

Report on an unannounced inspection of

HMP Hull

by HM Chief Inspector of Prisons

26 March–12 April 2018

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Glossary of terms

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

Introduction

HMP Hull is a local prison serving the East Yorkshire area. With a history that dates back to the late Victorian era, it is in many ways a typical inner-city local, holding over 1,000 men in a mixture of old and new accommodation and facing a range of social and operational challenges. At the time of our inspection, about two-thirds of the population had been convicted and sentenced, with the remainder on remand, awaiting sentence or subject to recall. A fairly even age profile was represented, including a relatively small number of younger prisoners under the age of 21. The offence profile of those held was similarly broad, although 43% of those held had been convicted of sex offences.

We last inspected in 2014 when we found mixed outcomes reflecting the challenges faced by similar prisons, but Hull was working well in comparison to most other local prisons. At this inspection we found a not too dissimilar picture, with outcomes that we judged to be reasonably good against all four of our tests of a healthy prison. In the context of the challenges faced by the prison system in recent years, this was not an insignificant achievement.

HMP Hull is a front-line prison receiving new prisoners from court on a daily basis. Reception procedures properly assessed presenting risk and induction arrangements were adequate. First night cells, however, needed to be cleaner and better prepared. Most prisoners told us they felt safe and although there had been an increase in violence since our last inspection, the data suggested much of it was relatively minor. Arrangements and strategies to reduce violence were comprehensive and robust, and included the pilot of new challenge and support interventions aimed at perpetrators and victims of violent incidents. Like violence, use of force had increased, but the evidence provided assurance concerning the legitimacy of its use and management oversight was good. Segregation, in contrast, was used less frequently. Those who were segregated were generally treated well and for the most part successfully reintegrated back into the main prison.

Most security procedures were proportionate and underpinned by good relationships, good supervision, a good flow of intelligence and a comprehensive drug supply reduction strategy. Drugs remained a challenge, with drug testing data suggesting a positive rate of 24%, but this was very nearly half the rate of 12 months ago and there was other evidence to suggest that the prison's work to combat drugs was beginning to be more effective.

Tragically, since we last inspected, five prisoners had taken their own lives and levels of self-harm had increased drastically. It was evident that work had been done to implement Prisons and Probation Ombudsman (PPO) recommendations following their investigations, but the quality of case work concerning those in crisis was still not good enough. Work to improve the situation had begun, but the need to gain a clearer understanding of why self-harm had increased, as well as the need for further improvement in the support offered to those vulnerable, is the subject of one of our main recommendations.

The prison had many experienced staff but also a significant tranche of newer staff, all of whom received good mentoring and support. We felt this made a significant contribution overall to what we found to be an authoritative and confident yet relaxed staff group. Most prisoners felt respected, or knew of someone they could turn to for help, and 87% said they had a personal officer. There was some useful work being done to promote the use of peer support and consultation arrangements were developing, but they needed to be better promoted. Application and complaints procedures had improved.

Living conditions were less good. There was much overcrowding with two-thirds of prisoners sharing cramped cells. There was a backlog of much-needed repairs and many facilities were in poor condition. The older accommodation required investment, but despite this most prisoners kept their own cells clean and communal and external grounds were well maintained.

Another priority for the prison was the promotion of equality and diversity. Progress was being made, not least through the appointment of a full-time equality manager, but there was still no policy or equalities strategy specific to the prison and consultation with minority groups was limited. The evidence indicated more negative perceptions among some minority groups and some feelings of marginalisation, although investigations when complaints were made were fair and thorough.

At the time of our inspection the prison's daily routine was subject to change and review. A fully employed prisoner could get nine hours out of cell, although we found 23% of prisoners locked up during the working day and one in ten prisoners were unemployed despite there being sufficient activity places for almost all. The quality of education and vocational training was good with success rates in English and maths being driven up and links with employers developing. Our colleagues in Ofsted judged the overall effectiveness of learning and skills and work at Hull to be 'good'.

Outcomes in the area of rehabilitation and release planning were similarly reasonably good. Family ties were promoted reasonably well and a developing resettlement strategy was in place, although it was undermined by a lack of comprehensive analysis of need. Communication and coordination of offender management and the community rehabilitation company (CRC) also needed to be better.

The prison's many sex offenders mostly received very good offender management but for almost all other high risk of harm cases we reviewed, offender supervision was weak. Public protection arrangements also needed to be much better and improvement needed to be prioritised. The range of accredited offending behaviour programmes for sex offenders was excellent and some very interesting developmental work was happening to support those with a personality disorder or needing the structure of a psychologically informed planned environment (PIPE). Release planning was adequate.

To conclude, HMP Hull is a prison doing its best and this is an encouraging report. Strong leadership and a positive staff culture underpinned, in our view, the maintenance of reasonably good outcomes during challenging times. There seemed to us to be a strong sense of community at the prison that combined the positive characteristics of a prison proud of its traditions, a culture of competence and an openness to new ideas and creativity. We saw plenty of evidence of managers and staff being keen to embrace new work. There is, as ever, more to do, but the governor and his staff should be commended for their hard work and achievements.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

June 2018

Fact page

Task of the establishment

A men's local prison and remand centre.

Certified normal accommodation and operational capacity

Prisoners held at the time of inspection: 1022

Baseline certified normal capacity: 723

In-use certified normal capacity: 723

Operational capacity: 1044

Notable features from this inspection

In addition to the time spent at the training college, managers at Hull provided an additional week of bespoke training for the significant number of newly qualified officers. The retention rate was high at 88%.

Two-thirds of prisoners shared cells originally built for one person.

The National Probation Service managed over half the population because they posed higher risks and just under half were convicted of or were on remand for sexual offences.

Not all prisoners stayed at the prison for short periods. Over a quarter had been at the prison for more than a year.

Prison status and key providers

Public

Physical health, mental health and substance misuse provider: City Health Care Partnership

Community Interest Company (CIC)

Learning and skills provider: Novus

Community rehabilitation company: Humberside, Lincolnshire and North Yorkshire CRC (Purple Futures)

Escort contractor: GEOAmey

Region

Yorkshire Prisons Group

Brief history

Opened in 1870, HMP Hull originally held men and women. In 1939, it became a military prison and was later used as a civil defence depot. It reopened as a closed men's borstal in 1950 and in 1969, it became one of the first maximum security dispersal prisons. In 1986, HMP Hull assumed its role as a men's local prison and remand centre.

In 2002, four wings as well as a new health care centre, sports hall and multi-faith centre were added, and other parts of the prison, including the kitchen, education and workshops, were refurbished.

Short description of residential units

A wing: General wing including the psychologically informed planned environment and drug recovery units

B, C and D wings: Sentenced and unsentenced adults and young offenders

F wing: Well-being unit

G wing: First night and induction wing

H, I and J wings: Vulnerable prisoners
K wing: Small unit for older vulnerable prisoners

Name of governor and date in post

Rick Stuart – January 2015

Independent Monitoring Board chair

Mike Austin

Date of last inspection

6–17 October 2014

About this inspection and report

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

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

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

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

Respect Prisoners are treated with respect for their human dignity.

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

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

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by Her Majesty's Prison and Probation Service (HMPPS).

- **Outcomes for prisoners are good.**

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

- **Outcomes for prisoners are reasonably good.**

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

- **Outcomes for prisoners are not sufficiently good.**

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

- **Outcomes for prisoners are poor.**

There is evidence that the outcomes for prisoners are seriously affected by current

practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons (Version 5, 2017)*.¹ The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in the appendices.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.²

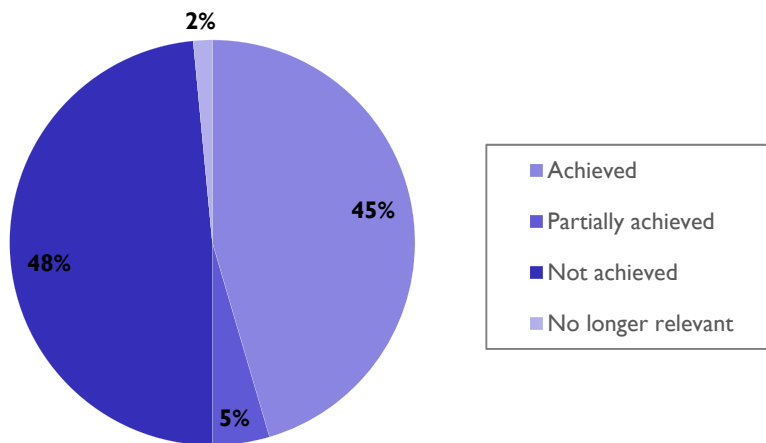
¹ <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>

² The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

- S1 We last inspected HMP Hull in 2014 and made 66 recommendations overall. The prison fully accepted 57 of the recommendations and partially (or subject to resources) accepted six. It rejected three of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved 30 of those recommendations, partially achieved three and not achieved 32. One recommendation was no longer relevant.

Figure 1: HMP Hull progress on recommendations from the last inspection (n=66)



- S3 Since our last inspection outcomes for prisoners stayed the same in all healthy prison areas. Outcomes were generally reasonably good in all areas.

Figure 2: HMP Hull healthy prison outcomes 2014 and 2018³



³ Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

Safety

S4 *Procedures during men's early days at the prison were managed reasonably well, but the reception and first night environment was unwelcoming. Most prisoners reported feeling safe. Levels of violence had increased. A comprehensive safety strategy was in place to deal with violence and few incidents were serious. The use of force had increased significantly, but evidence demonstrated it was used legitimately. Segregation was used less frequently than previously and stays were short. An effective drug supply reduction strategy was in place. There had been five self-inflicted deaths since the last inspection and Prison and Probation Ombudsman (PPO) recommendations were being implemented. The level of self-harm had drastically increased, and casework was inconsistent. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S5 *At the last inspection in 2014 we found that outcomes for prisoners in HMP Hull were reasonably good against this healthy prison test. We made 17 recommendations in the area of safety.⁴ At this inspection we found that 10 of the recommendations had been achieved, two had been partially achieved and five had not been achieved.*

S6 The reception area was busy and prisoners continued to arrive late into the evening. Processes were thorough and staff appropriately focused on identifying new arrivals' risks and needs. However, prisoners often waited for long periods in stark holding rooms, which did not have enough information to keep them occupied. They were then moved to unwelcoming first night cells, some of which were dirty. Staff checked on prisoners throughout their first night and peer supporters provided information and advice once prisoners were in the first night unit. In our survey, most prisoners said they had received an induction. The programme was delivered by a multi-agency team and prisoners received a helpful booklet containing key information about the prison.

S7 Most prisoners at HMP Hull felt safe. Recorded levels of violence had increased, but there were few serious assaults. The safety strategy was comprehensive and consisted of detailed action to address violence and support victims. Safety meetings supported the management of prisoners with complex and challenging behaviour and addressed emerging safety issues. The incentives and earned privileges scheme was not used effectively enough to promote good behaviour. The policy was complex and often applied inconsistently.

S8 The adjudication process was reasonably well managed, but governance lacked focus. Use of force had increased significantly since the last inspection. Most video recordings of incidents involving force demonstrated that it had been used legitimately and that de-escalation was evident. The use of special accommodation had increased, but it was not always recorded. Managerial oversight, including quality assurance, was good.

S9 Segregation was now used less frequently and stays were short. Reintegration planning was informal, but an effective strategy meant that almost all prisoners returned to the mainstream prison. Staff knew their prisoners well and interactions were respectful and supportive. Significant efforts had been made to brighten up and clean the unit, although cell toilets and sinks were still dirty. The regime in the unit remained poor.

S10 Most security procedures were effective and proportionate. The supply reduction strategy was comprehensive and incorporated a good range of measures to tackle the availability of drugs in the prison. There was good evidence that the strategy was effective.

⁴ This included recommendations about substance misuse treatment, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison area of respect.

- S11 There had been five self-inflicted deaths since the last inspection and PPO recommendations from subsequent investigations were being addressed. Levels of self-harm had increased drastically since the last inspection. Assessment, care in custody and teamwork (ACCT) case management supervision for prisoners at risk of suicide or self-harm was variable, and as a result, case management was inconsistent, and some care plans were not sufficiently attentive to outcomes. However, the quality assurance system had begun to address some of these issues. Arrangements for safeguarding adults at risk were developing well and the prison had appropriate links to external agencies.

Respect

S12 *Staff-prisoner relationships were very good. Living conditions were cramped and required significant investment, particularly on the older wings. Some efforts had been made to improve the accommodation available and most prisoners had access to basic amenities. The food was reasonable. Peer support was good. There had been significant improvements in the application process. Strategic equality work had improved, but the prison was not doing enough to ensure staff understood or met the needs of prisoners with protected characteristics. Health services were reasonably good but there was insufficient mental health provision. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S13 *At the last inspection in 2014 we found that outcomes for prisoners in HMP Hull were reasonably good against this healthy prison test. We made 23 recommendations in the area of respect. At this inspection we found that 10 of the recommendations had been achieved, 12 had not been achieved and one was no longer relevant.*

- S14 In our survey, about three quarters of prisoners said that staff treated them with respect and that they could turn to staff for help. A significant number of officers were new in post, but their experienced peers and managers supported them well. Staff were in control and most used their authority in a relaxed and confident way. We saw prisoners and staff across all disciplines interact positively.
- S15 Two thirds of men shared cramped cells intended for one person, the flooring in some cells was in poor condition and most toilets were still not adequately screened. Older wings required significant capital investment and there were too many outstanding repair jobs. Many communal showers were dilapidated and lacked privacy. Despite the accommodation, the majority of prisoners kept their cells clean and most communal and external areas were reasonably well maintained. In our survey, prisoners were more positive about everyday life than those at similar prisons and most had reliable access to basic amenities.
- S16 The food was reasonable, but breakfast packs were inadequate. Prisoners could buy a good range of items every week from a product list drawn up in consultation with the men. Peer workers were used well. However, many prisoners were unsure about consultation arrangements and did not know how they could influence change within the prison. Application and complaints procedures had improved since the previous inspection. The legal provision was basic, but the library had some good resources.
- S17 Strategic planning for equality had improved since the last inspection, and investigations into complaints raised on discrimination incident reporting forms were good. However, work relating to prisoners with protected characteristics was underdeveloped.
- S18 The perceptions of black, Asian and minority ethnic prisoners were more negative than white prisoners in some key areas of prison life. Support for foreign national prisoners was

reasonable, but some were not aware of their entitlements and too many were detained beyond the end of their custodial sentence.

- S19 Care for disabled prisoners was generally good, but too many staff were not aware of evacuation plans for prisoners who needed support. Some retired and disabled prisoners were locked up during the core day and there were insufficient social activities for the older age group. Staff had little understanding of the impact of maturity levels on young adult behaviour and the prison had no specific strategy for managing the significant population of young adult prisoners. Support for transgender prisoners was good. All prisoners could practise their faith freely and the chaplaincy provided a good service.
- S20 Health provision was reasonable and governance was mostly effective, but some health services had deteriorated since the last inspection. The team offered an appropriate range of primary care clinics within an acceptable timeframe. Social care assessments were timely and the provision was reasonably good. Prisoners with the greatest mental health needs were supported well, but the range of interventions and staffing resources did not meet all low-level needs. Clinical substance misuse treatment was mostly good, although the lack of overnight observations during prisoners' first five days at the prison created some risks. Some aspects of psychosocial substance misuse provision were excellent. The implementation of the new in-possession risk assessment had not been sufficiently scrutinised to ensure practices were safe. Dental provision was generally good, but waiting times for routine care were too long.

Purposeful activity

S21 *About a quarter of prisoners were locked up during the core day. Time out of cell was good for those in education or employment but poorer for the one in 10 who were not involved in an activity. The prison had not done enough to ensure that access to the library and gym was equitable. Leadership and management of learning, skills and work activities was mostly good. Attendance was improving. The provision was good – lessons were well planned and based on prisoners' individual needs and skills. Prisoners behaved well in activities and most achieved successful outcomes, except in English. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S22 *At the last inspection in 2014 we found that outcomes for prisoners in HMP Hull were reasonably good against this healthy prison test. We made 11 recommendations in the area of purposeful activity. At this inspection we found that seven of the recommendations had been achieved and four had not been achieved.*

- S23 Fully employed prisoners could spend about nine hours out of their cell on week days, but unemployed prisoners had less than two hours, which was lower than at the last inspection. During our roll checks, 23% of prisoners were locked up during the core day. Problems with the newly revised regime had led to some curtailments to the regime. Not enough time had been built in for some everyday tasks. However, managers had identified the problem, which was subject to a review. Prisoners did not have sufficient time in the open air.
- S24 The library facilities were good and staff had created some impressive links to City of Culture projects (Hull had been recognised as a City of Culture in 2017). However, access to the library was too limited and its use was not evaluated. Access to and attendance at the gym remained good, but the provision was still not informed by data analysis and a limited number of accredited courses were offered.

- S25 Managers were developing links with local employers. They and education staff had worked well together to improve education and training. Prison and education managers had closed underperforming education courses and driven up success rates in English and maths. There were now sufficient activity places for almost all prisoners and attendance at education, training and work was improving. However, one in 10 prisoners was unemployed and had little to do. Staff made too little use of data to plan improvements and measure the impact of managerial action.
- S26 Education and vocational training were good. Lessons were well planned and based on individual prisoners' learning support needs. Teachers and trainers managed peer mentors' and learning support assistants' activities particularly well to ensure that prisoners made good progress. However, trainers did not set prisoners sufficiently specific or challenging targets in most work settings. Prisoners behaved respectfully in education and workshops and men felt safe.
- S27 Success rates were very high on many courses and a large proportion who completed their courses obtained a qualification. Achievements in maths had been very high over the first six months of the current academic year. However, success rates on levels 1 and 2 English courses required improvement. Prisoners produced high standards of practical and written work, particularly in business, art and catering courses. Men in vocational training worked to good commercial standards.

Rehabilitation and release planning

- S28** *Children and families work was good. The strategy for managing prisoners' risks and rehabilitation was reasonably good, although it was not based on a comprehensive needs analysis. Offender management for the large proportion of sex offenders was mostly good, but there were weaknesses in the management of other high risk offenders. The prison lacked sufficient oversight of pre-release risk management planning. An excellent range of accredited programmes was available for sex offenders, but too few progression opportunities for higher risk prisoners were offered. All prisoners had a release plan but too many left the prison without settled accommodation to go to. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S29 *At the last inspection in 2014 we found that outcomes for prisoners in HMP Hull were reasonably good against this healthy prison test. We made 15 recommendations in the area of resettlement.⁵ At this inspection we found that three of the recommendations had been achieved, one had been partially achieved and 11 had not been achieved.*

- S30 Visits between prisoners and their families took place in a comfortable room with good facilities. Prisoners said their visitors were treated with respect, which was consistent with our observations. A good range of family visits and children's play days was organised. Staff from community organisations provided families with support in the visitors' centre and assisted individual prisoners.
- S31 The strategic management of resettlement was reasonably good, but the strategy was not yet informed by a comprehensive needs analysis. Joint working between the offender management unit and the community rehabilitation company (CRC) needed further improvement to ensure risks were managed effectively.

⁵ This included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.

- S32 The National Probation Service managed over half the population because they posed a high risk and over 400 prisoners were convicted or charged with sexual offences. Three quarters of the population were sentenced and a quarter of those had been at the prison for over a year when we inspected. The number of outstanding initial offender assessment system (OASys) reports was low, but too many prisoners were transferred before one had been completed. Sexual offenders were mostly managed well, and in some cases extremely well. However, in almost all other long-term high risk of harm cases that we reviewed, there was either no evidence – or very little – demonstrating that offender supervisors had meaningful contact with prisoners or that there was a focus on progression or risk reduction. The new home detention curfew process was managed appropriately.
- S33 Restrictions on prisoners making contact with victims or potential victims in the community were applied appropriately and reviewed regularly. Over half of prisoners due for release in the two months following the inspection presented a high risk of harm. While we saw many examples of good casework, there was no formal process for ensuring risk management planning for all high risk prisoners was effective.
- S34 Re-categorisation reviews were up to date and well managed. The lack of places nationally for sexual offenders and category B prisoners meant that too many were unable to progress and remained at HMP Hull without being able to demonstrate a reduction in their risks.
- S35 The range of accredited programmes for sexual offenders was excellent but nearly half of them were not suitable for the programmes and therefore struggled to progress. However, the introduction of the A-Z motivational programme was positive. The CRC's accommodation support was proactive and there was evidence showing positive outcomes in some cases. The prison monitored prisoners' accommodation status on release better than usual. The proportion of prisoners released without settled accommodation was high, reflecting the lack of access nationally. The range of finance and debt support was too limited.
- S36 The psychologically informed planned environment continued to provide some of the higher risk and long-term prisoners with constructive opportunities for progression and consolidation. Staff in the well-being unit provided compassionate support to residents and joint working with health services was good. However, the diverse mix of prisoners in the unit, meant it was not sufficiently therapeutic.
- S37 The prison released about 70 prisoners a month. Resettlement plans were developed on arrival and immediate issues were dealt with. The plans were reviewed prior to release but in some cases too near to the release date to be effective.

Main concerns and recommendations

- S38 Concern: Levels of self-harm had increased substantially, but staff's management of prisoners at risk of suicide and self-harm was too variable. Case management was inconsistent, care maps insufficiently comprehensive and reviews not always multidisciplinary.

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

S39 Concern: Living conditions on the older wings were dilapidated and lacked sufficient investment. Some communal showers were unhygienic and had no privacy. Cell floors were in poor condition. Many toilets were not screened. Fire safety systems needed to be improved.

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

S40 Concern: Managers did not sufficiently analyse the disadvantages that prisoners with protected characteristics experienced or examine what their needs were. The prison lacked specific strategies for promoting diversity and directing equality work. Consultation with prisoner groups and the work of prisoner equality representatives were not systematic enough to ensure that the needs of those with protected characteristics were understood or that action would be taken to meet them.

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

S41 Concern: Risk management planning before the release of high risk of harm prisoners was too variable. In too many multi-agency public protection arrangement cases, the prisoner's management level was not reviewed and action to protect the public was often taken too close to release. The prison did not have a system for overseeing the quality of risk management planning prior to a prisoner's release, which meant it could not develop inter-departmental plans that were consistently good.

Recommendation: Risk management planning for release should be consistently good and supported by effective oversight to ensure inter-departmental plans can be developed and action taken to escalate concerns when necessary.

Section 1. Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes:

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

- I.1 Escort vehicles were reasonably clean and stocked appropriately. Prisoners got off vans promptly at the prison and were not routinely handcuffed between the van and reception. Most prisoners arrived from courts and some continued to arrive close to, or after, the reception cut off time of 7pm. The governor was working with courts and escort providers to address the problem. Video links from the prison to court were used every day, although the number of appearances via video link could have been increased.
- I.2 The reception area was busy and had dealt with an average of 68 new receptions a week over the previous six months. Documents provided by escort staff were checked properly before a prisoner was accepted. As new arrivals were thoroughly assessed, waiting times in reception could be lengthy if several prisoners arrived at the same time.
- I.3 The reception area was functional, but holding rooms were stark and contained little information to inform or keep new arrivals occupied. Prison orderlies kept the area clean, prepared food and drinks for new arrivals and painted over graffiti in holding rooms. However, the prison had not developed peer supporters' role sufficiently so that they could support prisoners at a critical point during their early days.
- I.4 Interactions between reception staff and prisoners were relaxed but professional, although prisoners were still called by their surnames. In our survey, 79% of prisoners said they were treated well or quite well in reception. More prisoners than at similar prisons said they had problems when they first arrived, including difficulties accessing phone numbers and contacting families.
- I.5 Vulnerable prisoners were kept apart from other prisoners and all new arrivals had an individual interview with a reception officer, which meant concerns could be shared and staff could identify if the prisoner posed a risk to himself or others. Just under a third of assessment, care in custody and teamwork (ACCT) documents in 2018 were opened in reception.
- I.6 Interviews took place at a long desk with high partitions, which offered only limited privacy and could discourage prisoners from speaking openly about any issues or concerns. All prisoners were searched before seeing a nurse in private for a health screening. There were delays in the process, which resulted in long waits in the cramped holding rooms. Some prisoners spent over three hours in reception before arriving at the first night accommodation on G wing.
- I.7 Most first night cells were doubles and were small and uninviting. They contained basic furniture and were equipped with kettles and TVs, but very few had curtains or toilet screening. Some were dirty and contained graffiti. New toilet screening was provided during the inspection. Before being locked up, each prisoner received bedding, utensils and toiletries

and they could buy a reception pack (grocery packs which usually contain basic food and drink items such as tea, milk, sugar and biscuits). A health care professional saw prisoners who required medication to provide them with a prescription. Peer supporters provided information and advice as soon as possible after prisoner's arrival in the first night unit.

- I.8** Prisoners who arrived later in the evening could not have a shower or make a phone call before being locked up. Staff were aware of the new arrivals and carried out hourly checks on them during their first night.
- I.9** In our survey, more prisoners than at the last inspection said they had had an induction (89% compared to 70%) and 60% said it covered everything they needed to know about the prison which was more than at other local prisons inspected since September 2017. Induction started the day after arrival and was delivered by a multi-agency team and peer workers. It included group and individual sessions with staff from different services in the prison. Prisoners received a useful information booklet, which had been developed with prisoner input and was available in several languages. We found a prisoner who had not been unlocked to attend a talk by a peer worker the morning after his arrival and records were not robust enough for us to be confident this was an isolated incident. Most prisoners moved to another wing a day or two after their arrival and attended induction activities from their new location.

Recommendations

- I.10 Prisoners should be transferred to prison shortly after the conclusion of their court appearance.** (Repeated recommendation I.5)
- I.11 The reception area should provide new arrivals with a more welcoming environment and men should be able to speak to staff in private.**
- I.12 First night cells should be clean, free of graffiti and properly equipped.** (Repeated recommendation I.14)

Managing behaviour

Expected outcomes:

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

Encouraging positive behaviour

- I.13** Most prisoners at HMP Hull felt safe. In our survey, only 18% of prisoners said they currently felt unsafe against a comparator of 30%. Recorded levels of violence had increased since the last inspection. An excellent range of data was collated and reviewed, and poor behaviour hotspots and emerging trends were identified. The data showed that, although there had been some serious assaults during the previous year, most violent incidents had been relatively minor.
- I.14** A comprehensive violence reduction strategy outlined procedures for identifying and managing violence, which staff we spoke to understood. Several prisoners were appointed on each wing to support their peers, particularly during their early days in a new unit. Staff or

prisoners who were concerned about the welfare of a prisoner could complete and submit a 'community concern form' to the safer custody team.

- I.15** The prison was a pilot site for 'challenge, support and intervention' plans (CSIPs),⁶ which replaced less effective anti-bullying procedures. The CSIPs were more streamlined and focused on the most disruptive and vulnerable prisoners. They were designed to be used in response to specific intelligence and following violent incidents. They could also be used as an alternative to traditional behaviour management responses, such as the incentives and earned privileges scheme (IEP) and the formal adjudication process.
- I.16** Investigations took place following all acts of violence and those we reviewed started promptly and were thorough. However, we found 10 investigations that had not been completed on time. The safer custody team reviewed all completed investigations to determine what follow-up action was required.
- I.17** Multidisciplinary input helped provide a clear picture of prisoners' developing behaviour, which was discussed at a well-attended weekly safety meeting. The meeting focused on the prison's most complex men, including those subject to a CSIP.
- I.18** Information collated from the weekly meetings were discussed at the monthly safety meeting, during which the data were reviewed and action was formulated to make the prison safer.
- I.19** Almost half the population were classified as vulnerable because of their offence or issues within the custodial setting. In our survey, prisoners living on the new wings, the vast majority of whom were vulnerable prisoners, had similar responses to questions on safety compared with those on the old wings. Both populations within the prison had access to similar regimes. As at the last inspection, mainstream prisoners hurled abuse at vulnerable prisoners when they were being escorted between buildings, which too often staff did not challenge.
- I.20** The IEP scheme was not used effectively to promote good behaviour. The policy was overly complex, difficult to understand and sometimes applied inconsistently. The different levels were not distinct enough to provide prisoners with an incentive to improve their behaviour.
- I.21** Fifty-five prisoners were on the basic regime, more than at the last inspection. Only two had been on the regime for more than 28 days. These cases were monitored at the weekly safety meeting. Those on the basic level who were unemployed only had an hour out of their cell each day and prisoners we talked to had very little to do (see paragraph 3.1). More needed to be done to ensure these prisoners participated in everyday life and could access regular, purposeful activity.

Recommendations

- I.22** **Investigations into violent incidents should be undertaken within the agreed timescale.**
- I.23** **IEP levels should be sufficiently distinct from one another and the prison should provide prisoners on the basic regime with structured support to help improve their behaviour.**

⁶ Challenge, Support and Intervention Plan (CSIP) is a system used by some prisons to manage the most violent prisoners and support the most vulnerable prisoners in the system. Prisoners who are identified as the perpetrator of serious or repeated violence, or who are vulnerable due to being the victim of violence or bullying behaviour, are managed and supported on a plan with individualised targets and regular reviews.

Good practice

- I.24** *The use of community concern forms to raise concerns about prisoners' safety and welfare meant problems could be dealt with before they escalated, potentially preventing self-harm or other negative behaviour.*

Adjudications

- I.25** The number of adjudications had nearly doubled in the previous six months – from 797 at the last inspection to 1505 this time.
- I.26** The adjudication process was reasonably well managed and the list of sanctions was up to date. The number of remanded adjudications (where a hearing is postponed pending further action, such as the prisoner seeking legal advice) was manageable. About 13% of adjudications had been dismissed or did not proceed in the previous six months, fewer than we usually see.
- I.27** Serious incidents were referred to the local police, but most referrals were outstanding and there had been no successful prosecutions in the previous six months.
- I.28** Overall, governance needed more focus. An adjudication standardisation meeting was held every quarter and was well attended. However, the range of data analysed and presented to the meeting lacked sophistication. Managers did not carry out any long-term trend analysis or regularly consider the penalties awarded by different adjudicators. They also failed to analyse the penalties given to prisoners with protected characteristics.

Recommendation

- I.29** **Information about the nature of adjudications should be used strategically to help identify and deal with trends and patterns.** (Repeated recommendation I.55)

Use of force

- I.30** Use of force had increased significantly since the last inspection, although data showed only about two thirds of incidents were subject to restraint. Records we reviewed were completed to a good standard and demonstrated that force was used proportionately. However, too many use of force files lacked a completed 'injury to prisoner' form.
- I.31** Most videos we reviewed showed a good focus on de-escalation, although we identified some inconsistencies in intervention processes and some poor practice. We were also concerned that special accommodation was being used more frequently but not recorded consistently.
- I.32** Governance and monitoring arrangements for the use of force were good. The deputy governor reviewed all use of force reports and where available, all video footage. In the very few incidents that raised concerns, the deputy governor had also identified issues and had taken action as a result.
- I.33** There remained strong links between use of force managers and the safer custody, security and senior management teams, and analysis of data to identify patterns and trends was good.

Segregation

- I.34** Managerial oversight had improved and a regular meeting monitored the use of segregation. Segregation was used much less frequently than at the last inspection and most prisoners were segregated for short periods. Despite a lack of formal reintegration planning, almost all prisoners returned to the mainstream prison.
- I.35** Staff were specially selected to work in the segregation unit and were well trained. They knew their prisoners well, and those in the unit during the inspection were very positive about the support they received.
- I.36** Efforts had been made to brighten up the unit and it was very clean, which was a significant improvement since the last inspection. However, a few cells still had dirty and stained toilets and sinks.
- I.37** The regime remained poor. Prisoners could make a telephone call, spend half an hour in the exercise yard and have a shower. They were locked in their cells for the rest of the day with little to do and little interaction with others, apart from when they shouted through cell doors and windows.

Recommendation

- I.38 Segregated prisoners should have access to meaningful regime activities.**

Security

Expected outcomes:

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

- I.39** Most security procedures were effective and proportionate. However, the arbitrary imposition of closed visits for any behaviour relating to drugs or mobile phones was disproportionate. We found no evidence to show that the large number of prisoners subject to closed visits had the restriction applied because of a risk of trafficking during visits. The matter was addressed during our inspection.
- I.40** Risks to the prison included the availability of drugs and mobile phones and associated violence. Synthetic cannabinoids⁷ had been an issue for at least two years. A comprehensive supply reduction strategy identified the likely routes into the prison and a range of steps had been taken that had led to regular finds, the interception of synthetic cannabinoids impregnated in mail, and a reduction in the number of positive test results.
- I.41** The introduction of a dedicated search team, who supplemented routine searches carried out by wing staff, enabled swift action to be taken in response to intelligence. Electronic drug testing equipment had also been introduced, which meant incoming mail, property and mail order deliveries could be 'swab tested'.

⁷ Man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices.

- I.42** There was some evidence that prisoners who had had their licence recalled were trafficking drugs into the prison, but there was no clear strategy for identifying them, assessing the risks or taking action.
- I.43** Relationships between staff and prisoners were good and underpinned effective dynamic security. Staff were always present on unlocked wings and positive interactions between staff and prisoners were the norm (see section on staff-prisoner relationships). Prisoners were supervised en route to activities and were regularly unlocked for association periods on wings.
- I.44** Intelligence continued to be well managed and attendance at all security and safety meetings was good. Trend analysis was also good and provided a reliable insight into hotspots of illegal activity. About 600 intelligence reports were received each month from most areas of the prison. Strategic security objectives were agreed each month and were well communicated across departments.
- I.45** In our survey, half of prisoners said it was easy to obtain drugs, which was similar to the comparator. Only 13% said it was easy to get alcohol against a comparator of 27%. Search finds and mandatory drug testing (MDT) rates supported this view.
- I.46** MDT was completed each month and the random testing figure was slightly above target at around 10.6%. This rose to 24% when synthetic cannabinoids were included, which, while appearing high, had improved from a peak 12 months earlier of about 45%.
- I.47** Suspicion testing had been reintroduced and prisoners found to be positive on any test were likely to be placed under a regime of frequent testing. All prisoners found guilty during an adjudication of using drugs were automatically referred to substance misuse services for support.

Recommendation

- I.48** **The risk of trafficking posed by recalled prisoners should be assessed and procedures introduced to mitigate it.**

Safeguarding

Expected outcomes:

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

Suicide and self-harm prevention

- I.49** There had been five self-inflicted deaths since the last inspection, the most recent in October 2016. In the six months leading up to the inspection, the levels of self-harm were about three-and-a-half times higher than we found in 2014, with 193 prisoners carrying out 338 acts of self-harm. Much of this drastically increased self-harm involved cutting and some prisoners repeatedly self-harmed. All serious incidents were investigated by the safer custody team. (See main recommendation S38.)

- I.50** The safer custody team was developing a greater understanding of self-harm prevention with input from the regional team. The prison had a death in custody action plan and some progress had been made towards implementing Prisons and Probation Ombudsman recommendations. The local safety strategy provided clear guidance to staff, and a safer custody committee, including prisoner representatives, met every month. A range of data was used to identify trends and patterns of behaviour to improve support to prisoners at risk of self-harm. The management of individual prisoners in crisis was discussed at the weekly multidisciplinary safety intervention meeting.
- I.51** The number of ACCT case management documents opened for prisoners at risk of suicide or self-harm over the previous six months was 50% higher than over the same period at the previous inspection. The quality of ACCT documents varied and while some were good, case management was inconsistent. Reviews were not multidisciplinary, issues raised were not addressed in care plans, assessment interviews lacked depth and some documents had limited evidence of staff interacting meaningfully with the prisoners they were observing. (See main recommendation S38.) The safer custody team had introduced a more robust quality assurance process to address these weaknesses and training was taking place.
- I.52** Support for the five prisoners who had required constant observation over the previous six months was better than at the previous inspection. At the last inspection, prisoners in crisis were monitored by camera. This issue had been addressed and constant watches now took place in two gated cells which allowed ongoing interaction between the prisoner and staff. These cells were located in the well-being unit.
- I.53** We were told that Supporters, a group of prisoners trained to help men in crisis, were always available. However, not enough prisoners were trained to deliver the service effectively. In-cell Samaritans phones were available.
- I.54** Anti-ligature clothing had been used three times in the six months leading up to the inspection. Twenty-one prisoners on open ACCTs had been accommodated in the segregation unit. Such decisions were only made in exceptional circumstances, were authorised by a governor, and reviewed at the safer custody meeting.

Protection of adults at risk⁸

- I.55** A senior manager attended quarterly meetings of the local safeguarding adults board (LSAB) and links with the local authority were developing well. A draft memorandum of understanding was ready for approval. The prison's safeguarding policy was clear and included a referrals process for staff to use if they had concerns about a prisoner being at risk of harm or neglect. No referrals to the local authority had yet been made. Prisoners at risk were discussed at the well-attended weekly safety intervention meeting. The well-being unit was used to accommodate men with particularly complex needs.
- I.56** The well-being unit provided compassionate support, including interventions run by the health care team, for up to 14 prisoners. The unit accepted prisoners on a progressive move from the segregation unit and those with significant mental health or physical care needs. These two groups had very different care needs and those who mainly had behavioural issues undermined the unit's well-being ethos. Many residents could not associate together safely and there were no groups or other regular therapeutic activities, which created a restricted

⁸ Safeguarding duties apply to an adult who:

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

regime. Referral and admission processes were clear, staff worked effectively with the health care team and joint daily meetings took place. Officers knew the residents well, but case management plans were not completed consistently. The physical environment was good.

Recommendations

- I.57 Prisoners with primarily behavioural issues should not be in the well-being unit.**
- I.58 Residents in the unit should have access to regular therapeutic interventions as part of a regularly reviewed case management plan.**

Section 2. Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes:

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

- 2.1 In our survey, 77% of prisoners said that staff treated them with respect, 74% said that they could turn to staff for help and 87% said they had a personal officer.
- 2.2 The prison had managed to retain a good number of experienced staff and about a half of all custodial staff had over 10 years' experience. A significant number of new custodial staff were also in post. About 20% had less than 12 months' service, but they received good support from their experienced peers and a dedicated manager provided them with coaching. The retention rate was impressive and of 96 new starters in the previous year, 84 were still in post. The prison also provided an additional week of tailored training beyond the national minimum.
- 2.3 We observed good interactions between prisoners and staff across all disciplines. Staff were in control and most used their authority in a relaxed and confident way. Even when time was short and prisoners had to rush to collect meals before they were locked up, interactions were good. Some personal officers' case notes we reviewed demonstrated that they provided prisoners with good support. Some staff still addressed prisoners by their surname, but rarely in a demeaning way.
- 2.4 The prison had prepared well for the new keyworker scheme, which started in the week of the inspection. Sufficient staff were being recruited and trained. Each keyworker had four and a half hours each week dedicated to maintaining contact with their six allocated prisoners. Quality assurance processes were in place, but it was too early to judge the outcome.

Good practice

- 2.5 *The additional support for new officer recruits, which included an extra full week of training and ongoing coaching from a dedicated manager, enabled them to embed what they had learned and gain confidence.*

Daily life

Expected outcomes:

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

Living conditions

- 2.6** Accommodation consisted of older Victorian wings (A, B, C and D) and newer wings (G, H, I, J and K). There was a stark contrast between the two and the latter were generally in better order. The prison remained overcrowded and two thirds of prisoners shared cramped cells originally designed for one. Some consisted of little more than a bunk bed overlooking a toilet. Cell flooring in many cells on the older wings was damaged. Most toilets were still not adequately screened and those on the newer wings had no lids despite prisoners having to eat meals next to them. In some cells on the older wings, parts of the window panes were missing and men slotted into place a Perspex panel, but it did not keep out the cold effectively enough. (See main recommendation S39.) On the newer wings, cells were hot and poorly ventilated.
- 2.7** Although there had been some improvements to the older wings since our last inspection, they still required significant capital investment. Interim fire safety measures were in place on the advice of the Crown Premises Fire Inspection Group (CPFIG) and the Fire Service. Significant repair work to the water mains was planned for the end of 2018. (See main recommendation S39.)
- 2.8** There were too many outstanding repair jobs. Since the last inspection, a new provider had taken over the prison's maintenance contract and, although the governor monitored performance closely, it still took too long to obtain quotes and fund projects. The contract did not cover redecoration, so the prison was left to organise a cell repainting programme, which prisoners carried out.
- 2.9** Some communal showers had been replaced, but many remained mouldy and dilapidated. Those on C wing were unacceptably poor and half had been out of use for months because they were no longer decent. Too many showers lacked privacy and the water temperature was inconsistent. (See main recommendation S39.)
- 2.10** Despite the poor standard of accommodation, most prisoners kept their cells clean and communal and external areas were well maintained.
- 2.11** In our survey, more prisoners than at the last inspection and compared with similar prisons said they could get enough clean clothes, clean sheets and cleaning material. Most prisoners could easily access basic amenities. Bedding was sent to an industrial laundry at a nearby prison every week, and clothing was washed in wing laundries, which were well organised and equipped with modern machines. However, the provision was too limited on B wing. A decent stock of toiletries and cell cleaning products was available in wing store rooms, and the main store was well stocked apart from prison clothing in some sizes and new mattresses.
- 2.12** Access to stored property had improved and was well organised. Sufficient staff were now responsible for processing property and many men were brought to reception each weekend to collect their belongings.

Residential services

- 2.13** The food was reasonable. In our survey, 56% of prisoners said the food was good and 48% said they got enough to eat, which was more positive than comparator establishments. However, breakfast packs were inadequate.
- 2.14** Meals were still served too early, but prisoners did not seem concerned about it. Arrangements for serving meals were well managed. Prisoners still had to eat their food near to exposed toilets in cells, where the seating was inadequate (see paragraph 2.6).
- 2.15** Summer and winter menus, on a four-week cycle, provided varied and nutritious meals, meeting prisoners' dietary and medical needs. A survey was undertaken twice a year and changes to the menu had been introduced as a result.
- 2.16** The kitchen was well organised and had met the highest standard in a recent food hygiene inspection. Much of the food, including bread and pies, was made on site. The 40 prisoners working in the kitchen and staff serveries could take food hygiene and hospitality qualifications. These points were likely to have contributed to better perceptions about the food than we often see in similar prisons (see paragraph 2.13).
- 2.17** Prisoners could buy shop goods every week and in our survey 68% of prisoners said the items offered met their needs. The shop list was informed by prisoner consultation.
- 2.18** Order forms were issued on Wednesdays and deliveries made at the weekend so newly arrived prisoners could wait up to 10 days before they could receive an order. New arrivals were provided with emergency packs and phone credit, which they could pay for later in instalments.
- 2.19** Prisoners could order clothes, books, hobby material and music from a wide range of catalogues. A handling charge and postage costs were applied. However, they were too high considering what most prisoners earned.

Recommendations

- 2.20** **Prisoners should be able to eat together.** (Repeated recommendation 2.96)
- 2.21** **Prisoners should have access to a full canteen order within 72 hours of arrival.** (Repeated recommendation 2.102)

Prisoner consultation, applications and redress

- 2.22** Consultation took place via unit and prison-wide consultation meetings. Prisoner information desk (PID) workers acted as prisoner representatives, although there were plans to move to an elected prisoner council model. In our survey, too few prisoners (45%) knew about the consultation arrangements. Staff did not sufficiently promote consultation outcomes or enable prisoners to contribute to discussion.
- 2.23** The applications system had improved since our last inspection. In our survey, prisoners' perceptions of the applications system were better than at other local prisons. An administration member of staff and PID workers worked well together, logging and tracking submitted applications. Most applications received a prompt response and replies were subject to a random quality assurance process. PID workers and other peer mentors supported and advised prisoners on prison processes, demonstrating the trust placed in

suitable prisoners. However, managers were aware of issues of confidentiality and the need to ensure they did not become too involved in the private matters of other prisoners.

- 2.24** More prisoners than at the previous inspection thought it was easy to make a complaint (61% compared to 41%). The overall number of complaints submitted in the previous six months remained low. A review of prisoners' views of applications and complaints had not identified any specific concerns, but complaint submissions were collected by uniformed staff, which might have had a negative impact on prisoners' perceptions of confidentiality.
- 2.25** The prison now tracked and followed up on responses to complaints more effectively, and most complaints received a prompt reply. Although there was a quality assurance process, replies were mixed. Better ones showed investigations had taken place and provided a comprehensive explanation of decisions, but other responses did not cover all aspects of the issue raised.
- 2.26** There was no dedicated bail information officer, although some help was available for prisoners seeking bail accommodation. Prisoners had access to legal textbooks, Prison Service orders and instructions, as well as to a legal studies session in the library (see paragraph 3.6). Information about how prisoners could exercise their voting rights was also available. Access to Justice laptops were available on request (part of a scheme enabling prisoners to have laptop computers to assist their legal representations) but they had not been advertised. Legal visits were held in private rooms every day.

Recommendations

- 2.27** Consultation arrangements should be given a higher profile in the prison.
- 2.28** All replies to complaints should be full and constructive.

Equality, diversity and faith

Expected outcomes:

There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics⁹ and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

Strategic management

- 2.29** Since the last inspection, a full-time equality manager had been appointed and some progress had been made, but more needed to be done. The new manager had a good understanding of equality issues and had made some valuable links with community groups and equality staff in local organisations.
- 2.30** There was still no equality policy that was specific to the prison or that outlined a strategy based on a needs analysis. However, guidance had been produced for staff on supporting prisoners with protected characteristics and dealing with discrimination incident reporting forms (DIRFs). (See main recommendation S40.)

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

- 2.31** Equality meetings were held every two months and had been chaired by the deputy governor. Data was not use sufficiently to identify disadvantages experienced by prisoners with protected characteristics. Prison managers found the Prison Service equality monitoring tool unhelpful and monitoring had been restricted to local data on adjudications and the segregation of black, Asian and minority ethnic prisoners.
- 2.32** Consultation with prisoners with protected characteristics did not take place consistently and action and timescales agreed at meetings were not systematically recorded in minutes.
- 2.33** Prisoner equality representatives had been appointed and received some training, but they did not yet cover all residential areas. Their job description did not require them to inform prisoners with protected characteristics about what support was available or to check the help they were receiving was appropriate.
- 2.34** In the six months prior to the inspection, 36 DIRFs had been submitted. They had been thoroughly investigated and the findings in cases we examined were fair and reasonable. Internal quality control, which the equality manager undertook, was thorough, and a diversity panel from the community provided further scrutiny.

Protected characteristics

- 2.35** Prisoners with protected characteristics were identified on arrival but staff were not sufficiently proactive in ensuring their needs were met. Staff relied too much on prisoners knowing what support was available and applying for it themselves rather than peer supporters or staff checking that support was being provided.
- 2.36** There were 90 prisoners from black, Asian and minority ethnic backgrounds during the inspection. In our survey, they were more negative than white prisoners about key aspects of safety and relationships with staff. Only 50% said staff treated them with respect compared to 81% of white prisoners and only 18% said they had not experienced any bullying or victimisation from staff compared with 63% of white prisoners. Fifty percent of black, Asian and minority ethnic prisoners said they felt unsafe at the time of the inspection, compared to 14% of white prisoners. (See main recommendation S40.)
- 2.37** Black prisoners we spoke to said staff dealt with other prisoners' racist behaviour and did not directly discriminate against them, but they felt marginalised and treated unfairly at times. Most staff were white and from the local area and some black prisoners we spoke to, particularly those from cities in the south, did not think staff or local prisoners could really identify with them and they felt out of place in Hull. Not enough had been done to celebrate racial diversity or display positive images from a wide range of cultures. Some activities had been organised during Black History Month, but there were no ongoing activities, events or exhibitions to demonstrate the ethnic diversity of the prison. (See main recommendation S40.)
- 2.38** In our survey, only 2% of prisoners identified as being from a Traveller community. Staff told us they were reluctant to identify themselves and had not responded positively to the prison's offer of establishing a support group for them. More needed to be done to understand why this was.
- 2.39** The prison recorded 64 foreign national prisoners and provision for them had improved since the last inspection. Staff were aware of those who did not speak English well and tried to accommodate them with fellow prisoners who could interpret for them. We were satisfied that staff had a good understanding of the importance of using formal interpreting services for confidential matters and saw evidence that it was used well. An information

booklet had been translated into the nine of the most common languages spoken by the prisoners and included pictures to make it easier to understand. Free phone calls to family or friends abroad were available for those who did not receive visitors, but we found some prisoners did not know they were entitled to them and the prison did not promote them.

- 2.40** Staff from immigration services visited the prison every week to hold surgeries with prisoners and all new foreign national arrivals were invited. During the inspection, four prisoners were being detained beyond the end of their sentence, one for more than 10 months. He had been refused a place at a detention centre and had only applied for bail two weeks before the inspection. There was no evidence of guidance from the equalities team to encourage and support bail applications from detainees.
- 2.41** In our survey, 45% of prisoners identified as having a disability which was more than in similar prisons. Prisoners with disabilities received reasonable care from residential and health care staff. They were also supported by well-managed dedicated prisoner ‘buddies’, who were trained and monitored by an external organisation. Those who could not work because of a disability and retired prisoners were not always unlocked during the working day (see paragraph 3.1). In our survey, 41% of prisoners who said they had a disability reported that they were unlocked for less than two hours on a typical week day, compared with 26% of those who did not have a disability.
- 2.42** Some adaptations had been made to cells and showers for wheelchair users and work had been commissioned to put showers in three cells to make them suitable for prisoners who had mobility issues. Evacuation plans for prisoners who required assistance were in place on all wings, but too many staff, particularly some on duty at night, were not aware of them.
- 2.43** Support for transgender prisoners was being developed in consultation with the prisoners themselves and following advice from other prisons and a community group. Prisoners who wished to live as women were given access to suitable clothing, alternative arrangements for showering, and health care support if they wished to explore transitioning.
- 2.44** In our survey, 6% of prisoners identified as gay, bisexual or another sexual orientation. A successful meeting with a community group had taken place, a booklet had been produced and a charity event held in the gym. However, the prison did not do enough to promote tolerance towards those with different sexual orientations.
- 2.45** In our survey, 16% of prisoners said they were 25 years of age or younger. They were more negative than older prisoners about having a member of staff to turn to if they had a problem. Staff did not receive any training to help them understand the impact of maturity levels on the behaviour of young adults up to the age of 25 and there was no strategy in place to meet their specific needs. (See main recommendation S40.)
- 2.46** The prison planned to initiate a project to meet the needs of care leavers (a person aged 25 or under, who has been looked after by a local authority).
- 2.47** Approximately 10% of prisoners were over the age of 60. There was no strategy to meet the specific needs of older and retired prisoners. The prison did not run any social activities or groups for these prisoners, except for dedicated gym sessions twice a week.

Recommendations

- 2.48 Prisoners subject to deportation procedures should only be held in prisons under exceptional circumstances and for as short a time as possible.**
- 2.49 Residential staff, including night staff, should be conversant with evacuation plans for less mobile prisoners.**

Faith and religion

- 2.50** Faith facilities were good. The prison had a large Christian chapel and a multi-faith room. Corporate worship was available for all religions represented in the population and the problems with attendance identified at the last inspection had been resolved. In our survey, 82% of prisoners who had a religion said they could attend services. Prisoners' needs were monitored through a monthly prisoner forum.
- 2.51** The chaplaincy played an important part in the prison, contributing to key management groups, including safer custody, equality and reducing reoffending. They also carried out daily tasks, such as meeting new prisoners and visiting segregated and unwell prisoners.
- 2.52** Religious instruction was available in all faiths and prisoners could apply for self-study courses. They could also attend any groups regardless of their religion, and arrangements were in place for them to change their declared faith.
- 2.53** The chaplaincy provided pastoral care to individuals experiencing difficulties, such as a bereavement or family loss, and the duty chaplain was on call 24 hours a day. Chaplains supported the assessment, care in custody and teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm, by visiting prisoners and contributing to reviews.
- 2.54** Links with community faith organisations required further development, but some community volunteers supported the work of the chaplaincy, and prisoners due for discharge were seen by chaplains to identify support that might be available in the community.

Health, well-being and social care

Expected outcomes:

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

- 2.55** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹⁰ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement with two subsequent notices issued by the CQC which have been detailed within Appendix III of this report.

¹⁰ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

Strategy, clinical governance and partnerships

- 2.56** Overall health provision was reasonable, but some services had deteriorated since the last inspection. A 2016 health needs assessment informed service development. The provider City Health Care Partnership Community Interest Company (CHCP) and commissioners planned to review mental health and substance misuse staffing and services to meet new national service specifications.
- 2.57** Strategic and operational governance structures were effective and representation and attendance at meetings, which covered essential areas, were reasonable. However, some aspects of local governance needed further development. Service delivery was informed by effective patient involvement and lessons learned from adverse incidents, complaints and death in custody reports.
- 2.58** Prisoners could make a complaint through a confidential complaints system. Sampled responses were timely, but some replies were curt and did not always address the issues raised in full. Compliments were also recorded and passed on to individual staff members.
- 2.59** The service was well led and we observed a skilled and conscientious team who knew their patients well. Staff vacancies had an effect on service delivery, although the problem had been alleviated by using regular agency nurses within the primary care team and recent recruitment.
- 2.60** A range of good clinical meetings, including a daily handover meeting attended by representatives from all teams, identified clinical concerns and demonstrated effective joint working.
- 2.61** Health care services were delivered mainly from the large purpose-built facility. Clinic rooms were clean, but some fixtures and fittings did not meet infection control standards. The wing-based medicine administration rooms on the newer wings were satisfactory, but those serving the older wings had dirt ingrained in the floor and peeling paintwork, and A wing treatment room was cluttered.
- 2.62** Access to essential training was reasonable and regular in-house development opportunities were provided. Staff felt supported but they did not all receive regular clinical and managerial supervision, which needed to be provided more consistently throughout the service.
- 2.63** Emergency resuscitation equipment, including six automated external defibrillators (AEDs), was strategically placed across the prison and was in good working order. Nurses responded to medical emergencies throughout the 24-hour period and had received training. Although equipment was checked every day, the audit trail was not robust enough and there was no itemised list of contents that could have demonstrated that the equipment was adequately monitored.
- 2.64** Sampled clinical records held on the electronic clinical information system SystemOne were generally good, but formal care planning was mixed – there were some good examples in primary care, but it was inconsistent in other areas. Record keeping audits had recently been introduced, which would help raise standards. The prison had clear consent documentation and staff undertook mental capacity assessments when necessary. Staff were aware of their safeguarding responsibilities (see paragraph 1.55).
- 2.65** The Care Quality Commission issued two ‘requirement to improve’ notices following the inspection (see Appendix III).

Recommendations

- 2.66 Responses to complaints should address all the issues raised.**
- 2.67 All treatment areas should meet infection control standards.** (Repeated recommendation 2.69)

Promoting health and well-being

- 2.68** The prison had a proactive approach to health promotion and a health promotion worker was in place. A wealth of information, based on national health campaigns, was available throughout the prison. Telephone interpretation services and translated health literature were also available.
- 2.69** A chronic disease self-management course had been set up and had received positive feedback from participants. It promoted an awareness of their condition and enabled them to manage it. A weight management course had effective links with the gym and kitchen.
- 2.70** Prisoners had good access to community disease prevention and screening programmes including those for blood-borne viruses. A visiting specialist and trained nurses delivered a good sexual health service. Barrier protection and harm minimisation advice was available from health staff and offered on release.

Good practice

- 2.71** *The chronic disease self-management course empowered individuals to have a greater understanding of their condition and enabled them, with the support of health professionals, to help themselves.*

Primary care and inpatient services

- 2.72** Qualified nurses carried out an initial assessment of new arrivals to identify their immediate health and substance misuse needs and referrals were made. Access to NHS summary care records enabled staff to check new prisoners' prescription history promptly, avoiding delays in further prescribing. A comprehensive secondary health screening was completed promptly, but the cubicles where the screening was undertaken were too small and lacked privacy.
- 2.73** Prisoners had good access to GPs and nurse prescribers. They could obtain a routine GP appointment within six days and urgent on-the-day appointments were prioritised according to clinical need. Out-of-hours' GP cover was appropriate.
- 2.74** Nursing staff ran regular clinics and we saw evidence of effective nurse-led interventions, including those providing wound care. Staff used the NHS England's quality and outcomes framework (QOF) to help them identify and monitor prisoners with long-term conditions. Nurses with additional training liaised with the GP and external specialists to ensure the approach was properly coordinated.
- 2.75** The appointment system was effective. Wing-based PID workers provided application and complaint forms and delivered appointment letters in sealed envelopes to preserve confidentiality.

- 2.76** We observed some prisoners sitting on the floor in the health care waiting area as there were not enough seats. However, additional seating was due to be installed. An extra escorting officer had been allocated to alleviate the lengthy waits some prisoners experienced before and after appointments.
- 2.77** Prisoners had timely access to a range of allied health professionals, including physiotherapists and podiatrists.
- 2.78** Liver scans were completed in-house, which had reduced waiting times and the need for external appointments. Robust systems were in place to manage external hospital appointments and cancellation rates over the previous 12 months because officers were unavailable were reasonably low.
- 2.79** Care for patients with palliative or end-of-life needs was excellent and included family involvement. The palliative care suite was well-equipped and a comprehensive care pathway supported compassionate care. Health care discharge planning and transfer arrangements were timely and appropriate.

Social care

- 2.80** Social care was commissioned by Hull City Council (HCC) and provided by CHCP. The draft memorandum of understanding between the prison, HCC and CHCP was awaiting ratification.
- 2.81** Prisoners were screened for social care needs on arrival. There was a well-developed, open referral process, and referrals were dealt with promptly. During the inspection, six people were receiving social care. An excellent range of information about social care was provided during the induction and around the prison.
- 2.82** Care plans were reasonably good – they described the support that prisoners required and were reviewed at least annually or if the prisoner's needs changed. Governance and oversight of social care arrangements were good and senior managers met regularly to discuss and resolve any issues.

Mental health care

- 2.83** In our survey, 54% of prisoners said they had a mental health problem, 43% of whom said they had received help with their problem at the prison.
- 2.84** The integrated mental health nursing team did not have enough staff to meet the needs of the population and there was no learning disability provision. The mental health team focused its resources on reviewing new referrals, attending ACCT reviews and supporting prisoners with severe needs. Consequently, individuals with primary mental health needs did not receive sufficient support and targeted individual work was limited.
- 2.85** Prison staff who had received mental health awareness training, delivered by safer custody staff, told us they found it gave them a better understanding of prisoners' mental health needs. The training had recently been introduced and more was planned.
- 2.86** The mental health team worked week days and reviewed referrals each morning. Routine assessments were carried out within one or two weeks, depending on the level of need. Prisoners in crisis were seen promptly. During the inspection, the team had 126 patients on

their caseload, which included those supported under the care programme approach (CPA) (mental health services for individuals diagnosed with a mental illness).

- 2.87** Staff completed detailed notes following each appointment, but care plans were not sufficiently detailed. Appointments were sometimes held in areas that were not sufficiently private, because there was a lack of suitable rooms.
- 2.88** Support for prisoners with mild to moderate needs was mainly in the form of a self-help booklet and a GP referral. No groups were available and there was no clinical psychology input. A counsellor provided approximately 20 sessions per week and a social worker had been recruited. There was only one psychiatry session per week, which meant some patients waited too long for a routine appointment.
- 2.89** There had been five transfers under the Mental Health Act to secure mental health units in the nine months since June 2017. Two prisoners had been transferred within the 14-day guideline, but the others had waited longer. The longest wait was eight weeks and three days, which was too long.
- 2.90** Pre-release planning for patients with enduring mental health problems was effective.

Recommendation

- 2.91 Prisoners with mental health problems should have prompt access to a range of support that meets their identified needs, which should be outlined in a care plan.**

Substance misuse treatment¹¹

- 2.92** The prison's current drug strategy was satisfactory, but it was not informed by the recent needs assessment and the action plan focused on supply reduction. The monthly drug strategy meetings had been subsumed into the safe, decent and secure meeting and was now less effective. A sub-meeting was being introduced to address the problem.
- 2.93** In our survey, 27% of prisoners said they had an alcohol problem and 33% a drug problem on arrival, and 60% and 53% of them respectively said they had received help. Support for those with substance misuse issues was reasonable.
- 2.94** New arrivals with substance misuse problems were promptly identified and referred for first night prescribing and psychosocial support, but prisoners were not monitored routinely at night-time during stabilisation. Some also missed daytime monitoring when they were moved from the first night centre due to space pressures. Prescribing was flexible, but multi-professional reviews were completed after five days and then 13 weeks, which was not sufficiently frequent to promote recovery. CHCP introduced six-weekly prescribing reviews and overnight monitoring during the inspection, in response to our concerns. During the inspection, 153 of the 197 prisoners receiving opiate substitution treatment (OST) were on maintenance doses. Ninety-two patients had required alcohol detoxification in the previous three months.
- 2.95** The drug and alcohol recovery team (DART) provided psychosocial support to 29% of the population. Staffing shortages meant opportunities for intensive one-to-one work were

¹¹ In the previous report substance misuse treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

restricted. Prisoners had easy access to embedded DART workers on B, C, D and G wings and weekly groups on B, C and D wings. The workers attended the daily wing officer briefing, which supported excellent joint working. Support on H, I and J wings was more limited. Four medium intensity groups had been held in the previous year for those in the main prison, including two drama-based sessions focusing on synthetic cannabinoids¹². A DART complex case worker located with the mental health team provided excellent support to prisoners with co-existing mental health problems and those in the segregation and well-being units.

- 2.96** There were no Alcoholics Anonymous groups and only A wing prisoners could access Narcotics Anonymous groups. All prisoners could attend a weekly self-management and recovery training group. There were no prisoner recovery champions outside the recovery unit, which was a significant gap.
- 2.97** The 36-bedded recovery unit on A wing continued to provide a comprehensive programme of one-to-one, group and peer support in a calm environment. Men were very positive about the support they received.
- 2.98** Partnership working with community services and pre-release planning was good. Harm reduction advice was given before release and there were plans to introduce naloxone (a drug to manage substance misuse overdose) and training to administer it.

Recommendation

- 2.99 All prisoners should have easy access to a full range of psychosocial support, including self-help groups and prisoner recovery champions.**

Good practice

- 2.100** *Wing-based recovery practitioners and a dedicated complex case practitioner meant prisoners had easy access to support.*
- 2.101** *The recovery unit helped prisoners with substance misuse problems to achieve positive recovery outcomes through a comprehensive programme of support in a safe and calm environment.*

Medicines optimisation and pharmacy services

- 2.102** Medicines were supplied by a well-staffed in-house pharmacy with a full-time pharmacist and four technicians. Medicines were generally well organised and stored securely and good reconciliation procedures were in place. Medicines in fridges were stored and monitored appropriately, but room temperatures were not monitored, which meant the efficacy of those medicines could have been affected.
- 2.103** The in-possession policy and several standard operating procedures had expired in 2017. Approximately 50% of patients had medicines in their possession. New in-possession risk assessments for all patients were undertaken at reception and reviewed as required, but we were concerned to find one case where a patient had mistakenly been given their medicines in possession.

¹² Man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices.

- 2.104** Medicines were administered by nurses and pharmacy technicians at 8am, 11.45am and 5pm. There was limited provision for night-time administration, apart from in the well-being unit, where a nurse could administer night-time medication more easily.
- 2.105** Medicine administration, including OST drug administration, was safe and well supervised. It maintained confidentiality and reduced the risks of diversion and bullying.
- 2.106** About 25% of the prison population received well-known tradeable medicines. Sixty-eight patients were on gabapentin, 98 on pregabalin and 83 on tramadol (all painkillers), but staff had not conducted a review to ensure the most suitable pain relief was being prescribed.
- 2.107** Records were complete and prisoners who did not attend administration sessions were followed up. Good arrangements were in place for medication on released. Prisoners had access to out-of-hours' medicines, including painkillers, through nurses.
- 2.108** Nurses could administer a range of more potent medicines without prisoners having to see a doctor. The pharmacist operated minor ailment and medication review clinics and visited patients on the wings in response to requests, which was good and needed to be more prominently advertised.
- 2.109** A prison-specific medicines and therapeutics meeting met quarterly and all relevant stakeholders attended.

Recommendation

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

Dental services and oral health

- 2.111** A dentist and two dental nurses provided four dental sessions a week. Appointments were prioritised according to clinical need and a full range of community-equivalent treatment was provided. Urgent referrals were seen promptly, but waiting times for routine appointments were too long at about 12 weeks. Some additional sessions were planned to reduce the waiting times.
- 2.112** Oral health promotion was provided during consultations and leaflets were handed out. We observed caring and professional interactions between staff and patients.
- 2.113** The large dental suite had a separate decontamination room as well as a room that contained additional X-ray equipment for maxillofacial injuries. The clean and well-stocked suite met current infection control standards. All equipment was in good order and serviced regularly.

Recommendation

- 2.114 Prisoners should have access to routine dental appointments within six weeks.**

Section 3. Purposeful activity

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

Time out of cell

Expected outcomes:

All prisoners have sufficient time out of cell and are encouraged to engage in activities which support their rehabilitation.

- 3.1 Fully employed prisoners could spend about nine hours out of their cells on week days but 10% were unemployed and these prisoners had less than two hours out of their cell, which was lower than at our last inspection. Unemployed prisoners on the basic level of the incentives and earned privileges scheme got just one hour out of their cells (see also paragraph 1.21). Retired prisoners and those with disabilities were not always unlocked (see paragraph 2.41). During our roll checks, 23% of prisoners were locked up during the working day.
- 3.2 Problems with the newly revised regime had led to some curtailments. Not enough time had been built in for everyday tasks like collecting meals, which particularly affected prisoners who were fully employed. However, these issues had been identified and were under review.
- 3.3 Prisoners could exercise outdoors every day but only for half an hour, which was too short. To heighten the problem, prisoners could not join or leave the session once exercise had begun, so many prisoners turned down or missed the opportunity to spend time in the open air. Exercise yards and association areas were well equipped. The music room in the psychologically informed planned environment unit was particularly impressive. (See also paragraph 1.56)
- 3.4 Library facilities were good. The fully qualified librarian worked for Hull City Council and was supported by three part-time staff. In our survey, more prisoners than at similar prisons said that the library provided a wide enough range of material. The book stock was good, as was the selection of foreign national literature. However, there were no CDs, DVDs or games.
- 3.5 The library was open from Thursday to Sunday. While all wings had allocated sessions, there were sometimes not enough escorting officers, which limited access. On average, there were 970 visits to the library every month, which was low for the population. There was still no regular analysis of library use to inform the provision, and staff did not know whether particular groups did not use the library. Links to the education department had improved, and classes could visit the library.
- 3.6 The librarian offered a legal studies session (see paragraph 2.26) and the Family Bookshare scheme, which allowed prisoners to record stories for their children. Prisoners could also take part in the Six Book Challenge reading scheme. Several authors had given talks at the library. There were some impressive links to City of Culture projects (Hull had been recognised as a City of Culture in 2017). As part of the initiative, prisoners could have their creative writing about local life published. The Shannon Trust literacy scheme, which the prison ran, had no links to the library.

- 3.7** About 60% of the population attended the gym regularly according to prison figures. Access was good and all prisoners were offered three sessions a week. The gym was still well staffed with an experienced team of eight instructors. The sports hall was good overall, and it had some new equipment, but the showers were in a very poor state. The astroturf pitch had been upgraded since our last inspection.
- 3.8** There were regular sessions for prisoners over 55, but no specific provision for the significant number of young adults. A limited number of accredited courses was offered, but the prison planned to enable the four orderlies to gain full gym instruction qualifications. The gym had good links with wider prison life, for example, it hosted family days and an LGBT charity event. The gym provision was still not informed by any regular or detailed data analysis.

Recommendations

- 3.9 Retired men and those with disabilities should be unlocked during the working day.**
- 3.10 All prisoners should be able to spend at least one hour in the open air every day.**
- 3.11 The prison should monitor and analyse the take-up of provision, including the library and PE facilities, to evaluate the impact and reach of services.** (Repeated recommendation 3.13)

Education, skills and work activities (Ofsted)¹³

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.¹⁴

3.12 *Ofsted made the following assessments about the learning and skills and work provision:*

Overall effectiveness of learning and skills and work:	Good
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Good</i>
<i>Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>Good</i>
<i>Personal development and behaviour:</i>	<i>Good</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Good</i>

¹³ This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

¹⁴ In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

Management of education, skills and work

- 3.13** Prison managers were improving their links with local employers. They carried out a detailed analysis of labour market intelligence and the education and training provision across the Yorkshire Prisons Group. The information was used to shape the range of activities at HMP Hull.
- 3.14** Prison and education managers worked well together to improve the provision of education and training. Several unsuccessful education courses had been discontinued and success rates in English and maths had been driven up. The education and vocational training provision provided by Novus was good.
- 3.15** The range and number of education, work and training areas activities had increased and provided sufficient full-time activities for most prisoners and part-time activities for the rest of the population. However, one in 10 prisoners was unemployed and had little to do. A broader range of vocational training courses, including some at level 2 had been introduced, for example, accredited training in graphics, hospitality and catering. Plans were in place for the introduction of accredited training in waste management.
- 3.16** The operational management of education, skills and work was good. Allocations to activities were effective – few activity places were unused and places in two workshops were over-allocated. Prisoners could attend full-time education or work and very few attended part-time education and part-time work.
- 3.17** Attendance rates at education, training and work had improved since the previous inspection. A new pay policy ensured that attendance at education was rewarded at the same rate as work. However, a small number of lessons were still poorly attended. The newly revised core day had resulted in better attendance at education, but it was too early to make a reliable judgement on its impact.
- 3.18** The self-assessment processes had improved and gave managers a fair and accurate reflection of the quality of the provision. Education managers observed lessons routinely and accurately evaluated the impact of teaching and assessment practices on learning. They used the results of these observations to plan useful staff development and training. Prison managers had started to monitor regularly the quality of learning that prisoners received in work settings.
- 3.19** Staff at all levels made too little use of available information and data about prisoners to plan improvements and measure the impact of action. For example, not enough analysis had been carried out into the attendance rates of young adults.
- 3.20** An increasing proportion of prisoners used the virtual campus (internet access for prisoners to community education, training and employment opportunities) for education or job search activities. Most prisoners released in the six months leading up to the inspection had produced an updated CV prior to release. However, too few who were due for release attended the disclosure letter writing or employability courses to prepare them for employment on release.
- 3.21** Senior prison managers had received information about prisoners in employment or training after release. Six hundred and three prisoners had been released from HMP Hull between September 2017 and the end of February 2018, 99 of whom were in employment or training.

Recommendations

- 3.22 All prisoners should attend their allocated activities regularly.**
- 3.23 A detailed analysis of available information and data about different groups of prisoners should be undertaken so that further improvements to the provision can be planned.**

Quality of provision

- 3.24** Education and vocational training were good, characterised by well-planned lessons that engaged mixed ability groups of prisoners. Teachers used prisoners' starting points to plan challenging learning activities that developed their knowledge and skills effectively. Most prisoners responded positively and worked effectively both individually and in groups. Men acquired and consolidated new knowledge and skills.
- 3.25** The assessment process for prisoners who arrived at the prison was comprehensive. Managers used information about their previous qualifications, levels of literacy and numeracy, specific learning needs, and health issues. The information was used to draw up and agree a career action plan with each prisoner. The plans were challenging but realistic and were linked to skills valued by employers. However, they were not routinely reviewed or revised.
- 3.26** Teachers supported prisoners particularly well through the effective use of peer mentors and learning support assistants. Peer mentors provided exceptional support and guidance for prisoners in vocational training and work settings. They encouraged men to improve their English and maths skills alongside their work skills. As a result, most prisoners, including those with additional support needs, made good progress.
- 3.27** Instructors and peer mentors provided effective coaching in workshops, which helped prisoners develop useful employment and personal skills. However, instructors did not set sufficiently specific or challenging development targets in most work settings. As a result, a small number of prisoners made slow progress.
- 3.28** In education, teachers developed precise targets for prisoners and monitored them regularly. Following the completion of their tasks, teachers and peer mentors provided prisoners with detailed feedback on their work. They ensured that prisoners knew what they had done well and what they should do to improve further.
- 3.29** Instructors in vocational training settings agreed detailed individual learning plans and provided accurate feedback to help prisoners improve their work. Most prisoners improved their academic performance. The introduction of a prison document intended to measure the progress prisoners made in developing their skills was positive, but it was underdeveloped in most areas.
- 3.30** Teachers and instructors confidently challenged the small number of prisoners who used bad language or demonstrated inappropriate behaviour and routinely promoted tolerance and respect.

Recommendations

- 3.31** Career action plans should be reviewed and revised regularly to ensure prisoners' achievements are recognised and changes made where necessary.
- 3.32** Instructors should recognise and record accurately the skills that prisoners develop in prison work.

Personal development and behaviour

- 3.33** Most prisoners behaved well and were respectful to each other, their teachers and instructors. Prisoners in vocational training and work behaved well and had a positive work ethic. Prisoners felt safe in education and work areas.
- 3.34** Most prisoners demonstrated good employment skills, they arrived at education and workshops promptly, although a minority attended authorised alternative activities instead of education and work.
- 3.35** Prisoners in education and vocational training made good progress in developing their English and maths skills. Senior prison managers had agreed a policy that those with poor English and maths skills should achieve level 1 qualifications in these subjects as a priority. However, a small minority of prisoners in work had not completed the relevant courses before starting their jobs.
- 3.36** Most prisoners demonstrated an adequate understanding of the values of tolerance and respect and the dangers of radicalisation.

Recommendation

- 3.37** Prison managers should ensure that prisoners attend relevant courses in preparation for their release.

Outcomes and achievements

- 3.38** Almost all prisoners who attended education and training made good progress and were successful. Of those prisoners who stayed for the planned duration of their courses, a large proportion achieved their qualifications.
- 3.39** In 2016–17, qualification achievement rates were very high on most education courses. Achievement rates on the fast track maths key skills course in the first six months of the current academic year were very high. However, achievement rates in English at levels 1 and 2 required improvement. Achievements were high on vocational training courses.
- 3.40** Prisoners with additional learning support needs achieved well and there were no significant variations in the achievements of different groups of men.
- 3.41** Most prisoners' work in education was of a high standard, particularly in business, art, catering and peer mentoring courses. Prisoners in vocational training worked to good commercial standards, especially in hospitality, catering and construction workshops. In engineering, maintenance operations and catering, prisoners made good progress with their written and practical coursework.

Recommendation

3.42 Success rates on level 1 and 2 English courses should be improved.

Section 4. Rehabilitation and release planning

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

Children and families and contact with the outside world

Expected outcomes:

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

- 4.1 Children and families work was overseen by a dedicated officer and the prison had an action plan for developing the provision.
- 4.2 In our survey, only 33% of prisoners said staff encouraged them to stay in touch with family and friends. While better than at comparator establishments, the low number warranted further exploration. Visits were available five days a week, including on one evening, and booking was reasonably easy.
- 4.3 The visitors' centre was comfortable and information about the prison and visiting procedures was available. There was also information about community family support and a community-based family support organisation ran a monthly drop-in session at the centre.
- 4.4 In our survey, 73% of prisoners said their visitors were treated respectfully and we saw staff being polite and friendly. However, there were still undue delays for some visitors entering the visits hall. Only 26% of prisoners said their visit started on time.
- 4.5 The visits hall was comfortable and had a good refreshments facility. Prisoners still had to wear distinguishing vests, even though a biometric system identified visitors as they left. The large play area for children, staffed by criminal justice charity Lincolnshire Action Trust (LAT), was well equipped, but it was not open during every visit session.
- 4.6 The prison organised monthly family days, including some specifically for vulnerable prisoners. The LAT provided activities where prisoners could participate in play and craft sessions with their children. A homework club was run once a month in the education department, which enabled prisoners to help their children complete their school work, while a soft play morning meant prisoners could interact with their younger children in a less formal environment. The Family Bookshare scheme, linked to family days, allowed prisoners to record a book chosen by their child, which would be sent to them.
- 4.7 A part-time family support worker from LAT provided individual prisoners with support on a range of issues, including maintaining contact with children and liaising with social services.
- 4.8 There were sufficient phones in residential areas and access to them was good – 90% of prisoners in our survey said they could make calls every day.

- 4.9** Arrangements for sending and receiving mail were satisfactory, but in our survey 52% of prisoners said there were problems with it, a perception that should be explored. The rules for legal mail were observed and managed appropriately.

Recommendations

- 4.10 All visitors should be able to start their session at the advertised time.**
- 4.11 Prisoners should not have to wear coloured bibs during visits.** (Repeated recommendation 4.55)
- 4.12 The prison should investigate why prisoners perceive there to be problems sending or receiving mail and remedial action should be taken to address any issues.**

Good practice

- 4.13** *Family days, the homework club and play sessions, supported by community groups and local children's services, ensured prisoners had good opportunities to develop and maintain relationships with their children.*

Reducing risk, rehabilitation and progression

Expected outcomes:

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

- 4.14** Strategic management of resettlement was reasonably good. Improvements had been made following the appointment of a new senior manager in 2017. An up-to-date resettlement strategy, covering the seven resettlement pathways, had been developed. However, it did not yet acknowledge the role of offender management in coordinating resettlement work and managing prisoners' risk of harm.
- 4.15** The strategy was not based on a needs analysis of the population, which meant it was not specific to HMP Hull. While some analysis had been undertaken in February 2018, it was not robust enough because it was not based on a wide enough range of data and did not explore the specific needs of the diverse population held at HMP Hull. A well-attended committee met regularly to provide oversight of progress against the action plan.
- 4.16** The offender management unit (OMU) and the community rehabilitation company (CRC) did not always work together well enough. Better systems for ensuring information exchange, particularly in the last few months before a prisoner's release, needed to be in place to promote more effective risk management planning and avoid duplication.
- 4.17** Over half of all prisoners were managed by the National Probation Service because they posed higher risks and over 400 prisoners were convicted of or charged with sexual offences. Three quarters of the population were sentenced and a quarter of those had been at HMP Hull for over a year when we inspected.
- 4.18** As most men were serving over 12 months, they should have had an offender assessment system (OASys) report after they were sentenced and reviews should have followed any

significant changes in their risks and needs. While the number of outstanding initial OASys reports was low, this was because most men were moved to other prisons before HMP Hull had completed them.

- 4.19** We saw very few OASys reports being reviewed, even when there was evidence of a notable change in the prisoner's risks. For example, in one case, there was evidence of a prisoner repeatedly displaying offending-related behaviour and demonstrating a significant deterioration in compliance, which should have led to a review but did not. As a result, the prisoner's risk assessment and risk management plan were out of date.
- 4.20** We examined offender management case files for a number of higher risk sexual offenders. They demonstrated that the work undertaken was mostly good and in some it was excellent. For example, in one case the offender supervisor had maintained good communication with the probation offender manager and the prison-based programmes team. The case was being proactively managed and there was a clear and well thought-through progression plan involving the psychologically informed planned environment (PIPE) unit (see paragraph 1.56) and eventually a move to an open prison. As a result, the prisoner told us that he had received excellent support and could not speak highly enough of his offender supervisor. The prisoner was fully conversant with his risks and sentence plan objectives.
- 4.21** However, standards varied from case to case. For example, in one case due for release a week after the inspection, the prisoner had only been in contact with his offender supervisor once in the previous year. This was despite the prisoner not knowing what address he would be released to or what else would be included in his risk management plan. We found too many examples of offender supervisors interacting inadequately with prisoners, which led to disengaged prisoners who were anxious about their progression and release.
- 4.22** In almost all other long-term high risk cases of prisoners that we examined, there was no or very little evidence of meaningful contact with the offender supervisor and they did not focus sufficiently on progression and risk reduction. Very few of the prisoners had completed any offending behaviour work, despite being at HMP Hull for well over a year and in some cases over two years. Too many were allowed to drift through their sentence without being challenged or supported.
- 4.23** The new home detention curfew (HDC) process had been implemented well and OMU staff worked hard to make sure the work was up to date. The new processes had enabled the proportion released early to increase significantly. We were confident that HDC was only refused when there were significant risk factors. The prison started the assessment process about 10 weeks before the prisoner's HDC eligibility date, which meant there was enough time to complete the assessment in most cases. However, in a few, the prisoner had little time left to serve, which affected the timeliness of those releases. There were too few Bail Accommodation Support Service hostel places to meet the increased demand, which was another reason for delayed releases in some cases. The head of the OMU monitored delays every month to identify problems.

Recommendations

- 4.24** A reducing reoffending strategy, based on robust analyses of the prison population's needs, should be developed and implemented. It should put offender management at the centre of the work and set out how the CRC and other departments should work together to manage prisoners' risk of harm.
- 4.25** The standard of offender management work and contact frequency levels should be improved to promote consistency across all high risk cases.
- 4.26** Prisoners staying at HMP Hull should be meaningfully involved in a plan for their progression and undertake relevant offending behaviour work to reduce their risk of harm to others.

Good practice

- 4.27** *The head of the OMU monitored the timeliness of HDC assessments, exploring the reasons and taking action to address any delays.*

Public protection

- 4.28** Risks of harm issues were identified on arrival and mail and telephone restrictions were applied when necessary. A weekly public protection meeting oversaw restrictions and approved their removal when evidence suggested it was appropriate to do so. Applications for contact with children were managed in line with requirements.
- 4.29** Out of 45 prisoners due for release in the two months after the inspection, 29 were assessed as presenting a high risk of harm to others. While we saw many examples of good casework, risk management planning for release was too variable. In good cases, we found offender management work that was proactive – it involved, for example, regular consultation with the probation offender manager and confirmation of the prisoner's multi-agency public protection arrangement (MAPPA) management level well ahead of his release. In one case the prisoner's partner had attended the pre-release sentence planning board.
- 4.30** However, in other cases, pre-release risk management planning was not sufficient, the probation offender manager had little involvement with the prisoner or with OMU staff and there was a lack of clarity about the prisoner's MAPPA management level and other restrictions. Some risk management action was taken too close to release. For example, some prisoners we spoke to who were due for release in the following couple of weeks did not know which approved premises they would go to.
- 4.31** The prison did not provide enough oversight of high risk of harm cases as they neared release. There was no inter-departmental risk management team, leaving risk management planning to individual offender supervisors and community-based offender managers. In some cases, this was not effective despite efforts by some offender supervisors to involve community-based offender managers in developing risk management plans for release. (See main recommendation S41.)

Re-categorisation and transfers

- 4.32** Re-categorisation reviews were up to date and managed well. Offender supervisors completed the reviews and a manager oversaw the recommendations. The prisoner was informed about the outcome in writing, but did not receive an outline of progression objectives to be achieved before the next review.
- 4.33** Most category C prisoners moved to HMP Humber – there were about 30 transfers a week. It was more difficult to transfer other prisoners because of the lack of places nationally, particularly for sexual offenders and category B prisoners. The observation, classification and allocation officer attempted to secure progressive moves for prisoners so they could undertake offending behaviour work, but few were accepted and they usually remained at HMP Hull without being able to demonstrate a reduction in their risk of harm to others. It was also almost impossible to move prisoners back to their local resettlement prison three months before their release because there were not enough places. As a result, HMP Hull had to manage a large number of men who should have moved on.
- 4.34** There were 38 category D prisoners at Hull during the inspection. Seven were sexual offenders and were on a 'transfer hold' because they needed to finish a programme or other planned work. Most of the other category D prisoners had failed at open conditions and had been returned to closed conditions. The head of the OMU had begun to review the large number of prisoners who were on a transfer hold to ensure they were valid and time limited.

Recommendation

- 4.35 Prisoners, including sexual offenders and category B men, should be able to move to other prisoners to achieve their sentence planning targets and demonstrate that they have progressed.**

Interventions

Expected outcomes:

Prisoners are able to access interventions designed to promote successful rehabilitation.

- 4.36** The range of accredited programmes for sexual offenders was excellent. A new suite of programmes had been introduced and a positive range of provision for men with learning difficulties was also available. Prisoners on the main wings (A to D) had very little opportunity to undertake offending behaviour work despite evidence showing they needed to, particularly to address serious violent offending.
- 4.37** The head of programmes provided data to show that 48% of sexual offenders were not suitable for accredited programmes, for example, because of the length of time left to serve or because they could not work in groups. This meant that it was difficult to identify enough men to fill all places. Weekly support sessions were available for those who had undertaken or were on an accredited sexual offenders programme. They involved presentations from other departments or community-based agencies and provided prisoners with social activities.
- 4.38** The A to Z motivational programme had been introduced, enabling a small number of sexual offenders who were not suitable for accredited programmes and those living on the drug recovery wing to work on changing their attitudes, thinking and behaviour. However, it was difficult for most sexual offenders to demonstrate that they had made any progress and

some were released without having undertaken offending behaviour work, which was the case in some of the examples we reviewed.

- 4.39** The CRC addressed immediate problems with accommodation and finance and referred other problems to specialists within the prison, such as substance misuse workers. CRC case workers from Shelter provided prisoners with good support to resolve any housing problems. Prisoners also received help to maintain or close tenancies through proactive case management support prior to release and there was evidence demonstrating that outcomes were positive. A one-day workshop on housing issues, delivered by the CRC, also provided information and support.
- 4.40** The prison monitored prisoners' accommodation status on release better than usual, and had data that other prisons could not produce. However, data showed that the proportion of prisoners released without settled accommodation was high, reflecting the lack of provision nationally – on average 36% of prisoners were released without a fixed address or to very temporary accommodation over the previous six months.
- 4.41** Prisoners could open bank accounts but debt advice was too limited. A short workshop provided by the CRC prior to release explored some aspects of good money management. However, there was no specialist debt adviser on site and we did not think that telephone access to agencies in the community was an effective alternative.
- 4.42** The progressive PIPE unit on A wing supported up to 50 men serving long sentences who had a history of sexual offending. It aimed to consolidate lessons they had learned from previous interventions, such as the sexual offender programmes, within a supportive community environment. Individual prisoners' progression was planned from the beginning and often dictated by the parole board. Well-trained, supportive wing officers worked alongside two probation officers from the OMU to help prisoners work towards their agreed goals. Regular formal reviews assessed their progress and external offender managers were also involved, some of them attending reviews. Most men from the PIPE unit were transferred to lower category prisons and others were released by the parole board to approved premises in the community.

Recommendation

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

Good practice

- 4.44** *Weekly support sessions enabled prisoners who had undertaken or were on an accredited sexual offender programme to consolidate what they had learned and support each other in a constructive environment.*

Release planning

Expected outcomes:

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

- 4.45** The basic custody screening tool explored prisoner's resettlement needs, but it relied too much on the prisoner's perception of their problems, rather than consisting of an in-depth assessment of their offending behaviour and associated risks. Shelter case workers used information from the screening and an interview with the prisoner to develop a resettlement plan, but we were concerned that other, more comprehensive, risk information was not always considered at this point.
- 4.46** The prison released about 70 prisoners a month, which was relatively low. CRC caseworkers aimed to meet all prisoners about 12 weeks before their release to review their resettlement plan and take any remaining action to resolve issues. In some cases, resettlement plans we examined were reviewed too close to prisoners' release to be effective. We were told that this was due to a shortage of CRC caseworkers.
- 4.47** Practical arrangements for prisoners' release were reasonable. Private property was returned to prisoners and those without adequate clothing could choose items from a small stock of second-hand property. Prisoners could make a phone call on the morning of their release, but there were no facilities for charging mobile phones before leaving. Travel warrants, bus fares, maps and directions were provided.

Recommendation

- 4.48 Resettlement plan reviews should be carried out well enough ahead of release so that all necessary action to prepare the prisoner can be taken.**

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new 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, and in the previous report where recommendations have been repeated.

Main recommendations

To the governor

- 5.1** The reasons for the increase in self-harming should be understood and action implemented to reduce it. The management and care of prisoners subject to ACCT procedures should be strengthened – case management should be consistent, care maps should be used effectively and focus on all underlying causes of distress, and reviews should be multidisciplinary. (S38)
- 5.2** All prisoners should have access to clean communal showers that are in good order and provide privacy. All toilets should be screened and covered. All damaged cell flooring should be replaced, as should fire safety systems. (S39)
- 5.3** Equality policies and strategies should be based on a needs analysis specific to HMP Hull and address all prisoners with protected characteristics. The prison should develop and promote a culture that encourages tolerance and embraces diversity. (S40)
- 5.4** Risk management planning for release should be consistently good and supported by effective oversight to ensure inter-departmental plans can be developed and action taken to escalate concerns when necessary. (S41)

Recommendation

To HM Prison and Probation Service

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

Recommendation

To Home Office immigration services

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

Recommendations

Early days in custody

- 5.7** Prisoners should be transferred to prison shortly after the conclusion of their court appearance. (1.10, repeated recommendation 1.5)
- 5.8** The reception area should provide new arrivals with a more welcoming environment and men should be able to speak to staff in private. (1.11)
- 5.9** First night cells should be clean, free of graffiti and properly equipped. (1.12, repeated recommendation 1.14)

Managing behaviour

- 5.10** Investigations into violent incidents should be undertaken within the agreed timescale. (1.22)
- 5.11** IEP levels should be sufficiently distinct from one another and the prison should provide prisoners on the basic regime with structured support to help improve their behaviour. (1.23)
- 5.12** Information about the nature of adjudications should be used strategically to help identify and deal with trends and patterns. (1.29, repeated recommendation 1.55)
- 5.13** Segregated prisoners should have access to meaningful regime activities. (1.38)

Security

- 5.14** The risk of trafficking posed by recalled prisoners should be assessed and procedures introduced to mitigate it. (1.48)

Safeguarding

- 5.15** Prisoners with primarily behavioural issues should not be in the well-being unit. (1.57)
- 5.16** Residents in the unit should have access to regular therapeutic interventions as part of a regularly reviewed case management plan. (1.58)

Daily life

- 5.17** Prisoners should be able to eat together. (2.20, repeated recommendation 2.96)
- 5.18** Prisoners should have access to a full canteen order within 72 hours of arrival. (2.21, repeated recommendation 2.102)
- 5.19** Consultation arrangements should be given a higher profile in the prison. (2.27)
- 5.20** All replies to complaints should be full and constructive. (2.28)

Equality, diversity and faith

- 5.21** Residential staff, including night staff, should be conversant with evacuation plans for less mobile prisoners. (2.49)

Health, well-being and social care

- 5.22** Responses to complaints should address all the issues raised. (2.66)
- 5.23** All treatment areas should meet infection control standards. (2.67, repeated recommendation 2.69)
- 5.24** Prisoners with mental health problems should have prompt access to a range of support that meets their identified needs, which should be outlined in a care plan. (2.91)

- 5.25** All prisoners should have easy access to a full range of psychosocial support, including self-help groups and prisoner recovery champions. (2.99)
- 5.26** The in-possession policy, including the risk assessment and standard operating procedures, should be reviewed to ensure they are up to date and reflect current practice on prescribing highly tradeable medicines. (2.110)
- 5.27** Prisoners should have access to routine dental appointments within six weeks. (2.114)

Time out of cell

- 5.28** Retired men and those with disabilities should be unlocked during the working day. (3.9)
- 5.29** All prisoners should be able to spend at least one hour in the open air every day. (3.10)
- 5.30** The prison should monitor and analyse the take-up of provision, including the library and PE facilities, to evaluate the impact and reach of services. (3.11, repeated recommendation 3.13)

Education, skills and work activities

- 5.31** All prisoners should attend their allocated activities regularly. (3.22)
- 5.32** A detailed analysis of available information and data about different groups of prisoners should be undertaken so that further improvements to the provision can be planned. (3.23)
- 5.33** Career action plans should be reviewed and revised regularly to ensure prisoners' achievements are recognised and changes made where necessary. (3.31)
- 5.34** Instructors should recognise and record accurately the skills that prisoners develop in prison work. (3.32)
- 5.35** Prison managers should ensure that prisoners attend relevant courses in preparation for their release. (3.37)
- 5.36** Success rates on level 1 and 2 English courses should be improved. (3.42)

Children and families and contact with the outside world

- 5.37** All visitors should be able to start their session at the advertised time. (4.10)
- 5.38** Prisoners should not have to wear coloured bibs during visits. (4.11, repeated recommendation 4.55)
- 5.39** The prison should investigate why prisoners perceive there to be problems sending or receiving mail and remedial action should be taken to address any issues. (4.12)

Reducing risk, rehabilitation and progression

- 5.40** A reducing reoffending strategy, based on robust analyses of the prison population's needs, should be developed and implemented. It should put offender management at the centre of the work and set out how the CRC and other departments should work together to manage prisoners' risk of harm. (4.24)

- 5.41** The standard of offender management work and contact frequency levels should be improved to promote consistency across all high risk cases. (4.25)
- 5.42** Prisoners staying at HMP Hull should be meaningfully involved in a plan for their progression and undertake relevant offending behaviour work to reduce their risk of harm to others. (4.26)

Interventions

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

Release planning

- 5.44** Resettlement plan reviews should be carried out well enough ahead of release so that all necessary action to prepare the prisoner can be taken. (4.48)

Examples of good practice

- 5.45** The use of community concern forms to raise concerns about prisoners' safety and welfare meant problems could be dealt with before they escalated, potentially preventing self-harm or other negative behaviour. (1.24)
- 5.46** The additional support for new officer recruits, which included an extra full week of training and ongoing coaching from a dedicated manager, enabled them to embed what they had learned and gain confidence. (2.5)
- 5.47** The chronic disease self-management course empowered individuals to have a greater understanding of their condition and enabled them, with the support of health professionals, to help themselves. (2.71)
- 5.48** Wing-based recovery practitioners and a dedicated complex case practitioner meant prisoners had easy access to support. (2.100)
- 5.49** The recovery unit helped prisoners with substance misuse problems to achieve positive recovery outcomes through a comprehensive programme of support in a safe and calm environment. (2.101)
- 5.50** Family days, the homework club and play sessions, supported by community groups and local children's services, ensured prisoners had good opportunities to develop and maintain relationships with their children. (4.13)
- 5.51** The head of the OMU monitored the timeliness of HDC assessments, exploring the reasons and taking action to address any delays. (4.27)
- 5.52** Weekly support sessions enabled prisoners who had undertaken or were on an accredited sexual offender programme to consolidate what they had learned and support each other in a constructive environment. (4.44)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Deborah Butler	Team leader
Paddy Doyle	Inspector
Sandra Fieldhouse	Inspector
Angela Johnson	Inspector
Andrew Rooke	Inspector
Paul Rowlands	Inspector
Jonathan Tickner	Inspector
Charli Bradley	Researcher
Laura Green	Researcher
Helen Ranns	Researcher
Joe Simmonds	Researcher
Emily Spilman	Researcher
Maureen Jamieson	Lead health and social care inspector
Majella Pearce	Health and social care inspector
Noor Mohamed	Pharmacist
Matthew Tedstone	Care Quality Commission inspector
Steve Hunsley	Ofsted inspector
Gerard McGrath	Ofsted inspector
Martin Ward	Ofsted inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2014, some prisoners waited too long for transport from courts to the prison. Reception processes and risk assessments were generally adequate. First night cells were poorly prepared and not all prisoners received an effective induction. Levels of violence were not excessive, but the overall management of violence reduction was underdeveloped. There were some weaknesses in the care of those at risk, but levels of self-harm were lower than at similar prisons. Security was well managed and the mandatory drug testing (MDT) positive rate was low. The incentives and earned privileges (IEP) scheme was managed reasonably well, but not enough was done to support some prisoners on the basic level. Adjudications were well managed. Use of force was relatively low and governance was good. Prisoners were usually segregated for short periods, but segregation was not sufficiently monitored or managed. The wellbeing centre was a positive initiative, but its purpose was not sufficiently clear. Drugs services were excellent on the drug recovery wing but inadequate elsewhere. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

All vulnerable prisoners should be kept safe from threats and intimidation and have a full regime.

(S40)

Achieved

Recommendations

Prisoners should be transferred to prison shortly after the conclusion of their court appearance.

(1.5)

Not achieved (recommendation repeated, 1.10)

First night cells should be clean, properly equipped and free of graffiti. (1.14)

Not achieved (recommendation repeated, 1.12)

The induction process should be reviewed to ensure it meets prisoners' needs. (1.15)

Achieved

The prison should explore why prisoners feel unsafe and take action where necessary. (1.22)

Achieved

The overall management of violence, including measures to address antisocial behaviour, should be improved. (1.23)

Achieved

Staff should engage positively with prisoners in crisis; ACCT procedures should ensure that triggers are identified and addressed and that care plans outline what individual support should be provided. (1.29)

Not achieved

All staff should carry anti-ligature knives and understand the rationale behind this. (1.30)

Achieved

Staff should interact with prisoners subject to constant watch; those on constant watch should only be placed in anti-ligature clothing in the most exceptional circumstances. (1.31)

Achieved

Prisoners should not be held in the segregation unit solely as a result of their self-harm risk. (1.32)

Achieved

Prisoners should not be routinely strip-searched in reception or the segregation unit. (1.45)

Achieved

The administration and delivery of the IEP scheme should be reviewed so that prisoners with complex needs receive targeted support to help them return to the standard level as soon as possible and to ensure prisoners are never placed or remain on the entry level because of administrative error. (1.51)

Partially achieved

Information about the nature of adjudications should be used strategically to help identify and deal with trends and patterns. (1.55)

Not achieved (recommendation repeated, 1.29)

The management and monitoring of segregation should be improved. (1.66)

Achieved

Longer-stay prisoners should have individual management plans and all segregated prisoners should have access to a meaningful regime. (1.67)

Not achieved

The role of the well-being centre should be clarified and a distinct strategy for its use should be introduced. (1.68)

Achieved

A defined set of drug and alcohol treatment pathways should ensure continuity and equality of care for prisoners undergoing treatment, regardless of their status or location. (1.75)

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2014, the prison was generally clean, but too many prisoners were in cramped or poorly maintained cells. The supply of clothing and bedding was inadequate. Prisoner information desk (PID) workers were a positive initiative. Staff-prisoner relationships were mostly reasonable. Strategic management of diversity was weak and there were some significant gaps in support for protected groups. Faith provision was good. Complaints were poorly managed. The prison did not have a legal services officer but legal visits provision was reasonable. Health services were good. Catering and shop provision were adequate. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

Strategic management of equality and diversity should be improved substantially and policies should address all protected characteristics, analyse prisoners' needs and say how they should be met. In particular, managers should ensure that disparities emerging from equality monitoring data are acted on and that regular support and consultation forums are in place for minority groups. (S41)

Not achieved

Recommendations

Cells should be clean, graffiti free, an adequate size for the number of prisoners held and free of mould. Toilets should be screened. (2.10)

Not achieved

Showers should be in a good state of repair and sufficiently private. (2.11)

Not achieved

Prisoners should have access to enough clean clothing and bedding, and additional blankets should be available in cold weather. (2.12)

Achieved

Management oversight should ensure that responses to cell bells are prompt. (2.13)

Achieved

Personal officers should develop a more proactive role, which should be reflected in case history notes. (2.22)

No longer relevant

Staff should address prisoners by their preferred name. (2.23)

Not achieved

Telephone interpretation should be used for confidential or sensitive discussions involving prisoners who do not speak fluent English. (2.38)

Achieved

All wing staff should be aware of prisoners with particular emergency and evacuation needs. (2.39)

Not achieved

Prisoners with daily care or support needs should have a care plan based on consultation with them and access to a trained and properly managed prisoner carer. (2.40)

Achieved

Young adults should not share cells with prisoners over the age of 21. (2.41)

Achieved

Prisoners who wish to attend services and classes should be able to do so. (2.46)

Achieved

Managers should implement quality assurance processes to ensure that all prisoners receive timely and constructive replies to complaints. (2.50)

Not achieved

A full health needs assessment should be commissioned to inform the requirements of the prison population. (2.68)

Achieved

All treatment areas should meet infection control standards. (2.69)

Not achieved (repeated recommendation, 2.67)

Discipline staff should be trained in the use of AEDs. (2.70)

Achieved

Health care information should be available in a range of languages. (2.76)

Achieved

Managers should ensure that prisoners have more prompt access to a dentist and address the high failure-to-attend rate. (2.86)

Not achieved

All custody staff should participate in a rolling programme of mental health awareness training. (2.91)

Not achieved

Prisoners should be able to eat together. (2.96)

Not achieved (recommendation repeated, 2.20)

Lunch should not be served before 12 noon and the evening meal not before 5pm and breakfast should be issued on the day it is to be eaten. (2.97)

Not achieved

Prisoners should be able to pay off advances incrementally. (2.101)

Achieved

Prisoners should have access to a full canteen order within 72 hours of arrival. (2.102)

Not achieved (recommendation repeated, 2.21)

Purposeful activity

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

At the last inspection, in 2014, time out of cell was reasonable for most prisoners. The prison had an effective strategy for increasing the number and range of purposeful activities, but managers did not evaluate the provision thoroughly enough. There were insufficient activity places for the whole population and too many places were unfilled. There was insufficient English and maths provision. The range of activities was appropriate for longer-stay vulnerable prisoners, but limited for others. Vocational training and achievements were good. The quality of education required improvement. The library provided a reasonable service. Physical education (PE) provision was generally good. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

There should be sufficient and suitable activities places for all prisoners, including in English and mathematics and through education outreach provision. Managers should ensure that available activity places are filled. (S42)

Achieved

Recommendations

All prisoners should spend more time out of their cell each day and the regime should adhere to the published core day. (3.3)

Not achieved

Self-assessment should provide a thorough evaluation of all aspects of learning and skills and work, including services offered by the National Careers Service. (3.12)

Achieved

The prison should monitor and analyse the take-up of provision, including the library and PE facilities, to evaluate the impact and reach of services. (3.13)

Not achieved (recommendation repeated, 3.11)

Teaching staff should ensure that all learning activities are sufficiently relevant and challenging, and help prisoners overcome any previous barriers to learning, especially in English, mathematics and personal development. (3.21)

Achieved

Prisoners should receive constructive and accurate feedback to help them understand what they need to do to improve. (3.22)

Achieved

Effective additional learning support should be available for those who require it. (3.23)

Achieved

Teaching staff should ensure that all prisoners develop the understanding and confidence they need to apply English and mathematical skills in wider contexts. (3.28)

Achieved

Prison and college staff should ensure that attendance and behaviour are good on all education and training courses. (3.29)

Not achieved

Library staff should work with staff in education to promote reading and the use of library services. (3.33)

Achieved

The prison should ensure that prisoners are able to gain relevant qualifications through the gym. (3.39)

Not achieved

Resettlement

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

At the last inspection, in 2014, there was little analysis of the resettlement needs of the diverse and complex population and strategic oversight of resettlement was limited. In practice the assessment of the individual needs of short-term prisoners and available services was good, but insufficient offending behaviour work took place. Overall, offender management appeared reasonable, but we identified significant concerns in some cases. Too little offence-related work was being carried out with sex offenders who were not suitable for sex offender treatment programmes (SOTPs). The psychologically informed planned environment (PIPE) unit was impressive. Public protection work was reasonable in most cases but oversight of prisoners subject to multi-agency public protection arrangements (MAPPA) required improvement. Pathway support work was generally good. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

Offending behaviour interventions should address the needs of all those unsuitable for programmes, including short-term and remand prisoners, and a specific strategy should be implemented to manage sex offenders not suitable for SOTPs. This should include the provision of motivational work for those in denial of their offending behaviour. (S43)

Partially achieved

Recommendations

The lack of places nationally for category B prisoners, including those in denial of their conviction, should be addressed. (4.27)

Not achieved

Strategic management of resettlement should be improved through a better needs analysis, an up-to-date strategy and action plan and better data monitoring. (4.6)

Not achieved

All relevant cases should have an up-to-date risk management plan and objectives in sentence plans should be outcome-focused. (4.14)

Not achieved

Frequency of contact, particularly with high risk of harm cases, should be set, consistently applied and recorded on the Prison Service IT system P-Nomis. (4.15)

Not achieved

The effectiveness of the public protection panel in providing oversight of all MAPPA level 2 and 3 cases prior to release should be reviewed and improvements made. (4.21)

Not achieved

MAPPA levels should be confirmed six months before release to enable the prison to contribute to multi-agency risk management planning. (4.22)

Not achieved

Sentence plan targets should directly influence where the prisoner is transferred. (4.26)

Not achieved

Prisoners facing a potential indeterminate sentence should be provided with regular information and support. Those who receive an indeterminate sentence should have continuing support through a discussion forum and family days specifically for them. (4.30)

Not achieved

All prisoners should have a pre-release interview well ahead of their release date so that all their resettlement needs can be addressed. (4.35)

Not achieved

Aggregated accommodation outcomes should be monitored to provide evidence of Shelter's effectiveness. (4.39)

Achieved

The pre-release course should provide all prisoners with the individual training they need to support their plans for resettlement. (4.43)

Not achieved

The virtual campus should be fully operational and available to all prisoners. (4.44)

Achieved

Family support work should be significantly developed to promote family links. (4.54)

Achieved

Prisoners should not have to wear coloured bibs during visits. (4.55)

Not achieved (recommendation repeated, 4.11)

Appendix III: Care Quality Commission Requirement Notice



Requirement Notices

Provider: City Health Care Partnership CIC

Location: City Health Care Partnership CIC – HMP Hull

Location ID: 1-286635113

Regulated activities: Diagnostic and screening procedures, treatment of disease, disorder or injury & surgical procedures

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 9

Person-centred care

9.—(1) The care and treatment of service users must—
 (a) be appropriate,
 (b) meet their needs, and
 (c) reflect their preferences.

(3) (b) The registered person must design care or treatment with a view to achieving service users' preferences and ensuring their needs are met;

How the regulation was not being met:

People did not always receive person centred care that was appropriate, met their needs and reflected their preferences. People with a primary mental health need did not receive person centred care or treatment because the mental health team was not sufficiently resourced. There were no groups or clinical psychology available and

mental health staff were not able to see people with a primary mental health need, unless this was as part of an ACCT review.

We could not be sure that people with a secondary mental health need were receiving person centred care or treatment. There was a caseload of 126 people which included 22 supported under the Care Programme Approach. People were seen at varying intervals for a follow up appointment, however staff reported that they could not always see people as often as they would like due to limited resources. Care planning was underdeveloped and it was not always possible to establish how frequently each person should be seen.

There was no pathway or specialist support available for people with a learning disability. We identified one person whose needs had not been met because of this. A lack of partnership working between staff and the prison had meant that this person was not appropriately supported. In addition, there was insufficient psychiatry capacity to meet the needs of the population. At the time of the inspection there were 19 people on the waiting list, the longest had been waiting for 12 weeks. Staff reported that there was insufficient psychiatry capacity and routine appointments were often delayed. We identified one person who required a psychiatry appointment and they had not been placed onto the waiting list.

People waited too long for a routine dental appointment because there were insufficient clinics provided. At the time of the inspection the waiting time for a routine appointment to see the dentist was 12 weeks. This meant that people did not receive care and treatment that met their needs.

Care and treatment was not always designed in a way that met people's preferences or to ensure that their needs were met. The mental health team had a caseload of 126 people receiving secondary care, including 22 people who were supported under the Care Programme Approach. The mental health lead nurse acknowledged that care planning was a 'work in progress' and that not everybody had a care plan in place that would be of an acceptable standard. We saw that some people did not have a mental health care plan in place at all, whilst others had very brief care plans that only described any diagnosed conditions but did not describe the care and treatment that was required. In addition, care plans did not always describe how frequently staff should see each person.

Regulation 17

Good governance

17 (2) Systems or processes must enable the registered person, in particular, to—

- a. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);
- b. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which

	<p>arise from the carrying on of the regulated activity;</p>
<p>How the regulation was not being met:</p> <p>The systems in place to assess and monitor the quality of the service and any risks to the health and safety of people using the service were not always effective. This meant that issues identified during the course of the inspection had not been identified and dealt with.</p> <p>Audits were not always carried out to assess the quality of the service or to manage and mitigate risks to people using the service. For example, a recent change had been made to the in-possession risk assessment for medicines on SystmOne. Whilst staff had been trained and received guidance regarding the change, there had been no audit of staff practice following the change. During the inspection we found that one person had inappropriately been given their medicines in-possession because staff had not followed the correct process. There were other examples whereby staff had not followed the correct process, although this had not resulted in any further people being given their medicines in-possession inappropriately.</p> <p>The system for monitoring storage temperatures of medicines was not effective in ensuring their suitability for use. Staff were not recording the temperature of rooms that were used for the storage of medicines and were not aware of the importance of doing so. This meant there was a risk that the efficacy of these medicines could be affected. In addition, the checklist used for checking the contents of the emergency response bags was not robust. It did not identify what items should be in the bag to ensure that robust checks could be carried out by staff.</p> <p>The system for monitoring the responses provided to complaints was not effective. The registered manager told us that they used to monitor complaints responses, however had not done so recently. During our inspection we saw that some responses to complaints were short and abrupt and did not always fully address the issues that had been raised. In addition, responses were not always provided in a way that would be accessible to the person making the complaint.</p> <p>The provider was aware that people with mental health needs were not always receiving a safe and appropriate level of care because staffing levels were not sufficient. However, at the time of our inspection, action had not been taken to address this identified risk. This meant that people could not be assured that they would receive a service that was of an acceptable standard.</p>	

Appendix IV: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	29	623	66.0%
Recall	3	92	9.6%
Convicted unsentenced	5	89	9.5%
Remand	16	122	14.0%
Civil prisoners	0	0	0.0%
Detainees	1	4	0.5%
Total	54	933	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	22	228	25.3%
Less than 6 months	3	49	5.3%
6 months to less than 12 months	1	37	3.9%
12 months to less than 2 years	7	55	6.3%
2 years to less than 4 years	12	103	12.4%
4 years to less than 10 years	8	175	18.5%
10 years and over (not life)	1	165	16.8%
ISPP (indeterminate sentence for public protection)	0	58	5.9%
Life	0	63	12.3%
Total	54	932	100%

Age	Number of prisoners	%
Please state minimum age here: 17	-	-
Under 21 years	55	5.6%
21 years to 29 years	254	25.7%
30 years to 39 years	273	27.7%
40 years to 49 years	197	20.0%
50 years to 59 years	109	11.0%
60 years to 69 years	60	6.1%
70 plus years	39	4.0%
Please state maximum age here: 86	-	-
Total	987	100%

Nationality	18–20 yr olds	21 and over	%
British	50	873	93.5%
Foreign nationals	4	60	6.5%
Total	54	933	100%

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	21	230	25.4%
Uncategorised sentenced	0	21	2.1%
Category A	0	0	0%
Category B	0	163	16.5%
Category C	0	478	48.4%
Category D	0	39	4.0%
Other	33	2	3.5%
Total	54	933	100%

Ethnicity	18–20 yr olds	21 and over	%
White			
British	43	789	84.3%
Irish	0	6	0.6%
Gypsy/Irish Traveller	0	11	1.1%
Other white	4	39	4.4%
Mixed			
White and black Caribbean	0	6	0.6%
White and black African	0	2	0.2%
White and Asian	0	5	0.5%
Other mixed	1	3	0.4%
Asian or Asian British			
Indian	0	2	0.2%
Pakistani	0	8	0.8%
Bangladeshi	0	4	0.4%
Chinese	0	0	0%
Other Asian	0	9	0.9%
Black or black British			
Caribbean	1	11	1.2%
African	0	6	0.6%
Other black	0	8	0.8%
Other ethnic group			
Arab	0	3	0.3%
Other ethnic group	0	1	0.1%
Not stated	5	20	2.5%
Total	54	933	100%

Religion	18–20 yr olds	21 and over	%
Baptist	0	0	0%
Church of England	0	187	18.9%
Roman Catholic	3	114	11.9%
Other Christian denominations	11	112	12.5%
Muslim	4	54	5.9%
Sikh	0	1	0.1%
Hindu	0	0	0%
Buddhist	0	19	1.9%
Jewish	1	3	0.4%
Other	0	28	2.8%
No religion	35	415	45.6%
Total	54	933	100%

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)	0	8	0.8%
Total			

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	8	0.8%	85	8.6%
1 month to 3 months	7	0.7%	143	14.5%
3 months to 6 months	8	0.8%	71	7.2%
6 months to 1 year	6	0.6%	129	13.1%
1 year to 2 years	3	0.3%	121	12.3%
2 years to 4 years	0	0%	112	11.3%
4 years or more	0	0%	44	4.5%
Total	32	3.2%	705	71.4%

Sentenced prisoners only

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

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	12	4.8%	74	29.6%
1 month to 3 months	6	2.4%	91	36.4%
3 months to 6 months	2	0.8%	48	19.2%
6 months to 1 year	1	0.4%	13	5.2%
1 year to 2 years	1	0.4%	2	0.8%
2 years to 4 years	0	0%	0	0%
4 years or more	0	0%	0	0%
Total	22	2.2%	228	23.1%

Main offence	18–20 yr olds	21 and over	%
Violence against the person	7	149	15.8%
Sexual offences	2	422	43%
Burglary	5	73	7.9%
Robbery	4	58	6.3%
Theft and handling	1	46	4.8%
Fraud and forgery	0	5	0.4%
Drugs offences	2	50	5.3%
Other offences	33	127	16.2%
Civil offences	0	0	0%
Offence not recorded /holding warrant	0	3	0.3%
Total	54	933	100%

Appendix V: Prisoner survey methodology and results

Prisoner survey methodology

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection.

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.¹⁵

The questionnaire is available in 14 languages and can also be administered via a telephone translation service if necessary.

The questionnaire was revised during 2016–17, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a power calculation, HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings are representative of the entire population of the establishment.¹⁶

Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity.¹⁷ Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

Survey response

At the time of the survey on 26 March 2018 the prisoner population at HMP Hull was 1007. Using the sampling method described above, questionnaires were distributed to 215 prisoners. We received a total of 197 completed questionnaires, a response rate of 92%. This included one questionnaire completed via face-to-face interviews. Nine prisoners declined to participate in the survey and nine questionnaires were either not returned at all, or returned blank.

¹⁵ Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

¹⁶ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

¹⁷ For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMI Prisons' website <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Hull. For the comparator analyses, each question was reformulated into a binary ‘yes/no’ format and affirmative responses compared.¹⁸ Missing responses have been excluded from all analyses and for some questions, responses from a sub-group of the sample are reported (as indicated in the data).

Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

Responses from HMP Hull 2018¹⁹ compared with those from other HMI Prisons surveys²⁰

- Survey responses from HMP Hull in 2018 compared with survey responses from the most recent inspection at all other local prisons.
- Survey responses from HMP Hull in 2018 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP Hull in 2018 compared with survey responses from HMP Hull in 2014.

Comparisons between different residential locations within HMP Hull 2018

- Responses of prisoners on the old wings [A, B, C and D wings] compared with those from the new wings (G, H, I, J and K wings)

Comparisons between sub-populations of prisoners within HMP Hull 2018²¹

- White prisoners’ responses compared with those of prisoners from black or minority ethnic groups.
- Disabled prisoners’ responses compared with those who do not have a disability.
- Responses of prisoners with mental health problems compared with those who do not have mental health problems.
- Responses of prisoners aged 50 and over compared with those under 50.
- Responses of prisoners aged 25 and under compared with those over 25.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.²²

In the comparator analyses, statistically significant differences are indicated by shading.²³ Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

¹⁸ Using the Chi-square test (or Fisher’s exact test if there are fewer than five responses in a group).

¹⁹ Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

²⁰ These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

²¹ These analyses are carried out on summary data from selected survey questions only.

²² A minimum of 10 responses which must also represent at least 10% of the total response.

²³ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

Background information

I.1	What wing or houseblock are you currently living on?	
	A wing.....	6 (3%)
	B wing.....	26 (13%)
	C wing.....	22 (11%)
	D wing.....	25 (13%)
	G wing.....	24 (12%)
	H wing.....	26 (13%)
	I wing.....	26 (13%)
	J wing.....	26 (13%)
	K wing.....	2 (1%)
	PIPE unit	9 (5%)
	Health care	4 (2%)
	Segregation unit.....	1 (1%)
I.2	How old are you?	
	Under 21	8 (4%)
	21 - 25.....	23 (12%)
	26 - 29.....	24 (12%)
	30 - 39.....	57 (29%)
	40 - 49.....	35 (18%)
	50 - 59.....	23 (12%)
	60 - 69.....	15 (8%)
	70 or over.....	9 (5%)
I.3	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British	162 (86%)
	White - Irish.....	2 (1%)
	White - Gypsy or Irish Traveller.....	0 (0%)
	White - any other White background	6 (3%)
	Mixed - White and Black Caribbean.....	1 (1%)
	Mixed - White and Black African	2 (1%)
	Mixed - White and Asian.....	2 (1%)
	Mixed - any other Mixed ethnic background	1 (1%)
	Asian/ Asian British - Indian.....	0 (0%)
	Asian/ Asian British - Pakistani.....	4 (2%)
	Asian/ Asian British - Bangladeshi.....	1 (1%)
	Asian/ Asian British - Chinese.....	0 (0%)
	Asian - any other Asian Background	1 (1%)
	Black/ Black British - Caribbean.....	0 (0%)
	Black/ Black British - African	2 (1%)
	Black - any other Black/ African/ Caribbean background.....	0 (0%)
	Arab.....	0 (0%)
	Any other ethnic group	5 (3%)
I.4	How long have you been in this prison?	
	Less than 6 months.....	96 (51%)
	6 months or more	94 (49%)

1.5	Are you currently serving a sentence?	
	Yes	131 (68%)
	Yes - on recall	19 (10%)
	No - on remand or awaiting sentence	40 (21%)
	No - immigration detainee.....	2 (1%)
1.6	How long is your sentence?	
	Less than 6 months.....	19 (10%)
	6 months to less than 1 year	13 (7%)
	1 year to less than 4 years	38 (20%)
	4 years to less than 10 years	31 (16%)
	10 years or more	26 (14%)
	IPP (indeterminate sentence for public protection)	15 (8%)
	Life	8 (4%)
	Not currently serving a sentence.....	42 (22%)
Arrival and reception		
2.1	Were you given up-to-date information about this prison before you came here?	
	Yes	44 (23%)
	No.....	130 (67%)
	Don't remember	20 (10%)
2.2	When you arrived at this prison, how long did you spend in reception?	
	Less than 2 hours	66 (34%)
	2 hours or more.....	107 (55%)
	Don't remember	21 (11%)
2.3	When you were searched in reception, was this done in a respectful way?	
	Yes	155 (81%)
	No.....	30 (16%)
	Don't remember	7 (4%)
2.4	Overall, how were you treated in reception?	
	Very well	45 (23%)
	Quite well	106 (55%)
	Quite badly	25 (13%)
	Very badly	13 (7%)
	Don't remember	3 (2%)
2.5	When you first arrived here, did you have any of the following problems?	
	Problems getting phone numbers	109 (56%)
	Contacting family.....	118 (61%)
	Arranging care for children or other dependants.....	10 (5%)
	Contacting employers.....	13 (7%)
	Money worries.....	42 (22%)
	Housing worries	28 (15%)
	Feeling depressed.....	99 (51%)
	Feeling suicidal.....	39 (20%)
	Other mental health problems	60 (31%)
	Physical health problems	50 (26%)
	Drug or alcohol problems (e.g. withdrawal)	49 (25%)
	Problems getting medication	65 (34%)
	Needing protection from other prisoners.....	15 (8%)
	Lost or delayed property	31 (16%)
	Other problems.....	27 (14%)
	Did not have any problems.....	16 (8%)

2.6	Did staff help you to deal with these problems when you first arrived?	
	Yes	62 (35%)
	No	101 (56%)
	Did not have any problems when I first arrived	16 (9%)

First night and induction

3.1	Before you were locked up on your first night here, were you offered any of the following things?	
	Tobacco or nicotine replacement	142 (74%)
	Toiletries / other basic items	111 (58%)
	A shower	38 (20%)
	A free phone call	39 (20%)
	Something to eat	134 (69%)
	The chance to see someone from health care	123 (64%)
	The chance to talk to a Listener or Samaritans	40 (21%)
	Support from another prisoner (e.g. Insider or buddy)	42 (22%)
	Wasn't offered any of these things	11 (6%)

3.2	On your first night in this prison, how clean or dirty was your cell?	
	Very clean	11 (6%)
	Quite clean	72 (38%)
	Quite dirty	42 (22%)
	Very dirty	60 (31%)
	Don't remember	7 (4%)

3.3	Did you feel safe on your first night here?	
	Yes	124 (65%)
	No	60 (31%)
	Don't remember	7 (4%)

3.4	In your first few days here, did you get:			
		Yes	No	Don't remember
	Access to the prison shop / canteen?	59 (32%)	115 (63%)	10 (5%)
	Free PIN phone credit?	73 (40%)	102 (56%)	7 (4%)
	Numbers put on your PIN phone?	42 (22%)	138 (74%)	7 (4%)

3.5	Did your induction cover everything you needed to know about this prison?	
	Yes	102 (54%)
	No	67 (35%)
	Have not had an induction	20 (11%)

On the wing

4.1	Are you in a cell on your own?	
	Yes	75 (39%)
	No, I'm in a shared cell or dormitory	119 (61%)

4.2	Is your cell call bell normally answered within 5 minutes?	
	Yes	71 (37%)
	No	83 (43%)
	Don't know	37 (19%)
	Don't have a cell call bell	1 (1%)

4.3 Please answer the following questions about the wing or houseblock you are currently living on:

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	130 (68%)	62 (32%)	0 (0%)
Can you shower every day?	174 (90%)	19 (10%)	1 (1%)
Do you have clean sheets every week?	171 (89%)	20 (10%)	2 (1%)
Do you get cell cleaning materials every week?	151 (79%)	38 (20%)	3 (2%)
Is it normally quiet enough for you to relax or sleep at night?	126 (67%)	59 (31%)	3 (2%)
Can you get your stored property if you need it?	46 (25%)	65 (35%)	75 (40%)

4.4 Normally, how clean or dirty are the communal / shared areas of your wing or houseblock (landings, stairs, wing showers etc.)?

Very clean	39 (20%)
Quite clean	96 (50%)
Quite dirty	40 (21%)
Very dirty	17 (9%)

Food and canteen**5.1 What is the quality of food like in this prison?**

Very good.....	9 (5%)
Quite good.....	98 (51%)
Quite bad	58 (30%)
Very bad	26 (14%)

5.2 Do you get enough to eat at mealtimes?

Always.....	32 (17%)
Most of the time.....	60 (31%)
Some of the time.....	56 (29%)
Never	45 (23%)

5.3 Does the shop / canteen sell the things that you need?

Yes	129 (68%)
No.....	53 (28%)
Don't know.....	9 (5%)

Relationships with staff**6.1 Do most staff here treat you with respect?**

Yes	145 (77%)
No.....	43 (23%)

6.2 Are there any staff here you could turn to if you had a problem?

Yes	141 (74%)
No.....	49 (26%)

6.3 In the last week, has any member of staff talked to you about how you are getting on?

Yes	62 (32%)
No.....	129 (68%)

6.4	How helpful is your personal or named officer?	
	Very helpful.....	29 (15%)
	Quite helpful.....	42 (22%)
	Not very helpful.....	21 (11%)
	Not at all helpful.....	26 (14%)
	Don't know.....	46 (24%)
	Don't have a personal / named officer	25 (13%)
6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly.....	16 (8%)
	Sometimes.....	35 (18%)
	Hardly ever.....	116 (61%)
	Don't know.....	23 (12%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes.....	91 (48%)
	No.....	97 (52%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change.....	33 (17%)
	Yes, but things don't change.....	53 (28%)
	No.....	66 (35%)
	Don't know.....	38 (20%)

Faith

7.1	What is your religion?	
	No religion.....	80 (43%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	76 (41%)
	Buddhist.....	5 (3%)
	Hindu.....	0 (0%)
	Jewish	2 (1%)
	Muslim.....	15 (8%)
	Sikh	0 (0%)
	Other	9 (5%)
7.2	Are your religious beliefs respected here?	
	Yes.....	64 (34%)
	No.....	25 (13%)
	Don't know.....	19 (10%)
	Not applicable (no religion).....	80 (43%)
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	
	Yes.....	78 (41%)
	No.....	13 (7%)
	Don't know.....	18 (10%)
	Not applicable (no religion).....	80 (42%)
7.4	Are you able to attend religious services, if you want to?	
	Yes.....	91 (48%)
	No.....	14 (7%)
	Don't know.....	6 (3%)
	Not applicable (no religion).....	80 (42%)

Contact with family and friends

8.1	Have staff here encouraged you to keep in touch with your family / friends?	
	Yes	61 (33%)
	No	124 (67%)
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	97 (52%)
	No	90 (48%)
8.3	Are you able to use a phone every day (if you have credit)?	
	Yes	168 (90%)
	No	19 (10%)
8.4	How easy or difficult is it for your family and friends to get here?	
	Very easy	23 (12%)
	Quite easy	57 (30%)
	Quite difficult	40 (21%)
	Very difficult	52 (28%)
	Don't know	17 (9%)
8.5	How often do you have visits from family or friends?	
	More than once a week	0 (0%)
	About once a week	33 (18%)
	Less than once a week	80 (44%)
	Not applicable (don't get visits)	68 (38%)
8.6	Do visits usually start and finish on time?	
	Yes	28 (25%)
	No	82 (75%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes	79 (72%)
	No	30 (28%)

Time out of cell

9.1	Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?	
	Yes, and these times are usually kept to	117 (62%)
	Yes, but these times are not usually kept to	57 (30%)
	No	14 (7%)
9.2	How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?	
	Less than 2 hours	62 (33%)
	2 to 6 hours	61 (32%)
	6 to 10 hours	46 (24%)
	10 hours or more	9 (5%)
	Don't know	11 (6%)
9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday?	
	Less than 2 hours	27 (15%)
	2 to 6 hours	124 (67%)
	6 to 10 hours	22 (12%)
	10 hours or more	4 (2%)
	Don't know	9 (5%)

9.4	How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?		
	None	1	(1%)
	1 or 2	21	(11%)
	3 to 5.....	45	(24%)
	More than 5.....	114	(60%)
	Don't know.....	9	(5%)
9.5	How many days in a typical week do you get association, if you want it?		
	None	6	(3%)
	1 or 2	25	(13%)
	3 to 5.....	29	(15%)
	More than 5.....	119	(63%)
	Don't know.....	11	(6%)
9.6	How many days in a typical week could you go outside for exercise, if you wanted to?		
	None	3	(2%)
	1 or 2	11	(6%)
	3 to 5.....	35	(19%)
	More than 5.....	126	(67%)
	Don't know.....	13	(7%)
9.7	Typically, how often do you go to the gym?		
	Twice a week or more	101	(55%)
	About once a week.....	10	(5%)
	Less than once a week.....	13	(7%)
	Never	61	(33%)
9.8	Typically, how often do you go to the library?		
	Twice a week or more	21	(11%)
	About once a week.....	90	(48%)
	Less than once a week.....	33	(18%)
	Never	43	(23%)
9.9	Does the library have a wide enough range of materials to meet your needs?		
	Yes	95	(55%)
	No.....	36	(21%)
	Don't use the library	43	(25%)

Applications, complaints and legal rights

10.1	Is it easy for you to make an application?			
	Yes.....	160	(85%)	
	No.....	26	(14%)	
	Don't know.....	3	(2%)	
10.2	If you have made any applications here, please answer the questions below:			
		Yes	No	Not made any applications
	Are applications usually dealt with fairly?	106 (59%)	64 (36%)	9 (5%)
	Are applications usually dealt with within 7 days?	69 (39%)	98 (56%)	9 (5%)

10.3	Is it easy for you to make a complaint?			
	Yes			114 (61%)
	No			38 (20%)
	Don't know			36 (19%)
10.4	If you have made any complaints here, please answer the questions below:			
		Yes	No	Not made any complaints
	Are complaints usually dealt with fairly?	34 (19%)	68 (39%)	74 (42%)
	Are complaints usually dealt with within 7 days?	26 (15%)	72 (42%)	74 (43%)
10.5	Have you ever been prevented from making a complaint here when you wanted to?			
	Yes			30 (17%)
	No			96 (53%)
	Not wanted to make a complaint			54 (30%)
10.6	In this prison, is it easy or difficult for you to...			
		Easy	Difficult	Don't know Don't need this
	Communicate with your solicitor or legal representative?	71 (38%)	46 (25%)	38 (21%) 30 (16%)
	Attend legal visits?	90 (50%)	27 (15%)	38 (21%) 26 (14%)
	Get bail information?	21 (12%)	36 (20%)	64 (36%) 55 (31%)
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?			
	Yes			92 (49%)
	No			66 (35%)
	Not had any legal letters			28 (15%)

Health care

11.1	How easy or difficult is it to see the following people?					
		Very easy	Quite easy	Quite difficult	Very difficult	Don't know
	Doctor	10 (5%)	47 (25%)	64 (35%)	51 (28%)	13 (7%)
	Nurse	18 (10%)	80 (43%)	47 (25%)	28 (15%)	13 (7%)
	Dentist	7 (4%)	12 (6%)	54 (29%)	79 (43%)	33 (18%)
	Mental health workers	8 (4%)	32 (18%)	42 (23%)	48 (26%)	52 (29%)
11.2	What do you think of the quality of the health service from the following people?					
		Very good	Quite good	Quite bad	Very bad	Don't know
	Doctor	24 (13%)	46 (25%)	43 (23%)	41 (22%)	30 (16%)
	Nurse	32 (17%)	73 (39%)	27 (15%)	26 (14%)	27 (15%)
	Dentist	19 (10%)	30 (16%)	27 (15%)	37 (20%)	69 (38%)
	Mental health workers	19 (11%)	31 (17%)	22 (12%)	32 (18%)	74 (42%)
11.3	Do you have any mental health problems?					
	Yes					99 (54%)
	No					85 (46%)
11.4	Have you been helped with your mental health problems in this prison?					
	Yes					43 (23%)
	No					57 (31%)
	Don't have any mental health problems					85 (46%)

11.5	What do you think of the overall quality of the health services here?	
	Very good.....	12 (6%)
	Quite good.....	59 (32%)
	Quite bad	53 (28%)
	Very bad	48 (26%)
	Don't know.....	15 (8%)

Other support needs

12.1	Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?	
	Yes	84 (45%)
	No.....	102 (55%)
12.2	If you have a disability, are you getting the support you need?	
	Yes	24 (14%)
	No.....	51 (29%)
	Don't have a disability	102 (58%)
12.3	Have you been on an ACCT in this prison?	
	Yes	49 (27%)
	No.....	132 (73%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?	
	Yes	28 (15%)
	No.....	21 (12%)
	Have not been on an ACCT in this prison.....	132 (73%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?	
	Very easy	42 (23%)
	Quite easy	49 (27%)
	Quite difficult	16 (9%)
	Very difficult	14 (8%)
	Don't know.....	59 (32%)
	No Listeners at this prison	4 (2%)

Alcohol and drugs

13.1	Did you have an alcohol problem when you came into this prison?	
	Yes	50 (27%)
	No.....	137 (73%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	29 (16%)
	No.....	19 (10%)
	Did not / do not have an alcohol problem	137 (74%)
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	62 (33%)
	No.....	125 (67%)
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes	28 (15%)
	No.....	159 (85%)

13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes	23 (12%)
	No	163 (88%)
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	32 (18%)
	No	29 (17%)
	Did not / do not have a drug problem.....	114 (65%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	53 (29%)
	Quite easy	37 (20%)
	Quite difficult	12 (7%)
	Very difficult	5 (3%)
	Don't know.....	75 (41%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	6 (3%)
	Quite easy	18 (10%)
	Quite difficult	25 (14%)
	Very difficult	29 (16%)
	Don't know.....	105 (57%)

Safety

14.1	Have you ever felt unsafe here?	
	Yes	105 (55%)
	No	85 (45%)
14.2	Do you feel unsafe now?	
	Yes	33 (18%)
	No	151 (82%)
14.3	Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)	
	Verbal abuse	75 (42%)
	Threats or intimidation.....	56 (31%)
	Physical assault.....	32 (18%)
	Sexual assault.....	6 (3%)
	Theft of canteen or property.....	48 (27%)
	Other bullying / victimisation	37 (21%)
	Not experienced any of these from prisoners here.....	78 (44%)
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	
	Yes	75 (42%)
	No	104 (58%)

14.5	Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)	
	Verbal abuse	62 (35%)
	Threats or intimidation.....	45 (25%)
	Physical assault.....	23 (13%)
	Sexual assault.....	3 (2%)
	Theft of canteen or property.....	11 (6%)
	Other bullying / victimisation	30 (17%)
	Not experienced any of these from staff here.....	102 (58%)
14.6	If you were being bullied / victimised by staff here, would you report it?	
	Yes	84 (47%)
	No.....	93 (53%)

Behaviour management

15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?		
	Yes	92 (50%)	
	No.....	68 (37%)	
	Don't know what the incentives / rewards are	24 (13%)	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?		
	Yes	90 (47%)	
	No.....	38 (20%)	
	Don't know.....	35 (18%)	
	Don't know what this is	27 (14%)	
15.3	Have you been physically restrained by staff in this prison in the last 6 months?		
	Yes	21 (11%)	
	No.....	165 (89%)	
15.4	If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?		
	Yes	5 (3%)	
	No.....	10 (5%)	
	Don't remember	3 (2%)	
	Not been restrained here in last 6 months	165 (90%)	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?		
	Yes	12 (7%)	
	No.....	172 (93%)	
15.6	If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:		
		Yes	No
	Were you treated well by segregation staff?	7 (58%)	5 (42%)
	Could you shower every day?	8 (67%)	4 (33%)
	Could you go outside for exercise every day?	7 (58%)	5 (42%)
	Could you use the phone every day (if you had credit)?	7 (64%)	4 (36%)

Education, skills and work**16.1 Is it easy or difficult to get into the following activities in this prison?**

	Easy	Difficult	Don't know	Not available here
Education	99 (55%)	47 (26%)	31 (17%)	2 (1%)
Vocational or skills training	56 (33%)	61 (36%)	53 (31%)	1 (1%)
Prison job	53 (30%)	94 (53%)	31 (17%)	1 (1%)
Voluntary work outside of the prison	4 (2%)	34 (20%)	63 (37%)	71 (41%)
Paid work outside of the prison	6 (4%)	33 (19%)	58 (34%)	74 (43%)

16.2 If you have done any of these activities while in this prison, do you think they will help you on release?

	Yes, will help	No, won't help	Not done this
Education	72 (40%)	60 (34%)	46 (26%)
Vocational or skills training	60 (36%)	42 (25%)	67 (40%)
Prison job	56 (33%)	61 (36%)	54 (32%)
Voluntary work outside of the prison	11 (7%)	22 (13%)	131 (80%)
Paid work outside of the prison	13 (8%)	21 (13%)	130 (79%)

16.3 Do staff encourage you to attend education, training or work?

Yes	90 (48%)
No.....	70 (37%)
Not applicable (e.g. if you are retired, sick or on remand)	29 (15%)

Planning and progression**17.1 Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)**

Yes	68 (37%)
No.....	114 (63%)

17.2 Do you understand what you need to do to achieve the objectives or targets in your custody plan?

Yes	49 (73%)
No.....	9 (13%)
Don't know what my objectives or targets are.....	9 (13%)

17.3 Are staff here supporting you to achieve your objectives or targets?

Yes	33 (52%)
No.....	22 (34%)
Don't know what my objectives or targets are.....	9 (14%)

17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?

	Yes, this helped	No, this didn't help	Not done / don't know
Offending behaviour programmes	23 (35%)	6 (9%)	37 (56%)
Other programmes	13 (21%)	9 (15%)	39 (64%)
One to one work	11 (18%)	5 (8%)	46 (74%)
Being on a specialist unit	6 (10%)	8 (13%)	46 (77%)
ROTL - day or overnight release	2 (3%)	3 (5%)	54 (92%)

Preparation for release

18.1	Do you expect to be released in the next 3 months?			
	Yes			40 (22%)
	No			115 (62%)
	Don't know			31 (17%)
18.2	How close is this prison to your home area or intended release address?			
	Very near			8 (20%)
	Quite near			12 (30%)
	Quite far			13 (33%)
	Very far			7 (18%)
18.3	Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?			
	Yes			20 (51%)
	No			19 (49%)
18.4	Are you getting help to sort out the following things for when you are released?			
		Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
	Finding accommodation	7 (18%)	17 (44%)	15 (38%)
	Getting employment	6 (16%)	17 (46%)	14 (38%)
	Setting up education or training	3 (8%)	15 (41%)	19 (51%)
	Arranging benefits	7 (18%)	18 (47%)	13 (34%)
	Sorting out finances	4 (11%)	13 (35%)	20 (54%)
	Support for drug or alcohol problems	9 (25%)	13 (36%)	14 (39%)
	Health / mental health support	8 (21%)	16 (42%)	14 (37%)
	Social care support	2 (5%)	11 (30%)	24 (65%)
	Getting back in touch with family or friends	5 (14%)	4 (11%)	27 (75%)

More about you

19.1	Do you have children under the age of 18?		
	Yes		82 (44%)
	No		104 (56%)
19.2	Are you a UK / British citizen?		
	Yes		177 (95%)
	No		10 (5%)
19.3	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?		
	Yes		4 (2%)
	No		179 (98%)
19.4	Have you ever been in the armed services (e.g. army, navy, air force)?		
	Yes		16 (9%)
	No		170 (91%)
19.5	What is your gender?		
	Male		182 (98%)
	Female		1 (1%)
	Non-binary		0 (0%)
	Other		3 (2%)

19.6	How would you describe your sexual orientation?	
	Straight / heterosexual.....	173 (94%)
	Gay / lesbian / homosexual.....	5 (3%)
	Bisexual.....	2 (1%)
	Other.....	4 (2%)
19.7	Do you identify as transgender or transsexual?	
	Yes.....	4 (2%)
	No.....	174 (98%)

Final questions about this prison

20.1	Do you think your experiences in this prison have made you more or less likely to offend in the future?	
	More likely to offend.....	11 (6%)
	Less likely to offend.....	101 (57%)
	Made no difference.....	65 (37%)

HMP Hull 2018

Survey responses compared with those from other HMIP surveys of local prisons and with those from the previous survey

In this table summary statistics from HMP Hull 2018 are compared with the following HMIP survey data:

- **Summary statistics from most recent surveys of all other local prisons (33 prisons).** Please note that we do not have comparable data for the new questions introduced in September 2017.
- **Summary statistics from surveys of local prisons conducted since the introduction of the new questionnaire in September 2017 (8 prisons).** Please note that this does not include all local prisons.
- **Summary statistics from HMP Hull in 2018 are compared with those from HMP Hull in 2014.** Please note that we do not have comparable data for the new questions introduced in September 2017.

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

HMP Hull 2018	All other local prisons	HMP Hull 2018	All other local prisons surveyed since September 2017	HMP Hull 2018	HMP Hull 2014
197	5,932	197	1,415	197	195

n=number of valid responses to question (HMP Hull 2018)

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION								
1.2	Are you under 21 years of age?	<i>n=194</i>	4%	6%	4%	4%	4%	6%
	Are you 25 years of age or younger?	<i>n=194</i>	16%		16%	22%	16%	
	Are you 50 years of age or older?	<i>n=194</i>	24%	12%	24%	12%	24%	18%
	Are you 70 years of age or older?	<i>n=194</i>	5%	2%	5%	1%	5%	3%
1.3	Are you from a minority ethnic group?	<i>n=189</i>	10%	25%	10%	28%	10%	7%
1.4	Have you been in this prison for less than 6 months?	<i>n=190</i>	51%		51%	61%	51%	
1.5	Are you currently serving a sentence?	<i>n=192</i>	78%	71%	78%	71%	78%	70%
	Are you on recall?	<i>n=192</i>	10%	11%	10%	13%	10%	8%
1.6	Is your sentence less than 12 months?	<i>n=192</i>	17%	21%	17%	21%	17%	15%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n=192</i>	8%	3%	8%	3%	8%	6%
7.1	Are you Muslim?	<i>n=187</i>	8%	12%	8%	14%	8%	2%
11.3	Do you have any mental health problems?	<i>n=184</i>	54%		54%	48%	54%	
12.1	Do you consider yourself to have a disability?	<i>n=186</i>	45%	33%	45%	38%	45%	28%
19.1	Do you have any children under the age of 18?	<i>n=186</i>	44%	53%	44%	54%	44%	47%
19.2	Are you a foreign national?	<i>n=187</i>	5%	11%	5%	11%	5%	6%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n=183</i>	2%	5%	2%	5%	2%	2%
19.4	Have you ever been in the armed services?	<i>n=186</i>	9%	6%	9%	7%	9%	9%
19.5	Is your gender female or non-binary?	<i>n=186</i>	2%		2%	1%	2%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n=184</i>	6%	3%	6%	4%	6%	8%
19.7	Do you identify as transgender or transsexual?	<i>n=178</i>	2%		2%	2%	2%	
ARRIVAL AND RECEPTION								
2.1	Were you given up-to-date information about this prison before you came here?	<i>n=194</i>	23%		23%	16%	23%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n=194</i>	34%	39%	34%	39%	34%	46%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n=192</i>	81%	77%	81%	76%	81%	86%
2.4	Overall, were you treated very / quite well in reception?	<i>n=192</i>	79%		79%	73%	79%	

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HMP Hull 2018	All other local prisons	HMP Hull 2018	All other local prisons surveyed since September 2017	HMP Hull 2018	HMP Hull 2014
197	5,932	197	1,415	197	195

2.5	When you first arrived, did you have any problems?	n=193	92%	82%	92%	89%	92%	77%
2.5	Did you have problems with:							
	- Getting phone numbers?	n=193	57%	36%	57%	46%	57%	34%
	- Contacting family?	n=193	61%	39%	61%	48%	61%	35%
	- Arranging care for children or other dependents?	n=193	5%		5%	5%	5%	
	- Contacting employers?	n=193	7%	6%	7%	8%	7%	4%
	- Money worries?	n=193	22%	25%	22%	29%	22%	20%
	- Housing worries?	n=193	15%	24%	15%	25%	15%	23%
	- Feeling depressed?	n=193	51%		51%	47%	51%	
	- Feeling suicidal?	n=193	20%		20%	18%	20%	
	- Other mental health problems?	n=193	31%		31%	27%	31%	
	- Physical health problems	n=193	26%	19%	26%	19%	26%	19%
	- Drugs or alcohol (e.g. withdrawal)?	n=193	25%		25%	23%	25%	
	- Getting medication?	n=193	34%		34%	30%	34%	
	- Needing protection from other prisoners?	n=193	8%	10%	8%	11%	8%	11%
	- Lost or delayed property?	n=193	16%	18%	16%	21%	16%	9%
	<i>For those who had any problems when they first arrived:</i>							
2.6	Did staff help you to deal with these problems?	n=163	38%	32%	38%	30%	38%	34%
FIRST NIGHT AND INDUCTION								
3.1	Before you were locked up on your first night, were you offered:							
	- Tobacco or nicotine replacement?	n=193	74%	70%	74%	72%	74%	76%
	- Toiletries / other basic items?	n=193	58%	58%	58%	56%	58%	47%
	- A shower?	n=193	20%	30%	20%	37%	20%	17%
	- A free phone call?	n=193	20%	52%	20%	55%	20%	27%
	- Something to eat?	n=193	69%	72%	69%	78%	69%	60%
	- The chance to see someone from health care?	n=193	64%	65%	64%	64%	64%	64%
	- The chance to talk to a Listener or Samaritans?	n=193	21%	30%	21%	28%	21%	25%
	- Support from another prisoner (e.g. Insider or buddy)?	n=193	22%		22%	23%	22%	
	- None of these?	n=193	6%		6%	4%	6%	
3.2	On your first night in this prison, was your cell very / quite clean?	n=192	43%		43%	26%	43%	
3.3	Did you feel safe on your first night here?	n=191	65%	64%	65%	60%	65%	65%
3.4	In your first few days here, did you get?							
	- Access to the prison shop / canteen?	n=184	32%	25%	32%	34%	32%	17%
	- Free PIN phone credit?	n=182	40%		40%	54%	40%	
	- Numbers put on your PIN phone?	n=187	23%		23%	34%	23%	
3.5	Have you had an induction at this prison?	n=189	89%	78%	89%	82%	89%	70%
	<i>For those who have had an induction:</i>							
3.5	Did your induction cover everything you needed to know about this prison?	n=169	60%		60%	47%	60%	

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ON THE WING						
4.1	Are you in a cell on your own?	n=194	39%		39%	
4.2	Is your cell call bell normally answered within 5 minutes?	n=192	37%	20%	37%	40%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	n=192	68%	48%	68%	43%
	- Can you shower every day?	n=194	90%	73%	90%	90%
	- Do you have clean sheets every week?	n=193	89%	59%	89%	61%
	- Do you get cell cleaning materials every week?	n=192	79%	47%	79%	61%
	- Is it normally quiet enough for you to relax or sleep at night?	n=188	67%	53%	67%	51%
	- Can you get your stored property if you need it?	n=186	25%	18%	25%	25%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=192	70%		70%	
FOOD AND CANTEEN						
5.1	Is the quality of the food in this prison very / quite good?	n=191	56%		56%	
5.2	Do you get enough to eat at meal-times always / most of the time?	n=193	48%		48%	
5.3	Does the shop / canteen sell the things that you need?	n=191	68%	51%	68%	55%
RELATIONSHIPS WITH STAFF						
6.1	Do most staff here treat you with respect?	n=188	77%	70%	77%	74%
6.2	Are there any staff here you could turn to if you had a problem?	n=190	74%	68%	74%	67%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=191	33%	28%	33%	27%
6.4	Do you have a personal officer?	n=189	87%		87%	
<i>For those who have a personal officer:</i>						
6.4	Is your personal or named officer very / quite helpful?	n=164	43%		43%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=190	8%		8%	
6.6	Do you feel that you are treated as an individual in this prison?	n=188	48%		48%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=190	45%		45%	
	If so, do things sometimes change?	n=86	38%		38%	
FAITH						
7.1	Do you have a religion?	n=187	57%	69%	57%	57%
<i>For those who have a religion:</i>						
7.2	Are your religious beliefs respected here?	n=108	59%		59%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=109	72%		72%	
7.4	Are you able to attend religious services, if you want to?	n=111	82%		82%	

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Number of completed questionnaires returned

n=number of valid responses to question (HMP Hull 2018)

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197	5,932	197	1,415	197	195

CONTACT WITH FAMILY AND FRIENDS						
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=185	33%		33%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=187	52%	49%	52%	53%
8.3	Are you able to use a phone every day (if you have credit)?	n=187	90%		90%	
8.4	Is it very / quite easy for your family and friends to get here?	n=189	42%		42%	
8.5	Do you get visits from family/friends once a week or more?	n=181	18%		18%	
For those who get visits:						
8.6	Do visits usually start and finish on time?	n=110	26%		26%	
8.7	Are your visitors usually treated respectfully by staff?	n=109	73%		73%	
TIME OUT OF CELL						
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=188	93%		93%	
For those who know what the unlock and lock-up times are supposed to be:						
9.1	Are these times usually kept to?	n=174	67%		67%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=189	33%	32%	33%	26%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=189	5%	7%	5%	9%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=186	15%		15%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=186	2%		2%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=190	60%		60%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=190	63%		63%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=188	67%		67%	
9.7	Do you typically go to the gym twice a week or more?	n=185	55%		55%	
9.8	Do you typically go to the library twice a week or more?	n=187	11%	6%	11%	8%
For those who use the library:						
9.9	Does the library have a wide enough range of materials to meet your needs?	n=131	73%	54%	73%	60%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS						
10.1	Is it easy for you to make an application?	n=189	85%	70%	85%	78%
For those who have made an application:						
10.2	Are applications usually dealt with fairly?	n=170	62%	46%	62%	61%
	Are applications usually dealt with within 7 days?	n=167	41%	31%	41%	35%
10.3	Is it easy for you to make a complaint?	n=188	61%	49%	61%	41%
For those who have made a complaint:						
10.4	Are complaints usually dealt with fairly?	n=102	33%	26%	33%	38%
	Are complaints usually dealt with within 7 days?	n=98	27%	21%	27%	27%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=126	24%		24%	

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	197	1,415	All other local prisons surveyed since September 2017	
	197	195		

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<i>For those who need it, is it easy to:</i>						
10.6	Communicate with your solicitor or legal representative?	n=155	46%		46%	38%
	Attend legal visits?	n=155	58%		58%	55%
	Get bail information?	n=121	17%		17%	15%
<i>For those who have had legal letters:</i>						
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=158	58%	49%	58%	51%
HEALTH CARE						
11.1	Is it very / quite easy to see:					
	- Doctor?	n=185	31%		31%	22%
	- Nurse?	n=186	53%		53%	45%
	- Dentist?	n=185	10%		10%	10%
	- Mental health workers?	n=182	22%		22%	18%
11.2	Do you think the quality of the health service is very / quite good from:					
	- Doctor?	n=184	38%		38%	39%
	- Nurse?	n=185	57%		57%	49%
	- Dentist?	n=182	27%		27%	25%
	- Mental health workers?	n=178	28%		28%	23%
11.3	Do you have any mental health problems?	n=184	54%		54%	48%
<i>For those who have mental health problems:</i>						
11.4	Have you been helped with your mental health problems in this prison?	n=100	43%		43%	32%
11.5	Do you think the overall quality of the health services here is very / quite good?	n=187	38%		38%	32%
OTHER SUPPORT NEEDS						
12.1	Do you consider yourself to have a disability?	n=186	45%	33%	45%	38%
<i>For those who have a disability:</i>						
12.2	Are you getting the support you need?	n=75	32%		32%	24%
12.3	Have you been on an ACCT in this prison?	n=181	27%		27%	22%
<i>For those who have been on an ACCT:</i>						
12.4	Did you feel cared for by staff?	n=49	57%		57%	41%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=184	50%		50%	46%
ALCOHOL AND DRUGS						
13.1	Did you have an alcohol problem when you came into this prison?	n=187	27%	22%	27%	22%
<i>For those who had / have an alcohol problem:</i>						
13.2	Have you been helped with your alcohol problem in this prison?	n=48	60%	56%	60%	61%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=187	33%	35%	33%	33%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=187	15%	13%	15%	16%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=186	12%		12%	12%
<i>For those who had / have a drug problem:</i>						
13.6	Have you been helped with your drug problem in this prison?	n=61	53%	55%	53%	49%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=182	50%		50%	51%

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13.8	Is it very / quite easy to get alcohol in this prison?	<i>n=183</i>	13%		13%	27%	13%	
SAFETY								
14.1	Have you ever felt unsafe here?	<i>n=190</i>	55%	55%	55%	61%	55%	50%
14.2	Do you feel unsafe now?	<i>n=184</i>	18%	26%	18%	30%	18%	22%
14.3	Have you experienced any of the following from other prisoners here:							
	- Verbal abuse?	<i>n=179</i>	42%		42%	38%	42%	
	- Threats or intimidation?	<i>n=179</i>	31%		31%	35%	31%	
	- Physical assault?	<i>n=179</i>	18%		18%	19%	18%	
	- Sexual assault?	<i>n=179</i>	3%		3%	2%	3%	
	- Theft of canteen or property?	<i>n=179</i>	27%		27%	30%	27%	
	- Other bullying / victimisation?	<i>n=179</i>	21%		21%	20%	21%	
	- Not experienced any of these from prisoners here	<i>n=179</i>	44%	64%	44%	48%	44%	62%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	<i>n=179</i>	42%		42%	34%	42%	
14.5	Have you experienced any of the following from staff here:							
	- Verbal abuse?	<i>n=177</i>	35%		35%	35%	35%	
	- Threats or intimidation?	<i>n=177</i>	25%		25%	27%	25%	
	- Physical assault?	<i>n=177</i>	13%		13%	14%	13%	
	- Sexual assault?	<i>n=177</i>	2%		2%	2%	2%	
	- Theft of canteen or property?	<i>n=177</i>	6%		6%	12%	6%	
	- Other bullying / victimisation?	<i>n=177</i>	17%		17%	18%	17%	
	- Not experienced any of these from staff here	<i>n=177</i>	58%	65%	58%	53%	58%	74%
14.6	If you were being bullied / victimised by staff here, would you report it?	<i>n=177</i>	48%		48%	45%	48%	
BEHAVIOUR MANAGEMENT								
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	<i>n=184</i>	50%		50%	37%	50%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	<i>n=190</i>	47%		47%	33%	47%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	<i>n=186</i>	11%	13%	11%	15%	11%	8%
<i>For those who have been restrained in the last 6 months:</i>								
15.4	Did anyone come and talk to you about it afterwards?	<i>n=18</i>	28%		28%	19%	24%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	<i>n=184</i>	7%	18%	7%	9%	7%	21%
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>								
15.6	Were you treated well by segregation staff?	<i>n=12</i>	58%		58%	52%	58%	
	Could you shower every day?	<i>n=12</i>	67%		67%	45%	67%	
	Could you go outside for exercise every day?	<i>n=12</i>	58%		58%	55%	58%	
	Could you use the phone every day (if you had credit)?	<i>n=11</i>	64%		64%	42%	64%	

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EDUCATION, SKILLS AND WORK					
16.1	In this prison, is it easy to get into the following activities:				
	- Education?	<i>n=179</i>	55%		55%
	- Vocational or skills training?	<i>n=171</i>	33%		33%
	- Prison job?	<i>n=179</i>	30%		30%
	- Voluntary work outside of the prison?	<i>n=172</i>	2%		2%
16.2	In this prison, have you done the following activities:				
	- Education?	<i>n=178</i>	74%	67%	74%
	- Vocational or skills training?	<i>n=169</i>	60%	54%	60%
	- Prison job?	<i>n=171</i>	68%	71%	68%
	- Voluntary work outside of the prison?	<i>n=164</i>	20%		20%
	- Paid work outside of the prison?	<i>n=164</i>	21%		21%
<i>For those who have done the following activities, do you think they will help you on release:</i>					
	- Education?	<i>n=132</i>	55%	49%	55%
	- Vocational or skills training?	<i>n=102</i>	59%	44%	59%
	- Prison job?	<i>n=117</i>	48%	39%	48%
	- Voluntary work outside of the prison?	<i>n=33</i>	33%		33%
	- Paid work outside of the prison?	<i>n=34</i>	38%		38%
16.3	Do staff encourage you to attend education, training or work?	<i>n=160</i>	56%		56%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	<i>n=182</i>	37%		37%
<i>For those who have a custody plan:</i>					
17.2	Do you understand what you need to do to achieve your objectives or targets?	<i>n=67</i>	73%	77%	73%
17.3	Are staff helping you to achieve your objectives or targets?	<i>n=64</i>	52%	40%	52%
17.4	In this prison, have you done:				
	- Offending behaviour programmes?	<i>n=66</i>	44%	44%	44%
	- Other programmes?	<i>n=61</i>	36%	43%	36%
	- One to one work?	<i>n=62</i>	26%	38%	26%
	- Been on a specialist unit?	<i>n=60</i>	23%	22%	23%
	- ROTL - day or overnight release?	<i>n=59</i>	9%	19%	9%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>					
	- Offending behaviour programmes?	<i>n=29</i>	79%	65%	79%
	- Other programmes?	<i>n=22</i>	59%	64%	59%
	- One to one work?	<i>n=16</i>	69%	60%	69%
	- Being on a specialist unit?	<i>n=14</i>	43%	45%	43%
	- ROTL - day or overnight release?	<i>n=5</i>	40%	46%	40%

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PREPARATION FOR RELEASE								
18.1	Do you expect to be released in the next 3 months?	<i>n=186</i>	22%		22%	32%	22%	
<i>For those who expect to be released in the next 3 months:</i>								
18.2	Is this prison very / quite near to your home area or intended release address?	<i>n=40</i>	50%		50%	61%	50%	
18.3	Is anybody helping you to prepare for your release?	<i>n=39</i>	51%		51%	42%	51%	
18.4	Do you need help to sort out the following for when you are released:							
	- Finding accommodation?	<i>n=39</i>	62%		62%	64%	62%	
	- Getting employment?	<i>n=37</i>	62%		62%	61%	62%	
	- Setting up education or training?	<i>n=37</i>	49%		49%	47%	49%	
	- Arranging benefits?	<i>n=38</i>	66%		66%	66%	66%	
	- Sorting out finances?	<i>n=37</i>	46%		46%	56%	46%	
	- Support for drug or alcohol problems?	<i>n=36</i>	61%		61%	50%	61%	
	- Health / mental Health support?	<i>n=38</i>	63%		63%	59%	63%	
	- Social care support?	<i>n=37</i>	35%		35%	42%	35%	
	- Getting back in touch with family or friends?	<i>n=36</i>	25%		25%	42%	25%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:							
	- Finding accommodation?	<i>n=24</i>	29%		29%	29%	29%	
	- Getting employment?	<i>n=23</i>	26%		26%	19%	26%	
	- Setting up education or training?	<i>n=18</i>	17%		17%	15%	17%	
	- Arranging benefits?	<i>n=25</i>	28%		28%	22%	28%	
	- Sorting out finances?	<i>n=17</i>	24%		24%	17%	24%	
	- Support for drug or alcohol problems?	<i>n=22</i>	41%		41%	43%	41%	
	- Health / mental Health support?	<i>n=24</i>	33%		33%	22%	33%	
	- Social care support?	<i>n=13</i>	15%		15%	17%	15%	
	- Getting back in touch with family or friends?	<i>n=9</i>	56%		56%	24%	56%	
FINAL QUESTION ABOUT THIS PRISON								
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	<i>n=177</i>	57%		57%	47%	57%	

HMP Hull 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
 - Responses of prisoners from black and minority ethnic groups are compared with those of white prisoners
 Please note that these analyses are based on summary data from selected survey questions only.

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	Black and minority ethnic	White
Number of completed questionnaires returned	19	170

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION		
1.2	Are you under 21 years of age?	11%
	Are you 50 years of age or older?	4%
		11%
1.3	Are you from a minority ethnic group?	25%
7.1	Are you Muslim?	59%
11.3	Do you have any mental health problems?	2%
12.1	Do you consider yourself to have a disability?	56%
19.2	Are you a foreign national?	53%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	44%
		46%
		28%
		3%
ARRIVAL AND RECEPTION		
2.3	When you were searched in reception, was this done in a respectful way?	58%
2.4	Overall, were you treated very / quite well in reception?	85%
2.5	When you first arrived, did you have any problems?	58%
	<i>For those who had any problems when they first arrived:</i>	82%
2.6	Did staff help you to deal with these problems?	94%
		91%
FIRST NIGHT AND INDUCTION		
3.3	Did you feel safe on your first night here?	32%
3.5	Have you had an induction at this prison?	70%
	<i>For those who have had an induction:</i>	79%
3.5	Did your induction cover everything you needed to know about this prison?	92%
		53%
		62%
ON THE WING		
4.2	Is your cell call bell normally answered within 5 minutes?	26%
4.3	On the wing or houseblock you currently live on:	39%
	- Do you normally have enough clean, suitable clothes for the week?	58%
	- Can you shower every day?	70%
	- Do you have clean sheets every week?	68%
	- Do you get cell cleaning materials every week?	92%
	- Is it normally quiet enough for you to relax or sleep at night?	84%
	- Can you get your stored property if you need it?	90%
		68%
		81%
		53%
		70%
		11%
		26%

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Black and minority ethnic	White
19	170

Number of completed questionnaires returned

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	37%	49%
5.3	Does the shop / canteen sell the things that you need?	58%	70%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	50%	81%
6.2	Are there any staff here you could turn to if you had a problem?	58%	78%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	26%	33%
6.6	Do you feel that you are treated as an individual in this prison?	47%	49%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	56%	62%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	72%	72%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	26%	34%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	68%	50%
8.3	Are you able to use a phone every day (if you have credit)?	72%	91%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	43%	77%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	59%	30%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	6%	5%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	46%	75%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	61%	88%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	31%	68%
10.3	Is it easy for you to make a complaint?	50%	63%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	8%	38%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	62%	19%

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Number of completed questionnaires returned

Black and minority ethnic	19
White	170

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	11%	33%
	- Nurse?	39%	55%
	- Dentist?	11%	11%
	- Mental health workers?	28%	22%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	30%	44%
11.5	Do you think the overall quality of the health services here is very / quite good?	28%	39%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	14%	33%
SAFETY			
14.1	Have you ever felt unsafe here?	83%	52%
14.2	Do you feel unsafe now?	50%	14%
14.3	Not experienced bullying / victimisation by other prisoners	25%	47%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	39%	42%
14.5	Not experienced bullying / victimisation by members of staff	18%	63%
14.6	If you were being bullied / victimised by staff here, would you report it?	22%	51%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	44%	52%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	32%	49%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	22%	11%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	12%	6%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	40%	58%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	41%	38%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	57%	51%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	0%	53%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	41%	59%

HMP Hull 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
 - responses of prisoners with mental health problems are compared with those of prisoners who do not have mental health problems
 - disabled prisoners' responses are compared with those of prisoners who do not have a disability
 Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

- Green shading shows results that are significantly more positive than the comparator
- Blue shading shows results that are significantly more negative than the comparator
- Orange shading shows significant differences in demographics and background information
- No shading means that differences are not significant and may have occurred by chance
- Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Mental health problems	No mental health problems
99	85

Have a disability	Do not have a disability
84	102

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	5%	4%	5%	4%
	Are you 50 years of age or older?	16%	34%	31%	21%
1.3	Are you from a minority ethnic group?	11%	10%	10%	10%
7.1	Are you Muslim?	8%	7%	5%	10%
11.3	Do you have any mental health problems?			74%	37%
12.1	Do you consider yourself to have a disability?	61%	25%		
19.2	Are you a foreign national?	1%	8%	4%	6%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	2%	2%	4%	1%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	79%	85%	82%	82%
2.4	Overall, were you treated very / quite well in reception?	80%	79%	78%	80%
2.5	When you first arrived, did you have any problems?	95%	87%	99%	85%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	37%	40%	39%	38%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	62%	70%	57%	72%
3.5	Have you had an induction at this prison?	90%	90%	88%	91%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	64%	57%	53%	67%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	28%	46%	32%	40%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	58%	79%	61%	73%
	- Can you shower every day?	87%	93%	87%	91%
	- Do you have clean sheets every week?	86%	93%	89%	89%
	- Do you get cell cleaning materials every week?	76%	81%	77%	79%
	- Is it normally quiet enough for you to relax or sleep at night?	62%	74%	61%	72%
	- Can you get your stored property if you need it?	27%	22%	26%	22%

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	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Mental health problems	No mental health problems
99	85

Have a disability	Do not have a disability
84	102

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	38%	58%	39%	55%
5.3	Does the shop / canteen sell the things that you need?	65%	70%	65%	69%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	75%	78%	81%	74%
6.2	Are there any staff here you could turn to if you had a problem?	70%	79%	77%	72%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	33%	33%	32%	32%
6.6	Do you feel that you are treated as an individual in this prison?	47%	49%	48%	49%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	52%	67%	64%	56%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	64%	78%	68%	73%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	29%	39%	33%	33%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	53%	48%	54%	49%
8.3	Are you able to use a phone every day (if you have credit)?	87%	93%	86%	92%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	66%	79%	73%	72%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	42%	22%	41%	26%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	1%	9%	4%	6%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	69%	78%	66%	79%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	83%	88%	82%	86%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	57%	67%	52%	70%
10.3	Is it easy for you to make a complaint?	59%	61%	68%	53%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	30%	41%	31%	36%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	30%	16%	24%	23%

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Mental health problems	No mental health problems
99	85

Have a disability	Do not have a disability
84	102

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	27%	33%
	- Nurse?	51%	52%
	- Dentist?	5%	15%
	- Mental health workers?	21%	23%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	42%	
11.5	Do you think the overall quality of the health services here is very / quite good?	31%	46%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	21%	61%
SAFETY			
14.1	Have you ever felt unsafe here?	62%	45%
14.2	Do you feel unsafe now?	22%	13%
14.3	Not experienced bullying / victimisation by other prisoners	42%	44%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	33%	53%
14.5	Not experienced bullying / victimisation by members of staff	53%	61%
14.6	If you were being bullied / victimised by staff here, would you report it?	42%	56%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	44%	59%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	47%	49%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	13%	7%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	11%	2%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	53%	60%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	30%	43%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	44%	56%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	48%	58%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	52%	66%

30%	31%
54%	49%
7%	13%
23%	21%
39%	50%
40%	36%
32%	
63%	47%
23%	14%
35%	52%
34%	49%
49%	65%
46%	48%
45%	56%
42%	52%
9%	13%
7%	6%
52%	58%
36%	39%
56%	49%
47%	55%
56%	58%

HMP Hull 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners aged 25 and under are compared with those of prisoners over 25
- responses of prisoners aged 50 and over are compared with those of prisoners under 50

Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	25 and under		Over 25		
	31		163		
		50 and over		Under 50	
		47		147	

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.3	Are you from a minority ethnic group?	10%	10%	4%	12%
7.1	Are you Muslim?	13%	7%	0%	11%
11.3	Do you have any mental health problems?	73%	49%	34%	59%
12.1	Do you consider yourself to have a disability?	47%	45%	55%	41%
19.2	Are you a foreign national?	7%	5%	0%	7%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	3%	0%	3%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	77%	82%	87%	79%
2.4	Overall, were you treated very / quite well in reception?	83%	78%	84%	77%
2.5	When you first arrived, did you have any problems?	93%	91%	91%	92%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	36%	39%	43%	37%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	71%	64%	57%	68%
3.5	Have you had an induction at this prison?	97%	88%	84%	91%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	69%	59%	58%	62%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	26%	39%	45%	35%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	61%	69%	87%	61%
	- Can you shower every day?	87%	90%	96%	88%
	- Do you have clean sheets every week?	87%	89%	94%	87%
	- Do you get cell cleaning materials every week?	83%	78%	83%	77%
	- Is it normally quiet enough for you to relax or sleep at night?	57%	69%	67%	67%
	- Can you get your stored property if you need it?	31%	23%	20%	26%

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	Blue shading shows results that are significantly more negative than the comparator
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	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

25 and under	Over 25
31	163

50 and over	Under 50
47	147

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	29%	51%
5.3	Does the shop / canteen sell the things that you need?	84%	65%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	60%	80%
6.2	Are there any staff here you could turn to if you had a problem?	52%	79%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	42%	30%
6.6	Do you feel that you are treated as an individual in this prison?	52%	48%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	54%	60%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	77%	71%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	23%	35%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	53%	52%
8.3	Are you able to use a phone every day (if you have credit)?	87%	90%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	67%	75%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	52%	29%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	6%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	53%	76%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	81%	85%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	50%	66%
10.3	Is it easy for you to make a complaint?	48%	63%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	25%	36%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	32%	22%

63%	43%
62%	69%
91%	72%
85%	70%
33%	32%
51%	48%
67%	56%
79%	68%
41%	31%
50%	53%
96%	88%
89%	68%
19%	38%
11%	3%
76%	71%
94%	82%
66%	62%
65%	59%
52%	27%
13%	28%

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	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

25 and under	Over 25
31	163

50 and over	Under 50
47	147

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	36%	30%
	- Nurse?	47%	54%
	- Dentist?	23%	8%
	- Mental health workers?	29%	21%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	46%	42%
11.5	Do you think the overall quality of the health services here is very / quite good?	17%	42%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	27%	33%
SAFETY			
14.1	Have you ever felt unsafe here?	48%	56%
14.2	Do you feel unsafe now?	11%	20%
14.3	Not experienced bullying / victimisation by other prisoners	63%	41%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	39%	43%
14.5	Not experienced bullying / victimisation by members of staff	50%	59%
14.6	If you were being bullied / victimised by staff here, would you report it?	39%	49%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	48%	51%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	43%	48%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	21%	10%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	15%	5%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	64%	54%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	35%	38%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	13%	56%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	50%	52%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	55%	57%

43%	27%
65%	49%
13%	9%
16%	24%
56%	40%
57%	32%
52%	24%
53%	55%
15%	19%
35%	47%
63%	35%
64%	55%
68%	41%
61%	47%
48%	47%
2%	15%
0%	9%
64%	53%
36%	38%
53%	50%
33%	55%
65%	54%

HMP Hull 2018

Comparison of survey responses from different residential locations

In this table, responses from prisoners in old accommodation (A, B, C and D wings) are compared with those from prisoners in new accommodation (G, H, I, J and K wings).

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Old accommodation (A, B, C and D wings)	88
New accommodation (G, H, I, J and K wings)	104

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	7%	2%
	Are you 25 years of age or younger?	19%	13%
	Are you 50 years of age or older?	7%	39%
	Are you 70 years of age or older?	1%	8%
1.3	Are you from a minority ethnic group?	11%	10%
1.4	Have you been in this prison for less than 6 months?	72%	32%
1.5	Are you currently serving a sentence?	61%	93%
	Are you on recall?	12%	9%
1.6	Is your sentence less than 12 months?	23%	12%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	6%	10%
7.1	Are you Muslim?	10%	6%
11.3	Do you have any mental health problems?	61%	47%
12.1	Do you consider yourself to have a disability?	48%	43%
19.1	Do you have any children under the age of 18?	58%	34%
19.2	Are you a foreign national?	9%	3%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	3%	2%
19.4	Have you ever been in the armed services?	5%	12%
19.5	Is your gender female or non-binary?	1%	3%
19.6	Are you homosexual, bisexual or other sexual orientation?	1%	10%
19.7	Do you identify as transgender or transsexual?	3%	2%

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	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Old accommodation (A, B, C and D wings)	New accommodation (G, H, I, J and K wings)
88	104

Number of completed questionnaires returned

ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	30%	18%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	27%	39%
2.3	When you were searched in reception, was this done in a respectful way?	77%	85%
2.4	Overall, were you treated very / quite well in reception?	77%	82%
2.5	When you first arrived, did you have any problems?	90%	93%
2.5	Did you have problems with:		
	- Getting phone numbers?	62%	51%
	- Contacting family?	59%	62%
	- Arranging care for children or other dependents?	7%	4%
	- Contacting employers?	12%	3%
	- Money worries?	31%	14%
	- Housing worries?	24%	6%
	- Feeling depressed?	52%	50%
	- Feeling suicidal?	16%	25%
	- Other mental health problems?	41%	22%
	- Physical health problems?	28%	25%
	- Drugs or alcohol (e.g. withdrawal)?	40%	13%
	- Getting medication?	35%	32%
	- Needing protection from other prisoners?	4%	10%
	- Lost or delayed property?	21%	13%
	<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	28%	45%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	83%	66%
	- Toiletries / other basic items?	52%	61%
	- A shower?	26%	14%
	- A free phone call?	29%	11%
	- Something to eat?	70%	70%
	- The chance to see someone from health care?	68%	60%
	- The chance to talk to a Listener or Samaritans?	17%	24%
	- Support from another prisoner (e.g. Insider or buddy)?	18%	25%
	- None of these?	6%	6%
3.2	On your first night in this prison, was your cell very / quite clean?	40%	45%

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	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

* less than 1% probability that the difference is due to chance

Old accommodation (A, B, C and D wings)	New accommodation (G, H, I, J and K wings)
88	104

Number of completed questionnaires returned

3.3	Did you feel safe on your first night here?	66%	64%
3.4	In your first few days here, did you get?		
	- Access to the prison shop / canteen?	33%	30%
	- Free PIN phone credit?	48%	33%
	- Numbers put on your PIN phone?	19%	24%
3.5	Have you had an induction at this prison?	94%	85%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	64%	57%
ON THE WING			
4.1	Are you in a cell on your own?	36%	39%
4.2	Is your cell call bell normally answered within 5 minutes?	40%	35%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	51%	81%
	- Can you shower every day?	85%	93%
	- Do you have clean sheets every week?	84%	93%
	- Do you get cell cleaning materials every week?	73%	82%
	- Is it normally quiet enough for you to relax or sleep at night?	63%	71%
	- Can you get your stored property if you need it?	28%	20%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	59%	78%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	48%	62%
5.2	Do you get enough to eat at meal-times always / most of the time?	35%	59%
5.3	Does the shop / canteen sell the things that you need?	61%	72%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	67%	85%
6.2	Are there any staff here you could turn to if you had a problem?	61%	84%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	34%	30%
6.4	Do you have a personal officer?	81%	91%
	<i>For those who have a personal officer:</i>		
6.4	Is your personal or named officer very / quite helpful?	49%	39%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	6%	9%
6.6	Do you feel that you are treated as an individual in this prison?	45%	52%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	42%	49%
	If so, do things sometimes change?	33%	41%

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FAITH			
7.1	Do you have a religion?	52%	60%
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	49%	67%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	72%	72%
7.4	Are you able to attend religious services, if you want to?	80%	84%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	26%	38%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	51%	54%
8.3	Are you able to use a phone every day (if you have credit)?	84%	94%
8.4	Is it very / quite easy for your family and friends to get here?	44%	42%
8.5	Do you get visits from family/friends once a week or more?	22%	16%
<i>For those who get visits:</i>			
8.6	Do visits usually start and finish on time?	25%	25%
8.7	Are your visitors usually treated respectfully by staff?	69%	75%
TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	89%	95%
<i>For those who know what the unlock and lock-up times are supposed to be:</i>			
9.1	Are these times usually kept to?	61%	71%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	44%	24%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	4%	6%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	21%	8%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	4%	1%
9.4	Do you have time to do domestics more than 5 days in a typical week?	56%	64%
9.5	Do you get association more than 5 days in a typical week, if you want it?	58%	67%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	62%	73%
9.7	Do you typically go to the gym twice a week or more?	55%	55%
9.8	Do you typically go to the library twice a week or more?	17%	7%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	63%	79%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	77%	90%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	53%	71%
	Are applications usually dealt with within 7 days?	37%	45%

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10.3	Is it easy for you to make a complaint?	56%	64%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	26%	37%
	Are complaints usually dealt with within 7 days?	21%	31%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	25%	24%
<i>For those who need it, is it easy to:</i>			
10.6	Communicate with your solicitor or legal representative?	43%	48%
	Attend legal visits?	56%	60%
	Get bail information?	23%	12%
<i>For those who have had legal letters:</i>			
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	61%	56%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	25%	34%
	- Nurse?	45%	57%
	- Dentist?	7%	13%
	- Mental health workers?	22%	21%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	37%	38%
	- Nurse?	47%	64%
	- Dentist?	19%	34%
	- Mental health workers?	23%	32%
11.3	Do you have any mental health problems?	61%	47%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	33%	54%
11.5	Do you think the overall quality of the health services here is very / quite good?	34%	40%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	48%	43%
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	27%	39%
12.3	Have you been on an ACCT in this prison?	20%	32%
<i>For those who have been on an ACCT:</i>			
12.4	Did you feel cared for by staff?	44%	66%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	39%	57%

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ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	39%	15%
<i>For those who had / have an alcohol problem:</i>			
13.2	Have you been helped with your alcohol problem in this prison?	65%	43%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	48%	21%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	24%	7%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	17%	8%
<i>For those who had / have a drug problem:</i>			
13.6	Have you been helped with your drug problem in this prison?	57%	46%
13.7	Is it very / quite easy to get illicit drugs in this prison?	53%	47%
13.8	Is it very / quite easy to get alcohol in this prison?	17%	11%
SAFETY			
14.1	Have you ever felt unsafe here?	53%	56%
14.2	Do you feel unsafe now?	21%	17%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	30%	50%
	- Threats or intimidation?	27%	33%
	- Physical assault?	22%	13%
	- Sexual assault?	0%	6%
	- Theft of canteen or property?	27%	28%
	- Other bullying / victimisation?	23%	20%
	- Not experienced any of these from prisoners here	58%	35%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	28%	52%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	36%	35%
	- Threats or intimidation?	27%	24%
	- Physical assault?	21%	7%
	- Sexual assault?	1%	2%
	- Theft of canteen or property?	10%	4%
	- Other bullying / victimisation?	19%	16%
	- Not experienced any of these from staff here	56%	58%
14.6	If you were being bullied / victimised by staff here, would you report it?	39%	53%

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BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	47%	53%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	37%	55%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	19%	5%
<i>For those who have been restrained in the last 6 months:</i>			
15.4	Did anyone come and talk to you about it afterwards?	17%	40%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	13%	1%
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>			
15.6	Were you treated well by segregation staff?	60%	0%
	Could you shower every day?	60%	100%
	Could you go outside for exercise every day?	50%	100%
	Could you use the phone every day (if you had credit)?	56%	100%
EDUCATION, SKILLS AND WORK			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	43%	63%
	- Vocational or skills training?	25%	38%
	- Prison job?	27%	31%
	- Voluntary work outside of the prison?	0%	4%
16.2	In this prison, have you done the following activities:		
	- Education?	66%	82%
	- Vocational or skills training?	57%	64%
	- Prison job?	64%	72%
	- Voluntary work outside of the prison?	20%	20%
	<i>For those who have done the following activities, do you think they will help you on release:</i>		
	- Education?	66%	46%
	- Vocational or skills training?	66%	53%
	- Prison job?	53%	44%
	- Voluntary work outside of the prison?	36%	33%
16.3	- Paid work outside of the prison?	36%	42%
	Do staff encourage you to attend education, training or work?	49%	60%

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PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	28%	44%
<i>For those who have a custody plan:</i>			
17.2	Do you understand what you need to do to achieve your objectives or targets?	85%	69%
17.3	Are staff helping you to achieve your objectives or targets?	70%	43%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	48%	44%
	- Other programmes?	43%	32%
	- One to one work?	33%	23%
	- Been on a specialist unit?	33%	19%
	- ROTL - day or overnight release?	5%	11%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>			
	- Offending behaviour programmes?	60%	90%
	- Other programmes?	56%	58%
	- One to one work?	71%	67%
	- Being on a specialist unit?	57%	29%
	- ROTL - day or overnight release?	0%	50%
PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	32%	13%
<i>For those who expect to be released in the next 3 months:</i>			
18.2	Is this prison very / quite near to your home area or intended release address?	52%	46%
18.3	Is anybody helping you to prepare for your release?	52%	50%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	54%	69%
	- Getting employment?	55%	77%
	- Setting up education or training?	46%	54%
	- Arranging benefits?	61%	69%
	- Sorting out finances?	41%	46%
	- Support for drug or alcohol problems?	62%	54%
	- Health / mental Health support?	57%	69%
	- Social care support?	27%	39%
	- Getting back in touch with family or friends?	29%	23%

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18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	39%	22%
	- Getting employment?	25%	30%
	- Setting up education or training?	20%	14%
	- Arranging benefits?	21%	44%
	- Sorting out finances?	22%	33%
	- Support for drug or alcohol problems?	46%	43%
	- Health / mental Health support?	31%	44%
	- Social care support?	17%	20%
	- Getting back in touch with family or friends?	50%	67%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	45%	66%