinical sessions. The non-attendance rate was 50% for the triage sessions and 15% for the treatment sessions. There was no audit to ascertain why prisoners failed to attend for appointments.
- 4.43 There was no out-of-hours cover for dental services.
- 4.44 Dental records were comprehensively annotated and entered on to the computerised clinical records. Oral health information was delivered during treatment.

Inpatient care

- 4.45 The management of inpatients was good. On one day during the inspection, there were 11 inpatients; nine were there for mental health reasons, one was an unstable diabetic and another was a deportee.
- 4.46 There was a comprehensive admission and discharge policy, which outlined the focus of the unit and its admission criteria. The policy stated that the authority for admission was based on

medical need; clearly, this was unenforceable, as the beds were included in the CNA and, as such, prisoners with non-medical needs were placed there under a governor's order. Staff tried to relocate such prisoners to normal accommodation as soon as possible.

- 4.47 Standards of care on the ward were good and all patients had a named nurse. Staffing levels were generally satisfactory, and there were two nurses on night duty, one providing emergency cover for the whole prison. Time out of cell was good, and therapeutic activities were provided – for example, art therapy and computer familiarisation courses. The education department was supportive to inpatients. Association facilities were good and the presence of discipline/hospital officers was an asset to the clinical team. We saw good interactions between officers and patients.
- 4.48 Clinical records and care plans were good and regularly updated. All patients were seen by the GP on the weekly full ward round, and a GP attended the department every weekday to sort out any problems. A forensic psychiatrist visited every week from a local secure unit. A multidisciplinary ward meeting was held every week with the psychiatrist.
- 4.49 Force was rarely used on prisoners in the healthcare department and only as a last resort. However, no specific logs of use of force were held in the ward.

Mental health

- 4.50 Mental health support was good, although there were no learning disability services or nurses with appropriate qualifications. Mental health services were delivered by two discrete health groups: a PCT-employed primary mental health team (PMHT) and a secondary mental health in-reach team (MHIRT) employed by the Humber Mental Health NHS Trust.
- 4.51 The PMHT comprised a band 7 team leader RMN, who was supported by seven band 5 RMNs, although we were told that this number might be reduced in the near future: this would have a detrimental effect on prisoners' mental health well being. The team caseload was 136 prisoners, with a further 33 waiting for assessment. Many were suffering from anxiety and depression. The team operated a single point of referral system and accepted referrals from across the prison, including from prisoners. There were some inappropriate referrals from prisoners wanting single cells or not wanting to go to education or work.
- 4.52 The team offered one-to-one support as well as group work, such as self-harm, anger and anxiety management. There were weekly multidisciplinary and separate referral meetings. The team was visible around the prison and felt that they had established good relationships across the establishment. The team worked with the inpatient team and the GPs and attended all the ACCT reviews of the prisoners in their care. There was no day care provision for prisoners less able to cope with life on the wings.
- 4.53 In our survey, 40% of prisoners with mental health issues said that they were not receiving any help – although this was slightly better for vulnerable prisoners – and very few said that they were being helped by nurses. There was a more positive response to support and contact from the MHIRT.
- 4.54 The MHIRT comprised a band 7 RMN team leader, supported by full- and part-time RMNs, social workers and administrative support. Psychiatrist support was from a consultant forensic psychiatrist, who attended the prison for two sessions a week. The team covered two other prisons, and staff were cross-deployed when necessary, although there was a permanent

mental health worker at Hull. Clinical psychologists and occupational therapists were available through the Trust.

- 4.55 Referrals were accepted from the PMHT, GPs and other prison staff. The team caseload was approximately 35 prisoners, all of whom were managed under the care programme approach. Many had diagnoses of schizophrenia, psychosis and bipolar disorder. Multidisciplinary weekly meetings took place, during which prisoners were allocated to specific workers. The team told us that prisoners often failed to turn up to appointments in the healthcare department, and many asked to see the team on the wings rather than come to the healthcare waiting room, where there were long waits and some prisoners felt unsafe (see paragraph 4.29).
- 4.56 As with the PMHT, the MHIRT attended all ACCT reviews of prisoners in their care, provided that they were informed of the review. The team leader delivered a regular programme of mental health awareness training to officers and prison staff but felt that there was a need for a regular programme of training across the prison. The team had been successful in transferring prisoners with mental health problems to secure units without significant delays.

Recommendations

- 4.57 The physical condition and facilities in healthcare areas on residential units should be fully assessed and remedial action taken to ensure that they provide a safe, clean and appropriate environment. There should be a regular cleaning schedule and staff using these facilities should take responsibility for maintaining cleanliness and tidiness in the rooms.
- 4.58 Additional domestic staff should be employed to raise cleanliness levels on wing treatment areas.
- 4.59 The inpatient beds should be removed from the prison's certified normal accommodation.
- 4.60 Prisoners should only be admitted to inpatient beds if they have a diagnosable physical or mental health need.
- 4.61 A gated cell should be installed in the inpatient area to facilitate better observation and support to inpatients in distress.
- 4.62 There should be increased generic health promotion, including oral health, across the prison.
- 4.63 A health services professional should be identified to oversee the management of older prisoners and those with disabilities.
- 4.64 A secondary health screen should be implemented within 72 hours of admission.
- 4.65 The reason for the poor healthcare and dentistry attendance rates should be investigated and action taken to reduce the significant numbers of prisoners failing to attend appointments. Officers should sign for appointment slips.
- 4.66 Prisoners should not be left for hours in the healthcare waiting room before and after their appointment.

- 4.67 Day care facilities should be provided for prisoners less able to cope with life on the wings.
- 4.68 Regular mental health awareness training should be introduced.
- 4.69 The head of healthcare and the primary mental health team leader should investigate prisoners' poor perceptions to ensure that effective care is being delivered, especially in light of the proposed staff reduction in the primary mental health team.
- 4.70 The healthcare waiting room should provide comfortable fixed seating for waiting prisoners.
- 4.71 The keys to the controlled drugs (CDs) cupboard in the pharmacy should be locked away every night and a log instigated to record all access to CDs out of hours.
- 4.72 The number of clinical dental sessions should be increased to at least five a week.
- 4.73 Protocols should be developed for dental out-of-hours and emergency cover.
- 4.74 The timing of medication rounds should be reviewed so that patients receive their medications at the correct time.
- 4.75 The pharmacist should review the levels of in-possession medication, including pain relief, with a view to increasing the number of prisoners having medication in-possession.
- 4.76 Patient group directions (PGDs) should be introduced to avoid unnecessary consultations with the doctor. A copy of the original signed PGDs should be present in the pharmacy, and be read and signed by all relevant staff.
- 4.77 The pharmacist should develop pharmacy-led clinics and medication reviews.

Housekeeping points

- 4.78 Loose medicines should not be left lying around treatment rooms.
- 4.79 Maximum and minimum temperatures should be recorded daily for the drug refrigerators to ensure that heat-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff.
- 4.80 The inpatient manager should keep an auditable log of use of force within the department.
- 4.81 A system should be implemented to ensure that prisoners receive their appointments.
- 4.82 A dental washer/disinfectant should be provided in an area external to the dental surgery.
- 4.83 The dental compressor should be checked and maintained regularly.
- 4.84 The dental radiograph developer should be re-sited.
- 4.85 The defective floors in the inpatient area should be replaced.

Good practice

- 4.86 *The introduction of a dedicated patient advice and liaison service (PALS) worker at the prison ensured that prisoners' complaints were addressed quickly and a resolution provided.*

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

- 5.1 There were activity spaces for 78% of the population. Learning and skills provision and its leadership were satisfactory and linked to resettlement objectives and employability. Around a third of prisoners participated in education (full or part time) or vocational training. Teaching was satisfactory and mainly good in vocational training, but the education curriculum was too narrow, and assessments did not always inform learning plans. Literacy and numeracy was provided in workshops. Information, advice and guidance (IAG) provided a good service, and use was made of peer tutors. There was no dyslexia support. Attendance and punctuality were good. Library facilities were satisfactory, but attendance was poor and the service was underused.
- 5.2 The leadership and management of learning and skills were satisfactory. The strategic direction for learning and skills was clearly defined and linked to the overall objectives of the prison. Recently, there had been actions to improve the overall provision of learning and skills. Data were used adequately to ensure that managers had a clear understanding of how courses were performing. There was similar provision for remand, mainstream and vulnerable prisoners. Equality of opportunity data were collected and used to ensure that entry to, and performance on, courses was fair and equitable. There was a culture of mutual respect between prisoners and tutors.
- 5.3 Most of the education and vocational training was provided by Manchester College through a Learning and Skills Council-funded offender learning and skills service (OLASS) contract, providing 54,000 hours a year. Construction provision was subcontracted to East Riding College. Hull College provided assessment in engineering and manufacturing qualifications. Hull University provided accreditation modules that counted towards credits for higher education qualifications.
- 5.4 The prison had worked with the education provider to introduce a range of provision that developed employability skills and provided literacy, numeracy and language support and opportunities to improve personal and social integration skills. Planning of provision took account of the range of needs of the different types of prisoner and their destination on release or transfer from the establishment.
- 5.5 There were 262 education places over four and a half days each week, and approximately 36% of the population participated in education or vocational training. A small amount of personal and social integration provision was available in the evening, but only for vulnerable prisoners. Attendance, punctuality and behaviour were generally good.

- 5.6 The classroom resources were satisfactory and generally accessible to most prisoners. Fittings, such as desks and chairs, in some classrooms were in a poor state of repair. The prison was aware of this issue and new furnishings had been ordered. Teachers were appropriately qualified and most either held or were working towards a recognised teaching qualification.
- 5.7 Teaching and learning were generally satisfactory. Teaching was mainly good in the vocational workshops and in art sessions. In education classes, there was an over-reliance on using workbooks to guide learning. The range of planned activities was narrow and did not motivate or sufficiently engage prisoners' interest. The two and a half hour sessions did not include a break or provide water or other refreshments. In skills for life, provision was made for prisoners who could not attend education classes because of physical illness, mental health problems, security risks or segregation. When no previous assessments were available, prisoners received a full assessment of their literacy and numeracy skills. However, insufficient attention was given to the results of initial assessment to inform individual learning plans, set challenging targets or support individual learning.
- 5.8 The prison had activity places for 78% of the population. At the time of the inspection, 57% were engaged in either full- or part-time employment. A total of 285 workshop places were provided by both the education provider and the prison. Much of this was accredited, with the exception of the breakfast packing workshop. Work was also available throughout the prison in the kitchens, waste management, textiles, cleaning and gardens, most of which offered the opportunity to gain accredited qualifications, although this was dependent on sentence length. Prisoners in construction were able to achieve the Construction Skills Certification Scheme (CSCS) card. The prison also offered industry-recognised qualifications in scaffolding. Literacy, numeracy and language support was available on the accommodation wings and in workshops. The pay rates for work and education were not equitable.
- 5.9 In vocational training, resources to support learning were good in most cases. Workshops were well equipped with appropriate tools and equipment to help prisoners develop skills and achieve qualifications. Most workshops had small classrooms where prisoners were able to complete paperwork and receive individual support.
- 5.10 Satisfactory support was provided by peer tutors, who were qualified to level two in literacy and numeracy. Peer tutors did not yet have opportunities for accrediting their tutoring skills. Tutors in education provided good pastoral support, particularly on personal development courses, but there was limited support for those with dyslexia.
- 5.11 Prisoners received good information, advice and guidance on the range of activities available at Hull. This had recently been improved, in both the quality and quantity of the service. IAG was located in the resettlement department, and links between the two departments were good. Staff made sufficient reference to sentence planning information, initial assessment and each prisoner's education, training and employment needs linked to resettlement when assessing their suitability for a learning programme. However, formal links between education and sentence planning were underdeveloped.

Library

- 5.12 Prisoners had planned library sessions once a week for 20 minutes, but attendance and punctuality at these sessions were poor. This was mainly because of poor regime planning. The library kept good records of why prisoners did not attend. Prisoners could request a half-day period in the library to enable them to use the resources to support their learning

programmes. This facility was used mainly by vulnerable prisoners. The library supported learning programmes by researching and printing materials for prisoners through a staff internet connection. For prisoners who could not access the library, librarians either visited them in their cell or linked with education staff to supply them with books. The library was understaffed by one part-time member due to funding difficulties. The library was able to provide a full service, but was unable to stay open to cover staff absence. It was not included in the prison induction.

- 5.13 Library staff promoted literacy through a range of initiatives, such as the 'six book challenge' and the 'big book share'. Library and education staff, with support from The Reading Agency, worked with prisoners to help them write and publish a book of original children's stories to share on family days held at the prison. One prisoner had received the Koestler Outstanding Award for Fiction in 2007. Other events included visiting speakers, and reading and music appreciation groups, although these were mainly attended by vulnerable prisoners. However, Storybook Dads and Toe-by-Toe were not provided.
- 5.14 The book stock was good, although book losses through damaged and unreturned books were high, at 11%. The range of stock met most prisoners' needs. Books in foreign languages were changed every 13 weeks through a rotation initiative with Hull City Libraries and were available in a wide range of languages, to meet the needs of foreign nationals. The library stocked appropriate legal textbooks, some of which were available on CD-ROM, and Prison Service Orders.

Recommendations

- 5.15 Classroom furnishings should be improved.
- 5.16 A wider range of teaching and learning activities should be developed and implemented to improve prisoners' motivation and interest.
- 5.17 Tutors should include natural breaks during two and a half hour teaching sessions and provide at least basic refreshments, in line with learning and skills 'every adult matters' policy.
- 5.18 The results of initial and diagnostic assessments should be used to inform individual learning plans and set challenging targets.
- 5.19 Support should be provided for dyslexic prisoners.
- 5.20 An equitable pay scheme should be introduced for work and education.
- 5.21 Library activities should be promoted through induction and on the accommodation wings.
- 5.22 Attendance at the library should be improved.

Physical education and health promotion

Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education

inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 5.23 Facilities in the gym were good, but the range of accredited courses limited. A range of courses was available specifically for older prisoners. There were good links with the healthcare department, the counselling, assessment, referral, advice and throughcare (CARAT) team and with Hull University.
- 5.24 All prisoners received a general introduction to the gym during their induction to the prison. They were given clear information on the small range of accredited programmes and activities that were available and how they could be accessed. The opening hours of the gym were well advertised on the residential units.
- 5.25 Access was good and prisoners were able to attend sessions during the day, in the evenings and at weekends. Prisoners who attended work and education during the day received priority at evening sessions. Attendance was based on a rota system, with each wing having access at specified times. At the time of the inspection, approximately 54% of the prison population accessed the gym; this had steadily increased from 32% in 2006.
- 5.26 Accommodation, located on two floors, was good. The range and order of equipment was good and included a free weights and resistance equipment room. Resistance-free weights and cardiovascular equipment were also available in a designated area within the large sports hall. A range of indoor sports took place in the sports hall, which was of a good standard. The first floor could be accessed by either stairs or a lift, and housed a good-sized classroom which was occasionally used for activities such as yoga and was a designated area for prisoners referred to PE by the healthcare department.
- 5.27 Outside activities were available on a small all-weather surface pitch, which was principally used for football. The area was floodlit, although most activities took place during the day or at weekends. Prisoners were provided with clean gym kit for each session. Changing and shower facilities were appropriate and of a satisfactory standard.
- 5.28 PE had good links with the healthcare department, and approximately 20% of the prison population accessed the gym on a referred basis. Programmes were developed for individual prisoners and integrated into the main gym activities. Well-developed links had been made with the CARAT team, and gym staff provided courses such as healthy living and healthy eating to support the drugs programme. A range of courses was available specifically for older prisoners. The gym hosted the work of Age Concern, which ran courses for older prisoners.
- 5.29 Good links had been made with Hull University, with students undertaking work placements in the prison. The gym offered a limited number of accredited courses, such as British Amateur Weight Lifting Association, HeartStart and Manual Handling. Achievement on these programmes was mostly good. Further courses were planned.
- 5.30 The recording of accidents and near-accidents was appropriate. Disciplinary procedures used in the gym which resulted in prisoners being prevented from attending did not comply with the established formal disciplinary procedures (see paragraph 6.22 and recommendation 6.39).

Recommendation

- 5.31 **More accredited courses should be developed.**

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.

5.32 There was a widely publicised programme, although the Roman Catholic service for vulnerable prisoners clashed with weekend exercise. Chaplains were active and visible in the establishment and were represented on key committees and involved in sentence planning and assessment, care in custody and teamwork (ACCT) reviews. Facilities were reasonable but there was no space for one-to-one and group work. A limited range of activities other than services was provided by the small team and community links were underdeveloped.

5.33 The chaplaincy had a well-publicised programme of services and limited provision of other activities. Services for Roman Catholic vulnerable prisoners clashed with exercise on a Sunday. Prisoners could request to see a chaplain in private but space was limited if the chapel and multi-faith room were in use.

5.34 The chaplaincy team was small for the size of the establishment, with only two full-time members of staff in post. A third full-time post for a Roman Catholic chaplain was vacant. All other faith provision was on a sessional basis.

5.35 The chaplaincy team provided a limited range of activities, such as prayer and discussion groups, but no formal courses. The team supported diversity and cultural events and had been praised by prisoners for the well-run Eid celebrations. The team was integrated into the daily life of the prison and was represented in key regime meetings. Chaplains routinely saw all new receptions and made daily visits to the segregation unit. They attended ACCT reviews and contributed to sentence planning when required. Generic duties were shared among all chaplaincy team members.

5.36 Facilities consisted of offices, a large chapel and a multi-faith room. There were good on-site washing facilities for Muslim prayers.

5.37 Relationships with community-based faith groups were underdeveloped, although some volunteers came into the prison to lead worship. The coordinating chaplain had recognised this and was working towards improving links with the local community.

Recommendations

5.38 The size of the full-time chaplaincy team should be reviewed in light of the size of the establishment.

5.39 Regime activities should not clash with corporate worship.

5.40 Additional facilities should be provided to enable activities other than corporate worship to take place.

5.41 Links with locally based faith groups should be developed to enhance religious and faith provision.

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

- 5.42 Access to time out of cell and association were significantly better than in most local prisons. Association was rarely cancelled. Prisoners located on A wing received less time out of cell. Exercise was limited to 30 minutes on weekdays, and took place at times which conflicted with the dispensing of certain medications.
- 5.43 The prison reported a time out of cell figure of nine hours, against a target of 8.5 hours. Senior managers were committed to ensuring the integrity and accuracy of recorded data. A comprehensive review of data and recording procedures had taken place and, as a result, a revised regime monitoring system had been implemented the week before the inspection. It was too early to ascertain the impact that this new system would have on the reported time unlocked and purposeful activity figures.
- 5.44 For a fully employed prisoner unlocked for the maximum time available under the published core day, it was possible to be out of cell for around 10 hours from Monday to Thursday, and slightly less on Fridays and at weekends. Even unemployed prisoners were able to be out of cell for over 6 hours on Monday to Thursday. The recent provision of a morning and afternoon domestic period each weekday also ensured that prisoners not engaged in activity and remaining on the wing had access to time out of cell and were able to shower and use the telephone. A split regime was in operation on A wing to ensure that general population prisoners and vulnerable prisoners alike had access to some time out of cell. As a result, unemployed prisoners on A wing had access to less time out of cell than those on other wings.
- 5.45 In our survey, 77% of respondents, significantly better than the 47% comparator, said that they went on association more than five times a week. Association was available Monday to Thursday evenings for two hours, and records showed that it was rarely cancelled. A rota was operated to ensure that cancellations were equitably shared across the residential wings.
- 5.46 Exercise was available daily, for 30 minutes on weekdays and an hour at weekends, but was offered at a times which conflicted with the dispensing of certain medications. In our survey, only 19% of respondents, against the 39% comparator, said that they went outside on exercise three or more times a week. The majority of exercise areas were bare and uninviting. Staff supervising the exercise sat outside the exercise area and had little interaction with prisoners. The duty governor was responsible for authorising the cancellation of exercise – for example, owing to inclement weather. Wing logs showed that this happened infrequently.

Recommendations

- 5.47 Prisoners should be given the opportunity for at least one hour of exercise in the open air every day.
- 5.48 All prisoners should have at least 10 hours out of cell each day.
- 5.49 Furniture and recreational facilities should be provided in the exercise yards.

Section 6: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

6.1 Dynamic security was good and provided a flow of intelligence to the security department. Intelligence management had developed and improved. The numbers of closed and banned visitors were low and regular reviews were held. Categorisation was linked to sentence planning but prisoners were not routinely asked to contribute to reviews.

Security

- 6.2 The large security department was well managed and had good governance arrangements. The monthly security committee meeting, chaired by the deputy governor, was reasonably well attended, although the committee had noted in its July 2008 meeting that the healthcare and resettlement departments were not represented.
- 6.3 Dynamic security and the flow of information to the security department were good. A total of 1,243 security information reports (SIRs) had been received to date in 2008. These were processed in a timely and effective manner by the trained, full-time security analysts and collators. Most SIRs related to drugs.
- 6.4 A separate intelligence committee, chaired by the deputy head of operations, met each month before the security committee. Managers had revised the format of this meeting to ensure compliance with audit procedures and that the proactive approach to intelligence gathering and monitoring being developed by the department's analysts and collators was used to best effect. The intelligence committee monitored SIRs, mandatory drug testing results and incident reporting data. Intelligence assessments were produced and recommended security objectives taken forward to the security committee meeting. Intelligence analysts were developing a staff awareness package to ensure that all staff in the prison were aware of how they could contribute to achieving the objectives set.
- 6.5 The police liaison officer (PLO) was a shared resource with neighbouring prisons but the department reported a good working relationship. The PLO consistently attended the security committee meeting and submitted a monthly report. The prison did not employ its own dog handlers but utilised the area drug dog team. Managers reported that the deployment of dog handlers was flexible and responsive to the prison's needs. There were three prisoners on closed visits and six banned visitors at the time of the inspection. Monthly reviews, attended by a member of the Independent Monitoring Board (IMB), took place and results were reported to the security committee. A single positive drug dog indication resulted in visitors being offered a closed visit, even in the absence of corroborating security intelligence.

- 6.6 The searching strategy was published for all staff. The policy contained no information and guidance for staff on how to conduct a squat search appropriately, and did not describe the circumstances in which such a search could be conducted or the level of authorisation required to do so. Strip searches were carried out routinely rather than on risk assessment or as a consequence of intelligence.
- 6.7 Movement around the prison through the lined route system appeared well managed and ensured that prisoners arrived at activities on time. However, there was no flexibility to return prisoners to wings outside main movement times, which resulted in prisoners experiencing lengthy waits in holding rooms, for example in visits and in the healthcare department (see section on health services).

Rules

- 6.8 Prisoners signed a compact linked to the incentives and earned privileges scheme which outlined the rules of the prison. These compacts were stored in wing files. Each residential unit also had comprehensive prisoner information files, located either in wing offices or displayed on the wing. These files provided a range of information about the prison's policies and procedures.

Categorisation

- 6.9 Initial and review categorisation was completed by the offender supervisor officer group, located in the risk management unit and linked directly with offender management work. Reviews took place at least yearly and also routinely when sentence planning took place, and a relevant range of information was used on which to base decisions. Prisoners were informed in writing of the outcome of these reviews but were not routinely asked to contribute, unless it formed part of the sentence planning meeting.
- 6.10 Prisoners used the complaints process to appeal against categorisation decisions but they were not routinely told about the appeals process, and few were received.
- 6.11 In the six months before the inspection, 121 prisoners had been recategorised and 84 had been transferred to category D conditions. At the time of the inspection, there were 37 category D prisoners being held, mainly because of the restrictions in the open prison estate in taking those on methadone maintenance.
- 6.12 The Yorkshire and Humberside Prison Service area had systematically reviewed the criteria used in all the prisons in the area to ensure that they were appropriate. This had recently resulted in a significant reduction in the number of criteria being imposed for acceptance at other prisons, and should in time better facilitate the movement of prisoners to category C training prisons from Hull.

Recommendations

- 6.13 The movement system should be changed so that prisoners are able to return to their wing or activity outside main movement times.
- 6.14 The searching strategy should be amended and explicitly state that squat searches should only be conducted in exceptional circumstances. All squat searches should be

appropriately authorised and recorded. Strip searching should only be carried out on the basis of a risk assessment or specific intelligence.

- 6.15 Closed visits should not be imposed as a result of a single positive drug dog indication.
- 6.16 Prisoners should be notified both verbally and in writing of the outcome of recategorisation reviews.
- 6.17 Prisoners should routinely be encouraged to contribute to recategorisation reviews.

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.

- 6.18 Referrals to the independent adjudicator were reasonable. Charges were appropriately investigated and cases were deferred to enable witnesses and legal representatives to attend. Communal areas of the segregation unit, referred to locally as the separation and care unit (SACU), were clean but cells were grubby and cold. The published regime on the SACU and the overspill unit, K wing, was limited. Entries in wing files on both units were largely observational and did not demonstrate positive interaction with prisoners. The role of K wing was not clear and authorisation inadequate. Use of force was relatively low and documentation was completed to a reasonable standard. The use of special accommodation was low but some of the documentation was incomplete.

Adjudications

- 6.19 There had been 1,582 adjudications in 2007 and 1,319 in the year to date. Reasonable monitoring information was collated and analysed by SACU staff and managers. This information showed that in the six months from April to September 2008, approximately 18% of proven adjudications had resulted in a punishment of cellular confinement. In the same period, 46 adjudications were referred to the independent adjudicator and a total of 249 additional days in custody were meted out as a result.
- 6.20 All SACU staff were trained adjudication liaison officers. They checked completed adjudication paperwork and issued it to prisoners. There was an adjudications policy published on residential units which included information on prison rules. The adjudication tariff was not published for prisoners, but changes to the local tariff were published for prisoners through information notices. The quarterly adjudication meeting was chaired by the deputy governor, who was also responsible for quality assuring completed adjudications and provided individual feedback to governors. Any trends or common concerns identified through this quality assurance check were discussed at the adjudication meeting.
- 6.21 Charges appeared to be investigated thoroughly. Prisoners were addressed respectfully and were encouraged to participate in the process, although writing materials were not provided in the adjudication room. Hearings were appropriately adjourned to allow prisoners to contact legal advisers and to call witnesses. We saw one example of an adjournment to allow a translator to attend. An adjudication we observed was appropriately adjourned following the governor's concerns about whether the prisoner was medically fit to proceed. The adjudication

paperwork we sampled showed consistency in the level of punishments issued, which were within the published guidelines.

- 6.22 Staff in the gym awarded prisoners a 'cooling off period' following any perceived inappropriate behaviour during gym sessions. This resulted in a prisoner being unable to attend the gym for a set period. This was an unofficial, inappropriate punishment.

Use of force

- 6.23 There were 106 uses of force between January and September 2008, and these appeared to be proportionate and appropriate. In the six-month period from April to September 2008, there were 71 uses of force, three of which were planned, and handcuffs were used in approximately 58% of cases.
- 6.24 Paperwork demonstrated that staff tried to de-escalate situations. Staff accounts of incidents were full and descriptive. In some forms, the use of force had been certified by an officer involved in the incident. Completed F213 forms (the forms used to report injuries to prisoners) accompanied all use of force paperwork. At the time of the inspection, 93% of staff were trained in the use of force.
- 6.25 The special cell had been used on two occasions in 2008, both overnight. There had also been one recorded use of mechanical restraints in 2008, and this had been appropriately authorised. Some of the documentation relating to the use of special accommodation was incomplete and in one case the governor had failed to record the level of search carried out and whether the prisoner had access to his own clothes while located in special accommodation.
- 6.26 We viewed a recording of one planned incident but were unable to view the footage of a second incident, as the DVD which had been retained was blank.
- 6.27 The use of force was monitored at the monthly security committee meeting. There was a separate use of force committee but this was not attended by a member of the IMB, and the agenda focused solely on practical considerations such as control and restraint (C&R) equipment and training. A principal officer reviewed use of force documentation monthly to ensure compliance with critical Prison Service audit baselines. This included interviewing staff involved in uses of force, but it was unclear from the documentation which specific uses of force were examined, which staff had been interviewed and how this review had been used to inform and develop good practice.

Separation and care unit

- 6.28 The SACU had 10 cells and one special cell. The special cell was equipped with closed-circuit television. K wing had eight safer cells, which were included in the prison's certified normal accommodation, and one special cell. It was used as an overflow unit for the SACU but was also used to accommodate vulnerable and, occasionally, general population prisoners on overspill from the main residential wings. Both units were staffed by officers appropriately selected and trained for the work in accordance with published criteria. A rotation scheme for staff was in operation but there was no peer support or mentoring scheme.
- 6.29 At the time of the inspection, there were four prisoners located on the SACU; two were on cellular confinement, one was waiting for adjudication and one was subject to good order or discipline (GOOD). There were three prisoners located on K wing: two on cellular confinement and one on overflow from the vulnerable prisoner wings.

- 6.30 Good segregation monitoring and review group (SMARG) records were kept to identify and monitor trends in the level of use and length of stay of prisoners located on both units under formal segregation procedures. The three quarterly reports produced in 2008 showed that the main use of the units during this period had been to accommodate prisoners held pending adjudication or subject to cellular confinement. There had been relatively little use of GOOD during this period and low numbers of prisoners located on either unit in their own interests. The average roll of the unit was eight prisoners and the average length of stay was seven days.
- 6.31 Similar monitoring records were not kept for overspill prisoners located on K wing. The role of the unit was ambiguous. At the time of the inspection, the one prisoner located on K wing on overspill was effectively segregated in his own interests. He had the opportunity to access association on the vulnerable prisoner units but had declined to do so. Prisoners could potentially spend protracted periods on the wing with little or no regime access and no regular reviews or effective reintegration planning.
- 6.32 All prisoners were strip searched before being located on the SACU. The published regime on the SACU and K wing was limited, although prisoners on both units were able to access showers and telephones daily. One prisoner we spoke to said that he had not received a copy of the SACU information booklet. This booklet was only available in English.
- 6.33 The education department visited the units one day each week and provided in-cell education. There was an exercise bicycle in the SACU. The cells on K wing had in-cell electricity and prisoners had access to kettles and/or televisions, depending on their status. Prisoners undertaking offending behaviour work were able to continue to attend courses while located in the units. IMB and chaplaincy staff attended regularly.
- 6.34 The communal areas in both units were clean, although the showers on K wing were not partitioned and ventilation was poor. The cells in K wing were reasonably clean but had no curtains. Cells in the SACU were not as clean and were cold. Some cells had damaged flooring and the toilets were badly stained. The outdoor exercise area for the SACU was austere and uninviting. There was a reasonable-sized television room in K wing but prisoners could not use it, as it was used to store C&R equipment.
- 6.35 Prisoners' wing files contained numerous entries each day, but these were largely observational and did not provide any evidence of positive engagement or contact with prisoners, although there were examples of positive interactions. One prisoner we spoke to was upset because he had not yet received his possessions from the wing. SACU staff had contacted the wing but there were no entries in his wing file to that effect.
- 6.36 The unit operated its own personal officer scheme but prisoners were not visited by their wing personal officer during periods of segregation. There was a risk assessment system to ensure that the use of cardboard furniture was appropriately authorised and reviewed daily. There was no similar risk assessment to authorise and review the use of additional staff to unlock prisoners in the SACU.
- 6.37 While segregation reviews took place within the required timescale, the examples we viewed were not attended by a multidisciplinary team, and behavioural targets set as a result were limited and simplistic.

Recommendations

- 6.38 The local tariff should be published to prisoners.
- 6.39 The practice of issuing prisoners with unofficial cooling-off periods from gym sessions should cease.
- 6.40 All separation and care unit (SACU) cells should be thoroughly cleaned and toilets descaled.
- 6.41 Showers on K wing should be fitted with privacy screens and should be adequately ventilated.
- 6.42 Wing history sheets should detail the frequency and content of contact with prisoners by staff and visitors to the unit.
- 6.43 Wing personal officers should make regular visits to prisoners on the SACU or K wing and record this contact in wing files.
- 6.44 Reviews of segregation should be conducted by a multidisciplinary team and targets set at reviews should be geared towards effective reintegration planning.
- 6.45 The role of K wing should be reviewed and should not provide an unofficial means of segregating prisoners.
- 6.46 The use of additional staff to unlock prisoners should be as a result of a risk assessment which is reviewed daily.
- 6.47 Planned removals should be recorded and used for staff development purposes.
- 6.48 Governance arrangements for the use of force should be improved.
- 6.49 Quality assurance arrangements should be introduced for the use of force.
- 6.50 Officers certifying the use of force should be independent of the incident.

Housekeeping point

- 6.51 Prisoners should have access to writing materials in the adjudication room.

Incentives and earned privileges

Expected outcomes:

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

- 6.52 The incentives and earned privileges (IEP) policy was publicised on the wings but was only available in English. There were good quality assurance arrangements. Links with a prisoner's engagement in offending behaviour work were not routinely made when considering general population prisoners for enhanced status. A prisoner's television could be removed following receipt of two warnings, without convening a formal review board.
- 6.53 The IEP policy document had been reviewed in August 2008. The policy was thorough, understood by staff and prisoners, and well publicised on the wings. The published policy was only available in English.
- 6.54 The scheme had three levels – basic, standard and enhanced – differentiated by access to visits, private cash, in-cell television and the purchasing of items from the facilities list such as cell furnishings and handheld games. Movement between the levels, as described in the policy, was determined by a prisoner's effort and achievement at work, participation in his sentence plan, relationships with staff and prisoners, and respect for and adherence to the prison rules.
- 6.55 Inappropriate behaviour could result in a prisoner receiving a formal warning, or 'strike'. All strikes had to be authorised by a wing manager before being issued to the prisoner. In the wing files we sampled, we saw an example where a wing manager had made the decision not to issue a strike. The policy stated that a prisoner who received two strikes in a 21-day period could have his television removed for seven to 14 days, authorised by the wing manager. Removal of this privilege could occur without a formal review board having taken place.
- 6.56 Prisoners who received three strikes within a six-week period were referred to an IEP review board. Prisoners could make written submissions to review boards, which were usually chaired by wing managers. Personal officers also submitted a written report. We found few examples where personal officers for general population prisoners had made any reference to the prisoner's participation in his sentence plan or offending behaviour programmes. In many files we viewed, this section of the form was left blank. However, links with engagement in offending behaviour work were more established and integrated into the IEP review process for vulnerable prisoners.
- 6.57 At the time of the inspection, approximately 38% of prisoners were on the enhanced level of the scheme and 61% on the standard level. New receptions to the prison could retain their enhanced status on arrival. All prisoners' IEP status was reviewed 28 days after arriving at the establishment and thereafter annually, unless the prisoner applied to be considered for enhanced status or was recommended for downgrading. Prisoners were eligible to apply for upgrading to enhanced status after a period of three months in the prison. Applications were then endorsed by their personal officer or wing staff. Prisoners we spoke to said that applications for the enhanced level could take a long time to be processed but in wing files we sampled, applications had been dealt with promptly. Prisoners expressed mixed views about whether the differential between the levels, particularly between the standard and enhanced levels, provided sufficient encouragement to improve their behaviour.
- 6.58 Quality assurance arrangements were good. Wing managers were required to keep a record of all strikes issued and all boards held. Each month, wing principal officers conducted a quality check of a minimum of 20% or 10 completed reviews and recorded their findings. Following this check, the principal officer with strategic oversight of the IEP policy conducted a further quality check. Records of monthly checks demonstrated that most review boards were carried out in accordance with the published policy. Feedback was provided to residential managers when this was not the case. In recognition of concerns identified through ethnic monitoring

about the low number of black and minority ethnic prisoners progressing to the enhanced level, this check included an overview of any boards held for such prisoners.

- 6.59 There were seven prisoners on the basic level of the scheme at the time of the inspection. The policy stated that prisoners on the basic level would have their sentence plan targets adjusted to encourage progression to standard. It was not clear from prisoners' wing files whether this happened, or what targets prisoners were set when downgraded to the basic level to improve their behaviour. The published policy required daily entries in wing files for those prisoners on the basic level, but in the wing files we sampled this did not appear to happen. Prisoners on the basic level had their status reviewed every seven days.

Recommendations

- 6.60 The incentives and earned privileges (IEP) policy should be available in a range of languages.
- 6.61 Prisoners on the basic level of the IEP scheme should be set behaviour improvement targets, and staff should demonstrate that they are actively monitoring behaviour through daily wing file entries.
- 6.62 IEP review boards and applications for enhanced status for all prisoners should consistently be linked to a prisoner's engagement with his sentence plan and participation in offending behaviour work.
- 6.63 A prisoner's privileges should not be removed unless a formal IEP review board has been held. The interim removal of a prisoner's television following receipt of two warnings in a 21-day period should cease.

Section 7: Services

Catering

Expected outcomes:

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

- 7.1 The kitchen was purpose built and of a good size. Most equipment was in a good state of repair. Food quality was not consistent, particularly in the evening, and lunch portions were small. Consultation with prisoners was reasonable and published meal times were adhered to. Hygiene and food safety standards were inconsistent, particularly at the point of food delivery, and prisoners were concerned about cross-contamination of halal food due to food serving methods.
- 7.2 The catering facility was purpose built and of a good size. The kitchen areas were generally clean and most equipment in good working order. Up to 30 prisoners worked full time in the kitchen and an additional 10 could work part time in each of the morning and afternoon periods. All prisoners working in the kitchen were from the vulnerable prisoner population. This had proved successful but prevented general population prisoners from accessing some catering qualifications.
- 7.3 Prisoners working in the kitchen and servery areas had undertaken at least food hygiene training and most had done halal food training, cleaning courses and health and safety courses. Prisoners working in the main kitchen could also undertake National Vocational Qualifications (NVQs) in business improvement and catering. Five prisoners had passed NVQ level one in catering so far in 2008
- 7.4 Prisoners were provided with three meals a day and a packet of biscuits a week for supper. Breakfast packs were distributed at lunchtime the previous day, and many prisoners reported eating them at that time, as food portions were small. Lunch consisted of a choice of soup, hot or cold sandwiches, and crisps and fruit. However, the sandwiches were small, and those having the hot option did not receive crisps. This had been done in response to a prisoner survey but prisoners subsequently complained, and we observed, that the portions were small at lunchtime. The evening meal was cooked from 3pm onwards. It was delivered to the wings from 4pm but not served until 6pm. This resulted in some food being soggy, the rice dried and most nutritional value lost. Prisoners were rarely able to get five portions of fruit and vegetables a day, and could not purchase fresh fruit or other fresh food from the prison shop. Meals were generally served at the published times.
- 7.5 There were no facilities for prisoners to dine in association, even though the design of the newer wings made this a simple facility to provide. Most prisoners dined in a cell with no toilet screens and inadequate space to eat comfortably.
- 7.6 The menu was on a four-week cycle, with up to five options in the evening. Special diets were catered for. The recent Ramadan celebrations had gone well overall but prisoners told us that the consultation that had taken place before Ramadan had been disregarded, and that Muslim prisoners from the general population had not been able to work in the kitchens during

Ramadan. This was despite Muslim prisoners from both populations attending Friday prayers together.

- 7.7 Prisoner surveys were carried out at a basic level at least twice yearly, and suggestions were implemented where possible, although suggestions about increasing portion sizes had not been taken up. Prisoners were also consulted through prisoner representatives at the regular wing consultation meetings, which were attended by catering staff. Food comments books were available on all residential wings and attracted some complaints. Although catering staff checked these regularly, few responses were given to complainants.
- 7.8 The food trolleys were in a reasonable state and most hot plates were clean. However, the fabric of some of the buildings meant that some servery areas were in a poor state of repair. The D wing servery suffered from persistent flooding from the food disposal unit which had not been rectified.
- 7.9 Food safety standards at the point of delivery were mixed, with some prisoners wearing whites and protective boots and others not. We also observed prisoners serving all food using the same disposable gloves, although separate utensils were provided for halal and other food. Prisoners were concerned about cross-contamination of halal food. Food temperatures were not always recorded.

Recommendations

- 7.10 Prisoners from both prisoner populations should be considered for work in the kitchens.
- 7.11 Breakfast should be served on the same day it is eaten.
- 7.12 Portions of food at lunchtimes should be increased.
- 7.13 The evening meal should be cooked closer to the time of serving it.
- 7.14 Prisoners should be able to dine in association.
- 7.15 Prisoners should be able to have five portions of fruit and vegetables a day.
- 7.16 Catering staff should provide written responses to entries in food comments books.
- 7.17 Wing servery areas should be improved and the flooding in the D wing servery rectified.
- 7.18 Food safety standards should be consistently applied in all servery areas.
- 7.19 The correct utensils should be used to serve food.

Prison shop

Expected outcomes:

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

- 7.20 Provision of the prison shop facility was due to change to a new provider within two weeks of the inspection, and there was some confusion about the new service. The current shop list comprised 350 items, and this had been reviewed regularly in consultation with prisoners. The catalogue service was due to be suspended until early 2009, owing to contractual issues, and prisoners expressed doubts over whether existing orders would be fulfilled.
- 7.21 The contract with Aramark for the provision of the prison shop was due to come to an end two weeks after the inspection. Prisoners felt uninformed about the new contract provided by DHL/Booker and staff had been unable to provide much information. The new canteen list had not been agreed but would contain up to 350 items, similar to the previous list. There was a sufficiently diverse range of goods but there was a danger of some of these being removed by the supplier to keep the list within the prescribed limit. Fresh food and fruit was not available on the existing list and there were no plans to include these items on the new list.
- 7.22 New receptions were offered either a smokers' or non-smokers' pack but could wait up to 10 days before they received their first full shop order. The system for recovering the cost of these packs was inequitable, as those with sufficient funds would repay the whole cost at once, whereas others repaid at £1 a week.
- 7.23 Shop orders were delivered to prisoners on a Sunday under controlled unlock measures, with uniformed staff in attendance alongside Aramark staff. This would continue under the new contract.
- 7.24 Prisoners were consulted every three months through the prisoner consultation meetings. Prison staff responsible for the shop attended these meetings and changes were implemented where possible. There had been good communication with prisoners about changes to the shop list and price changes.
- 7.25 Catalogue orders were currently managed by the prison, and prisoners were charged an administration fee for every order they placed. There was a reasonable range of catalogues but arrangements under the new contract were not as comprehensive. There were several outstanding catalogue orders. Prisoners expressed doubts over whether they would receive these orders or whether they would get a refund, owing to the imminent change of contract. This had been raised at prisoner consultation meetings but no definitive response given. Prison staff assured us that the orders would be honoured but this information had not been given to prisoners.
- 7.26 The catalogue system was due to be suspended when the new contract started, until early 2009, and prison staff told us that a local purchase system would be used in the interim period, although this had not been finalised.

Recommendations

- 7.27 Prisoners should be able to buy fresh fruit from the prison shop.
- 7.28 Prisoners ordering goods from catalogues should not be charged an administration fee.
- 7.29 Prisoners should be able to make a full shop order within 24 hours of arrival.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 8.1 Resettlement and offender management were managed by a single functional head. While there was a resettlement policy, it did not outline strategic aims and the interventions delivered were not based on a needs analysis. The bi-monthly resettlement committee focused exclusively on the reducing reoffending pathways and was often poorly attended. A wide range of interventions was offered, and engagement with the local community was good.
- 8.2 Resettlement and offender management work was managed under a functional head responsible for both areas, although the departments were located in separate areas of the prison. Offender managers were located in the risk management unit, where most areas of relevant work were delivered, including offender assessment system (OASys) assessments, sentence planning, early release, public protection and prisoner population management.
- 8.3 There was an up-to-date resettlement policy document, which described some of the work being done in the reducing reoffending pathways and community sector engagement, but did not outline any strategic aims. The policy did not link to work being done in offender management.
- 8.4 No resettlement needs analysis had been completed to inform the interventions being offered in the reducing reoffending pathways. This meant that, although a wide range of interventions was available, including support both for short- and long-term prisoners, it was not possible to establish whether these were appropriate to meet the needs of all prisoners being held. This was also reflected in the bi-monthly resettlement committee, where the main focus was on the resettlement pathways, with no discussions about strategic issues, offender management or feedback received. The meeting was not consistently attended by a broad range of prison departments.
- 8.5 The prison made significant efforts to develop links with the community. Resettlement managers attended a wide range of criminal justice and other community bodies involved in reducing reoffending initiatives and working with ex-offenders. A full-time community partnership coordinator was in post, and was developing initiatives aimed at improving resettlement opportunities in the reducing reoffending pathways.

Recommendation

- 8.6 A broader range of prison managers should attend the resettlement committee, including those from residential areas.

Good practice

- 8.7 *The positive engagement with the community benefited work to reduce reoffending and provided opportunities for a greater range of interventions to be available to prisoners.*

Offender management and planning

Expected outcomes:

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

- 8.8 Immediate resettlement needs were assessed, although this work was not integrated into the prisoner passport, which in any case was not routinely updated. Much resettlement intervention work was delivered from a one-stop unit, which was easily accessible for prisoners. Prisoners in scope of offender management were allocated a supervisor, but these staff were often deployed to other duties. Communication between offender managers and supervisors was good, and sentence planning boards were usually chaired by offender managers. Sentence plans did not drive the sequencing and delivery of many interventions, and communication between supervisors and resettlement key workers was poor. Good work was being done with prolific and other priority offenders (PPOs). Child protection work was robust, although other aspects of the public protection agenda were less sound. Indeterminate-sentenced prisoners were well supported by the lifer manager, but prisoners serving indeterminate sentences for public protection (IPP) were not fully integrated into offender management.

Sentence planning and offender management

- 8.9 All prisoners, including those on remand, had their immediate resettlement needs assessed during induction, during which they were seen by a range of workers. This was followed up, if necessary, by individual workers if the prisoner needed ongoing support, for example with immediate housing or substance misuse issues.
- 8.10 In addition, a prisoner passport was completed, which detailed immediate resettlement issues needing to be addressed. This was done by a resettlement officer based in the resettlement unit, but was not linked with any action taken by other workers who had seen the prisoner during induction. The passport was a simple assessment of needs in housing, benefits, finance, substance misuse and education, and the results were recorded on a database for later follow-up with individual workers to ensure that relevant action had been taken. However, the individual resettlement workers did not update the database, so it was not possible to establish from the database if appropriate action had been taken. This was a particular concern for unconvicted and short-term prisoners, who did not subsequently have a sentence plan developed from OASys assessments. This had been recognised and the prison was in the process of revising both the passport used and the systems that underpinned it.
- 8.11 Much resettlement work was conducted out of the single-site resettlement unit, where a range of pathway providers were based, including housing officers, Jobcentre Plus, information, advice and guidance (IAG) workers, Age Concern and those running the 'thinking skills in the

workplace' programme. This engendered good joint working between the various specialists, and a one-stop facility for prisoners. The waiting room in the resettlement unit was small and, despite efforts by staff to provide activities to occupy prisoners' time while waiting, was inadequate.

- 8.12 For prisoners in scope of offender management, the case administration manager based in the risk management unit allocated an offender supervisor. On one day during the inspection, there were 365 prisoners in scope of offender management but only 16 offender supervisor posts. All prisoners were put on a hold at the prison until initial sentence planning work was completed. The offender management team was multidisciplinary; most supervisors were prison officers but there were also seconded probation staff and civilian case administrators. All those involved were co-located in the same building, which helped to engender a positive team approach. A good range of written information was available, both for prisoners and for offender managers, and this was routinely provided.
- 8.13 Extensive cross-deployment of officer offender supervisors meant that they only spent approximately 50% of their time on these duties, and in some cases less. This led to delays in meeting newly arrived prisoners, little ongoing contact after sentence planning had been completed and delays in other aspects of work. This was compounded by staff shortages in seconded probation and case administration.
- 8.14 The lack of day-to-day involvement of offender supervisors with prisoners on their caseloads meant that, with the exception of accredited OBPs, sentence plans did not drive the sequencing and delivery of many resettlement interventions. In addition, risk management (offender management) and resettlement staff alike told us that communication between the two departments was poor.
- 8.15 Communication between offender managers and supervisors to coordinate sentence planning work was good, and offender managers usually attended, and chaired, sentence planning boards. Sentence planning boards for those being offender managed were held at the start of the period of custody, and then reviewed every 12 months or when a significant change occurred. Prisoners were involved in these boards but in most cases personal officers or other specialist staff working with them were not. Targets set in sentence plans usually focused on interventions available at the prison, rather than the behaviours and attitudes that needed to be changed.
- 8.16 There were good arrangements to identify priority and prolific offenders (PPOs), and to provide PPO schemes in the community with monthly updates about the behaviour and progress of these prisoners while in custody.
- 8.17 Offender supervisors also had a caseload of prisoners requiring OASys assessment and a sentence plan but who were not in scope of offender management. There was a backlog of these assessments; this had fluctuated over the previous six months, from 26 to the figure of 43 during the inspection, with the longest delay dating back to March 2008. All those on the waiting list experienced significant delays in the completion of their sentence plan and assessment of their risk of harm to the public. There was a system to quality assure OASys assessments, and feedback was provided.
- 8.18 Comprehensive case files were kept, and probation and offender management files had been merged into a single file to facilitate good information exchange. These were well organised and kept in a secure room.

- 8.19 Prisoner population management was also located in the risk management unit, and in most cases was carried out by offender supervisors. This meant that sentence planning considerations were taken into account when considering prison moves, although capacity limitations in the prison estate limited this (see section on categorisation).

Public protection

- 8.20 There were robust public protection systems for prisoners assessed as requiring a restriction in their access to children, and they were informed of these restrictions within 24 hours of arrival at the prison. Information about the restrictions was circulated to all relevant staff and departments, and these cases were discussed and reviewed at the well attended multidisciplinary weekly public protection panel. However, while prisoners with adult victims who were assessed as presenting a high risk of harm to others were identified, they were not discussed at the public protection panel to ensure that they were being appropriately managed. Work to assess and manage the risk posed by the 61 prisoners with identified racially motivated offending or attitudes was not well integrated into the public protection unit.

Indeterminate-sentenced prisoners

- 8.21 At the time of the inspection, there were 18 prisoners serving a life sentence and 67 IPP prisoners. Most work with these prisoners was coordinated by the lifer manager, who had a good working knowledge of the IPP prisoners held.
- 8.22 It was proving difficult to move some of the 18 life-sentenced prisoners on to a stage 1 lifer centre, particularly if they had certain medical conditions or if they had been convicted of sexual offences.
- 8.23 While the 67 IPP prisoners were in scope for offender management and had an allocated offender supervisor, insufficient resources meant that most work with them was still carried out by the lifer manager. Given the numbers involved, and the need for a single point of contact at the prison for offender management work, this arrangement was not ideal, although it resulted in at least some ongoing management for these prisoners while in custody at the establishment. No lifer days or forums were run.

Recommendations

- 8.24 Completion of the prisoner passport should be integrated into the assessment work being done by resettlement specialists during the induction process. This should form one document.
- 8.25 The resettlement unit waiting room should be large enough to accommodate the number of prisoners routinely held there.
- 8.26 Sentence planning targets should be used to sequence and guide the delivery of interventions for those subject to OASys assessment.
- 8.27 Managers should ensure that all relevant information about prisoners' resettlement is speedily passed between offender management (risk management unit) and the resettlement unit.

- 8.28 Key workers involved with a particular prisoner should routinely attend sentence planning boards.
- 8.29 Sentence planning targets should focus on the behaviour, attitudes and other factors identified in OASys assessments.
- 8.30 OASys assessments should be completed within agreed timescales.
- 8.31 The public protection panel should discuss all prisoners who present serious risk of harm to the public (or while in custody).
- 8.32 Work to identify and manage prisoners with racially motivated offending behaviour or attitudes should be fully integrated with other public protection work.
- 8.33 Work with prisoners serving indeterminate sentences for public protection should be fully integrated into offender management.

Good practice

- 8.34 *The one-stop integrated resettlement unit provided a good range of accessible resettlement advice and support to prisoners.*
- 8.35 *The proactive work to identify prolific and other priority offenders and provide ongoing feedback to local community-based schemes was helpful in dealing with this priority group.*

Resettlement pathways

Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

Reintegration planning

- 8.36 Accommodation services were available, although there was no specialist adviser. Prisoner housing peer support workers were used effectively. Nearly 7% of prisoners released in 2008 had no fixed abode, and discussions were ongoing with Hull City Council to deal with this. Accredited work opportunities were available, and links had been made with the local labour market and community groups to enhance employment opportunities. There were no discharge protocols to ensure a smooth transition of healthcare into the community, although palliative care and mental health links were good. Immediate finance and debt needs were assessed during induction and bank accounts could be opened, but there was no specialist financial advice service.

Accommodation

- 8.37 Accommodation issues were routinely assessed during induction. One of two housing peer support workers saw every prisoner on the day after he arrived at the prison to assess any immediate accommodation needs, and provided appropriate signposting to services. If action was required, for example to maintain a tenancy or to deal with rent arrears, prisoners were referred to the housing officer. Ad hoc housing advice and support could be accessed through the application system.
- 8.38 All prisoners were offered another appointment with the housing officer between six and eight weeks before release to discuss discharge addresses, and again a week before release to ensure that there had been no changes. Applications to local authorities and other providers was facilitated for those prisoners without an address on release. Links with the clerk managing the early conditional licence scheme were good, and lists of eligible prisoners were routinely sent to the resettlement unit to verify and establish release addresses. Nearly 7% of prisoners released in the year to the inspection had had no fixed abode, most of whom were released into Hull. Discussions had been initiated with the City Council to address some of the issues underpinning this.
- 8.39 The prison had previously offered additional specialist housing support from a worker employed by Shelter, and this scheme was about to be re-introduced.

Education, training and employment

For further details, see Learning and skills and work activities in Section 5

- 8.40 Opportunities were available to gain accredited qualifications that enhanced the employability of prisoners, and in most cases achievement in such programmes was good. Courses broadly reflected the employment needs of the local community. The prison had made good links with the community, employers, the local authority and other agencies to help to raise awareness of employment opportunities for prisoners on release.
- 8.41 Learning and skills had developed good links with resettlement, and had jointly developed a 'thinking skills for the workplace' programme, which provided the opportunity for prisoners to develop good job search and interview skills.
- 8.42 IAG provided information on continued training, and employment opportunities were available to prisoners before release. Jobcentre Plus had two full-time representatives at the prison, who provided links to employment for prisoners being released. The Connexions Service and a Youth Offending Team specialist provided advice to prisoners before release. 'Through the gate' support was provided but this was limited to prisoners who were being released into the Hull area. Links had been made with other prisons in the north-east in an attempt to provide continuity of training programmes and progression routes between prisons.

Mental and physical health

- 8.43 There were no discharge protocols to ensure a smooth transition of care into the community, although there were plans to introduce these in the near future. Prisoners were given a letter for their general practitioner (GP) outlining their health history while in prison and they were given five days' supply of medication. There were guidelines relating to palliative care and end-of-life management. The Liverpool Care Pathway had been implemented, where appropriate,

in recent cases of deaths in custody. There were links with palliative expertise from the community, as well as charities specialising in cancer care.

- 8.44 Mental health teams contacted community services, where possible, before prisoners' release. The primary mental health team provided information for GPs, and if any of the prisoners in their care were under community teams, they made contact with those teams. In-reach services started release planning from the initial assessment, and ensured liaison with community teams. Those prisoners released into the Hull area were referred to the Trust single point of access to ensure a cohesive transition from prison to community care.

Finance, benefit and debt

- 8.45 During induction, prisoners were asked by the passport officer whether they had any problems with debt, but no specialist debt support was available.
- 8.46 Prisoners could access the Jobcentre Plus worker by application for relevant benefit advice, and money management modules were available on the skills for life course run by education, and the thinking skills in the workplace course run through resettlement.
- 8.47 Forty-three bank accounts had been opened for prisoners since the service had been introduced a few months previously.

Recommendations

- 8.48 Passport information should be transferred into a custody plan for short-term and remand prisoners to ensure targets set are followed up in good time.
- 8.49 A structured documented healthcare discharge protocol should be established so that every prisoner is offered an appointment with a health professional before release.
- 8.50 Pre-release healthcare clinics should be implemented.
- 8.51 A specialist service for prisoners with more significant debt management needs should be introduced.

Drugs and alcohol

8.52 There was a drug and alcohol strategy but it was not based on a prison-wide analysis of needs. There was a range of educational and therapeutic programmes, supported by a well-subscribed voluntary drug testing (VDT) programme. Local drug intervention programme (DIP) teams worked with the establishment in facilitating resettlement.

- 8.53 There was a drug strategy, including alcohol, but it had not been informed by a prison-wide needs analysis, looking at all supply and demand reduction issues. There was a current and specific needs analysis for the integrated drug treatment system (IDTS) but there was a risk that the needs of non-IDTS prisoners (i.e. those with non-opiate drug-related problems) were not being adequately understood or catered for. Similarly, the needs of prisoners with a history of alcohol-only misuse had not been assessed across the prison.

- 8.54 The counselling, assessment, referral, advice and throughcare (CARAT) service was run by 12 civilian staff from the Lifeline organisation and seven prison officers. They delivered a 28-day psychosocial group programme to IDTS prisoners. One-to-one key work sessions were available to all prisoners. The CARAT caseload was 298 prisoners, of whom 93 were on the IDTS programme and 50 were post-IDTS.
- 8.55 The CARAT service additionally provided group sessions on relapse prevention, motivational enhancement and a pre-release group covering harm reduction issues. In-cell drugs awareness packs were no longer used, pending a review of the materials by Lifeline. One-to-one drugs awareness sessions were held but there were no basic drugs awareness groups.
- 8.56 Alcohol awareness groups were run by the education department, although there appeared to be no communication between education staff and other service providers regarding individual prisoners' issues that may have arisen during the sessions.
- 8.57 While a fortnightly Alcoholics Anonymous (AA) meeting, typically attended by 12 to 15 prisoners, was facilitated by external AA workers, there was no other alcohol-focused clinical or therapeutic input from prison-based staff. This had been recognised as a gap in service provision, and there were plans to appoint a dedicated alcohol worker in the near future.
- 8.58 A short duration programme (SDP) ran 10 groups each year, each course offering around 10 places. On average, two participants in each course dropped out; this was within the establishment's target. The CARAT workers were responsible for SDP participant selection. According to current practice for the SDP programmes, as determined by the Prison Service interventions group, psychometric tests undertaken at the beginning and end of programmes were not scored and used to assess individual progress. Post-programme reviews were therefore unnecessarily subjective.
- 8.59 VDT was available to all prisoners. At the time of the inspection, there were 286 compacts in place. While B wing was largely dedicated to housing prisoners on VDT (104 out of 140), further testing facilities were installed on all other wings.
- 8.60 The VDT facilities were generally clean and tidy, although not all facilities had privacy screens around the urinals. Drug information posters and leaflets were available to prisoners when they visited the testing suites but there was no information on blood-borne virus treatment or clinics.
- 8.61 There were links with local DIP teams, which came into the prison to visit prisoners up to 12 weeks before their release. Around three out of 10 prisoners released took advantage of the local DIP's 'prison gate pick up' facility, whereby DIP workers would meet newly released prisoners and take them directly to their arranged accommodation or to their first probation appointment, thus minimising the risk of drug use immediately after release. Prisoners we spoke to about this were positive about the scheme.

Recommendations

- 8.62 **The drug strategy document should be updated and contain detailed action plans and performance measures.**
- 8.63 **A comprehensive needs analysis of the prison's population should be carried out annually to inform the drug and alcohol strategy and future service provision.**
- 8.64 **Specialist alcohol services should be provided to meet the need.**

- 8.65 An information sharing protocol should be established between tutors running the alcohol awareness programmes and the newly appointed alcohol worker.
- 8.66 Psychometric test results taken before and after the short duration programme should be recorded for individual prisoners as a measure of progress.
- 8.67 All voluntary drug testing facilities should include adequate privacy screening around urinals.
- 8.68 Information on blood-borne virus treatment availability should be displayed in key locations throughout the prison, especially in drug testing suites and group session rooms.

Good practice

- 8.69 *The prison gate pick-up scheme organised by some drug intervention projects minimised the risk of drug use immediately after release.*

Children and families of offenders

- 8.70 There was no strategic direction of family visits and relationship-building interventions, and underdeveloped links to sentence planning and the overarching resettlement strategy. The main visits room was appropriately set out and the environment was comfortable, although some seating was torn. The crèche was a good facility. The visitors' centre, located outside the main gate, was welcoming, with an appropriate range of useful information for visitors to take away.
- 8.71 Enhanced family visits had been introduced. Separated for mainstream and vulnerable prisoners, they took place about every six weeks in the prison chapel and were longer and less formal than standard visits. Approximately 15 families at a time could benefit from these sessions, which encouraged relationship building and positive communication between prisoners and families. However, links between the scheme and the prison's overarching resettlement strategy, including its sentence planning processes, were weak and management arrangements were disjointed. The overall management of the scheme's organisation and delivery were the responsibility of the head of operations and a residential governor, supported by the senior officer working in reception and a residential senior officer. A needs analysis to inform provision had not been conducted and there was little published information about the aim of the scheme and how prisoners could benefit from it in terms of their resettlement needs and identified sentence plan objectives.
- 8.72 Attendance at these visits was dependent on strict eligibility criteria, with an overemphasis on custodial behaviour rather than individual need. Prisoners had to be on the enhanced level of the incentives and earned privileges (IEP) scheme, free from adjudications for at least four months and have little history of drug abuse while in prison.
- 8.73 Separate family relationship and parenting skills courses were run by the education department but, although popular with prisoners and their families, they were not integrated into formal sentence planning processes and provision was not informed by an assessment of prisoner need.

- 8.74 There were separate social visit arrangements for mainstream and vulnerable prisoners. Visit sessions were offered at different times for the two groups during the morning or afternoon on most days of the week. Convicted prisoners on the basic level of the IEP scheme were offered one, those on standard two, and enhanced prisoners four two-hour visits a month. Remand prisoners were entitled to a visit every day.
- 8.75 The visitors' centre, located outside the main gate, was well decorated, clean and inviting. A range of information was available, including advice on how visitors could contact the prison for information about those they had come to visit. It was managed by friendly staff, who responded to visitors' problems effectively and with respect. There were no facilities to allow visitors to book their next visit in person, and they could not book by email. A complaints and comments book was available and the prison responded to visitors' comments. Personal replies were made in writing by prison officials if requested.
- 8.76 The main visits room was large, clean, well decorated and could accommodate about 46 visits at each session. The area was furnished with small tables and comfortable chairs, some of which were torn. There was a small refreshment bar offering a selection of hot and cold snacks. The supervised crèche area was well equipped, with appropriate games, toys and reading material. Staff supervision of the visits area was appropriate. There were good lines of sight to all areas, and staff interacted positively with prisoners and their visitors. There were systems to identify and observe prisoners subjected to public protection conditions.
- 8.77 Prisoners taking visits had to wear orange boiler suits. This measure had been introduced to reduce the risk of contraband being passed during visits. The boiler suits were grubby and ill fitting, and many were left lying on the floor after use. None of the staff we spoke to regarded the boiler suits as a problem.
- 8.78 The closed visits area consisted of four single booths. The area was dirty and furnished with uncomfortable chairs. There was graffiti on some of the walls.

Recommendations

- 8.79 A needs analysis should be conducted to inform the provision of family visits and relationship building courses.
- 8.80 Links should be developed between initiatives to improve and maintain family relationships and the resettlement strategy, including sentence planning.
- 8.81 Visitors should be able to book future visits while they are at the prison or by email.
- 8.82 The furniture in the main visits room should be in a suitable condition.
- 8.83 Prisoners should not be required to wear boiler suits during visits.
- 8.84 The closed visits area should be clean, free from graffiti and furnished with comfortable chairs for visitors.

Attitudes, thinking and behaviour

- 8.85 The provision of interventions to deal with offending behaviour was well managed but a detailed local prisoner needs analysis had not been carried out to inform provision and allow for any necessary expansion. Good work was done with sex offenders in denial.
- 8.86 The delivery of interventions to deal with offending behaviour was well managed by a nominated head of programmes (a chartered psychologist), supported by two principal officers.
- 8.87 Enhanced thinking skills (ETS) and the SDP (see section on substance use) were the accredited courses available to mainstream prisoners, and ETS and the sex offender treatment programme (SOTP) for sex offenders located on I and J wings.
- 8.88 Although these interventions were appropriate, given the nature of the prisoner population, a needs assessment had not been carried out to ensure that provision was targeted correctly and that the availability of programmes met demand.
- 8.89 Programmes were delivered by a multidisciplinary team of trained tutors that included prison officers, psychology assistants and CARAT workers. Completion targets of 96 for ETS and 72 for SOTP were being met and the standard of delivery was particularly good, with implementation quality rating (IQR) scores of 95% and 98%, respectively. Prisoner access to courses was unrestricted. Group rooms were clean, welcoming and well equipped.
- 8.90 Effective work was carried out with sex offenders in denial through an innovative mentoring scheme and one-to-one work by tutors and the head of programmes. While preparing prisoners for the SOTP, tutors took into account the capacity and motivations of individuals. Prisoners who had completed the SOTP had been appointed to help other prisoners by sharing their experience of the course while explaining its content. Governance arrangements were good. Appropriate supervision of the scheme was carried out by a principal officer who was in daily contact with prisoner mentors.

Recommendation

- 8.91 A detailed prisoner needs analysis should be completed to inform the provision or expansion of offending behaviour programmes.

Section 9: Recommendations, housekeeping points and good practice

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

Main recommendations

to the Governor

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- 9.1 All staff should receive assessment, care in custody and teamwork (ACCT) foundation training and refresher training, and further training should be provided to staff regarding the expected standards of ACCT documents. (HP45)
 - 9.2 There should be a greater focus on and adequate resources for violence reduction. (HP46)
 - 9.3 Two prisoners should not share cells designed for one. (HP47)
 - 9.4 The catering provision should be overhauled to ensure that food is palatable, sufficient and healthy. (HP48)
 - 9.5 There should be an up-to-date resettlement needs analysis, covering all resettlement needs and the various prisoner populations, and this should be the basis for a coordinated strategy. (HP49)
 - 9.6 There should be sufficient dedicated offender supervisors, and better links between offender management and the resettlement unit. (HP50)

Recommendation

to the Interventions group

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- 9.7 Psychometric test results taken before and after the short duration programme should be recorded for individual prisoners as a measure of progress. (8.66)

Recommendations

to the Governor

Courts, escorts and transfers

-
- 9.8 Prisoner escort records should be fully completed by escort contractors and should clearly record all the movements of prisoners in their charge. (1.8)
 - 9.9 Escort vans should be cleaned, graffiti removed and seats replaced where necessary. (1.9)
 - 9.10 Prisoners attending court should be offered a further breakfast pack in reception if they have not eaten beforehand. (1.10)

First days in custody

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- 9.11 Prisoners should be permitted to have a shower in reception on request. (1.27)

- 9.12 Foreign national prisoners should receive enough PIN telephone credit on the first night centre to make a call to family and friends overseas. (1.28)
- 9.13 Prisoners' feelings of being unsafe on their first night should be explored and improvements implemented where necessary. (1.29)
- 9.14 The induction policy should be re-distributed to reception and induction staff, and made available to prisoners on the first night centre. (1.30)
- 9.15 Induction staff should take responsibility for delivering elements of the induction programme, supported by prisoner representatives. (1.31)
- 9.16 The induction programme should include the delivery of information about safer custody issues. (1.32)
- 9.17 Prisoners should receive association on their first night and subsequently on the unit. (1.33)
- 9.18 Induction should be structured so that it fills the timetable. Prisoners should be occupied rather than locked in their cells during its delivery. (1.34)

Residential units

- 9.19 The cells on A and C wings should be deep cleaned and redecorated. (2.26)
- 9.20 Graffiti should be removed and its recurrence prevented. (2.27)
- 9.21 The temperature problems on D wing should be rectified. (2.28)
- 9.22 The in-built system for testing cell call bell responses in the newer accommodation should be activated and checked regularly by managers. A system for assessing the promptness of responses on the older accommodation should be introduced. (2.29)
- 9.23 A wider range of leisure activities should be made available and any disincentives for their use removed. (2.30)
- 9.24 The external communal areas should be cleaned. (2.31)
- 9.25 Exercise areas should be made more appealing and outdoor seating provided. (2.32)
- 9.26 A mending service for torn clothing should be available locally. (2.33)
- 9.27 All cells should be properly cleaned before prisoners are allocated to them. (2.34)
- 9.28 Restitution for property and cash losses should be more expeditious. (2.35)
- 9.29 The ventilation in the shower areas should be improved. (2.36)
- 9.30 Dividing screens should be provided in the large shower areas to improve privacy. (2.37)
- 9.31 Shower repairs should be made promptly. (2.38)
- 9.32 All toilets should be screened from the main cell area. (2.39)

- 9.33 Arrangements for regularly replacing mattresses should be improved. (2.40)
- 9.34 Curtains should be provided in all cells. (2.41)

Staff–prisoner relationships

- 9.35 Prisoners should be addressed by title or their preferred name. (2.52)

Personal officers

- 9.36 Relevant information from the initial personal officer interview should be logged in the history sheet. (2.60)
- 9.37 The scheme on I and J wings to improve personal officer contributions regarding vulnerability and sentence planning should incorporate the current good standard of entries in history sheets, rather than producing standard replies to set questions. (2.61)
- 9.38 All management checks should comment on quality and list areas of good practice or where improvement is required. (2.62)
- 9.39 Personal officers should offer at least written contributions to all events significant in the lives of the prisoners in their care. (2.63)

Bullying and violence reduction

- 9.40 The recently updated violence reduction strategy should be distributed to all staff. (3.10)
- 9.41 Safety questionnaires should be re-introduced. (3.11)
- 9.42 Data pertaining to acts of violence and bullying incidents should be recorded and monitored, and trends should be discussed at the safer custody meetings and action taken. (3.12)
- 9.43 The use of violence reduction support plans for victims of bullying should be clarified and staff given guidance on when a victim booklet should be opened. (3.13)
- 9.44 The low use of violence reduction support plans on C and D wings should be investigated and the use of the support plans on wings where assaults occur should be monitored. (3.14)
- 9.45 Safety questionnaires should be distributed more regularly in areas where problems are identified. (3.15)
- 9.46 The content and quality of open and closed violence reduction support plans should be monitored by the safer custody coordinator and discussed at the safer custody meeting. (3.16)
- 9.47 All staff should receive anti-bullying training. (3.17)

Self-harm and suicide

- 9.48 The safer custody strategy should clearly outline how high-risk prisoners will be supported and managed. (3.28)

- 9.49 Terms of reference for the safer custody practice meeting should be devised, with clear objectives, and include how prisoners most at risk will be strategically managed. (3.29)
- 9.50 Information concerning acts of self-harm should be collated and analysed, and trends discussed at the safer custody meetings. (3.30)
- 9.51 The definition of a near-death incident should be distributed to all relevant staff, and roles and responsibilities for producing reports and implementing action plans following such an incident should be established. (3.31)
- 9.52 A review of the number of assessment, care in custody and teamwork (ACCT) assessors should be undertaken and further ACCT assessors trained if appropriate. (3.32)
- 9.53 The content and quality of open and closed ACCT documents should be monitored by the safer custody coordinator and discussed at the safer custody meeting. (3.33)
- 9.54 Staff should be briefed about all the forms provided in ACCT documents to assist in the management of prisoners at risk of self-harm. (3.34)
- 9.55 Samaritans telephones should be regularly checked and should all be in working order. (3.35)
- 9.56 Listeners should be invited to attend the safer custody meetings on a rota basis. (3.36)
- 9.57 The location of Listener call-outs should be monitored by the safer custody coordinator and discussed at safer custody meetings. (3.37)
- 9.58 Listeners should be available on all wings. (3.38)

Diversity

- 9.59 The diversity action plan should include actions relating to prisoners as well as staff. (3.52)
- 9.60 The diversity handout for staff should be expanded to include policies and support available to prisoners. (3.53)
- 9.61 Formal care plans should be provided for older prisoners and those with disabilities. (3.54)
- 9.62 Prisoners with physical disabilities and those using wheelchairs should be located in specifically adapted accommodation. (3.55)

Race equality

- 9.63 All prisoner diversity representatives should be given a job description and their role should be made clear. (3.72)
- 9.64 The black and minority ethnic prisoner support groups should be reinstated. (3.73)
- 9.65 Formal analysis should be carried out to identify the reason for the reduction in the number of racist incident report forms (RIRFs) submitted. (3.74)
- 9.66 Analysis of the high number of RIRFs for inappropriate language should be carried out and appropriate action taken to address the issue. (3.75)

- 9.67 Prisoners monitored through the racist offenders log should have their racist offending, attitudes and behaviour challenged through sentence planning, offender management and public protection systems. (3.76)

Foreign national prisoners

- 9.68 Foreign national prisoner representatives should be identified, trained and utilised in representing foreign national prisoners in the prison. (3.86)
- 9.69 All staff should utilise external interpreting services and not prisoners when confidential issues are discussed. (3.87)
- 9.70 Independent immigration advice should be routinely offered to foreign national prisoners. (3.88)
- 9.71 Foreign national prisoners should meet as a group with the foreign nationals coordinator and this should be fed back into the race equality action team meeting. (3.89)

Applications and complaints

- 9.72 The complaints boxes should be emptied by nominated staff who do not work on residential units. (3.96)
- 9.73 More effort should be made to deal with minor issues raised by prisoners informally. (3.97)
- 9.74 Replies to complaints should always be detailed, respectful and constructive. (3.98)

Legal rights

- 9.75 The role and contact arrangements of the legal service office should be widely advertised. (3.104)
- 9.76 There should be systems to ensure that prisoners are aware of how to contact their legal representatives and how to access legal visits. (3.105)

Substance use

- 9.77 The new medication administration facility should be made operational as soon as possible. (3.114)
- 9.78 The establishment should take steps to improve the privacy of prisoners receiving opiate substitution. (3.115)
- 9.79 Clinical services should be extended to offer adequate alcohol detoxification. (3.116)

Health services

- 9.80 The physical condition and facilities in healthcare areas on residential units should be fully assessed and remedial action taken to ensure that they provide a safe, clean and appropriate

- environment. There should be a regular cleaning schedule and staff using these facilities should take responsibility for maintaining cleanliness and tidiness in the rooms. (4.57)
- 9.81 Additional domestic staff should be employed to raise cleanliness levels on wing treatment areas. (4.58)
- 9.82 The inpatient beds should be removed from the prison's certified normal accommodation. (4.59)
- 9.83 Prisoners should only be admitted to inpatient beds if they have a diagnosable physical or mental health need. (4.60)
- 9.84 A gated cell should be installed in the inpatient area to facilitate better observation and support to inpatients in distress. (4.61)
- 9.85 There should be increased generic health promotion, including oral health, across the prison. (4.62)
- 9.86 A health services professional should be identified to oversee the management of older prisoners and those with disabilities. (4.63)
- 9.87 A secondary health screen should be implemented within 72 hours of admission. (4.64)
- 9.88 The reason for the poor healthcare and dentistry attendance rates should be investigated and action taken to reduce the significant numbers of prisoners failing to attend appointments. Officers should sign for appointment slips. (4.65)
- 9.89 Prisoners should not be left for hours in the healthcare waiting room before and after their appointment. (4.66)
- 9.90 Day care facilities should be provided for prisoners less able to cope with life on the wings. (4.67)
- 9.91 Regular mental health awareness training should be introduced. (4.68)
- 9.92 The head of healthcare and the primary mental health team leader should investigate prisoners' poor perceptions to ensure that effective care is being delivered, especially in light of the proposed staff reduction in the primary mental health team. (4.69)
- 9.93 The healthcare waiting room should provide comfortable fixed seating for waiting prisoners. (4.70)
- 9.94 The keys to the controlled drugs (CDs) cupboard in the pharmacy should be locked away every night and a log instigated to record all access to CDs out of hours. (4.71)
- 9.95 The number of clinical dental sessions should be increased to at least five a week. (4.72)
- 9.96 Protocols should be developed for dental out-of-hours and emergency cover. (4.73)
- 9.97 The timing of medication rounds should be reviewed so that patients receive their medications at the correct time. (4.74)

- 9.98 The pharmacist should review the levels of in-possession medication, including pain relief, with a view to increasing the number of prisoners having medication in-possession. (4.75)
- 9.99 Patient group directions (PGDs) should be introduced to avoid unnecessary consultations with the doctor. A copy of the original signed PGDs should be present in the pharmacy, and be read and signed by all relevant staff. (4.76)
- 9.100 The pharmacist should develop pharmacy-led clinics and medication reviews. (4.77)

Learning and skills and work activities

- 9.101 Classroom furnishings should be improved. (5.15)
- 9.102 A wider range of teaching and learning activities should be developed and implemented to improve prisoners' motivation and interest. (5.16)
- 9.103 Tutors should include natural breaks during two and a half hour teaching sessions and provide at least basic refreshments, in line with learning and skills 'every adult matters' policy. (5.17)
- 9.104 The results of initial and diagnostic assessments should be used to inform individual learning plans and set challenging targets. (5.18)
- 9.105 Support should be provided for dyslexic prisoners. (5.19)
- 9.106 An equitable pay scheme should be introduced for work and education. (5.20)
- 9.107 Library activities should be promoted through induction and on the accommodation wings. (5.21)
- 9.108 Attendance at the library should be improved. (5.22)

Physical education and health promotion

- 9.109 More accredited courses should be developed. (5.31)

Faith and religious activity

- 9.110 The size of the full-time chaplaincy team should be reviewed in light of the size of the establishment. (5.38)
- 9.111 Regime activities should not clash with corporate worship. (5.39)
- 9.112 Additional facilities should be provided to enable activities other than corporate worship to take place. (5.40)
- 9.113 Links with locally based faith groups should be developed to enhance religious and faith provision. (5.41)

Time out of cell

- 9.114 Prisoners should be given the opportunity for at least one hour of exercise in the open air every day. (5.47)
- 9.115 All prisoners should have at least 10 hours out of cell each day. (5.48)
- 9.116 Furniture and recreational facilities should be provided in the exercise yards. (5.49)

Security and rules

- 9.117 The movement system should be changed so that prisoners are able to return to their wing or activity outside main movement times. (6.13)
- 9.118 The searching strategy should be amended and explicitly state that squat searches should only be conducted in exceptional circumstances. All squat searches should be appropriately authorised and recorded. Strip searching should only be carried out on the basis of a risk assessment or specific intelligence. (6.14)
- 9.119 Closed visits should not be imposed as a result of a single positive drug dog indication. (6.15)
- 9.120 Prisoners should be notified both verbally and in writing of the outcome of recategorisation reviews. (6.16)
- 9.121 Prisoners should routinely be encouraged to contribute to recategorisation reviews. (6.17)

Discipline

- 9.122 The local tariff should be published to prisoners. (6.38)
- 9.123 The practice of issuing prisoners with unofficial cooling-off periods from gym sessions should cease. (6.39)
- 9.124 All separation and care unit (SACU) cells should be thoroughly cleaned and toilets descaled. (6.40)
- 9.125 Showers on K wing should be fitted with privacy screens and should be adequately ventilated. (6.41)
- 9.126 Wing history sheets should detail the frequency and content of contact with prisoners by staff and visitors to the unit. (6.42)
- 9.127 Wing personal officers should make regular visits to prisoners on the SACU or K wing and record this contact in wing files. (6.43)
- 9.128 Reviews of segregation should be conducted by a multidisciplinary team and targets set at reviews should be geared towards effective reintegration planning. (6.44)
- 9.129 The role of K wing should be reviewed and should not provide an unofficial means of segregating prisoners. (6.45)

- 9.130 The use of additional staff to unlock prisoners should be as a result of a risk assessment which is reviewed daily. (6.46)
- 9.131 Planned removals should be recorded and used for staff development purposes. (6.47)
- 9.132 Governance arrangements for the use of force should be improved. (6.48)
- 9.133 Quality assurance arrangements should be introduced for the use of force. (6.49)
- 9.134 Officers certifying the use of force should be independent of the incident. (6.50)

Incentives and earned privileges

- 9.135 The incentives and earned privileges (IEP) policy should be available in a range of languages. (6.60)
- 9.136 Prisoners on the basic level of the IEP scheme should be set behaviour improvement targets, and staff should demonstrate that they are actively monitoring behaviour through daily wing file entries. (6.61)
- 9.137 IEP review boards and applications for enhanced status for all prisoners should consistently be linked to a prisoner's engagement with his sentence plan and participation in offending behaviour work. (6.62)
- 9.138 A prisoner's privileges should not be removed unless a formal IEP review board has been held. The interim removal of a prisoner's television following receipt of two warnings in a 21-day period should cease. (6.63)

Catering

- 9.139 Prisoners from both prisoner populations should be considered for work in the kitchens. (7.10)
- 9.140 Breakfast should be served on the same day it is eaten. (7.11)
- 9.141 Portions of food at lunchtimes should be increased. (7.12)
- 9.142 The evening meal should be cooked closer to the time of serving it. (7.13)
- 9.143 Prisoners should be able to dine in association. (7.14)
- 9.144 Prisoners should be able to have five portions of fruit and vegetables a day. (7.15)
- 9.145 Catering staff should provide written responses to entries in food comments books. (7.16)
- 9.146 Wing servery areas should be improved and the flooding in the D wing servery rectified. (7.17)
- 9.147 Food safety standards should be consistently applied in all servery areas. (7.18)
- 9.148 The correct utensils should be used to serve food. (7.19)

Prison shop

- 9.149 Prisoners should be able to buy fresh fruit from the prison shop. (7.27)
- 9.150 Prisoners ordering goods from catalogues should not be charged an administration fee. (7.28)
- 9.151 Prisoners should be able to make a full shop order within 24 hours of arrival. (7.29)

Strategic management of resettlement

- 9.152 A broader range of prison managers should attend the resettlement committee, including those from residential areas. (8.6)

Offender management and planning

- 9.153 Completion of the prisoner passport should be integrated into the assessment work being done by resettlement specialists during the induction process. This should form one document. (8.24)
- 9.154 The resettlement unit waiting room should be large enough to accommodate the number of prisoners routinely held there. (8.25)
- 9.155 Sentence planning targets should be used to sequence and guide the delivery of interventions for those subject to OASys assessment. (8.26)
- 9.156 Managers should ensure that all relevant information about prisoners' resettlement is speedily passed between offender management (risk management unit) and the resettlement unit. (8.27)
- 9.157 Key workers involved with a particular prisoner should routinely attend sentence planning boards. (8.28)
- 9.158 Sentence planning targets should focus on the behaviour, attitudes and other factors identified in OASys assessments. (8.29)
- 9.159 OASys assessments should be completed within agreed timescales. (8.30)
- 9.160 The public protection panel should discuss all prisoners who present serious risk of harm to the public (or while in custody). (8.31)
- 9.161 Work to identify and manage prisoners with racially motivated offending behaviour or attitudes should be fully integrated with other public protection work. (8.32)
- 9.162 Work with prisoners serving indeterminate sentences for public protection should be fully integrated into offender management. (8.33)

Resettlement pathways

- 9.163 Passport information should be transferred into a custody plan for short-term and remand prisoners to ensure targets set are followed up in good time. (8.48)

- 9.164 A structured documented healthcare discharge protocol should be established so that every prisoner is offered an appointment with a health professional before release. (8.49)
- 9.165 Pre-release healthcare clinics should be implemented. (8.50)
- 9.166 A specialist service for prisoners with more significant debt management needs should be introduced. (8.51)
- 9.167 The drug strategy document should be updated and contain detailed action plans and performance measures. (8.62)
- 9.168 A comprehensive needs analysis of the prison's population should be carried out annually to inform the drug and alcohol strategy and future service provision. (8.63)
- 9.169 Specialist alcohol services should be provided to meet the need. (8.64)
- 9.170 An information sharing protocol should be established between tutors running the alcohol awareness programmes and the newly appointed alcohol worker. (8.65)
- 9.171 All voluntary drug testing facilities should include adequate privacy screening around urinals. (8.67)
- 9.172 Information on blood-borne virus treatment availability should be displayed in key locations throughout the prison, especially in drug testing suites and group session rooms. (8.68)
- 9.173 A needs analysis should be conducted to inform the provision of family visits and relationship building courses. (8.79)
- 9.174 Links should be developed between initiatives to improve and maintain family relationships and the resettlement strategy, including sentence planning. (8.80)
- 9.175 Visitors should be able to book future visits while they are at the prison or by email. (8.81)
- 9.176 The furniture in the main visits room should be in a suitable condition. (8.82)
- 9.177 Prisoners should not be required to wear boiler suits during visits. (8.83)
- 9.178 The closed visits area should be clean, free from graffiti and furnished with comfortable chairs for visitors. (8.84)
- 9.179 A detailed prisoner needs analysis should be completed to inform the provision or expansion of offending behaviour programmes. (8.91)

Housekeeping points

First days in custody

- 9.180 Information about the prison should be displayed in the holding rooms. (1.35)
- 9.181 All documents that require a signature should be fully explained to all prisoners. (1.36)

- 9.182 Induction information should be legible. (1.37)
- 9.183 Prisoners should be given an induction timetable which explains what the programme contains and when it happens. (1.38)

Residential units

- 9.184 The offensive display policy should be adhered to across the prison. (2.42)
- 9.185 The minutes of the prisoner representative meetings should include time-bound action points and demonstrate action against positive suggestions. (2.43)
- 9.186 A wider size range of clothing should be held on A wing. (2.44)

Self-harm and suicide

- 9.187 The safer custody practice meeting should be documented. (3.39)

Diversity

- 9.188 The manager responsible for older prisoners and those with a disability should have time identified for his duties. (3.56)
- 9.189 Personal evacuation plans should make clear which prisoners need assistance in an emergency. (3.57)

Race equality

- 9.190 Details of prisoner diversity representatives should be displayed in all prisoner areas and kept up to date. (3.77)
- 9.191 Investigations of racist incidents should be typewritten. (3.78)

Health services

- 9.192 Loose medicines should not be left lying around treatment rooms. (4.78)
- 9.193 Maximum and minimum temperatures should be recorded daily for the drug refrigerators to ensure that heat-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff. (4.79)
- 9.194 The inpatient manager should keep an auditable log of use of force within the department. (4.80)
- 9.195 A system should be implemented to ensure that prisoners receive their appointments. (4.81)
- 9.196 A dental washer/disinfector should be provided in an area external to the dental surgery. (4.82)
- 9.197 The dental compressor should be checked and maintained regularly. (4.83)

- 9.198 The dental radiograph developer should be re-sited. (4.84)
- 9.199 The defective floors in the inpatient area should be replaced. (4.85)

Discipline

- 9.200 Prisoners should have access to writing materials in the adjudication room. (6.51)

Examples of good practice

Diversity

- 9.201 The gay prisoners' support group had been established on the vulnerable prisoner unit. (3.58)
- 9.202 The community and voluntary sector provided support to older prisoners. (3.59)
- 9.203 Prisoners were asked to complete a basic disability questionnaire in reception, and this was followed up. (3.60)

Race equality

- 9.204 Many racist incidents were resolved using mediation. (3.79)

Health services

- 9.205 The introduction of a dedicated patient advice and liaison service (PALS) worker at the prison ensured that prisoners' complaints were addressed quickly and a resolution provided. (4.86)

Strategic management of resettlement

- 9.206 The positive engagement with the community benefited work to reduce reoffending and provided opportunities for a greater range of interventions to be available to prisoners. (8.7)

Offender management and planning

- 9.207 The one-stop integrated resettlement unit provided a good range of accessible resettlement advice and support to prisoners. (8.34)
- 9.208 The proactive work to identify prolific and other priority offenders and provide ongoing feedback to local community-based schemes was helpful in dealing with this priority group. (8.35)

Resettlement pathways

- 9.209 The prison gate pick-up scheme organised by some drug intervention projects minimised the risk of drug use immediately after release. (8.69)

Appendix I: Inspection team

Anne Owers	Chief Inspector
Sara Snell	Team leader
Vinnett Pearcy	Inspector
Karen Dillon	Inspector
Sean Sullivan	Inspector
Andrea Walker	Inspector
Gordon Riach	Inspector
Bridget McEvilly	Healthcare inspector
Paul Roberts	Substance misuse inspector
Martin Wall	Dental inspector
Sue Melvin	Pharmacy inspector
Sheila Willis	Ofsted lead inspector
Stephen Miller	Ofsted inspector
David Baber	Ofsted inspector
Ken Fisher	Ofsted inspector
Nigel Scarff	Probation inspector
Catherine Nichols	Researcher
Michael Skidmore	Researcher

Appendix II: Prison population profile

(i) Status	Number of prisoners	%
Sentenced	737	71
Convicted but unsentenced	130	12.5
Remand	160	15.4
Civil prisoners	4	0.4
Detainees (single power status)	7	0.7
Detainees (dual power status)		
Total	1038	100

(ii) Sentence	Number of sentenced prisoners	%
Less than 6 months	93	12.5
6 months-less than 12 months	32	4.3
12 months-less than 2 years	71	9.6
2 years-less than 4 years	188	25.4
4 years-less than 10 years	182	24.6
10 years and over (not life)	88	11.9
Life	87	11.7
Total	741 (inc civil)	100

(iii) Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	%	Number	%
Less than 1 month	6	0.8		
1 month to 3 months	10	1.4		
3 months to 6 months	50	6.9		
6 months to 1 year	34	4.7		
1 year to 2 years	73	10.1		
2 years to 4 years	190	26.4		
4 years or more	357	49.6		
Total	720	99.9		

(iv) Main offence	Number of prisoners	%
Violence against the person	135	13
Sexual offences	298	28.7
Burglary	160	15.4
Robbery	86	8.3
Theft & handling	53	5.1
Fraud and forgery	8	0.8
Drugs offences	64	6.2
Other offences	190	18.3
Civil offences	4	0.4
Offence not recorded/ Holding warrant	40	3.8
Total	1038	100

(v) Age	Number of prisoners	%
Under 21	110	11
21 years to 29 years	306	30.5
30 years to 39 years	287	28.6
40 years to 49 years	174	17.3
50 years to 59 years	66	6.6
60 years to 69 years	41	4.1
70 plus years	19	1.9
Please state maximum age	82	
Total	1003	100

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison		
Between 50 and 100 miles of the prison	No information available	

Over 100 miles from the prison		
Overseas		
NFA		
Total		

(vii) Nationality	Number of prisoners	%
British	981	95
Foreign nationals	51	5
Total	1032	100

(viii) Ethnicity	Number of prisoners	%
<i>White</i>		
British	929	90
Irish	4	0.4
Other White	26	2.5
<i>Mixed</i>		
White and Black Caribbean	5	0.5
White and Black African	4	0.4
White and Asian	2	0.2
Other Mixed	9	0.9
<i>Asian or Asian British:</i>		
Indian	1	0.1
Pakistani	6	0.6
Bangladeshi	5	0.5
Other Asian	15	1.4
<i>Black or Black British</i>		
Caribbean	11	1
African	5	0.5
Other Black	6	0.6
<i>Chinese or other ethnic group</i>		
Chinese	3	0.3
Other ethnic group	1	0.1
Total		100

(ix) Religion	Number of prisoners	%
Baptist		
Church of England	No information available	
Roman Catholic		
Other Christian denominations		
Muslim		
Sikh		
Hindu		
Buddhist		
Jewish		
Other		
No religion		
Total		

Appendix III: Summary of prisoner questionnaires

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 6 October 2008, the prisoner population at HMP Hull was 1,011. The sample size was 144. Overall, this represented 14% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a local inmate database system (LIDS) prisoner population printout using a stratified systematic sampling method. This basically means that every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Four respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was interviewed.

Methodology

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

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

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

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

Response rates

In total, 127 respondents completed and returned their questionnaires. This represented 13% of the prison population. The response rate was 88%. In addition to the four respondents who refused to complete a questionnaire, six questionnaires were not returned and seven were returned blank.

Comparisons

The following details the results from the survey. Data from each establishment were weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2008 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 36 local prisons since April 2003.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures – that is, the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

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

Summary

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

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

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

Section 1: About You

In order for us to ensure that everyone is treated equally within this prison, we ask that you fill in the following information about yourself. This will allow us to look at the answers provided by different groups of people in order to detect discrimination and to investigate whether there are equal opportunities for all across all areas of prison life. Your responses to these questions will remain both anonymous and confidential.

Q1.1 What wing or houseblock are you currently living on?

PLEASE SEE FRONT COVER.

Q1.2 How old are you?

<i>Under 21</i>	17%
<i>21 - 29</i>	24%
<i>30 - 39</i>	25%
<i>40 - 49</i>	18%
<i>50 - 59</i>	12%
<i>60 - 69</i>	2%
<i>70 and over</i>	1%

Q1.3 Are you sentenced?

<i>Yes</i>	60%
<i>Yes - on recall</i>	10%
<i>No - awaiting trial</i>	13%
<i>No - awaiting sentence</i>	17%
<i>No - awaiting deportation</i>	0%

Q1.4 How long is your sentence?

<i>Not sentenced</i>	31%
<i>Less than 6 months</i>	6%
<i>6 months to less than 1 year</i>	5%
<i>1 year to less than 2 years</i>	6%
<i>2 years to less than 4 years</i>	19%
<i>4 years to less than 10 years</i>	14%
<i>10 years or more</i>	10%
<i>IPP (Indeterminate Sentence for Public Protection)</i>	4%
<i>Life</i>	4%

Q1.5 Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?

<i>Not sentenced</i>	32%
<i>6 months or less</i>	27%
<i>More than 6 months</i>	41%

Q1.6 How long have you been in this prison?

<i>Less than 1 month</i>	15%
<i>1 to less than 3 months</i>	18%
<i>3 to less than 6 months</i>	16%

6 to less than 12 months.....	17%
12 months to less than 2 years.....	16%
2 to less than 4 years.....	15%
4 years or more.....	3%

Q1.7 Are you a foreign national? (i.e. do not hold UK citizenship)

Yes.....	7%
No.....	93%

Q1.8 Is English your first language?

Yes.....	94%
No.....	6%

Q1.9 What is your ethnic origin?

White - British.....	86%	Asian or Asian British - Bangladeshi.....	0%
White - Irish.....	2%	Asian or Asian British - Other... ..	1%
White - Other.....	4%	Mixed Race - White and Black Caribbean.....	2%
Black or Black British - Caribbean.....	2%	Mixed Race - White and Black African.....	2%
Black or Black British - African.....	0%	Mixed Race - White and Asian.....	0%
Black or Black British - Other... ..	1%	Mixed Race - Other.....	0%
Asian or Asian British - Indian.. ..	0%	Chinese.....	0%
Asian or Asian British - Pakistani.....	1%	Other ethnic group.....	0%

If other, please specify

Q1.10 What is your religion?

None.....	33%	Hindu.....	0%
Church of England.....	40%	Jewish.....	0%
Catholic.....	15%	Muslim.....	5%
Protestant.....	1%	Sikh.....	0%
Other Christian denomination.. ..	4%	Other.....	1%
Buddhist.....	2%		

If other, please specify

Q1.11 How would you describe your sexual orientation?

Heterosexual/ Straight.....	96%
Homosexual/Gay.....	1%
Bisexual.....	2%
Other.....	1%

If other, please specify

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

Yes.....	22%
No.....	78%

Q1.13	How many times have you been in prison before?	0 31%	1 9%	2 to 5 24%	More than 5 37%
Q1.14	Including this prison, how many prisons have you been in during this sentence/remand time?	1 59%	2 to 5 30%	More than 5 11%	
Q1.15	Do you have any children under the age of 18?	Yes 55%			
		No 45%			

Section 2: Courts, transfers and escorts

Q2.1	We want to know about the most recent journey you have made either to or from court or between prisons? How was ...							
		<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very Bad</i>	<i>Don't remember</i>	<i>N/A</i>
	The cleanliness of the van	5%	36%	14%	23%	16%	5%	1%
	Your personal safety during the journey	12%	46%	17%	14%	8%	2%	2%
	The comfort of the van	3%	8%	9%	40%	38%	0%	2%
	The attention paid to your health needs	6%	24%	25%	19%	15%	2%	10%
	The frequency of toilet breaks	4%	12%	15%	14%	32%	2%	21%
Q2.2	How long did you spend in the van?							
		<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>		
		34%	45%	16%	2%	2%		
Q2.3	How did you feel you were treated by the escort staff?							
		<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>	
		10%	58%	25%	7%	0%	0%	
Q2.4	Please answer the following questions about when you first arrived here:							
				<i>Yes</i>	<i>No</i>	<i>Don't remember</i>		
	Did you know where you were going when you left court or when transferred from another prison?			74%	26%	0%		
	Before you arrived here did you receive any written information about what would happen to you?			23%	74%	3%		
	When you first arrived here did your property arrive at the same time as you?			83%	13%	4%		

Section 3: Reception, first night and induction

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

<i>Didn't ask about any of these</i>	18%	<i>Money worries</i>	24%
<i>Loss of property</i>	17%	<i>Feeling depressed or suicidal</i> ..	64%
<i>Housing problems</i>	40%	<i>Health problems</i>	63%
<i>Contacting employers</i>	18%	<i>Needing protection from other prisoners</i>	34%
<i>Contacting family</i>	50%	<i>Accessing phone numbers</i>	41%
<i>Ensuring dependents were being looked after</i>	16%	<i>Other</i>	5%
<i>If Other (please specify in box)</i>			

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

<i>Didn't have any problems</i>	18%	<i>Money worries</i>	22%
<i>Loss of property</i>	16%	<i>Feeling depressed or suicidal</i> ..	27%
<i>Housing problems</i>	21%	<i>Health problems</i>	37%
<i>Contacting employers</i>	12%	<i>Needing protection from other prisoners</i>	18%
<i>Contacting family</i>	42%	<i>Accessing phone numbers</i>	32%
<i>Ensuring dependents were looked after</i>	6%	<i>Other</i>	3%
<i>If Other (please specify in box)</i>			

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	81%	15%	5%
When you were searched, was this carried out in a respectful way?	76%	16%	7%

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
18%	46%	18%	13%	4%	2%

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

<i>Information about what was going to happen to you</i>	55%
<i>Information about what support was available for people feeling depressed or suicidal</i>	61%
<i>Information about how to make routine requests</i>	41%
<i>Information about your entitlement to visits</i>	47%
<i>Information about health services</i>	57%
<i>Information about the chaplaincy</i>	58%
<i>Not offered anything</i>	26%

- Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply)**
- A smokers/non-smokers pack*..... 94%
 - The opportunity to have a shower*..... 30%
 - The opportunity to make a free telephone call*..... 46%
 - Something to eat*..... 70%
 - Did not receive anything***..... 4%
- Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply)**
- Chaplain or religious leader*..... 60%
 - Someone from health services*..... 84%
 - A listener/Samaritans*..... 33%
 - Did not meet any of these people***..... 9%
- Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?**
- Yes*..... 8%
 - No*..... 92%
- Q3.9 Did you feel safe on your first night here?**
- Yes*..... 70%
 - No*..... 24%
 - Don't remember*..... 6%
- Q3.10 How soon after your arrival did you go on an induction course?**
- Have not been on an induction course***..... 31%
 - Within the first week*..... 57%
 - More than a week*..... 4%
 - Don't remember*..... 8%
- Q3.11 Did the induction course cover everything you needed to know about the prison?**
- Have not been on an induction course***..... 32%
 - Yes*..... 37%
 - No*..... 23%
 - Don't remember*..... 8%

Section 4: Legal rights and respectful custody

Q4.1 How easy is to?	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
Communicate with your solicitor or legal representative?	9%	27%	17%	25%	16%	5%
Attend legal visits?	13%	43%	20%	8%	4%	12%
Obtain bail information?	6%	18%	22%	12%	16%	27%

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?
Not had any letters..... 7%
 Yes..... 42%
 No..... 51%

Q4.3 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	55%	42%	2%	2%
Are you normally able to have a shower every day?	95%	4%	1%	0%
Do you normally receive clean sheets every week?	90%	8%	2%	0%
Do you normally get cell cleaning materials every week?	77%	21%	2%	1%
Is your cell call bell normally answered within five minutes?	42%	44%	10%	3%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	77%	21%	2%	0%
Can you normally get your stored property, if you need to?	32%	39%	21%	7%

Q4.4 What is the food like here?

Very good	Good	Neither	Bad	Very bad
3%	27%	23%	26%	21%

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?
Have not bought anything yet..... 4%
 Yes..... 45%
 No..... 51%

Q4.6 Is it easy or difficult to get either

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	46%	34%	9%	6%	1%	5%
An application form	48%	38%	6%	5%	2%	2%

Q4.7 Have you made an application?
 Yes..... 85%
 No..... 15%

Q4.8 Please answer the following questions concerning applications (If you have not made an application please tick the 'not made one' option)

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	16%	51%	34%
Do you feel <i>applications</i> are dealt with promptly? (within seven days)	16%	41%	42%

Q4.9 Have you made a complaint?
 Yes 44%
 No..... 56%

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

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	58%	19%	24%
Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	58%	16%	26%
Were you given information about how to make an appeal?	59%	17%	24%

Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?
Not made a complaint 58%
 Yes 13%
 No..... 29%

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

<i>Don't know who they are</i>	Very easy	Easy	Neither	Difficult	Very difficult
39%	6%	14%	14%	21%	6%

Q4.13 Please answer the following questions about your religious beliefs?

	Yes	No	<i>Don't know/ N/A</i>
Do you feel your religious beliefs are respected?	50%	11%	39%
Are you able to speak to a religious leader of your faith in private if you want to?	50%	5%	46%

Q4.14 Can you speak to a listener at any time, if you want to?

Yes	No	<i>Don't know</i>
66%	5%	29%

Q4.15 Please answer the following questions about staff in this prison?

	Yes	No
Is there a member of staff you can turn to for help if you have a problem?	73%	27%
Do most staff treat you with respect?	69%	31%

Section 5: Safety

Q5.1 Have you ever felt unsafe in this prison?
 Yes 51%
 No..... 49%

Q5.2 Do you feel unsafe in this prison at the moment?

Yes 19%
No..... 81%

Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply)

Never felt unsafe	51%	<i>At meal times</i>	6%
<i>Everywhere</i>	8%	<i>At health services</i>	9%
<i>Segregation unit</i>	4%	<i>Visit's area</i>	13%
<i>Association areas</i>	16%	<i>In wing showers</i>	13%
<i>Reception area</i>	9%	<i>In gym showers</i>	6%
<i>At the gym</i>	8%	<i>In corridors/stairwells</i>	8%
<i>In an exercise yard</i>	10%	<i>On your landing/wing</i>	13%
<i>At work</i>	10%	<i>In your cell</i>	8%
<i>During Movement</i>	28%	<i>At religious services</i>	3%
<i>At education</i>	8%		

Q5.4 Have you been victimised by another prisoner or group of prisoners here?

Yes 34%
No..... 66% **If No, go to question 5.6**

Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)

<i>Insulting remarks (about you or your family or friends)</i>	19%	<i>Because you were new here....</i>	8%
<i>Physical abuse (being hit, kicked or assaulted)</i>	11%	<i>Because of your sexuality</i>	1%
<i>Sexual abuse</i>	2%	<i>Because you have a disability.</i>	4%
<i>Because of your race or ethnic origin</i>	1%	<i>Because of your religion/religious beliefs</i>	2%
<i>Because of drugs</i>	4%	<i>Being from a different part of the country than others</i>	4%
<i>Having your canteen/property taken</i>	4%	<i>Because of your offence/ crime</i>	15%

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

Yes 25%
No..... 75% **If No, go to question 5.8**

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

<i>Insulting remarks (about you or your family or friends)</i>	14%	<i>Because of your sexuality</i>	0%
<i>Physical abuse (being hit, kicked or assaulted)</i>	4%	<i>Because you have a disability.</i>	4%
<i>Sexual abuse</i>	0%	<i>Because of your religion/religious beliefs</i>	2%
<i>Because of your race or ethnic origin</i>	3%	<i>Being from a different part of the country than others</i>	6%

Because of drugs..... 4% Because of your offence/ 10%
 crime.....
 Because you were new here... 4%

Q5.8 If you have been victimised by prisoners or staff, did you report it?
Not been victimised..... 61%
 Yes 19%
 No..... 20%

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?
 Yes 37%
 No..... 63%

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?
 Yes 28%
 No..... 72%

Q5.11 Is it easy or difficult to get illegal drugs in this prison?
 Very easy 19% Easy 15% Neither 11% Difficult 10% Very difficult 2% Don't know 43%

Section 6: Health services

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

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	10%	6%	20%	9%	37%	19%
The nurse	10%	10%	30%	14%	28%	8%
The dentist	18%	3%	8%	8%	35%	29%
The optician	26%	1%	12%	12%	23%	27%

Q6.2 Are you able to see a pharmacist?
 Yes 42%
 No..... 58%

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

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	12%	10%	37%	11%	16%	14%
The nurse	12%	18%	35%	17%	10%	8%
The dentist	33%	9%	13%	17%	11%	16%
The optician	38%	8%	14%	19%	11%	11%

Q6.4 What do you think of the overall quality of the health services here?
Not been 10% *Very good* 10% *Good* 26% *Neither* 16% *Bad* 22% *Very bad* 17%

Q6.5	Are you currently taking medication?		
	Yes		59%
	No.....		41%
Q6.6	If you are taking medication, are you allowed to keep possession of your medication in your own cell?		
	Not taking medication		41%
	Yes		32%
	No.....		27%
Q6.7	Do you feel you have any emotional well being/ mental health issues?		
	Yes		35%
	No.....		65%
Q6.8	Are your emotional well-being/ mental health issues being addressed by any of the following? (Please tick all that apply)		
	Do not have any issues / Not receiving any help		80%
	Doctor.....		9%
	Nurse.....		2%
	Psychiatrist.....		4%
	Mental Health In Reach team.....		14%
	Counsellor.....		2%
	Other.....		2%
Q6.9	Did you have a problem with either of the following when you came into this prison?		
		Yes	No
	Drugs	43%	57%
	Alcohol	36%	64%
Q6.10	Have you developed a problem with either of the following since you have been in this prison?		
		Yes	No
	Drugs	15%	85%
	Alcohol	7%	93%
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?		
	Yes		44%
	No.....		11%
	Did not / do not have a drug or alcohol problem		45%
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?		
	Yes		36%
	No.....		18%
	Did not / do not have a drug or alcohol problem		46%

Q6.13 Was the intervention or help you received, whilst in this prison, helpful?
 Yes 33%
 No..... 11%
Did not have a problem/Have not received help..... 57%

Q6.14 Do you think you will have a problem with either of the following when you leave this prison?

	Yes	No	Don't know
Drugs	14%	64%	21%
Alcohol	13%	70%	17%

Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?
 Yes 34%
 No..... 10%
 N/A..... 56%

Section 7: Purposeful Activity

Q7.1 Are you currently involved in any of the following activities? (Please tick all that apply)

Prison job.....	51%
Vocational or skills training	11%
Education (including basic skills)	27%
Offending behaviour programmes.....	11%
<i>Not involved in any of these</i>	30%

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

	<i>Not been involved</i>	Yes	No	Don't know
Prison job	25%	41%	30%	4%
Vocational or skills training	39%	35%	22%	4%
Education (including basic skills)	27%	46%	20%	8%
Offending behaviour programmes	38%	43%	15%	5%

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

<i>Don't want to go</i>	24%
Never.....	19%
Less than once a week.....	26%
About once a week.....	31%
More than once a week.....	0%
Don't know.....	0%

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

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
27%	15%	13%	13%	23%	7%	2%

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
37%	24%	18%	5%	14%	2%

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

Less than 2 hours.....	12%
2 to less than 4 hours.....	15%
4 to less than 6 hours.....	20%
6 to less than 8 hours.....	26%
8 to less than 10 hours.....	11%
10 hours or more.....	12%
Don't know.....	4%

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
1%	4%	4%	9%	77%	6%

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

<i>Do not go on association</i>	4%
Never.....	18%
Rarely.....	18%
Some of the time.....	38%
Most of the time.....	17%
All of the time.....	6%

Section 8: Resettlement

Q8.1 When did you first meet your personal officer?

<i>Still have not met him/her</i>	38%
In the first week.....	30%
More than a week.....	20%
Don't remember.....	13%

Q8.2 How helpful do you think your personal officer is?

<i>Do not have a personal officer</i>	Very helpful	Helpful	Neither	Not very helpful	Not at all helpful
38%	19%	27%	7%	7%	3%

Q8.3 Do you have a sentence plan/OASys?

<i>Not sentenced</i>	30%
Yes.....	41%
No.....	29%

Q8.4 How involved were you in the development of your sentence plan?

<i>Do not have a sentence plan/OASys</i>	60%
Very involved.....	6%
Involved.....	15%

	<i>Neither</i>	5%
	<i>Not very involved</i>	8%
	<i>Not at all involved</i>	6%
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/OASys</i>	61%
	Yes.....	24%
	No.....	15%
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/OASys</i>	62%
	Yes.....	15%
	No.....	23%
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	
	<i>Not sentenced</i>	30%
	Yes.....	25%
	No.....	45%
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes.....	19%
	No.....	81%
Q8.9	Have you had any problems with sending or receiving mail?	
	Yes.....	39%
	No.....	56%
	<i>Don't know</i>	5%
Q8.10	Have you had any problems getting access to the telephones?	
	Yes.....	22%
	No.....	76%
	<i>Don't know</i>	2%
Q8.11	Did you have a visit in the first week that you were here?	
	<i>Not been here a week yet</i>	5%
	Yes.....	21%
	No.....	70%
	<i>Don't remember</i>	4%
Q8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	
	<i>Don't know what my entitlement is</i>	22%
	Yes.....	64%
	No.....	14%

- Q8.13 How many visits did you receive in the last week?**
- | | | | | |
|---------------------------|----------|---------------|---------------|------------------|
| <i>Not been in a week</i> | <i>0</i> | <i>1 to 2</i> | <i>3 to 4</i> | <i>5 or more</i> |
| 5% | 63% | 31% | 0% | 1% |
- Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?**
- | | |
|-----------|-----|
| Yes | 37% |
| No..... | 63% |
- Q8.15 Do you know who to contact to get help with the following within this prison: (please tick all that apply)**
- | | | | |
|---|-----|---|-----|
| <i>Don't know who to contact</i> | 48% | <i>Help with your finances in preparation for release</i> | 28% |
| <i>Maintaining good relationships</i> | 20% | <i>Claiming benefits on release</i> | 44% |
| <i>Avoiding bad relationships</i> | 15% | <i>Arranging a place at college/continuing education on release</i> | 15% |
| <i>Finding a job on release</i> | 38% | <i>Continuity of health services on release</i> | 26% |
| <i>Finding accommodation on release</i> | 34% | <i>Opening a bank account</i> | 27% |
- Q8.16 Do you think you will have a problem with any of the following on release from prison? (please tick all that apply)**
- | | | | |
|---|-----|---|-----|
| <i>No problems</i> | 30% | <i>Help with your finances in preparation for release</i> | 26% |
| <i>Maintaining good relationships</i> | 16% | <i>Claiming benefits on release</i> | 34% |
| <i>Avoiding bad relationships</i> | 15% | <i>Arranging a place at college/continuing education on release</i> | 14% |
| <i>Finding a job on release</i> | 54% | <i>Continuity of health services on release</i> | 21% |
| <i>Finding accommodation on release</i> | 42% | <i>Opening a bank account</i> | 31% |
- Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?**
- | | |
|----------------------------|-----|
| <i>Not sentenced</i> | 31% |
| Yes | 44% |
| No..... | 34% |

Thank you for completing this survey



HMP Hull 2008

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

Key to tables		HMP Hull 08	Local prisons comparator
Any percent highlighted in green is significantly better			
Any percent highlighted in blue is significantly worse			
Any percent 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		127	3825
SECTION 1: General Information			
2	Are you under 21 years of age?	17%	4%
3a	Are you sentenced?	70%	65%
3b	Are you on recall?	10%	8%
4a	Is your sentence less than 12 months?	11%	18%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	4%	3%
5	Do you have six months or less to serve?	27%	32%
6	Have you been in this prison less than a month?	15%	
7	Are you a foreign national?	7%	13%
8	Is English your first language?	94%	90%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	8%	27%
10	Are you Muslim?	5%	12%
11	Are you homosexual/gay or bisexual?	4%	3%
12	Do you consider yourself to have a disability?	22%	16%
13	Is this your first time in prison?	31%	27%
14	Have you been in more than 5 prisons this time?	11%	
15	Do you have any children under the age of 18?	55%	57%
SECTION 2: Transfers and Escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	41%	49%
1b	Was your personal safety during the journey good/very good?	58%	58%
1c	Was the comfort of the van good/very good?	11%	11%
1d	Was the attention paid to your health needs good/very good?	30%	28%
1e	Was the frequency of toilet breaks good/very good?	17%	12%
2	Did you spend more than four hours in the van?	2%	5%
3	Were you treated well/very well by the escort staff?	68%	67%
4a	Did you know where you were going when you left court or when transferred from another prison?	74%	72%
4b	Before you arrived here did you receive any written information about what would happen to you?	23%	13%
4c	When you first arrived here did your property arrive at the same time as you?	83%	81%

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SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	17%	
1c	Housing problems?	40%	
1d	Problems contacting employers?	19%	
1e	Problems contacting family?	50%	
1f	Problems ensuring dependants were looked after?	16%	
1g	Money problems?	24%	
1h	Problems of feeling depressed/suicidal?	64%	
1i	Health problems?	63%	
1j	Problems in needing protection from other prisoners?	34%	
1k	Problems accessing phone numbers?	41%	
2	When you first arrived:		
2a	Did you have any problems?	82%	77%
2b	Did you have any problems with loss of property?	16%	11%
2c	Did you have any housing problems?	21%	23%
2d	Did you have any problems contacting employers?	12%	7%
2e	Did you have any problems contacting family?	42%	32%
2f	Did you have any problems ensuring dependents were being looked after?	6%	8%
2g	Did you have any money worries?	22%	26%
2h	Did you have any problems with feeling depressed or suicidal?	27%	24%
2i	Did you have any health problems?	37%	25%
2j	Did you have any problems with needing protection from other prisoners?	18%	9%
2k	Did you have problems accessing phone numbers?	32%	
3a	Were you seen by a member of health services in reception?	81%	85%
3b	When you were searched in reception, was this carried out in a respectful way?	76%	66%
4	Were you treated well/very well in reception?	64%	57%
5	On your day of arrival, were offered any of the following information:		
5a	Information about what was going to happen to you?	55%	41%
5b	Information about what support was available for people feeling depressed or suicidal?	61%	41%
5c	Information about how to make routine requests?	41%	31%
5d	Information about your entitlement to visits?	47%	40%
5e	Information about health services?	57%	
5f	Information about the chaplaincy?	58%	

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SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	94%	74%
6b	The opportunity to have a shower?	30%	33%
6c	The opportunity to make a free telephone call?	46%	54%
6d	Something to eat?	70%	82%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	60%	48%
7b	Someone from health services?	84%	67%
7c	A listener/Samaritans?	33%	31%
8	Did you have access to the prison shop/canteen within the first 24 hours?	8%	22%
9	Did you feel safe on your first night here?	70%	73%
10	Have you been on an induction course?	69%	74%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	54%	56%
SECTION 4: Legal Rights and Respectful Custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	36%	42%
1b	Attend legal visits?	56%	63%
1c	Obtain bail information?	23%	25%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	42%	43%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	55%	50%
3b	Are you normally able to have a shower every day?	95%	77%
3c	Do you normally receive clean sheets every week?	90%	82%
3d	Do you normally get cell cleaning materials every week?	77%	64%
3e	Is your cell call bell normally answered within five minutes?	42%	36%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	77%	63%
3g	Can you normally get your stored property, if you need to?	32%	29%
4	Is the food in this prison good/very good?	30%	22%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	44%
6a	Is it easy/very easy to get a complaints form?	80%	79%
6b	Is it easy/very easy to get an application form?	85%	84%
7	Have you made an application?	85%	81%

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SECTION 4: Legal Rights and Respectful Custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	60%	53%
8b	Do you feel applications are dealt with promptly? (within 7 days)	50%	49%
9	Have you made a complaint?	44%	50%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	44%	32%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	37%	35%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	31%	26%
10c	Were you given information about how to make an appeal?	17%	29%
12	Is it easy/very easy to see the Independent Monitoring Board?	20%	31%
13a	Do you feel your religious beliefs are respected?	50%	53%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	50%	58%
14	Are you able to speak to a Listener at any time, if you want to?	66%	63%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	73%	64%
15b	Do most staff, in this prison, treat you with respect?	69%	67%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	51%	40%
2	Do you feel unsafe in this prison at the moment?	19%	20%
4	Have you been victimised by another prisoner?	34%	23%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	19%	12%
5b	Hit, kicked or assaulted you?	11%	8%
5c	Sexually abused you?	2%	1%
5d	Victimised you because of your race or ethnic origin?	1%	4%
5e	Victimised you because of drugs?	4%	4%
5f	Taken your canteen/property?	4%	5%
5g	Victimised you because you were new here?	8%	5%
5h	Victimised you because of your sexuality?	1%	1%
5i	Victimised you because you have a disability?	4%	2%
5j	Victimised you because of your religion/religious beliefs?	3%	3%
5k	Victimised you because you were from a different part of the country?	4%	5%
5l	Victimised you because of your offence/crime?	15%	

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Any percent highlighted in orange shows a significant difference in prisoners' background details			
Percentages which are not highlighted show there is no significant difference			
SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	25%	27%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	14%	14%
7b	Hit, kicked or assaulted you?	4%	5%
7c	Sexually abused you?	0%	1%
7d	Victimised you because of your race or ethnic origin?	3%	5%
7e	Victimised you because of drugs?	4%	5%
7f	Victimised you because you were new here?	4%	6%
7g	Victimised you because of your sexuality?	0%	1%
7h	Victimised you because you have a disability?	4%	2%
7i	Victimised you because of your religion/religious beliefs?	2%	4%
7j	Victimised you because you were from a different part of the country?	6%	4%
7k	Victimised you because of your offence/crime?	10%	
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	48%	30%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	37%	25%
10	Have you ever felt threatened or intimidated by a member of staff in here?	28%	26%
11	Is it easy/very easy to get illegal drugs in this prison?	34%	33%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	26%	
1b	Is it easy/very easy to see the nurse?	41%	
1c	Is it easy/very easy to see the dentist?	11%	
1d	Is it easy/very easy to see the optician?	13%	
2	Are you able to see a pharmacist?	42%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	53%	46%
3b	The nurse?	60%	59%
3c	The dentist?	33%	33%
3d	The optician?	34%	36%
4	The overall quality of health services?	39%	41%

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	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Healthcare continued			
5	Are you currently taking medication?	59%	44%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	54%	64%
7	Do you feel you have any emotional well being/mental health issues?	35%	
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	40%	
8b	A doctor?	28%	
8c	A nurse?	8%	
8d	A psychiatrist?	13%	
8e	The Mental Health In-Reach Team?	43%	
8f	A counsellor?	8%	
9a	Did you have a drug problem when you came into this prison?	43%	23%
9b	Did you have an alcohol problem when you came into this prison?	36%	19%
10a	Have you developed a drug problem since you have been in this prison?	15%	
10b	Have you developed an alcohol problem since you have been in this prison?	7%	
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	80%	
12	Have you received any help or intervention whilst in this prison?	67%	
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	76%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	36%	31%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	30%	25%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	76%	54%
SECTION 7: Purposeful Activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	51%	
1b	Vocational or skills training?	11%	
1c	Education (including basic skills)?	27%	
1d	Offending Behaviour Programmes?	11%	

Key to tables

	Any percent highlighted in green is significantly better	HMP Hull 08	Local prisons comparator
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Purposeful Activity continued			
2ai	Have you had a job whilst in prison?	75%	64%
For those who have had a prison job whilst in prison:			
2aii	Do you feel the job will help you on release?	55%	37%
2bi	Have you been involved in vocational or skills training whilst in prison?	61%	54%
For those who have had vocational or skills training whilst in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	58%	47%
2ci	Have you been involved in education whilst in prison?	73%	63%
For those who have been involved in education whilst in prison:			
2cii	Do you feel the education will help you on release?	63%	57%
2di	Have you been involved in offending behaviour programmes whilst in prison?	62%	49%
For those who have been involved in offending behaviour programmes whilst in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	69%	44%
3	Do you go to the library at least once a week?	31%	36%
4	On average, do you go to the gym at least twice a week?	42%	41%
5	On average, do you go outside for exercise three or more times a week?	19%	39%
6	On average, do you spend ten or more hours out of your cell on a weekday?	12%	9%
7	On average, do you go on association more than five times each week?	77%	47%
8	Do staff normally speak to you most of the time/all of the time during association?	22%	17%
SECTION 8: Resettlement			
1	Do you have a personal officer?	62%	36%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	74%	64%
For those who are sentenced:			
3	Do you have a sentence plan?	59%	35%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	53%	60%
5	Can you achieve some/all of you sentence plan targets in this prison?	62%	58%
6	Are there plans for you to achieve some/all your targets in another prison?	39%	48%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	35%	22%
8	Do you feel that any member of staff has helped you to prepare for release?	19%	14%
9	Have you had any problems with sending or receiving mail?	39%	44%
10	Have you had any problems getting access to the telephones?	22%	34%
11	Did you have a visit in the first week that you were here?	21%	37%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	64%	64%

Key to tables

	Any percent highlighted in green is significantly better	HMP Hull 08	Local prisons comparator
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Resettlement continued			
13	Did you receive one or more visits in the last week?	32%	39%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	37%	
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	20%	
15c	Avoiding bad relationships?	15%	
15d	Finding a job on release?	38%	39%
15e	Finding accommodation on release?	34%	43%
15f	With money/finances on release?	28%	29%
15g	Claiming benefits on release?	44%	45%
15h	Arranging a place at college/continuing education on release?	15%	30%
15i	Accessing health services on release?	26%	36%
15j	Opening a bank account on release?	27%	31%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	16%	
16c	Avoiding bad relationships?	15%	
16d	Finding a job?	54%	57%
16e	Finding accommodation?	42%	51%
16f	Money/finances?	26%	60%
16g	Claiming benefits?	34%	40%
16h	Arranging a place at college/continuing education?	14%	40%
16i	Accessing health services?	21%	26%
16j	Opening a bank account?	31%	45%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	58%	49%



Prisoner Survey Responses HMP Hull 2008

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

		H, I & J wings	Main wings
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent 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		46	82
SECTION 1: General Information			
2	Are you under 21 years of age?	0%	27%
3a	Are you sentenced?	98%	54%
3b	Are you on recall?	16%	7%
4a	Is your sentence less than 12 months?	9%	13%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	9%	1%
5	Do you have six months or less to serve?	33%	24%
6	Have you been in this prison less than a month?	0%	23%
7	Are you a foreign national?	5%	8%
8	Is English your first language?	96%	93%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	5%	10%
10	Are you Muslim?	7%	4%
11	Are you homosexual/gay or bisexual?	5%	4%
12	Do you consider yourself to have a disability?	27%	19%
13	Is this your first time in prison?	49%	21%
14	Have you been in more than 5 prisons this time?	9%	13%
15	Do you have any children under the age of 18?	49%	58%
SECTION 2: Transfers and Escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	50%	36%
1b	Was your personal safety during the journey good/very good?	60%	57%
1c	Was the comfort of the van good/very good?	16%	9%
1d	Was the attention paid to your health needs good/very good?	37%	26%
1e	Was the frequency of toilet breaks good/very good?	9%	21%
2	Did you spend more than four hours in the van?	5%	1%
3	Were you treated well/very well by the escort staff?	58%	73%
4a	Did you know where you were going when you left court or when transferred from another prison?	69%	78%
4b	Before you arrived here did you receive any written information about what would happen to you?	16%	27%
4c	When you first arrived here did your property arrive at the same time as you?	89%	79%

Key to tables

	Any percent highlighted in green is significantly better	H, I & J wing	Main wings
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	7%	23%
1c	Housing problems?	27%	48%
1d	Problems contacting employers?	11%	23%
1e	Problems contacting family?	41%	55%
1f	Problems ensuring dependants were looked after?	14%	17%
1g	Money problems?	11%	32%
1h	Problems of feeling depressed/suicidal?	59%	67%
1i	Health problems?	57%	67%
1j	Problems in needing protection from other prisoners?	34%	33%
1k	Problems accessing phone numbers?	36%	44%
2	When you first arrived:		
2a	Did you have any problems?	89%	77%
2b	Did you have any problems with loss of property?	14%	17%
2c	Did you have any housing problems?	14%	25%
2d	Did you have any problems contacting employers?	5%	16%
2e	Did you have any problems contacting family?	45%	40%
2f	Did you have any problems ensuring dependents were being looked after?	7%	5%
2g	Did you have any money worries?	16%	25%
2h	Did you have any problems with feeling depressed or suicidal?	41%	19%
2i	Did you have any health problems?	32%	40%
2j	Did you have any problems with needing protection from other prisoners?	23%	15%
2k	Did you have problems accessing phone numbers?	39%	28%
3a	Were you seen by a member of health services in reception?	71%	86%
3b	When you were searched in reception, was this carried out in a respectful way?	73%	78%
4	Were you treated well/very well in reception?	56%	69%
5	On your day of arrival, were offered any of the following information:		
5a	Information about what was going to happen to you?	42%	62%
5b	Information about what support was available for people feeling depressed or suicidal?	44%	70%
5c	Information about how to make routine requests?	21%	52%
5d	Information about your entitlement to visits?	21%	61%
5e	Information about health services?	37%	67%
5f	Information about the chaplaincy?	44%	66%

Key to tables

Any percent highlighted in green is significantly better	H, I & J wing	Main wings
Any percent highlighted in blue is significantly worse		
Any percent highlighted in orange shows a significant difference in prisoners' background details		
Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction continued		
6	On your day of arrival, were you offered any of the following:	
6a	86%	98%
6b	9%	41%
6c	25%	58%
6d	66%	72%
7	Within the first 24 hours did you meet any of the following people:	
7a	44%	68%
7b	76%	89%
7c	22%	38%
8	7%	9%
9	49%	83%
10	67%	70%
For those who have been on an induction course:		
11	38%	63%
SECTION 4: Legal Rights and Respectful Custody		
1	In terms of your legal rights, is it easy/very easy to:	
1a	44%	32%
1b	58%	55%
1c	17%	26%
2	56%	35%
3	For the wing/unit you are currently on:	
3a	71%	46%
3b	96%	95%
3c	96%	87%
3d	80%	75%
3e	50%	38%
3f	77%	78%
3g	32%	32%
4	38%	26%
5	48%	43%
6a	80%	79%
6b	89%	83%
7	91%	82%

Key to tables

	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference	H, I & J wing	Main wings
SECTION 4: Legal Rights and Respectful Custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	70%	54%
8b	Do you feel applications are dealt with promptly? (within 7 days)	61%	43%
9	Have you made a complaint?	53%	38%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	52%	38%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	46%	31%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	22%	38%
10c	Were you given information about how to make an appeal?	21%	14%
12	Is it easy/very easy to see the Independent Monitoring Board?	25%	17%
13a	Do you feel your religious beliefs are respected?	52%	49%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	49%	50%
14	Are you able to speak to a Listener at any time, if you want to?	84%	56%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	77%	70%
15b	Do most staff, in this prison, treat you with respect?	84%	62%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	62%	45%
2	Do you feel unsafe in this prison at the moment?	16%	21%
4	Have you been victimised by another prisoner?	48%	27%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	25%	15%
5b	Hit, kicked or assaulted you?	11%	11%
5c	Sexually abused you?	0%	3%
5d	Victimised you because of your race or ethnic origin?	0%	1%
5e	Victimised you because of drugs?	2%	5%
5f	Taken your canteen/property?	2%	5%
5g	Victimised you because you were new here?	7%	9%
5h	Victimised you because of your sexuality?	2%	0%
5i	Victimised you because you have a disability?	7%	3%
5j	Victimised you because of your religion/religious beliefs?	5%	1%
5k	Victimised you because you were from a different part of the country?	7%	3%
5l	Victimised you because of your offence/crime?	27%	8%

Key to tables

	Any percent highlighted in green is significantly better	H, I & J wing	Main wings
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	25%	25%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	9%	17%
7b	Hit, kicked or assaulted you?	2%	5%
7c	Sexually abused you?	0%	0%
7d	Victimised you because of your race or ethnic origin?	0%	5%
7e	Victimised you because of drugs?	2%	5%
7f	Victimised you because you were new here?	5%	4%
7g	Victimised you because of your sexuality?	0%	0%
7h	Victimised you because you have a disability?	5%	4%
7i	Victimised you because of your religion/religious beliefs?	2%	3%
7j	Victimised you because you were from a different part of the country?	5%	6%
7k	Victimised you because of your offence/crime?	11%	10%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	57%	41%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	48%	31%
10	Have you ever felt threatened or intimidated by a member of staff in here?	30%	26%
11	Is it easy/very easy to get illegal drugs in this prison?	16%	44%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	27%	25%
1b	Is it easy/very easy to see the nurse?	42%	40%
1c	Is it easy/very easy to see the dentist?	13%	10%
1d	Is it easy/very easy to see the optician?	21%	9%
2	Are you able to see a pharmacist?	45%	41%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	61%	48%
3b	The nurse?	68%	56%
3c	The dentist?	34%	33%
3d	The optician?	42%	29%
4	The overall quality of health services?	45%	35%

Key to tables

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	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
		H, I & J wing	Main wings
Healthcare continued			
5	Are you currently taking medication?	73%	51%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	81%	32%
7	Do you feel you have any emotional well being/mental health issues?	43%	30%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	33%	46%
8b	A doctor?	33%	23%
8c	A nurse?	0%	14%
8d	A psychiatrist?	11%	14%
8e	The Mental Health In-Reach Team?	61%	27%
8f	A counsellor?	11%	5%
9a	Did you have a drug problem when you came into this prison?	22%	55%
9b	Did you have an alcohol problem when you came into this prison?	27%	42%
10a	Have you developed a drug problem since you have been in this prison?	7%	19%
10b	Have you developed an alcohol problem since you have been in this prison?	2%	11%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	87%	77%
12	Have you received any help or intervention whilst in this prison?	73%	65%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	91%	71%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	19%	45%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	20%	36%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	83%	74%
SECTION 7: Purposeful Activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	60%	46%
1b	Vocational or skills training?	18%	7%
1c	Education (including basic skills)?	47%	16%
1d	Offending Behaviour Programmes?	16%	8%

Key to tables

	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
		H, I & J wing	Main wings
Purposeful Activity continued			
2ai	Have you had a job whilst in prison?	92%	66%
For those who have had a prison job whilst in prison:			
2aii	Do you feel the job will help you on release?	82%	36%
2bi	Have you been involved in vocational or skills training whilst in prison?	79%	53%
For those who have had vocational or skills training whilst in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	73%	47%
2ci	Have you been involved in education whilst in prison?	94%	61%
For those who have been involved in education whilst in prison:			
2cii	Do you feel the education will help you on release?	81%	47%
2di	Have you been involved in offending behaviour programmes whilst in prison?	80%	53%
For those who have been involved in offending behaviour programmes whilst in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	75%	63%
3	Do you go to the library at least once a week?	38%	27%
4	On average, do you go to the gym at least twice a week?	28%	50%
5	On average, do you go outside for exercise three or more times a week?	18%	19%
6	On average, do you spend ten or more hours out of your cell on a weekday?	14%	11%
7	On average, do you go on association more than five times each week?	86%	72%
8	Do staff normally speak to you most of the time/all of the time during association?	22%	22%
SECTION 8: Resettlement			
1	Do you have a personal officer?	84%	50%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	84%	63%
For those who are sentenced:			
3	Do you have a sentence plan?	71%	48%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	53%	53%
5	Can you achieve some/all of you sentence plan targets in this prison?	61%	63%
6	Are there plans for you to achieve some/all your targets in another prison?	50%	22%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	45%	25%
8	Do you feel that any member of staff has helped you to prepare for release?	29%	13%
9	Have you had any problems with sending or receiving mail?	48%	34%
10	Have you had any problems getting access to the telephones?	18%	24%
11	Did you have a visit in the first week that you were here?	14%	25%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	77%	57%

Key to tables

	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
		H, I & J wing	Main wings
Resettlement continued			
13	Did you receive one or more visits in the last week?	23%	37%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	44%	34%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	19%	20%
15c	Avoiding bad relationships?	17%	15%
15d	Finding a job on release?	45%	33%
15e	Finding accommodation on release?	38%	32%
15f	With money/finances on release?	36%	24%
15g	Claiming benefits on release?	50%	40%
15h	Arranging a place at college/continuing education on release?	17%	15%
15i	Accessing health services on release?	24%	27%
15j	Opening a bank account on release?	31%	25%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	20%	13%
16c	Avoiding bad relationships?	13%	16%
16d	Finding a job?	44%	59%
16e	Finding accommodation?	38%	45%
16f	Money/finances?	31%	22%
16g	Claiming benefits?	36%	33%
16h	Arranging a place at college/continuing education?	9%	17%
16i	Accessing health services?	29%	16%
16j	Opening a bank account?	36%	28%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	68%	49%



Prisoner Survey Responses HMP Hull 2008

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

		Prisoners under 21	Prisoners over 21
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent 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		21	100
SECTION 1: General Information			
2	Are you under 21 years of age?		
3a	Are you sentenced?	19%	80%
3b	Are you on recall?	0%	12%
4a	Is your sentence less than 12 months?	5%	12%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	5%
5	Do you have six months or less to serve?	5%	32%
6	Have you been in this prison less than a month?	34%	10%
7	Are you a foreign national?	5%	7%
8	Is English your first language?	95%	94%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	5%	9%
10	Are you Muslim?	0%	6%
11	Are you homosexual/gay or bisexual?	0%	4%
12	Do you consider yourself to have a disability?	35%	19%
13	Is this your first time in prison?	34%	30%
14	Have you been in more than 5 prisons this time?	10%	10%
15	Do you have any children under the age of 18?	25%	61%
SECTION 2: Transfers and Escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	24%	47%
1b	Was your personal safety during the journey good/very good?	52%	58%
1c	Was the comfort of the van good/very good?	5%	14%
1d	Was the attention paid to your health needs good/very good?	24%	33%
1e	Was the frequency of toilet breaks good/very good?	0%	21%
2	Did you spend more than four hours in the van?	0%	3%
3	Were you treated well/very well by the escort staff?	67%	69%
4a	Did you know where you were going when you left court or when transferred from another prison?	76%	75%
4b	Before you arrived here did you receive any written information about what would happen to you?	24%	23%
4c	When you first arrived here did your property arrive at the same time as you?	89%	80%

Key to tables

	Any percent highlighted in green is significantly better	Prisoners under 21	Prisoners over 21
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	27%	16%
1c	Housing problems?	47%	39%
1d	Problems contacting employers?	27%	18%
1e	Problems contacting family?	42%	52%
1f	Problems ensuring dependants were looked after?	16%	17%
1g	Money problems?	37%	20%
1h	Problems of feeling depressed/suicidal?	63%	63%
1i	Health problems?	58%	63%
1j	Problems in needing protection from other prisoners?	27%	36%
1k	Problems accessing phone numbers?	27%	43%
2	When you first arrived:		
2a	Did you have any problems?	80%	82%
2b	Did you have any problems with loss of property?	15%	15%
2c	Did you have any housing problems?	35%	17%
2d	Did you have any problems contacting employers?	20%	9%
2e	Did you have any problems contacting family?	40%	41%
2f	Did you have any problems ensuring dependents were being looked after?	5%	5%
2g	Did you have any money worries?	30%	18%
2h	Did you have any problems with feeling depressed or suicidal?	25%	26%
2i	Did you have any health problems?	40%	35%
2j	Did you have any problems with needing protection from other prisoners?	25%	15%
2k	Did you have problems accessing phone numbers?	40%	30%
3a	Were you seen by a member of health services in reception?	86%	80%
3b	When you were searched in reception, was this carried out in a respectful way?	76%	77%
4	Were you treated well/very well in reception?	57%	66%
5	On your day of arrival, were offered any of the following information:		
5a	Information about what was going to happen to you?	45%	56%
5b	Information about what support was available for people feeling depressed or suicidal?	65%	61%
5c	Information about how to make routine requests?	50%	40%
5d	Information about your entitlement to visits?	55%	46%
5e	Information about health services?	60%	58%
5f	Information about the chaplaincy?	60%	59%

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SECTION 3: Reception, first night and induction continued		
6	On your day of arrival, were you offered any of the following:	
6a	A smokers/non-smokers pack?	95% 94%
6b	The opportunity to have a shower?	34% 28%
6c	The opportunity to make a free telephone call?	67% 41%
6d	Something to eat?	71% 69%
7	Within the first 24 hours did you meet any of the following people:	
7a	The chaplain or a religious leader?	71% 58%
7b	Someone from health services?	86% 84%
7c	A listener/Samaritans?	52% 29%
8	Did you have access to the prison shop/canteen within the first 24 hours?	14% 6%
9	Did you feel safe on your first night here?	62% 73%
10	Have you been on an induction course?	67% 68%
For those who have been on an induction course:		
11	Did the course cover everything you needed to know about the prison?	43% 59%
SECTION 4: Legal Rights and Respectful Custody		
1	In terms of your legal rights, is it easy/very easy to:	
1a	Communicate with your solicitor or legal representative?	19% 40%
1b	Attend legal visits?	57% 57%
1c	Obtain bail information?	29% 23%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	34% 44%
3	For the wing/unit you are currently on:	
3a	Are you normally offered enough clean, suitable clothes for the week?	43% 58%
3b	Are you normally able to have a shower every day?	90% 96%
3c	Do you normally receive clean sheets every week?	90% 91%
3d	Do you normally get cell cleaning materials every week?	67% 80%
3e	Is your cell call bell normally answered within five minutes?	43% 41%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	71% 78%
3g	Can you normally get your stored property, if you need to?	43% 31%
4	Is the food in this prison good/very good?	34% 31%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	48% 44%
6a	Is it easy/very easy to get a complaints form?	67% 84%
6b	Is it easy/very easy to get an application form?	65% 90%
7	Have you made an application?	81% 87%

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SECTION 4: Legal Rights and Respectful Custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	63%	58%
8b	Do you feel applications are dealt with promptly? (within 7 days)	40%	49%
9	Have you made a complaint?	38%	46%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	50%	44%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	50%	33%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	57%	25%
10c	Were you given information about how to make an appeal?	5%	20%
12	Is it easy/very easy to see the Independent Monitoring Board?	19%	20%
13a	Do you feel your religious beliefs are respected?	40%	53%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	25%	55%
14	Are you able to speak to a Listener at any time, if you want to?	48%	72%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	67%	74%
15b	Do most staff, in this prison, treat you with respect?	55%	73%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	45%	51%
2	Do you feel unsafe in this prison at the moment?	30%	18%
4	Have you been victimised by another prisoner?	30%	34%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	20%	17%
5b	Hit, kicked or assaulted you?	15%	10%
5c	Sexually abused you?	5%	0%
5d	Victimised you because of your race or ethnic origin?	0%	1%
5e	Victimised you because of drugs?	5%	3%
5f	Taken your canteen/property?	5%	4%
5g	Victimised you because you were new here?	15%	7%
5h	Victimised you because of your sexuality?	0%	1%
5i	Victimised you because you have a disability?	0%	5%
5j	Victimised you because of your religion/religious beliefs?	0%	3%
5k	Victimised you because you were from a different part of the country?	5%	4%
5l	Victimised you because of your offence/crime?	5%	17%

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SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	24%	26%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	29%	12%
7b	Hit, kicked or assaulted you?	10%	3%
7c	Sexually abused you?	0%	0%
7d	Victimised you because of your race or ethnic origin?	14%	1%
7e	Victimised you because of drugs?	10%	3%
7f	Victimised you because you were new here?	10%	3%
7g	Victimised you because of your sexuality?	0%	0%
7h	Victimised you because you have a disability?	0%	5%
7i	Victimised you because of your religion/religious beliefs?	5%	2%
7j	Victimised you because you were from a different part of the country?	19%	3%
7k	Victimised you because of your offence/crime?	10%	11%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	57%	45%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	48%	34%
10	Have you ever felt threatened or intimidated by a member of staff in here?	34%	26%
11	Is it easy/very easy to get illegal drugs in this prison?	50%	32%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	25%	25%
1b	Is it easy/very easy to see the nurse?	50%	40%
1c	Is it easy/very easy to see the dentist?	11%	11%
1d	Is it easy/very easy to see the optician?	11%	15%
2	Are you able to see a pharmacist?	37%	41%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	54%	52%
3b	The nurse?	57%	61%
3c	The dentist?	36%	33%
3d	The optician?	20%	38%
4	The overall quality of health services?	33%	39%

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Healthcare continued			
5	Are you currently taking medication?	20%	66%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	75%	55%
7	Do you feel you have any emotional well being/mental health issues?	30%	37%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	17%	44%
8b	A doctor?	33%	27%
8c	A nurse?	17%	6%
8d	A psychiatrist?	33%	9%
8e	The Mental Health In-Reach Team?	50%	41%
8f	A counsellor?	0%	9%
9a	Did you have a drug problem when you came into this prison?	55%	41%
9b	Did you have an alcohol problem when you came into this prison?	56%	31%
10a	Have you developed a drug problem since you have been in this prison?	29%	12%
10b	Have you developed an alcohol problem since you have been in this prison?	19%	6%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	64%	83%
12	Have you received any help or intervention whilst in this prison?	43%	72%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	50%	82%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	43%	34%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	32%	28%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	67%	77%
SECTION 7: Purposeful Activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	45%	55%
1b	Vocational or skills training?	5%	12%
1c	Education (including basic skills)?	10%	29%
1d	Offending Behaviour Programmes?	5%	11%

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Purposeful Activity continued			
2ai	Have you had a job whilst in prison?	52%	83%
For those who have had a prison job whilst in prison:			
2aii	Do you feel the job will help you on release?	64%	55%
2bi	Have you been involved in vocational or skills training whilst in prison?	47%	66%
For those who have had vocational or skills training whilst in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	50%	61%
2ci	Have you been involved in education whilst in prison?	50%	77%
For those who have been involved in education whilst in prison:			
2cii	Do you feel the education will help you on release?	56%	63%
2di	Have you been involved in offending behaviour programmes whilst in prison?	41%	67%
For those who have been involved in offending behaviour programmes whilst in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	57%	69%
3	Do you go to the library at least once a week?	19%	34%
4	On average, do you go to the gym at least twice a week?	52%	38%
5	On average, do you go outside for exercise three or more times a week?	29%	17%
6	On average, do you spend ten or more hours out of your cell on a weekday?	19%	11%
7	On average, do you go on association more than five times each week?	67%	80%
8	Do staff normally speak to you most of the time/all of the time during association?	19%	24%
SECTION 8: Resettlement			
1	Do you have a personal officer?	29%	71%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	50%	77%
For those who are sentenced:			
3	Do you have a sentence plan?	75%	57%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	0%	56%
5	Can you achieve some/all of you sentence plan targets in this prison?	67%	61%
6	Are there plans for you to achieve some/all your targets in another prison?	33%	40%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	50%	36%
8	Do you feel that any member of staff has helped you to prepare for release?	10%	21%
9	Have you had any problems with sending or receiving mail?	40%	37%
10	Have you had any problems getting access to the telephones?	14%	24%
11	Did you have a visit in the first week that you were here?	24%	19%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	38%	70%

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Resettlement continued			
13	Did you receive one or more visits in the last week?	24%	32%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	43%	37%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	20%	21%
15c	Avoiding bad relationships?	15%	16%
15d	Finding a job on release?	35%	39%
15e	Finding accommodation on release?	25%	36%
15f	With money/finances on release?	25%	30%
15g	Claiming benefits on release?	35%	46%
15h	Arranging a place at college/continuing education on release?	15%	15%
15i	Accessing health services on release?	25%	25%
15j	Opening a bank account on release?	30%	28%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	20%	16%
16c	Avoiding bad relationships?	25%	14%
16d	Finding a job?	70%	48%
16e	Finding accommodation?	45%	40%
16f	Money/finances?	20%	24%
16g	Claiming benefits?	50%	31%
16h	Arranging a place at college/continuing education?	30%	11%
16i	Accessing health services?	25%	20%
16j	Opening a bank account?	30%	32%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	100%	58%