



Report on an unannounced inspection of

HMP Humber

by HM Chief Inspector of Prisons

27 November – 15 December 2023



Contents

Introduction.....	3
What needs to improve at HMP Humber.....	5
About HMP Humber	7
Section 1 Summary of key findings.....	9
Section 2 Leadership.....	12
Section 3 Safety	14
Section 4 Respect.....	25
Section 5 Purposeful activity.....	44
Section 6 Preparation for release	50
Section 7 Progress on recommendations from the last full inspection and scrutiny visit reports	57
Appendix I About our inspections and reports	65
Appendix II Glossary	68
Appendix III Care Quality Commission Requirement Notice.....	71
Appendix IV Further resources	74

Introduction

A category C prison in East Yorkshire, established from the merger of the former Everthorpe and Wolds prisons, Humber is a large, sprawling site with a varied mix of accommodation types, housing over 1,000 adult men. Since we last inspected, it had been designated a resettlement prison: this had led to new responsibilities, a significant increase in the turnover of the population and an increase in men nearing the end of their sentence.

This was our first inspection since 2017, and it was reassuring to find a settled and very well-led establishment. Outcomes in our healthy prison test of safety had improved to reasonably good and had remained reasonably good in respect and preparation for release. Only in the provision of purposeful activity did outcomes continue to be insufficient.

New arrivals were received well into the prison by caring staff and some supportive peer workers. Risks and vulnerabilities were carefully considered and first night accommodation was clean and ordered. The prison was calm, violence was lower than at similar prisons and despite the size of the institution, very few men were self-isolating. However, six prisoners had taken their own lives since we last inspected, although at the time of our inspection, incidents of self-harm were consistent with what we see in similar prisons. There was clear evidence of creativity in the promotion of safety and well-being, and a variety of specialist units, such as the HOPE unit, not only addressed specific need but incentivised prisoners to behave well. The main threats to safety were illicit drugs, prisoner debt (linked to drugs) and the limited regime. Mandatory drug testing data, however, suggested that the use of drugs was lower than at similar prisons, although there was some evidence of an increase in the use of psychoactive substances.

The culture of respect in the prison was seen in the positive staff-prisoner relationships we observed, some reasonable prisoner consultation and peer support arrangements, as well work to try to improve the effectiveness of key work. Despite some overcrowding, the environment and the condition of the accommodation was reasonable and prisoners generally had good access to services and amenities. The way complaints were managed had improved and there was a better understanding of the needs of those with protected characteristics than we often see. This included the development of some encouraging partnership working to better meet the needs of young adult prisoners. Good partnership working with health providers was similarly creating good health provision and outcomes.

The prison's weakness was its disappointing regime. Our checks revealed about 20% of prisoners locked in cell during the working day and only 40% engaged in purposeful activity with evidence of poor attendance even among those allocated. Our Ofsted colleagues found improvements in the provision of education, skills and work, but that few qualifications were gained and workshops were not challenging enough. Ofsted's final assessment of the overall effectiveness of the provision was 'requires improvement'. Set against this, the prison was performing much better in delivering its primary

resettlement tasks. Work to promote family ties, supported by the Lincolnshire Action Trust, was good, as was the well-led offender management unit, which made sure prisoners had reasonable contact with prison offender managers and sentence planning. There had also been a useful allocation of new resource to support resettlement services.

Humber is a competently- and capably-run institution with leaders who are open to new ideas and creative in their approach to solving problems. The governor leads from the front and her grip on the principal issues affecting the prison is impressive. Leaders involve staff and prisoners and work well with partners to ensure delivery and maintain high standards. They deserve credit for what they are achieving.

Charlie Taylor

HM Chief Inspector of Prisons

January 2024

What needs to improve at HMP Humber

During this inspection we identified 12 key concerns, of which six should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **Patients with long-term conditions did not always receive the care and treatment they needed.** For example, some patients did not have a care plan and some clinical reviews were not taking place.
2. **There were not enough education, skills or work places to meet the needs of a quarter of the prison population.** Leaders and managers had plans to add additional capacity in training and industries, but recognised that this would still leave a shortfall.
3. **Too many prisoners were released to no fixed abode or to unsustainable accommodation.** In last 12 months, approximately 10% of releases had been to no fixed abode, and only 36% to sustainable accommodation.
4. **Attendance was low in education, skills and work, particularly in prison industries.**
5. **Too few prisoners gained qualifications in mathematics, particularly at level 1.**
6. **In too many of the prison industry workshops, tasks lacked challenge and did not need prisoners to develop new technical skills or knowledge.**

Key concerns

7. **The prison was not doing enough to tackle the behaviour of perpetrators of violence.** Investigations into violent behaviour lacked detail and targets for those involved in violence were too generic.
8. **Violence and self-harm were often related to prisoners being in debt to others.** Work to address the causes and consequences of debt among prisoners needed to be prioritised and better coordinated to reduce violence and self-harm.
9. **Body-worn video cameras were often not activated early enough to capture incidents in full.** Leaders could therefore not be confident

that all uses of force – including PAVA and batons – were always justified and proportionate.

10. **Some areas of medicines management were weak.** Patients could not access medication reviews, the storage and governance of out-of-hours medicines was poor, and refrigerator and room temperatures were not monitored regularly.
11. **Some clinical areas did not meet infection control standards, creating unnecessary risk.**
12. **There were gaps in the provision for prisoners with disabilities.** This included the absence of trained prisoner carers to support them and poor paperwork for personal emergency evacuation plans.

About HMP Humber

Task of the prison

HMP Humber is a category C resettlement prison.

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

Prisoners held at the time of inspection: 1,012

Baseline certified normal capacity: 1,079

In-use certified normal capacity: 1,019

Operational capacity: 1,019

Population of the prison

- 1,790 new prisoners were received each year (around 149 per month).
- There were 13 foreign national prisoners.
- 18% of prisoners were from black and minority ethnic backgrounds.
- An average of 105 prisoners were released into the community each month.
- 548 prisoners were receiving support for substance misuse.

Prison status (public or private) and key providers

Public

Physical health provider: Spectrum Community Health CIC

Mental health provider: Tees, Esk & Wear Valley NHS Trust

Substance misuse treatment provider: Change Grow Live

Prison education framework provider: Novus

Escort contractor: GeoAmey

Prison group

Yorkshire Prison Group

Prison Group Director

Marcella Goligher (Acting Prison Group Director while retaining role as governor of Humber)

Brief history

The prison was created from the 2014 merger of two neighbouring prisons, HMP Everthorpe (public sector) and HMP Wolds (private sector).

Short description of residential units

Zone 1

A, B, C wings (general population) – each wing has 38 cells, holding 60 prisoners.

D wing (ready for release unit) – 38 cells, holding 60 prisoners.

E wing (drug recovery unit) – 38 cells, holding 60 prisoners.

F wing (general population) – 38 cells, holding 60 prisoners.

G wing (HOPE unit; progression regime for indeterminate-sentenced prisoners) – 34 cells, holding 48 prisoners.

Zone 2

H wing (closed for refurbishment) – 90 cells, holding 120 prisoners.

I wing (induction unit) – 90 cells, holding 120 prisoners.

J wing (incentivised substance-free living unit) – 76 cells, holding 92 prisoners.

K wing (general population) – 76 cells, holding 92 prisoners.

L & M wings (general population) – each wing has 76 cells, holding 92 prisoners.

N wing (enhanced wing) – 120 cells, holding 121 prisoners.

Name of governor and date in post

Marcella Goligher, October 2016

Changes of governor since the last inspection

None

Independent Monitoring Board chair

Paul Holland

Date of last inspection

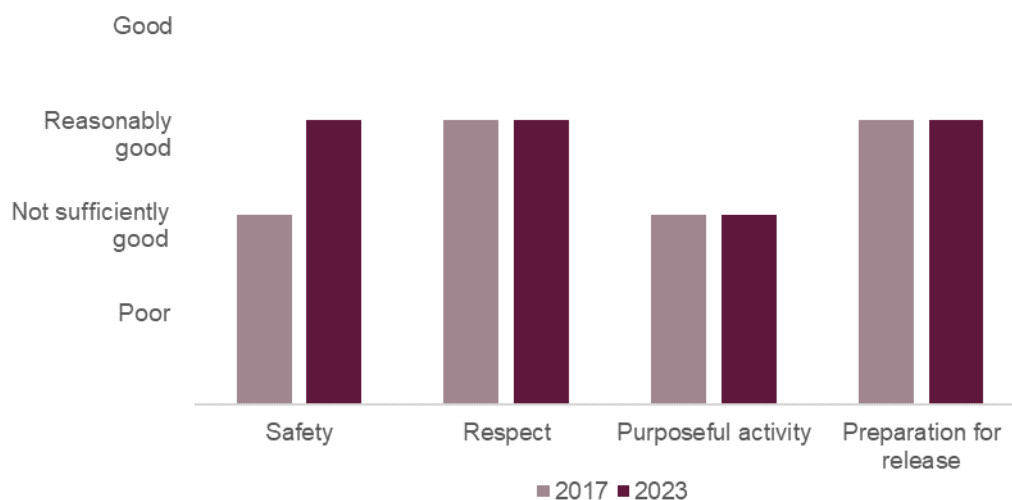
21 November – 8 December 2017

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP Humber, we found that outcomes for prisoners were:
- reasonably good for safety
 - reasonably good for respect
 - not sufficiently for purposeful activity
 - reasonably good for preparation for release.
- 1.3 We last inspected HMP Humber in 2017. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Humber healthy prison outcomes 2017 and 2023



Progress on key concerns and recommendations from the full inspection

- 1.4 At our last inspection, in 2017, we made 55 recommendations, three of which were about areas of key concern. The prison fully accepted 41 of the recommendations and partially (or subject to resources) accepted seven. It rejected seven of the recommendations.
- 1.5 At this inspection, we found that one of our recommendations about areas of key concern had been achieved and two had not been achieved. One of the two recommendations in the area of safety had

been achieved, but the recommendation in the area of purposeful activity had not. For a full list of the progress against the recommendations, please see Section 7.

Progress on recommendations from the scrutiny visit

- 1.6 In November 2020, during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. Scrutiny visits (SVs) focused on individual establishments and how they were recovering from the challenges of the COVID-19 pandemic. They were shorter than full inspections and looked at key areas based on our existing human rights-based *Expectations*. For more information on SVs, visit <https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/>.
- 1.7 At the SV, we made seven recommendations about areas of key concern. At this inspection, we found that four of the recommendations had been achieved, one had been partially achieved, one was no longer relevant and one had not been achieved.

Notable positive practice

- 1.8 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- 1.9 Inspectors found six examples of notable positive practice during this inspection.
- 1.10 Self-isolators could attend the Kairos unit twice weekly, a day centre where they could work, participate in education and socialise without mixing with the rest of the population. This helped build confidence and aided potential reintegration. (See paragraph 3.8)
- 1.11 'Medication amnesties' were being held on all wings, led by pharmacy technicians. This resulted in medication no longer required by prisoners being safely disposed of and supported the reduction in misuse of illicit drugs. (See paragraph 4.104)
- 1.12 Supervising officers and custodial managers had received training in the use of naloxone and had immediate access to it when health care staff were not in the prison. This meant that prison staff could help individuals in emergency situations if they had taken an overdose. (See paragraph 4.93)
- 1.13 The provision of joint personal achievement and development scheme training for staff and prisoners was a positive initiative. It used physical activities with team building and life skills-based training to build relationships of trust and confidence between staff and prisoners. (See paragraph 5.8)

- 1.14 Good support was offered to prisoners serving life or indeterminate sentences for public protection. A dedicated unit (Humber Offering Progressive Environments (HOPE)) offered a progressive regime, enhanced behaviour monitoring and targeted support from psychologists. (See paragraph 6.18)
- 1.15 The introduction of an offender management telephone hotline service supplemented regular contact and enabled prisoners to call the offender management unit from their in-cell telephones during the lunchtime lock-up. Prison offender managers (POMs) took turns to staff the telephone line and provide relevant information. (See paragraph 6.12)

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The governor had been in post for over seven years and understood the prison very well. Despite providing temporary cover to the role of Prison Group Director since September 2023, she had maintained an appropriate focus on Humber. Her strong leadership had created a stable and committed team, developing strategies that met the needs of the population. She had also successfully managed the recent transition that saw the establishment become a resettlement prison.
- 2.3 There had been productive staff and prisoner involvement in the development of the prison's vision that sought to foster a positive culture. Communication was effective; staff and prisoners were kept informed through various mediums, such as regular community newsletters and a bespoke plan known as 'Our way forward', which contained the prison's key strategies in a format that was understood by all staff. This was reflected in our staff survey, where 82% of respondents said that they agreed with the establishment's priorities, and 80% stated that these priorities were clearly communicated to them.
- 2.4 The prison was fully staffed by band 3 prison officers and at the time of the inspection, rates of attrition and sickness absence were low. However, commitments to deploy staff to support other prisons and temporary promotions still presented a challenge to prison resourcing arrangements.
- 2.5 Leaders made sure that there was an appropriate focus on staff development. For example, a local development programme for newly promoted band 4 and 5 staff had been introduced and there was additional support in place for the 30% of staff who had less than 12 months' service. These positive initiatives supported staff development and better equipped new staff to carry out their roles effectively.
- 2.6 Despite the large size of the site and the varied composition of the accommodation units, leaders had insisted on high standards, starting with reception and induction procedures, where improvements had been made since the previous inspection. While key work (see Glossary) needed more drive, relationships between staff and prisoners were mostly caring and constructive, with evidence of a clear community ethos. Communal areas were generally clean and bright, and, as a result of the constructive relationships between prison

leaders and the facilities management team, there were no long-standing maintenance issues.

- 2.7 Work towards ensuring fair treatment was well coordinated by the diversity and inclusion adviser and the prison had a good understanding of the needs of prisoners with protected characteristics, so any issues raised by protected groups were generally addressed quickly.
- 2.8 The change of provider had led to some improvements in health care provision, and partnership working between the prison and external stakeholders was a strength. This collaborative working was demonstrated in initiatives such as the HOPE (Humber Offering Progressive Environments) unit and accommodation set aside for work to address substance misuse, which provided targeted and focused support for prisoners. The units were welcoming environments and examples of how leaders were working towards the adoption of an approach that could incentivise prisoners to progress.
- 2.9 The prison was failing to fulfil its function as a category C prison: leaders had not done enough to create sufficient activity spaces or make sure that prisoners attended, particularly in prison industries. Although some action had been taken to address this, it had not led to an improvement in attendance rates.
- 2.10 Leaders had provided a comprehensive self-assessment of the prison's strengths and weaknesses. We identified good use of data in some functions, but leaders needed to apply more rigour to dealing with risks such as the management of self-harm or segregation.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

- 3.1 The reception area was clean and spacious, and new arrivals were met by kind staff who helped put them at ease and provided them with food and a hot drink. Prisoners could also meet a Listener (prisoners trained by the Samaritans to provide support to their peers) in reception, who provided reassurance and answered any questions.



Reception entrance

- 3.2 Searching procedures were proportionate to the risks presented, and for that expected in a category C prison. All new receptions were body scanned but were only strip-searched if there was specific intelligence to indicate increased risk.
- 3.3 First night safety interviews enabled officers to identify prisoners' vulnerabilities and needs. Although the interviews we observed covered a wider range of issues than we usually see, and officers created a relaxed environment that gave prisoners time to ask

questions about what would happen next, confidentiality was not assured. During the inspection, we observed the interview office door left open onto the main reception corridor, and on another occasion there was a second officer in the room, sorting through the prisoner's property. In both cases, this might have acted as a distraction and made prisoners less willing to divulge sensitive information.

- 3.4 Prisoners generally waited in reception until all the new arrivals had been processed before being taken over to the induction wing as a group, which could result in some long waits. In our survey, only 22% of respondents said that they had spent less than two hours in reception. However, the relaxed environment and pleasant holding room, which contained useful information, a television and some books, helped to mitigate this.



Reception holding room

- 3.5 Between a third and a half of escort vans arrived late in the day and prisoners arriving at this time sometimes missed out on elements of the reception and risk management process. To address this issue, there were imminent plans to move the induction wing to living accommodation closer to reception, and leaders also hoped this would reduce the amount of time prisoners spent waiting in reception.
- 3.6 First night cells were clean and generally well equipped. Induction began on the morning after arrival, with a useful presentation delivered by an officer and supported by peer mentors, who met all new arrivals and explained what would happen over the next few days. The regime on the induction unit was limited, with prisoners spending only two to three hours a day out of their cells.



Unoccupied single cell (left) and occupied double cell on the induction unit

Promoting positive behaviour

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

Encouraging positive behaviour

- 3.7 Changes to the prison's function (see paragraph 6.8) had led to increased population churn and turnover, but this had not impacted levels of violence. The rates of prisoner-on-prisoner violence and staff assaults remained lower than at similar prisons and very few were serious. In our survey, 18% of respondents said that they currently felt unsafe, which was similar to findings at other category C prisons.
- 3.8 Very few prisoners were self-isolating. Those who were, were discussed at the weekly safety intervention meeting (SIM), where a wide range of departments considered how best to provide support. These prisoners were also encouraged to leave their cells to attend the Kairos unit twice a week, where they could socialise with others, take part in discussion groups with Andy's Man Club (a suicide prevention charity; see also paragraph 3.53) and benefit from input from Springboard (a small group intervention with an educational focus) to build confidence and support reintegration.
- 3.9 In the previous 12 months, the prison had completed two prisoner surveys exploring perceptions of safety. The most recent, conducted in August 2023, highlighted more prisoners stating that debt was an issue for them, linked to low wages and use of vapes and drugs. However, at the time of the inspection, little had been done to address the findings, which was a missed opportunity.

- 3.10 In the first half of 2023, the prison had worked with Remedi (a restorative justice charity) to help support prisoners with debt relating to illicit drugs and vapes. However, work with Remedi had ended in the early autumn, and there was no longer a clearly identified lead in the prison to address prisoner debt, despite this being the primary issue that undermined safety.
- 3.11 Actions to manage violent behaviour and intimidation by prisoners were inconsistent. In the previous six months, only half of the violent incidents recorded by the prison had resulted in a challenge, support and intervention plan referral (see Glossary). In addition, where a referral had been made, many of the recorded investigations lacked detail, which limited the ability of the prison to understand and address fully the reason behind incidents. Most of the targets set for perpetrators of violence were generic and brief, although leaders had recognised this weakness and were working to improve quality.
- 3.12 While the prison did not offer any structured offending behaviour work designed to address custodial violence, we found examples of one-to-one work from prison offender managers (POMs) which focused on reducing violent behaviour (see paragraph 6.12). In addition, key workers (see Glossary) had delivered the Choices and Changes resource pack (a resource pack to promote maturation in young adults) to several of the younger prisoners to help improve their behaviour.
- 3.13 Many prisoners did not have confidence in the formal incentives scheme and in our survey, only 26% of respondents said that the prison rewarded good behaviour fairly. Nevertheless, 78% said that the opportunities and rewards in the prison motivated them to behave well and we identified many incentives for prisoners to behave well, including time on the specialist units.
- 3.14 The HOPE (Humber Offering Progressive Environments) unit provided a positive environment for prisoners serving long, indeterminate or extended determinate sentences (see also paragraphs 4.4 and 4.8) to support them to demonstrate a reduction in their risk. Many of the men who lived there were engaged in enhanced behaviour monitoring, working with regular support from their POM to progress against a behavioural plan developed by the psychology team. The HOPE unit also incentivised positive behaviour through self-cook facilities and on-wing fitness suites. There was an impressive on-wing shop (see paragraph 4.22), where prisoners could buy items not available on the prison shop list, learn the importance of financial management and develop some of the skills they would need outside prison.
- 3.15 There was also an enhanced unit and two incentivised substance-free living units. These allowed prisoners to participate in cookery classes and gain more benefits on the incentives scheme. Prisoners could also secure employment in one of several trusted mentor posts, with greater freedom to move around the prison to support their peers.

Adjudications

- 3.16 There had been a 78% increase in adjudications over the year leading up to the inspection, many of which concerned the possession of unauthorised articles, or drug- or alcohol-related offences.
- 3.17 Records that we reviewed and hearings we attended suggested that the adjudication process was used fairly and with compassion. We saw several examples where awards were suspended, to give prisoners the opportunity to engage with support from substance misuse services. We also saw a small number of cases involving prisoners who were already paying back large amounts to the Prison Service for a previous misdemeanour for whom a financial penalty was suspended to avoid the prisoner getting into even greater hardship.
- 3.18 The deputy governor conducted quality assurance checks on 10% of adjudications each month, which had led to actions being assigned at the adjudication standards meeting to improve quality, consistency and procedural justice. The threshold for referring cases to the police had recently been raised, to avoid unnecessary delays in cases that were unlikely to result in criminal proceedings.
- 3.19 Actions had also been taken to reduce the backlog of adjourned cases, including an expectation that managers retained ownership of cases that they adjourned. This had resulted in a reduction from over 200 cases to below 80 at the time of the inspection.

Use of force

- 3.20 There had been approximately 500 incidents of force in the previous 12 months, although the majority were relatively minor and concerned the deployment of guiding holds or the use of rigid-bar handcuffs to help staff de-escalate situations, or while escorting prisoners across the large site.
- 3.21 PAVA (see Glossary) had been used four times in the last 12 months. Three of the uses had been to prevent self-harm, but the evidence we saw did not assure us that staff had attempted to de-escalate these incidents or that there had been a serious or imminent threat to life.
- 3.22 Batons had been used four times, although there was no body-worn video camera (BWVC) or closed-circuit television footage available for one of these incidents. The footage for another did not start until after a baton strike had been delivered. We could not therefore be confident that force was always used as a last resort.
- 3.23 Scrutiny of the use of force was, however, reasonable. Leaders were aware of weaknesses in the use of BWVCs, were monitoring its deployment and challenged individual staff members where appropriate. Learning points and areas for improvement were identified and fed back into the training programme, but more needed to be done to make sure that all staff used the system as a means of both de-escalation and evidence gathering.

3.24 The unfurnished cell had not been used in the last 12 months.

Segregation

- 3.25 The segregation unit was clean. We observed good staff-prisoner relationships and interactions, and prisoners on the unit spoke positively about staff.
- 3.26 Segregation had been used on 268 occasions in the previous 12 months and prison data showed that the unit was often full. At the time of the inspection, there were, however, only three prisoners being held.
- 3.27 HMPPS data for the previous 12 months showed that the average length of stay on the unit was 12.5 days, although this included one prisoner who had spent 241 days in the unit across two stays while waiting for assessment and transfer to a secure mental health unit.
- 3.28 Data about use of the unit was considered at a quarterly meeting, although the minutes gave a misleading view, and this had not been challenged by managers. For example, there was no evidence of discussion about the reasons for lengthy stays in the unit, or consideration of themes such as the number of segregated prisoners transferred elsewhere or whether data collected was used to improve outcomes for prisoners.
- 3.29 All prisoners held in the unit had a reintegration plan developed by staff, but the plans we reviewed were extremely limited and the many prisoners who refused to return to normal location were simply put forward for a transfer to another prison.
- 3.30 The regime was mostly limited to daily access to fresh air and use of a shower and unit staff told us that they were not resourced to escort suitably risk-assessed prisoners to other areas of the prison such as the library or gym. Records showed that many prisoners in the unit had received a key worker session, although not with their allocated key worker. Sessions were generally brief and conversational, with no evidence of target setting to address poor behaviour or support reintegration.

Security

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

- 3.31 The prison appropriately recognised that the greatest threat to security and stability at the time of the inspection came from the use of illicit drugs. Although leaders had taken appropriate action, this had not yet resulted in a reduction of the availability of illicit drugs in the prison. In the six months to October 2023, mandatory drug testing indicated a

positive rate of 13.93%, and while this was lower than similar prisons, the positive rate for psychoactive substances (see Glossary) was beginning to increase. This was reflected in our survey, where 53% of respondents said that it was easy to get illicit drugs at the prison – much higher than at other category C prisons (31%).

- 3.32 In the same period, 320 prisoners had been reported by staff as being ‘under the influence’, yet only 37 suspicion drug tests had been carried out. While these prisoners were referred to substance misuse services, suspicion-based drug testing was not being used as an effective deterrent, which also meant that the prison was missing an opportunity to understand the nature and scale of the drug problem more fully.
- 3.33 Leaders had encouraged staff to submit intelligence reports and identified security ‘champions’ on each unit to raise awareness of security matters. In the previous six months, staff had submitted an average of 1,100 intelligence reports a month, which, according to Prison Service data, was more than any other prison in the region. In the same period, there had been a marked increase in the number of reports linked to drugs.
- 3.34 Intelligence was analysed promptly by a regional intelligence team with support from regional resources such as the area dedicated search team. While weaknesses in suspicion drug testing (see paragraph 3.32) needed to be addressed, there was evidence that the prison was acting on the results. In the previous six months, 82% of the resulting recommended cell searches had been carried out and more than half of these had recovered the items sought.
- 3.35 The prison had made good use of technology to limit the potential for drugs to enter the prison via suspected routes of ingress. There were effective links with local police and regional security resources, and these provided a regular high-visibility deterrent to discourage and detect attempts to convey drugs into the prison.
- 3.36 At the time of the inspection, three prisoners were on closed visits and a further six had restrictions on who could visit them, all for justified reasons relating to drug passes or inappropriate behaviour during visits. Managers reviewed their cases and considered any additional intelligence at a monthly meeting.
- 3.37 There was good work to support abstinence from substances on the incentivised substance-free living (ISFL) units and the drug recovery unit (see also paragraphs 4.8 and 4.99).

Safeguarding

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

Suicide and self-harm prevention

- 3.38 There had been six self-inflicted deaths since the previous inspection. Prisons and Probation Ombudsman recommendations, where received, had been implemented and the governor led a quarterly review meeting to monitor progress.
- 3.39 Investigations into near-fatal incidents consisted mainly of a description of what had happened and did not routinely identify opportunities for improvement.
- 3.40 The number of recorded incidents of self-harm over the 12 months leading up to the inspection was similar to other category C prisons. However, there was also evidence that occurrences were beginning to increase.
- 3.41 Leaders attributed much of the self-harm to debt, regime issues and anxiety about release, but both data and consultation to support this assertion were not robust. For example, the reasons for many incidents of self-harm were labelled as “operational” and did not reference the anecdotal drivers of harm around debt and other anxieties. Leaders had plans to improve both, better to inform their understanding, including making changes to the way that incidents of self-harm were recorded, data analysis training for relevant members of staff and promoting the completion of the safety surveys (see also paragraph 3.9).
- 3.42 Despite rising levels of self-harm, action to tackle the identified drivers was not sufficiently ambitious. For example, although there had been some work to educate prisoners about debt, and a proposed small increase in the pay for unemployed prisoners, to make sure that they could afford both vapes and telephone credit each week, there was still too little in place to prevent them from getting into debt in their early days in custody (see also paragraphs 3.10 and 4.20).
- 3.43 Prisoners with the most complex needs, including some prolific self-harmers, received good, multidisciplinary care and support through both the SIM (see paragraph 3.8) and specially convened meetings to discuss individuals’ needs.
- 3.44 Care for those supported by assessment, care in custody and teamwork (ACCT) case management processes for prisoners at risk of suicide or self-harm was inconsistent. Documentation we reviewed showed some good initial investigations and meaningful conversations

with prisoners about the underlying reasons for self-harm. However, care plans often lacked focus and did not always address the issues that had been identified. It was positive that the mental health team attended almost all first reviews, and that prisoners were referred to the substance misuse team where appropriate.

- 3.45 Peer support for prisoners in crisis or those supported by the ACCT process was good. A trusted prisoner working with the safety team visited each person supported by the ACCT process each week. Access to Listeners was also reasonably good and was improving, as a further eight prisoners were soon to complete their training and be available to support the eight already in the role. Listeners told us that these sessions were facilitated during the night, and prisoners we spoke to said that they had been able to speak to a Listener when they needed to. There were few dedicated Listener suites, and sessions were usually held in multi-purpose intervention rooms on the wings, some of which were particularly bleak.



N wing Listener suite



F wing interventions room, used as a Listener suite

- 3.46 The peer-led Andy's Man Club (see also paragraph 3.8) provided a further opportunity for prisoners to talk to and support one another, with the aim of preventing social isolation and reducing the risk of self-harm, although leaders were aware that attendance was waning and planned to reinvigorate and refocus the initiative.



Andy's Man Club room on K wing

Protection of adults at risk (see Glossary)

- 3.47 Links with the local adult safeguarding board had lapsed, and we did not see evidence that anyone from the prison had attended the last three quarterly meetings. There was a new adult safeguarding policy in place, but most staff we spoke to were not aware of it, or of its contents.
- 3.48 However, most staff knew how to identify a prisoner who might be vulnerable and said that they would pass concerns on to their line manager or the safety team. We also saw examples of good multidisciplinary working, including with partners outside the prison, to support prisoners with complex needs or identified vulnerability leading up to and following their release.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 In our survey, 67% of respondents said that most staff treated them with respect and most prisoners we spoke to said that staff–prisoner relationships were good.
- 4.2 We saw caring and constructive interactions between staff and prisoners, with many using each other’s first name. There was a clear community ethos on many units, including the J wing incentivised substance-free living (ISFL) unit, the HOPE (Humber Offering Progressive Environments) unit, the indeterminate sentence for public protection (IPP) wing and the enhanced wing. However, some prisoners on other units told us that newer staff did not always engage positively with them.
- 4.3 Key work (see Glossary) provision had increased in the previous three months. All prisoners had a named key worker and 41% of planned key work sessions were taking place.
- 4.4 Prisoners on the HOPE unit spoke much more positively about key working than those in the rest of the prison. In our survey, 100% of respondents on this unit said that their key worker was helpful, compared with 60% on other wings, and 90% said that staff had talked to them in the last week about how they were getting on, compared with 32% on other wings.
- 4.5 Wing managers were undertaking some quality assurance checks of key work entries, but leaders had recognised that improvement was needed. To help, they had recently published new guidance for staff.
- 4.6 There was a good peer supporter scheme. The individuals concerned were known as ‘Humber pilots’, and worked in a variety of roles, including in the library, safer custody, the offender management unit and equality. They were also wing based and helped prisoners with applications and the issue of activity equipment. They all had job descriptions, were mostly trained in information, advice and guidance, and were supervised appropriately by residential managers.

Daily life

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

Living conditions

- 4.7 Living conditions were generally good, although over 30% of prisoners still shared cells designed for one. Some shared cells were cramped, with, for example, no room for a chair.



Small double cell designed for one

- 4.8 The prisons' 14 wings were split into two zones mirroring the two prisons that had been amalgamated in 2014 to form Humber. At the time of the inspection, H wing was closed. Zone 1 was the newer side of the prison and had smaller wings, and included the HOPE unit, while zone 2 contained mostly older accommodation and included the enhanced wing and ISFL unit. The HOPE unit provided a positive

environment for IPP and long-term prisoners (see also paragraph 3.14), and leaders were working towards gaining enabling environment accreditation for it (see Glossary).

- 4.9 Communal areas were generally clean, bright and well maintained. Effective dialogue between the governor and facilities management team made sure that there were no long-standing maintenance issues. Recent improvements to some showers had been welcomed by prisoners.
- 4.10 There was a wide range of recreational equipment on each wing that was well used. Pool tables were in good condition, and all wings had a stock of books, DVDs and board games. The HOPE and ISFL units and enhanced wing all had their own gyms.
- 4.11 Cells we saw were clean and reasonably well equipped. Prisoners told us that they could access clean bedding, clothing and cleaning equipment easily. This reflected our survey, where 91% of respondents said that they could get cell cleaning materials, and 78% clean bedding, each week, both of which were higher than in similar prisons.
- 4.12 All cells had privacy locks, but many prisoners did not have keys. In-cell toilets had covers and were screened, and all cells had curtains.
- 4.13 Most cell call bells were answered promptly during the inspection and there was a good assurance process to monitor staff responses.
- 4.14 Outdoor areas were clean and well kept, with seating and some outdoor exercise equipment. The HOPE unit had murals around the walls of the exercise area and a place to grow vegetables, which were welcomed by prisoners.



Murals on outside wall on the HOPE unit

Residential services

- 4.15 In our survey, 39% of respondents said that the food at the prison was good or very good, which was more than at the time of the previous inspection and similar to the figure at other prisons. The food we saw looked appetising.
- 4.16 The kitchen was in zone 2, which meant that heated food trolleys had to be pushed a long way to reach some wings in zone 1. This resulted in food often being spilt inside the trolley and delays in serving while waiting for replacement items. In our survey, 31% % of respondents said that they got enough to eat which was better than at the time of the previous inspection and similar to the figure at other comparable prisons.



Heated food trolley with spilt food

- 4.17 Not all wings had food comments books that were accessible to prisoners. However, the menu was reviewed regularly, and kitchen managers attended consultation meetings and published a food survey twice a year.
- 4.18 The on-site bakery provided bread rolls, cheesecakes, scones and sponges to the menu most days; these were popular and a welcome addition.
- 4.19 There were some opportunities to dine out of cell and a wide range of self-catering facilities. Some units had better facilities than others; HOPE unit and the enhanced wing had their own full kitchen, but they all had an assortment of microwave ovens, toasters and air fryers, which had recently been introduced following consultation. These facilities were good and were a useful incentive to encourage prisoners to behave positively.



Enhanced wing self-cook area

- 4.20 Prisoners could buy only a small emergency grocery pack in reception, with no access to the prison shop for up to 10 days, and some told us that they had begun to accrue debt as a result. This was particularly concerning, as leaders believed that debt (especially related to acquiring vapes) was one of the primary drivers of the increasing levels of self-harm in the establishment (see also paragraphs 3.44 and 3.45).
- 4.21 In our survey 68% of respondents said that the prison shop sold the items that they needed, which was higher than similar prisons, and the list included paracetamol and reading glasses. However, throughout the inspection prisoners complained about the increased prices of basic and popular shop items.
- 4.22 The HOPE unit had its own shop, which gave IPP prisoners the opportunity to buy additional items, including frozen food, that was not available from the prison-contracted provider (see also paragraph 3.14).



The HOPE unit shop

- 4.23 Prisoners could order from various catalogues. However, those we spoke to were frustrated at the amount of time it took to receive goods from the point of ordering.

Prisoner consultation, applications and redress

- 4.24 Prisoners were consulted regularly about prison life. The council was chaired by the governor and met bi-monthly, with minutes shared on the wings. Prisoner representatives mainly comprised the 'Humber pilots' peer supporters (see paragraph 4.6). The pilots had regular formal meetings with the head of residence and informal meetings with wing managers. The in-cell television service was also used effectively, to keep all prisoners informed of current issues across both zones of the prison.
- 4.25 The HOPE unit also held several consultation events, including an indeterminate sentence quarterly forum and regular enabling environment meetings, where prisoners and staff worked jointly in their ambition to gain this accreditation (see paragraph 4.8).
- 4.26 The applications system was paper based, with staff logging these centrally. Prisoners told us that responses were slow, and that some were not answered at all. In our survey, 72% of respondents said that it was easy to make an application, but only 31% said that they had received a response within seven days.
- 4.27 Although the prison monitored the timeliness of applications, recent records showed that around 25% had not been responded to and 15% had been late, but leaders were yet to take action to address these issues.

- 4.28 Around 100 complaints were received each month, which was far fewer than the number at the time of the previous inspection. The management of complaints had also improved since our scrutiny visit in 2020, and there was now a robust quality assurance system in place with leaders reviewing at least 10% of responses. However, some aspects still required development, such as the handling of serious complaints against staff (see paragraph 4.30).
- 4.29 Complaints forms were readily available, with complaints boxes clearly visible on the wings. However, these boxes were still emptied by uniformed members of staff, including those where issues had been raised by prisoners about prison officers and custodial managers, and this contributed to a perception among some prisoners that they would not be dealt with fairly.
- 4.30 Serious complaints, including those made against staff, were reviewed by the deputy governor and allocated to specific managers for action. Although most were then dealt with by senior managers, we came across instances, including in relation to alleged assaults by staff on prisoners, which were investigated and responded to by wing-based custodial managers, which was not appropriate.
- 4.31 There was now robust quality assurance of complaints, with the head of business administration and another business hub manager each reviewing 10% of responses. External scrutiny was provided by the Independent Monitoring Board (IMB), which reviewed a further 10%.
- 4.32 Responses to complaints that we reviewed were mostly appropriate, although some did not show thorough consideration. Quality assurance arrangements had identified deficiencies which had been followed up properly.
- 4.33 Data about repeated themes and trends in complaints, including that identified by quality assurance processes, were well presented and considered at several forums, including assurance and equality action team meetings to provide leaders with a greater understanding of prisoner concerns.
- 4.34 Prisoners were able to communicate with and meet their legal representatives with sufficient privacy. However, both libraries lacked recent editions of important legal texts, although we were told that these were on order.

Fair treatment and inclusion

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

- 4.35 The prison had a better understanding of the needs of prisoners with protected characteristics than we often see. Comprehensive equality data were analysed at the well-attended two-monthly equality action team meetings, and identified disproportionalities were investigated. For example, in a recent month there had been a disproportionate number of complaints received from prisoners from Asian backgrounds. On investigation, it was identified that this could be attributed to one individual who was lodging many complaints about several aspects of prison life. This was followed up and it was ascertained that this had also been the case in previous establishments. More recently, the prison had been exploring an over-representation of younger prisoners in instances of use of force. Although this review was ongoing at the time of the inspection, it was positive that leaders had included a consultation with young prisoners to explore their views about the reasons for this.
- 4.36 Complementary to its work with data, the prison was undertaking a busy programme of consultative forums with prisoners with protected characteristics which was gathering useful information about their needs. Issues raised by prisoners were quickly followed up, with responses communicated to prisoners in a timely manner.
- 4.37 There were no forums for gay and bisexual prisoners as the prison had ascertained that most were reluctant to attend such meetings and preferred to be consulted individually. The diversity and inclusion adviser offered individualised support to these and other prisoners with specific needs. However, staff shortages within the diversity and inclusion team was having an adverse impact on the scope of this work.
- 4.38 The staff were mainly from white British backgrounds. Consultation with black and minority ethnic prisoners had revealed a perception that many of the staff were not familiar with other cultures, and that this resulted in misunderstandings and inequitable treatment of prisoners of different ethnicities. In response, the prison was undertaking a programme of training on cultural awareness for staff and prisoners, led by the managing chaplain. The prison had a target to provide this training to half of the staff by the end of 2024, and the rest the following year.

- 4.39 In its effort to promote a greater understanding of other cultures, leaders had also planned to undertake forums on the wings, bringing together prisoners and staff, where black and minority ethnic prisoners could share details of their lived experiences. It was disappointing that the prison had been instructed by regional HM Prison and Probation Service advisers to hold off undertaking these sessions until a national approach had been formulated.
- 4.40 There were only 13 foreign national prisoners at the prison. There were two dedicated officers to work with them and they also acted as their key workers. The prison had recently undertaken a survey of these prisoners, which had highlighted that most needed more support with translation. Although the prison had republished information about available translation and interpreting resources, leaders were not monitoring their use. Partly in response to consultations, monthly immigration surgeries were held, which were appreciated by prisoners.
- 4.41 in our survey, 54% of respondents identified as having a disability, which was more than at the time of the previous inspection (35%) and at comparator prisons (38%). It was notable that more of these prisoners considered that they were getting the support they needed (42%) than previously (19%) or in similar prisons (28%). However, we found gaps in the provision. At the previous inspection, we had noted an absence of trained prisoner carers to support those with disabilities. The prison had accepted the recommendation, but, although it was in negotiations with the local authority about its support and oversight of such a scheme, it was not yet in place.
- 4.42 Prisoners needing help in the event of an emergency had a personal emergency evacuation plan (PEEP). However, when we visited wing offices, there were several instances where PEEP paperwork was either missing or incorrect, which potentially placed prisoners at risk.
- 4.43 A neurodiversity manager, who had been appointed in the previous year, was undertaking good work to help the prison provide appropriate support to this population, such as ensuring that documents and signage were easy to read. She was also providing individualised support to prisoners with special needs.
- 4.44 Around 12% of prisoners were under 25. A strategy to guide the prison's work with young prisoners was only put in place during the inspection. However, we saw evidence of some good work with this population. In partnership with the organisation Leaders Unlocked, the prison had developed a cohort of prisoner 'young justice advisers', who gathered and analysed issues of concern to younger prisoners and presented their findings to the senior management team. They highlighted issues and made recommendations about relationships with staff, facilities, the regime and mental health. However, in contrast to issues coming out of the forums, these recommendations had not been clearly responded to.
- 4.45 There had been 82 discrimination incident report forms (DIRFs) submitted by prisoners in the previous 12 months, which was similar to

the number we see elsewhere. However, the prison's effective consultations had picked up a lack of confidence in the DIRF system among some prisoners, who were particularly concerned that DIRFs placed in boxes on the wing would be viewed by wing staff. Leaders' response – that prisoner diversity and inclusion representatives could now collect DIRFs from prisoners – did not fully address the issue, particularly as such representatives were not present on all of the wings.

- 4.46 DIRFs were assigned for investigation and action to managers. All draft responses were reviewed by the diversity and inclusion adviser and the deputy governor before being sent to prisoners. We saw instances where DIRFs had been sent back to assigned managers for further action, which, while appropriate in those cases, had led to delays in the prisoner receiving a response.
- 4.47 The IMB provided external quality assurance of DIRF responses, and the Zahid Mubarek Trust, an organisation dedicated to helping prisons tackle discrimination, was now also quality assuring DIRFs.

Faith and religion

- 4.48 The chaplaincy was located in zone 2. It had good facilities, including a large chapel and a combination of multi-faith and group rooms.
- 4.49 Provision for most faith groups was good. However, in common with many prisons, there was still no Rastafarian chaplain. There was good access to corporate worship and 87% of respondents to our survey said that they could attend a religious service if they wanted to. There was also a good programme of religious study available, and support to those bereaved.
- 4.50 Chaplains were very visible around the prison and played a prominent role (see also paragraph 4.38). Chaplains visited those on assessment, care in custody and teamwork (ACCT) case management and regularly attended ACCT reviews. The chaplains worked closely with other staff, to make sure that suitable arrangements were made for celebrations of religious festivals.

Health, well-being and social care

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

- 4.51 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC issued 'requirement to improve' notices following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

- 4.52 Since August 2022, Spectrum Community Health CIC ('Spectrum') had been the prime provider of health and social care services, with non-clinical substance misuse services subcontracted to Change Grow Live (CGL). Mental health services were directly commissioned to Tees, Esk and Wear Valleys NHS Foundation Trust ('TEWV'), and dental services to Time for Teeth.
- 4.53 Partnership working between the providers, the prison and external stakeholders was a strength and the contract was monitored through regular quality assurance visits and contract review meetings by NHS England commissioners. The current health needs analysis was out of date, but we were told that a new analysis was under way; this was welcome, as the current staffing model was based on the previous role of the prison.
- 4.54 Clinical governance structures were in place and leaders were sighted on key risks. However, there were significant gaps in long-term condition (LTC) and medicines management. Clinical audits were completed regularly, but these did not inform the service of areas for improvement, track progress or improve patient outcomes.
- 4.55 Staffing had increased by 50% since the start of the new health contract, as a result of successful recruitment by Spectrum, reducing the number of shifts being filled by agency staff. Supervision and appraisal arrangements were in place and recorded, and staff we spoke to felt valued and supported. Mandatory training compliance for clinical staff was good and oversight was satisfactory. Clinical interactions that we observed demonstrated that staff knew their patients and showed kindness and professionalism.
- 4.56 Clinical incidents were recorded and there were effective mechanisms to make sure that any lessons learned were disseminated among staff. There was effective oversight of health care recommendations from deaths in custody and health leaders participated in the prison's quarterly reviews of all recommendations.
- 4.57 Health care complaints were managed well and the responses we sampled were respectful in tone, addressed the matter raised and explained the escalation process if the patient remained dissatisfied. There was an emphasis by the provider to seek face-to-face resolution if appropriate.
- 4.58 Safeguarding arrangements were good, with a senior nurse acting as a designated point of contact, who had effective links with senior Spectrum safeguarding staff.
- 4.59 Some clinical rooms did not meet infection control standards and needed modernisation. There were issues with the flooring in the main health care centre and the medicines administration point in zone 1 was dirty. For example, many taps had considerable limescale build-up, while patient waiting areas were stark, with graffiti on the walls and

doors. Patients we spoke to in the waiting areas were frustrated at the lack of any reading materials or a working television. Staff had no access to a rest area.



Health care waiting area

- 4.60 Emergency resuscitation equipment was in good condition and daily equipment checks were completed. Health care practitioners were trained to a level where they could provide immediate life support and we were told that an ambulance would be called promptly in an emergency.

Promoting health and well-being

- 4.61 There was no whole-prison approach to health promotion activity linked to national campaigns. We were told that the development of a joint health care and prison health strategy was planned.
- 4.62 The prisoner in-cell television service was used as a platform to advertise health promotion and other topical issues, but there was no information in waiting areas.
- 4.63 Screening programmes were in place and patients were referred appropriately for retinal and abdominal aortic aneurysm checks. Bowel screening took place via the national programme, but kits went directly to patients and health care staff had no oversight of who received them or of the results. We were told that they were currently trying to change this process.
- 4.64 Eligible cohorts had received flu and COVID-19 vaccinations. Measles, mumps and rubella (MMR) and hepatitis B clinics were arranged for December 2023.

- 4.65 There was no sexual health provision at the time of the inspection, although this was under review with NHS England commissioners. Blood-borne virus screening was offered during the reception process. Condoms were available on request, but this was not advertised.
- 4.66 There were no health care peer representatives or peer workers and patients were not given any health promotion information on release.
- 4.67 Smoking or vaping cessation support was not commissioned.

Primary care and inpatient services

- 4.68 All prisoners received a thorough and timely screen of their health needs in reception. This included baseline physical observations and onward referral if needed. Staff completed all primary and secondary health care screenings within the required timeframe.
- 4.69 An effective paper-based application system was in place for medical appointments. Applications were clinically triaged, with appointments allocated to competent health care professionals. The use of a dedicated patient telephone line and face-to-face contact with the health care administration team regarding appointments was an effective way of meeting patients' needs and reducing demand on the wider service.
- 4.70 An appropriate range of clinics was available and access was timely. Same-day appointments were available for urgent medical concerns. There were GP appointments, nurse-led clinics, and optometry, physiotherapy, and podiatry services available. Waiting times were kept to a minimum.
- 4.71 Clinical space was minimal, which made it challenging to accommodate all required clinical work and meant that some staff had to undertake clinical work in patients' cells. Clinical rooms did not have privacy screens to maintain patient dignity. One clinic room did not have a clinical waste bin and the disposal of sharps bins was not timely.
- 4.72 The management of patients with LTCs was not effective. Although managers were sighted on the risks, not all were mitigated adequately. The service did not have a care pathway for LTCs from the point of reception and there was no procedure to guide staff in the management of these conditions.
- 4.73 The service did not have an LTC lead. Some staff had completed online training for spirometry, but they were all still required to complete practical competency-based training. The GP reviewed LTCs in clinic, but this was ad hoc. Spectrum had put in place some remote clinical support; care records indicated that these reviews were to establish any deterioration in a patient's condition. Records did not indicate that care plans were reviewed or that annual checks were completed.
- 4.74 The quality of the 12 patient care records we reviewed was poor. Not all patients had a care plan, and for those who did, these were not current, needed review and were not personalised.

- 4.75 Prisoners with complex needs were generally managed well, with health care staff working with prison staff to support patients on the wings. However, we found that one prisoner had repeatedly fallen on the wing and health care staff had not completed a falls risk assessment to assess his safety needs accurately.
- 4.76 Spectrum had a 'dying well in custody' protocol, to provide a coordinated approach to end-of-life care.
- 4.77 Patients had access to secondary care services at external hospitals. The administration team managed this process, with few cancelled appointments. However, the recording of discharge information following the appointments needed improvement, as there were gaps in this process. The team did not have a procedure to guide staff in administrative procedures.
- 4.78 Discharge arrangements on release were effective. Patients received medicines to take home and information about outstanding appointments. However, the provider did not support patients to register with a GP on discharge.

Social care

- 4.79 The memorandum of understanding between the prison, local authority and health care provider was out of date and contracting arrangements for social care provision had not yet been agreed, both of which needed to be resolved.
- 4.80 Working relationships with East Riding of Yorkshire Council were good, and social workers had provided training to prison staff to make sure that they understood referral criteria. Social workers also attended monthly health care meetings to identify possible social care need among prisoners.
- 4.81 No prisoners were in receipt of a social care package (see Glossary), although staff were fully supporting one prisoner with their personal care needs while they waited for a formal assessment. There was no formal peer support orderly scheme available to help prisoners with disabilities who needed additional support (see also paragraph 4.42).

Mental health

- 4.82 Challenges in recruitment, particularly of mental health nurses, meant that the service was focused on ensuring that care was delivered to the most vulnerable and those with greatest need. This was subject to monthly scrutiny by the health care service, the prison and commissioners. A new team manager and clinical nurse specialist had been recruited and were waiting for security clearance to start their duties.
- 4.83 The team delivered the service seven days a week. Patients had access to a wide range of treatments and therapies in line with evidence-based practice, including psychological therapies and NHS talking therapies. TEWV subcontracted Rethink to provide NHS talking

therapies, and Humber Teaching NHS Foundation Trust to deliver psychology and psychiatry services. The team was also providing valuable group work. Access to psychiatry appointments was prompt.

- 4.84 Prisoners' immediate mental health needs were assessed on arrival, and they could self-refer or be referred by staff at any time. Waits for non-urgent assessments were too long, but were reducing, and the team triaged new referrals effectively. Two health and well-being coaches delivered a weekly drop-in service to every wing and also undertook welfare checks.
- 4.85 Urgent referrals were assessed within 24 hours and the team attended all initial ACCT reviews.
- 4.86 Prescribing reviews and health monitoring for patients receiving mood stabilisers and antipsychotic medicines were completed regularly and the clinical records we viewed were clear and demonstrated the use of risk assessments and care plans.
- 4.87 Clinical staff told us that there were often difficulties in seeing patients in safe and confidential rooms on the wings, which needed to be resolved.
- 4.88 Governance of the service was good and a recent peer review by the Royal College of Psychiatrists prison network had taken place. Leaders had used this review to form a service improvement plan. Clinical supervision arrangements were robust and the team had recently begun facilitating monthly reflective practice sessions for staff. Patient engagement was positive, with the team recently canvassing all prisoners in service consultation, and it was currently advertising for a mental health peer mentor.
- 4.89 Professional relationships within the prison were a strength and the team delivered mental health awareness sessions to newly appointed prison officers.
- 4.90 Release arrangements were good, with the team having strong links with community providers. The recent addition of a 'care navigator' to work specifically with patients pre-release and 'through-the-gate' was promising.
- 4.91 Transfers to a secure hospital under the Mental Health Act were still taking too long, despite the team making attempts to escalate the process. We were told that bed availability was the common block to swift transfer.

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

- 4.92 Spectrum delivered clinical substance use support and CGL delivered psychosocial support. There was an up-to-date drug strategy, but no action plan defining specific goals which could be tracked. There was good collaborative partnership working between the services and the

prison. However, there had been no analysis of the psychosocial needs of the population, to inform strategy.

- 4.93 Health care staff had delivered training to prison band 3 and 4 officers in the use of naloxone (an opiate reversal agent). This drug was carried by the operational orderly officer to administer if there were no clinicians in the establishment, which was a good initiative.
- 4.94 New receptions referred to the team were seen promptly and taken onto the caseload or given appropriate information. Care plans for patients transferring from HMP Hull were automatically continued. Prisoners could self-refer, and all staff we spoke to knew how to refer to the service.
- 4.95 The CGL team was small and motivated, and, despite staff shortages, supported 341 patients (approximately 34% of the prison population). They addressed prisoners' addiction problems through the delivery of a wide range of one-to-one interventions and in-cell workbooks. There was no family work in place. We were told that a relapse prevention group and an alcohol addiction group would be starting imminently.
- 4.96 Large numbers of prisoners were reported as being 'under the influence' (see also paragraph 3.32) and CGL saw each one, which put a strain on its resources. All of these prisoners were provided with harm minimisation information and encouraged to work with the team.
- 4.97 The assessments and recovery plans we reviewed were all individualised, updated regularly and written collaboratively with the patient. They were audited by managers.
- 4.98 At the time of the inspection, 214 patients were being prescribed methadone, the only opiate substitution therapy (OST) available at the prison, which limited treatment options. Long-acting intramuscular buprenorphine (an alternative OST) was continued if a prisoner arrived on this. Thirteen-week reviews took place, but CGL involvement in these was limited. The clinical team had no dedicated space in which to complete reviews, so these took place on the wings, which was inappropriate.
- 4.99 The drug recovery unit had three dedicated CGL workers, who ran a full programme of groups and coordinated external mutual aid and community support services to deliver regular sessions. There were three substance use peer workers, who were trained and supervised by a CGL peer mentor lead. They all had a job description and were enthusiastic about their roles. There were two ISFL wings, with good incentives, but no dedicated input from CGL. To reside on these wings, prisoners had to apply and agree to take regular drug tests.
- 4.100 Discharge planning included harm reduction and relapse prevention advice. Appointments with community teams were made, to continue treatment. Patients were offered naloxone, and training in its use, before release.

Medicines optimisation and pharmacy services

- 4.101 Pharmacy services were provided by a full-time pharmacist, a full-time dispenser and a team of technicians. The service had recently faced staffing challenges after experienced team members had left. Team members supported each other to make sure that prescriptions were supplied on time, but they often worked under pressure. They followed appropriate procedures to learn from errors.
- 4.102 The pharmacist's role was limited to checking prescriptions and attending some medicines management meetings, which meant that their clinical skills were not being fully used. Prisoners could not access medication reviews. The pharmacist had limited opportunities to attend regional meetings with other prison pharmacists, but key pieces of information were shared. The technicians managed medicines administration and worked in line with up-to-date procedures. They were competent, worked well with the other health care teams and had a good understanding of prisoners' medication. They had some opportunities to undertake additional training to develop their knowledge and skills.
- 4.103 The prescribing and administration of medicines were captured on SystmOne (the electronic clinical record). Most medicines were supplied as named-patient medicines, with appropriate labelling, and were stored appropriately. However, we found some medication without a label attached. In addition, several medicines were supplied from stock, rather than a named-patient supply.
- 4.104 Around 70% of patients had all or some of their medication as in-possession (IP) and the corresponding risk assessment was recorded. Several low-risk IP medicines were prescribed as a seven-, rather than 28-day, supply. The trainee technician was currently completing a review to identify opportunities to change this, which we welcomed. The technicians supported the IP reviews and the random spot checks of medicines stored in cells, to monitor tradeable medicines and check IP compliance. In addition, two medication amnesties had recently been undertaken on all wings and resulted in the surrender of large quantities of unused medicines, which was positive practice. Lockable storage facilities for medicines in cells were available on request, but most prisoners did not use them.
- 4.105 Medicines administration took place from 8am to 12pm, and 5pm to 7pm for prisoners prescribed night-time doses. Patients were asked to show identification before their medication was supplied. Prison officers supervised the queue, to maintain a suitable level of confidentiality. However, a small group of prisoners often gathered close to the hatch, with no intervention by the supervising officer, so conversations between patients and the technicians could be overheard by others in the queue. IP medicines were not supplied in a bag, so prisoners could see each other's medicines as they were handed over, which compromised confidentiality and security.

- 4.106 Support was available to help patients understand their medication. Large-print labels could be generated and there was access to a translation service. A few prisoners had their medication supplied in compliance packs, to help them take it. However, descriptions of the medicines in these packs were not recorded on the labels, to help patients identify their medication.
- 4.107 There was out-of-hours provision for medicines such as antibiotics, but these were stored with the controlled drugs, which created risks. A record of the medicines used was not kept and stock levels were not checked regularly, to make sure that medication was available when needed. A minor ailments protocol and patient group directions (by which nurses are able to supply and administer prescription-only medicine) enabled patients to receive medicines without a prescription.
- 4.108 We found some significant gaps in the recording of refrigerator and room temperatures where medicines were stored, and the standard operating procedure had not been reviewed since June 2021. Medicines with a short expiry date were identified, but not marked to prompt the team to check the date when dispensing. Controlled drugs were managed appropriately and suitable arrangements were made for transporting medication around the prison. Drug safety alerts were responded to correctly. Adequate measures were taken to make sure that patients had enough medication on release.

Dental services and oral health

- 4.109 A full range of NHS-equivalent dental treatment was available and waits for a routine appointment were at about five weeks to see a dentist and eight weeks to see the dental therapist. Dental care records were of a satisfactory standard, although the assessment of prisoners' levels of periodontal disease, caries and cancer risk was not always recorded.
- 4.110 Oral health promotion was good, with evidence of oral health instruction given to prisoners in dental care records. Prisoners had easy access to written information about periodontal disease, tooth decay and toothbrushing techniques. The senior dental nurse actively chased up prisoners who did not attend their appointments.
- 4.111 The dental treatment room and decontamination area were clean and met infection control standards. The management of Legionella, radiography and decontamination procedures met all nationally recommended guidance. Maintenance schedules were in place to make sure that all equipment was fit for purpose.

Section 5 Purposeful activity

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

Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

- 5.1 In our roll checks, around 20% of prisoners were locked up during the working day. Only 41% of prisoners were engaged in purposeful activity at the time of our checks, around two-thirds of whom were doing so off the wing. Given the prison's figures for those allocated to education, skills and work (ESW), we would have expected to have seen more than half of prisoners engaged in purposeful activities during the core working day, so this highlighted the issue of poor attendance (see paragraph 5.16).
- 5.2 During the working week, those undertaking ESW full time could expect to be out of their cells for eight hours a day, while unemployed prisoners had around two and a half hours and those on the basic level of the incentives scheme had only one hour, which was too short. During the inspection, we found that the timetable was generally observed, although on some wings there was some slippage in afternoon unlock for those not leaving the wing. Prisoners retired because of age or disability were limited to the same regime as the unemployed, which was not appropriate.
- 5.3 At weekends, all prisoners, apart from those on the basic regime, could expect between four and five hours out of their cells a day. This was provided in four slots of just over an hour (two for exercise and two for undertaking domestic tasks or on-wing enrichment activities), interspersed with lock-up. Those who did not want to go to exercise stayed locked in their cells.
- 5.4 All prisoners, apart from those on the basic regime, were given one hour a day of outdoor exercise on weekdays and two hours at the weekend. Most prisoners exercised in the yards next to their wings. Association took place on the wing and prisoners could play pool or snooker in the evenings and at weekends. Board games and craft materials were also available, but no off-wing enrichment activities took place.
- 5.5 There were libraries in both zones, run by East Riding of Yorkshire Council. Both had small but reasonable stocks. They were open only during the working week and each wing was assigned just one library

slot a week, while those in ESW had the opportunity to visit during one of their activity sessions.

- 5.6 Library staff had been involved in the development and rollout of the reading strategy, but books that had been placed in workplaces or on the wings had been purchased directly by the prison. While these were well displayed in some areas, with space provided for browsing, in others the books had been placed in piles.
- 5.7 There was a large, well-equipped gym in both zones of the prison. PE staff were enthusiastic, engaged with prisoners and were supported by leaders to make sure that the gym timetable was adhered to. Most prisoners had good access to the gym, with those on the enhanced level of the incentives scheme having up to six sessions a week and those on the standard level having four sessions a week. Only those on the basic level had more limited provision, with one session a week.
- 5.8 The gym offered several training courses, including assessed first-aid and 'active IQ' courses, and the Park Run was due to restart shortly after the inspection. Personal achievement and development scheme (PADS) training had been developed by enthusiastic PE staff since the last inspection. PADS included a combination of physical activities, leadership and team building through military-style obstacle courses, was offered regularly, most recently to a mixed group of staff and prisoners. This was a good initiative that could help to build relationships of trust and confidence between staff and prisoners.

Education, skills and work activities



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

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

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

Overall effectiveness: Requires improvement.

Quality of education: Requires improvement.

Behaviour and attitudes: Requires improvement.

Personal development: Requires improvement.

Leadership and management: Requires improvement.

- 5.10 Leaders and managers had a clear purpose and strategy for the provision of education, skills and work (ESW). The curriculum had been designed to enable prisoners with a wide range of starting points to gain knowledge, skills and qualifications to help them to gain employment or further training on release. In education, leaders provided English and mathematics from entry level to level 2. They also provided English for speakers of other languages (ESOL) from entry level to level 1. Vocational courses, such as in construction and digital skills, had a strong focus on developing new knowledge and skills to enable prisoners to gain employment following release. Prisoners were able to access work in a range of industries, such as waste management, digital coding, catering and working in the prison bakery.
- 5.11 Leaders and managers had made sure that most recommendations from the previous inspection had been met. Since that time, the prison function had changed to one of resettlement (see paragraph 6.8). Leaders had not addressed the recommendation for all prisoners of working age to have a full-time programme of activity, keeping them purposefully occupied and helping to prepare them for release into the community.
- 5.12 Leaders and managers had not made sure that there were sufficient spaces within ESW to meet the needs of the changed prison population. Around a quarter of prisoners were not accessing purposeful activity and there were waiting lists for education and training. Leaders and managers had plans to add additional capacity in training and industries, but recognised that this would mean that a small proportion of the prisoner population could still not access ESW.
- 5.13 The process for allocating prisoners to ESW was mostly effective in ensuring that prisoners could access the available spaces. Leaders and managers considered carefully prisoners' prior experiences, English and mathematics attainment levels and any additional learning needs.
- 5.14 Prisoners received useful careers information, advice and guidance support on entering ESW. They attended a well-structured induction, during which well-qualified prisoner mentors contributed relevant information effectively. Mentors answered questions using their life experiences and knowledge from living and working in the prison. This helped to prepare prisoners well for ESW. However, they did not receive sufficient ongoing careers advice while attending ESW before moving to the pre-release unit. Too many prisoners did not receive

structured support to prepare them effectively for their long-term career goals.

- 5.15 The pay policy was fair and equitable. Prisoners were provided with clear incentives to participate in ESW. They were able to gain bonus payments and higher pay based on their educational achievements and taking on additional responsibility at work.
- 5.16 Attendance was low in ESW, particularly in prison industries. Leaders and managers had recognised this and were working closely with residential unit staff to address it. They were also liaising with other prisons, to share best practice to improve attendance. However, the impact of any actions to improve attendance were yet to be seen. Prisoners were mostly punctual when attending ESW.
- 5.17 Leaders and managers had introduced an effective reading strategy. Leaders involved staff from across the prison to encourage reading. They had plans to work with primary education experts to develop further teachers' skills and knowledge of using phonics to develop prisoners' reading skills. They had also worked with external organisations to increase reading opportunities, such as the Shannon Trust (see Glossary) and National Literacy Trust, which brought in authors to run workshops and invested in the library and the books available in the classrooms, workshops and on the wings, to make sure that a wide range of reading material was available. Prisoners could request the types of book to be purchased. Leaders made sure that 'quick reads' were available, and also children's books for prisoners to read to their children over the telephone. Most prisoners read for pleasure, many having started reading while in prison, and they planned to continue doing so on leaving custody.
- 5.18 Leaders and managers had in place appropriate quality assurance processes, which they used to identify strengths and weaknesses across all ESW provision. These informed improvements such as providing staff training, sharing best practice in teaching and managing staff performance. Teachers in English, mathematics, ESOL and vocational subjects completed training that was subject specific, and more general training in teaching and assessment. However, industry instructors did not receive regular training to update and improve their teaching and assessment skills.
- 5.19 Novus, which provided education and vocational training in the prison, had recruited teachers and tutors with good experience and who were well qualified for their roles. All had completed appropriate teaching and training qualifications. Teachers planned learning effectively and logically, to enable prisoners to develop their knowledge and build their skills over time. For example, in English and mathematics lessons, teachers made adaptations for prisoners working at different levels, with a range of starting points and varying durations on the programme.
- 5.20 Teachers carried out accurate initial assessments to identify prisoners' starting points and used these well to plan individualised learning. Teaching in education classes was mostly effective. Teachers used a

range of strategies to help prisoners to learn new concepts and commit them to long-term memory. For example, most teachers used frequent skilful questioning, so that prisoners could demonstrate their understanding, and provided them with regular opportunities to demonstrate their learning. In vocational courses, tutors communicated information clearly, to help prisoners understand new ideas easily.

- 5.21 Prisoners developed good practical skills, particularly in construction. Those studying English and ESOL achieved well. A large proportion of prisoners gained qualifications in vocational training, but too few gained qualifications in mathematics, particularly at level 1. Leaders had plans to improve mathematics achievement, but many of the planned actions were dependent on the recruitment of new staff who had not yet started in post.
- 5.22 Leaders had introduced and recruited to the role of neurodiversity manager. This individual had started to have an impact on making sure that prisoners with additional learning needs received the support they needed to engage and make progress in ESW. Over half of the prison population had declared additional learning needs and the neurodiversity manager worked closely with ESW staff to put in place appropriate support and raise awareness of the challenges faced by these prisoners.
- 5.23 Leaders and managers had not made sure that the virtual campus (see Glossary) was used sufficiently or effectively within ESW to support learning or prepare prisoners for release. They had plans to increase its use, but rightly recognised that they had made little progress to date in incorporating it into activities and training.
- 5.24 Mentors were used effectively in education and training, and provided support and guidance to their peers. For example, peer mentors in English classes understood the content and purpose of lessons and supported prisoners by providing appropriate support in various tests, such as spelling. Most prisoners commented on how the support they had received from mentors had helped them to make progress. However, in a few instances in industries, prisoners were not provided with support to improve their written English, such as improving their spelling and grammar.
- 5.25 In too many of the prison industries, tasks lacked challenge and did not require prisoners to develop new technical skills or knowledge. However, prisoners developed important behaviour and employability skills, such as communication and teamwork. By contrast, in digital coding workshops, prisoners developed a high level of skills which they used to create high-quality websites and computer applications.
- 5.26 Most prisoners had positive attitudes to learning. They were respectful and courteous to peers and staff. Teachers created calm and purposeful environments, and had high expectations of behaviour, swiftly challenging the rare occurrences of inappropriate language.

- 5.27 In most cases, prisoners took pride in their work, particularly in construction, waste management, art, digital coding, English and ESOL, valuing the importance of the skills and qualifications they were gaining. They understood the benefits of obtaining employment and were keen to show the work they had created and to demonstrate their practical skills. However, work in most industry workshops was repetitive, and those carrying out this work showed little skill development and did not share the same pride and enthusiasm as others.
- 5.28 Prisoners told us that they felt safe while attending ESW. They had been provided with information on how to stay away from the dangers of radicalisation and extremism during induction, but could not recall this being reinforced during their time in ESW.
- 5.29 ESW staff did not provide sufficient training in, or promotion of, values of tolerance and respect. Most prisoners were unsure of these and how to apply them. However, those in education classes were able to participate in a range of enrichment activities, including learning about Christmas through the ages and taking part in a Save The Children bake sale and t-shirt design, and they talked positively about these events. A few prisoners were able to develop their skills for cooking on a budget through helpful support from ESW staff. They also tasted foods they had not tried before and developed their understanding of eating healthily.
- 5.30 In education classes, prisoners developed their confidence and resilience while on their programmes. Teachers used positive feedback and demonstrated belief in prisoners' abilities to succeed. Prisoners grew to welcome feedback, which helped them to develop their learning. However, these practices were not replicated effectively in too many industry workshops.

Section 6 Preparation for release

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

Children and families and contact with the outside world

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

- 6.1 Prisoners were supported to help maintain family ties. In-cell telephony enabled daily interaction in the privacy of cells, and visiting sessions allowed for face-to-face contact. Social visits were offered five days a week, including some weekend provision, but there was only one afternoon session, which resulted in long wait times to book a social visit for some visitors. At the time of the inspection, the earliest available weekend slot was in several weeks' time, suggesting that availability did not meet the demand.
- 6.2 Lincolnshire Action Trust (LAT), a charity working with agencies within the criminal justice system to reduce reoffending, managed the visitors centre and provided good support and information to prisoners' families on arrival, with a particular focus on supporting first-time visitors.
- 6.3 The visits hall was bright and welcoming, with comfortable seating and a play area. Visitors could make purchases from a snack bar, but as a result of poor management, they often queued for long periods, missing out on valuable visiting time. We also came across instances where social visits had been oversubscribed. The prison tried to accommodate visitors when this happened, but there had been some occasions when a small number of social visits had been declined. The perception of visitors was that there was a judgemental approach towards them, and that onerous procedures led to unnecessary delays in the visits experience and curtailed sessions.
- 6.4 LAT provided a robust and compassionate family service, which impressively included offering interventions outside the parameters of their contract. For example, a 'Being Dad' parenting course had recently started, with a further two courses projected before the close of the financial year.

- 6.5 A range of family days was delivered throughout the year, including a dedicated session for prisoners who did not receive any social visits. At the time of the inspection, funding had been obtained for a Christmas-themed day, where prisoners could present gifts to their young children.
- 6.6 LAT family support workers were allocated to provide targeted family support for complex cases, such as care proceedings in the family court and brief interventions to rebuild family ties, as well as signposting further support.
- 6.7 LAT workers were proactive in obtaining regular feedback from families. This took the form of annual surveys and twice-yearly focus groups with both prisoners and their families. This had led to some positive changes. For example, ear defenders to reduce background noise and thereby anxiety were introduced for visitors with neurodivergent needs, alongside lanyards. This helped to make staff aware of visitors who might need an adapted approach, so that they could respond accordingly.

Reducing reoffending

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

- 6.8 Since the previous inspection, the function of the establishment had changed from a training and resettlement prison to a category C resettlement prison. This had resulted in an increased churn of prisoners, including those who had been recalled and were serving the remainder of brief licence period in custody. In the previous 12 months, approximately 18% of newly arrived prisoners had less than 12 weeks remaining to serve. This had presented the prison, and particularly the offender management unit (OMU), with additional challenges in sentence planning and preparation for release.
- 6.9 The head of reducing reoffending maintained oversight of end-to-end care for prisoners, addressing their educational, training, personal development and criminogenic needs. This work was supported by a strategy and an up-to-date needs analysis that was based on the local population. Efforts had been made to fill gaps identified in the needs analysis, such as interventions for the young adult population (see paragraph 6.27) and short-sentenced prisoners (see paragraph 6.32).
- 6.10 The OMU was well led, with a positive prison offender manager (POM) group working cohesively alongside an effective administration. The head of offender management delivery (HOMD) group, comprising 2.5 full-time equivalent staff, had coordinated work between them, with each providing regular and valued supervision to all POMs. We noted more management oversight of cases in the form of audits and case reviews than we usually see.

- 6.11 Caseloads were reasonable and were expected to fall a little further with the impending arrival of a new colleague early in 2024. The POMs we met had good knowledge of those on their caseload, and the prisoners we interviewed were all able to name their POM, and usually their key worker (see Glossary).
- 6.12 In most cases, the level of recorded contact between POM and prisoner was appropriate and responsive to risk and need, especially at key milestones in the sentence, such as completion of an offender assessment system (OASys) assessment or an impending parole board hearing. POMs, particularly those from a Probation Service background, were able to show regular supervision sessions with prisoners, even in the absence of any time-bound priority task. The introduction of an OMU hotline service had supplemented regular contact as it enabled prisoners to call the unit from their in-cell telephones during the lunchtime lock-up. POMs took turns to staff this telephone line.
- 6.13 Although key working structures were in place and all prisoners were allocated a key worker, this was not yet sufficiently supporting offender management. For example, POM contact was not supplemented by consistent key worker input and the quality of key worker entries was too variable. In the strongest cases, we saw well-structured entries carried out by the same key worker at each visit; however, in most cases we looked at, the range of recorded key work entries lacked sufficient detail and was often poor.
- 6.14 Additional resources had successfully been allocated to reduce the backlog of initial OASys assessments. In three-quarters of the cases we reviewed, there was a current OASys assessment. Most of these had been written by a community offender manager (COM), but we also found a good standard in cases that had been written by a POM based at Humber.
- 6.15 Most of the cases we looked at had a sentence plan and we found the majority of these to be at least reasonably good, in terms of having appropriate targets that were reflective of individual needs. The plans that were less than satisfactory failed to recognise a custodial context, had unclear objectives or specified interventions which were not relevant to the establishment. Progress against the sentence plan targets was reasonably good in most cases overall, but was not good enough in relation to offending behaviour work. Risk management plans were of reasonable quality.
- 6.16 Categorisation and transfer procedures were functioning well. The recategorisation paperwork we saw was completed appropriately. As expected due to the function of the prison, most men were assigned as category C, but there was evidence of progression with 142 prisoners (out of 183 considered) having been transferred to category D prisons. This was in addition to 95 transfers under the temporary presumptive recategorisation scheme, which had been introduced nationally to fast-track prisoners. Transfers to open conditions had been managed well, with minimal delays. Five prisoners had had their security

categorisation raised to category B because of poor behaviour and been transferred accordingly. The recategorisation decisions we reviewed were defensible.

- 6.17 The group of home detention curfew (HDC) files we examined were reasonably good. Case administrators were engaged with the cases and chased updates from the community if necessary. An eligibility check carried out following reception was repeated two days later, to identify any issues which had arisen in the meantime, which was good practice. Too many prisoners (23%) were released after their HDC eligibility date, although this was usually because of factors outside the prison's control. In one of our sample cases, it was disappointing to see that an ineligible prisoner had not been identified as such and had been put through the process, only to reach an inevitably futile conclusion, raising false hope and creating unnecessary work.
- 6.18 There were 93 prisoners serving life or indeterminate sentences for public protection, of whom 22 were beyond their tariff period. Since the previous inspection, a separate unit – the HOPE (Humber Offering Progressive Environments) unit – had been allocated for prisoners serving long, indeterminate or extended determinate sentences. The implementation of the unit allowed this population to receive targeted and focused support. Through the offer of a progressive regime, two allocated probation-employed POMs and two psychologists assigned to oversee enhanced behaviour monitoring, these prisoners received augmented oversight and intervention to support them to progress through their sentence.

Public protection

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

- 6.19 Approximately 60% of the population presented a high or very high risk of harm, but there were some weaknesses in the arrangements to manage high-risk releases. The interdepartmental risk management team (IRMT) met regularly and had been streamlined to improve the assessment and management of risk. For example, prisoners subject to monitoring due to their offence or harassment orders were reviewed frequently, although not all high-risk releases were discussed in this forum. However, this was mitigated to some extent by good relationships with COMs, whereby handovers were timely, with good joint working to support public protection and resettlement.
- 6.20 POMs attended multi-agency public protection arrangements (MAPPA) meetings, with the HOMD also providing support for cases of significant risk. We examined information-sharing reports submitted for these meetings. These were written by a mixture of prison- and probation-employed POMs, and were reasonably good overall. The clearest difference between them was the apparent extra confidence of probation-employed POMs in being analytical and not just descriptive.

Both groups avoided simply copying text from other assessments, which was positive.

- 6.21 Prisoners subject to MAPPA did not always have their management level confirmed within the pre-release window of six months, although this was often outside the prison's control as it was heavily reliant on the COMs to lead on this.
- 6.22 Prisoners whose mail and telephone calls needed to be monitored because of their offence or other restrictions were identified on arrival and these arrangements were processed efficiently. Decisions to start or remove such restrictions were made at the IRMT meeting. Intelligence from monitoring was prompt and shared appropriately. However, non-English speakers subject to this monitoring did not have their communications translated or secure video calls (see Glossary) monitored. At the time of the inspection, nine prisoners were subject to restrictions because of harassment or restraining orders and 36 were being monitored to safeguard children.

Interventions and support

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

- 6.23 The range of interventions identified as suitable for the population was informed appropriately by a prisoner needs analysis. There was a good understanding of the treatment needs of the population and appropriate programmes were offered.
- 6.24 It was positive to see that some accredited offending behaviour interventions had continued to be offered, despite the change in function for the establishment. The Thinking Skills Programme had been delivered regularly in the last 12 months and prisoners could self-refer if they wished to, but prioritisation was based on potential release date and risk. Recently, a second accredited intervention for prisoners with learning disabilities, to develop optimism and skills to strengthen their pro-social identity, known as 'New Me Strengths' (see Glossary), had also started, with one completed cohort.
- 6.25 Ingeus Justice Services (which delivers Commissioned Rehabilitative Services (CRS) such as accommodation and employment support to help offenders break the cycle of reoffending) delivered a range of interventions on a one-to-one basis and in a group setting, aimed at supporting prisoners' rehabilitation and successful transition back into the community. Regularly run courses were offered on relationships and anger management, and other courses, such as abstinence-based work or self-employment support, were delivered based on demand. Waiting lists were minimal.
- 6.26 Several younger prisoners had worked with their key workers on the Choices and Changes toolkit, to support their maturational development, having been assessed using a maturation tool. This was

a good step in better understanding this cohort, and thereby improving the support offered to them (see also paragraph 4.44).

- 6.27 In response to gaps identified as part of the population needs analysis, some external agencies had been commissioned to provide support to identified cohorts of prisoners. For example, a targeted intervention for young adults, delivered by Leaders Unlocked (see paragraph 4.44), had been run twice, as well as a life coaching course for indeterminate-sentenced prisoners.
- 6.28 Through the resettlement hub, prisoners were supported to apply for recognised identification documents and open bank accounts before release, and a host of finance, benefits and debt advice was delivered.
- 6.29 The percentage of prisoners gaining work post-release continued to improve, particularly for those who had worked before going into custody.

Returning to the community

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

- 6.30 An average of 105 prisoners were released from the establishment each month and there were processes to support handover to the community. Disappointingly, in the last 12 months, approximately 10% of prisoners (122 prisoners) had been released with no fixed accommodation in place, and only 36% into sustainable accommodation.
- 6.31 The resettlement hub consisted of a range of commissioned rehabilitative services and prison departments, which jointly provided a one-stop service to support prisoners nearing their release date. This included housing support, Jobcentre Plus and employment support. In terms of employment support, it was impressive that this included prisoners being released to anywhere in the UK, not just the surrounding area.
- 6.32 A community intervention team consisted of two practitioners, who met prisoners sentenced to two years or less, 12 weeks before their departure and again at two weeks before release, to review release plans and help address any gaps. This was a pragmatic approach to capturing the increased number of prisoners serving shorter periods at the establishment.
- 6.33 To support release planning for the rest of the population, two operational officers had been funded as an additional resource to the resettlement hub, to help prisoners to access services in-person and with addressing their release planning needs. These officers worked closely with other departments across the prison, to provide a coordinated approach to release planning.

- 6.34 A ready-for-release wing had recently been allocated, to house prisoners in the final 12 weeks of their sentence. We considered this to be an interesting and potentially useful initiative, but it was not yet fully operational in its function, and less than half the resident prisoners were within their last 12 weeks.
- 6.35 Discharge arrangements were appropriate. Prisoners were aware of their licence conditions before leaving, and of the location they needed to report to on the day of their release. It was positive to see that prisoners, particularly those who were vulnerable, were supported to reach their allocated accommodation. This sometimes included a lift to the local bus/train station or a chaperone to their accommodation, which demonstrated a good commitment to care.

Section 7 Progress on recommendations from the last full inspection and scrutiny visit reports

Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2017, the reception area was welcoming and induction was informative. Despite good violence management work, a high number of prisoners reported being victimised and levels of violence were high. Use of force was high and governance was weak. Segregation was managed well and used sparingly, and reintegration was good. Security was generally proportionate and there had been some effective work to reduce incidents involving new psychoactive substances (NPS); however, availability of drugs remained high. Self-harm was high but at-risk prisoners had good support through case management. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The governance of use of force should provide assurance that it is always used as a last resort. All planned interventions should be filmed and reviewed, and all documentation completed. Lessons should be learned and disseminated to improve practice.

Achieved

The prison should develop, implement and dynamically review a comprehensive drug supply reduction action plan. Required responses to intelligence should be completed promptly, with all prisoners suspected of taking drugs being tested within required timescales.

Not achieved

Recommendations

Reception and first night staff should thoroughly assess the immediate needs and vulnerabilities of new arrivals and ensure that adequate support is offered. First night centre staff should be aware of all new arrivals and check on them regularly through the night.

Achieved

Officers should issue written incentives and earned privileges warnings and information about appealing downgrades to prisoners.

Achieved

The prison should survey prisoners' perceptions of safety annually, and use the results to inform the strategic management of violence reduction.

Partially achieved

Perpetrators of violence should receive support to change their behaviour.

Not achieved

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

Achieved

Prisoners should only be handcuffed during escort to hospital following an assessment of individual risk.

Achieved

The practice of photocopying all prisoner mail should be reviewed to ensure that it remains proportionate and is effective.

Achieved

Actions identified by the safer custody meeting should be clearly communicated to unit staff to ensure a consistent approach and application.

Achieved

The prison should explore and address prisoners' negative perceptions of access to Listeners to ensure they have confidence in the scheme and can access Listeners when requested.

Achieved

The prison should have a designated safeguarding lead who should be an active member of the local safeguarding adults board. All staff should be trained in safeguarding policy and procedures.

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, staff-prisoner relationships were good. Some residential units were overcrowded and lacked sufficient furniture or decency screening, but most accommodation was in reasonable condition. The complaints system was well managed. Food was adequate but portions could be small. Equality and diversity work was underdeveloped. Faith provision was good. Health services were reasonable overall, but unable to meet all ongoing mental health needs. Support for prisoners with substance misuse problems had improved. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

The national equality monitoring tool should cover all protected characteristics and produce data that is not more than a month old.

Achieved

Mentors employed by the Humber Pilot scheme should have routine staff oversight, support and supervision to ensure a safe and appropriate service.

Achieved

Prisoners should not be held in overcrowded conditions.

Not achieved

Toilets in cells should be adequately screened, and prisoners should have access to clean bedding weekly.

Achieved

Officers should respond to cell bells promptly, and the timeliness of responses should be monitored and action taken to address delays.

Achieved

Prisoners should be provided with adequate portions at all mealtimes.

Achieved

New arrivals should be able to obtain a first shop order promptly after arrival.

Not achieved

Prisoner consultation meetings should be more representative of the general prison population. Minutes of the meeting should identify clear action points and show whether they have been achieved.

Achieved

The equality strategy and action plan should outline how the needs of all protected groups will be addressed, and be underpinned by information obtained from consultation. Staff should have sufficient time to implement the action plan.

Partially achieved

Discrimination incident reporting forms should be freely available on all residential units.

Achieved

There should be a paid carer scheme to support prisoners with disabilities who need extra support, and all staff should be aware of the personal emergency evacuation plan system.

Not achieved

Buddhist and Rastafarian chaplains should be available for prisoners who follow those faiths.

Not achieved

The health care provider should routinely gather and analyse prisoners' views on health care to support service development.

Not achieved

Waiting areas in the health care centres should be furnished appropriately and cleaned regularly.

Not achieved

Emergency resuscitation equipment should be kept in good order, with regular documented checks.

Achieved

Prisoners with mental health problems should have prompt access to a comprehensive range of care-planned support that meets their identified needs, including one-to-one support, groupwork and psychologically informed interventions, provided in a safe and appropriate environment.

Achieved

Prisoners requiring transfer under the Mental Health Act should be assessed and transferred within agreed Department of Health timescales.

Not achieved

Prisoners with substance misuse issues should have easy access to a comprehensive range of interventions to meet their assessed needs, including groupwork, peer support, family work and clinical monitoring post-methadone initiation.

Achieved

Prisoners who need it should have access to overdose training and a naloxone pack before their release.

Achieved

The in-possession medicines policy should be adhered to, particularly compliance checks and regular review of patient status.

Achieved

All medicines should be stored appropriately and fridge temperatures recorded regularly, with remedial action taken when temperatures fall outside the required range of 2-8°C.

Not achieved

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

Achieved

Purposeful activity

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

At the last inspection, in 2017, the regime was predictable but over a third of prisoners were locked in their cells during the working day. There were insufficient activity places. About a quarter of the population was unemployed and many others were underemployed. Most prisoners had reasonable access to decent library and gym facilities. The management of activities was strong and leading to improvements. There were some very good workshops but not enough accreditation of skills. There were good links with outside employers. Teaching was good for most courses but not for English and maths. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

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

Not achieved

Recommendations

All prisoners should have at least one hour of exercise a day.

Not achieved

The PE department should offer a range of accredited qualifications, and recreational gym should not be provided during the working day to prisoners who should be in education or work.

Achieved

The quality of teaching, learning and assessment should be evaluated accurately.

Not achieved

English and mathematics teachers should base learning activities on individual prisoners' needs to aid their progression.

Achieved

All prisoners on work places should have the opportunity to achieve a qualification that will help them gain employment after release.

Not achieved

Instructors should be trained in identifying and supporting additional learning needs so that they can give prisoners appropriate support to develop new skills and achieve qualifications.

Partially achieved

Instructors should promote respect for diversity and tolerance to prisoners working in prison workshops.

Achieved

Prison and Novus managers should investigate the reasons for the high drop-out rate from some education and training courses, and take steps to increase retention rates.

Achieved

Rehabilitation and release planning

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

At the last inspection, in 2017, prisoners had good access to visits and there were regular family days, but family engagement work was generally weak. Resettlement functions were appropriately managed. There was a backlog of OASys (offender assessment system) assessments, but completed assessments were good quality. We saw generally adequate work in individual cases but not always enough contact. Home detention curfew (HDC) decisions were appropriate. There were some weaknesses in public protection procedures. Interventions did not meet all the main offending behaviour needs. Resettlement planning and work were generally good, with very good work to secure sustainable accommodation. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Prisoners should only be transferred to HMP Humber if they have an up-to-date OASys assessment.

Not achieved

The prison should support family engagement by re-introducing parenting and relationship courses, ensuring that all visits are for the full allotted time, and providing better resources and activities for visiting children.

Partially achieved

Sentence plan targets should be specific and aimed at reducing the prisoner's identified risks.

Achieved

All prisoners due for release and subject to MAPPA should be reviewed and managed through the public protection meetings.

Not achieved

The level of contact by offender supervisors with prisoners beyond sentence planning and OASys reviews should be agreed and monitored to ensure consistency.

Achieved

Casework, professional supervision and personal development should be provided to all offender supervisors, whatever their professional background.

Achieved

There should be a suitable range and number of offending behaviour programmes to meet the needs of prisoners.

Achieved

The prison should follow up prisoners released without a specific address, and use outcomes from this data to inform service development.

Not achieved

The prison should develop a policy to address domestic violence that ensures that perpetrators are identified and risk of reoffending is addressed, including any child protection concerns.

Not achieved

The prison should identify and publicise support available in custody for prisoners who have worked in the sex industry and/or have been the victim of domestic abuse.

Not achieved

Procedures for liaison between the prison and responsible officers in the community should ensure that all relevant information about a prisoner's progress and ongoing need is shared.

Achieved

Mentoring and meet-at-the-gate support services should be developed to meet the needs of prisoners.

Not achieved

Recommendations from the scrutiny visit

The following is a list of the recommendations made in the scrutiny visit report from November 2020.

Prisoners located in the reverse cohort unit cells should have more time out of cell each day, equivalent to that received by other prisoners living on the main wings.

No longer relevant

Managers should investigate why so few prisoners who have been supported through ACCT procedures felt cared for by staff and use the findings to inform an improvement strategy.

Achieved

Prisoners should be able to make complaints without impediment. These should be processed efficiently and effectively including thorough investigations and comprehensive responses that address the issues raised.

Achieved

Prisoners with protected and minority characteristics should be identified clearly, their needs thoroughly assessed, and arrangements put in place to ensure that they receive access to the services and support they need.

Partially achieved

Dental treatment should be provided promptly, and be equivalent to that delivered in the community.

Achieved

Pharmacy services and medicines management should be consistently and assertively scrutinised, to minimise risks to the safety of prisoners.

Not achieved

All prisoners due for release should be actively and directly involved in assessing and identifying their resettlement needs, and in making plans to address these.

Achieved

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Preparation for release

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

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

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

We also provide examples of **notable positive practice** in our reports. These list innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

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

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

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

This report

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

<https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/>). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy Chief Inspector
Ian Dickens	Team leader
David Owens	Inspector
Nadia Syed	Inspector
Lindsay Jones	Inspector
Chris Rush	Inspector
Dawn Mauldon	Inspector
Martyn Griffiths	Inspector
Sam Rasor	Researcher
Sam Moses	Researcher
Alicia Grassom	Researcher
Isabella Heney	Researcher
Helen Downham	Researcher
Shaun Thomson	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Helen Jackson	Pharmacist
Joe White	Care Quality Commission inspector
Janie Buchanan	Care Quality Commission inspector
Chris Brooker	Ofsted inspector
Dave Everett	Ofsted inspector
Jonny Wright	Ofsted inspector
Karen Anderson	Ofsted inspector

Appendix II Glossary

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

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Enabling environments accreditation

This accreditation is awarded by the Royal College of Psychiatrists to institutions and organisations that meet required standards for creating a positive environment and healthy relationships.

Key worker scheme

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

Leader

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

New Me Strengths

Designed for medium and above risk adult men who have learning disabilities or learning challenges and a conviction(s) for any offence. It supports participants to develop optimism, and skills to strengthen their pro-social identity and plan for a life free of offending.

Offender management in custody (OMiC)

The Offender Management in Custody (OMiC) model, which has been rolled out in all adult prisons, entails prison officers undertaking key work sessions with prisoners (implemented during 2018–19) and case management, which established the role of the prison offender manager (POM) from 1 October 2019. On 31 March 2021, a specific OMiC model for male open prisons, which does not include key work, was rolled out.

PAVA

PAVA (pelargonic acid vanillylamide) spray is classified as a prohibited weapon by section 5(1) (b) of the Firearms Act 1988.

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Psychoactive substances

These are either naturally occurring, semi-synthetic or fully synthetic compounds. When taken they affect thought processes or individuals' emotional state. In prisons, these substances are commonly referred to as 'spice'.

Secure video calls

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

Shannon Trust

A national charity which provides peer-mentored reading plan resources and training to prisons.

Social care package

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

Temporary presumptive recategorisation scheme

An urgent measure designed to facilitate the presumptive recategorisation of prisoners from category C to category D to make the best use of the prison estate. It will apply to category C prisoners serving standard determinate sentences who meet certain risk and offence criteria.

Time out of cell

Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Virtual campus

Internet access for prisoners to community education, training and employment opportunities.

Appendix III Care Quality Commission Requirement Notice



Care Quality Commission (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>

The inspection of health services at HMP Humber was jointly undertaken by the CQC and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies (see <https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/working-with-partners/>). The Care Quality Commission issued 'requirement to improve' notice/s following this inspection.

Provider

Spectrum Community Health CIC

Location

HMP Humber

Location ID

1-13688603318

Regulated activities

Diagnostic and Screening Procedures
Treatment of disorder, disease or injury

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 12 Safe Care and Treatment

12. -

1. Care and treatment must be provided in a safe way for service users.
2. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include:
 - (a) assessing the risks to the health and safety of service users of receiving the care or treatment

- (g) the proper and safe management of medicines
- (i) where responsibility for the care and treatment of service users is shared with, or transferred to, other persons, working with such other persons, service users and other appropriate persons to ensure that timely care planning takes place to ensure the health, safety and welfare of the service users

How the regulation was not being met:

The registered provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

- Staff undertook clinical assessments and interventions in prisoners' cells, including SMS assessments and urine testing and some wound care.
- Sharps bins were not assembled correctly; some were full and not disposed of.
- One clinic room did not have a clinical waste bin; a used, open clinical waste bag was on the floor (Zone1).
- One patient did not receive a falls risk assessment following a series of falls.

There was no proper and safe management of medicines. In particular:

- Records of the use of the out of hours and emergency medicines cupboards were not maintained by staff. Stock checks and audits were not completed by staff.
- Patient specific medication was not labelled – insulin pens.
- Not all fridges were checked as required.

The provider did not ensure that timely care planning takes place to ensure the health, safety and welfare of the service users. In particular:

- Care plans for those with a LTC were not always in place or were from previous prisons. Care plans for LTC were generic, not personalised and of a poor quality. Care plans were not reviewed regularly and annual reviews were not always completed.

This was in breach of regulation 12(1)(2)(a)(g)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 17 Good Governance

17. -

1. Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.

2. Without limiting paragraph (1), such systems or processes must enable the registered person 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 arise from the carrying on of the regulated activity.

How the regulation was not being met:

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- Managers did not analyse data sufficiently to identify and understand patient safety concerns, gaps in service provision and opportunities for service improvement.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- There are no written processes in place relating to reception processes, administrative duties and the SOP for the out of hours medicines and emergency medicines cupboard did not include an audit of use.

This was in breach of regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Appendix IV Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

Crown copyright 2024

This publication, excluding logos, is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

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

This publication is available for download at: <http://www.justiceinspectrates.gov.uk/hmiprisons/>

Printed and published by:
HM Inspectorate of Prisons
3rd floor
10 South Colonnade
Canary Wharf
London
E14 4PU
England

All images copyright of HM Inspectorate of Prisons unless otherwise stated. Cover photo supplied by HM Prison and Probation Service.