

Annual Report of the Independent Monitoring Board at HMP Humber

**For reporting year
1 January 2020 – 31 December 2020**

Published May 2021

Contents

Introductory sections 1 – 3	Page
1. Statutory role of the IMB	3
2. Description of the establishment	4
3. Executive summary	5
Evidence sections 4 – 7	
4. Safety	10
5. Fair and humane treatment	15
6. Health and wellbeing	20
7. Progression and resettlement	25
The work of the IMB	30
Applications to the IMB	30

Introductory sections 1 – 3

1. Statutory role of the IMB

The Prison Act 1952 requires every prison to be monitored by an independent Board, appointed by the Secretary of State from members of the community in which the prison is situated.

Under the National Monitoring Framework agreed with ministers, the Board is required to:

- satisfy itself as to the humane and just treatment of those held in custody within its prison, and the range and adequacy of the programmes preparing them for release
- inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has
- report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively, its members have right of access to every prisoner and every part of the prison, and also to the prison's records.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that States designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The Independent Monitoring Board (IMB) is part of the United Kingdom's National Preventive Mechanism.

Description of the establishment

- 2.1 HMP Humber is a large category C training prison in East Yorkshire, holding up to 1,062 adult males. It was formed from a merger in 2014 of the formerly privately run HMP Wolds and HMP Everthorpe, operated by Her Majesty's Prison and Probation Service, which were on adjacent sites and ran independently of each other.
- 2.2 The original HMP Wolds (now called zone 1) opened in 1992 as the first privately run prison in Europe. Originally, it was a remand prison, and in 1993 it re-rolled to a category B prison. It was again re-rolled in 2001 to a category C training prison. The site included up to seven residential wings and a segregation unit. At the time of the merger, there were eight operational workshops, a kitchen, a gym, a chaplaincy, a visits centre, a health unit, an education area and a library. The site also included gardens and administrative offices.
- 2.3 The original HMP Everthorpe (now called zone 2) was built in 1958 as a borstal, converted to house male prisoners in 1991 and operated as a category C training prison. Subsequently, the site expanded to include up to seven residential wings, a segregation unit and a small residential unit for up to 14 category D prisoners. At the time of the merger, there were 19 operational workshops, a kitchen, a gym, a chaplaincy, a visits centre, a healthcare unit, two education areas and a library. The site also included gardens and administrative offices.
- 2.4 In April 2013, a contract to run a new prison was formed by the merger of the two separate prisons, and awarded to HM Prison Service. From 2014, the reformed HMP Humber operated under one Governor and a senior management team (SMT), across the two sites which were still separated by a wall.
- 2.5 In January 2014, contractors began work to unite the two sites, and created a connecting walkway, which became operational on 1 May 2015. This was the date that the site officially became operational as one prison. Since this date, there has been an extensive rationalisation of several functions and use of buildings to operate more efficiently.
- 2.6 The new site operates with one kitchen, together with a bakery, two libraries (one of which is run on a part-time basis), one visits centre, one chaplaincy, two gyms, one healthcare surgery together with a separate mental health unit, one large segregation unit with accommodation for 14 prisoners, and provision for many workshops, of which 25 are operational.
- 2.7 The prison has an operational capacity of 1,062 and a certified normal capacity of 952 (as of December 2020). At the end of 2020, the prison held 898 adult male prisoners, which was a reduction on the population held before the implementation of the COVID-19 restrictions. This meant that fewer prisoners were sharing cells, which helped with the control of the virus.

Key providers

Primary healthcare:	City Health Care Partnership (CHCP)
Mental healthcare:	CHCP
Substance use:	CHCP
Education:	Novus
Community rehabilitation company:	Humberside, Lincolnshire & North Yorkshire
Escort contractor:	GEOAmey

3. Executive summary

3.1 Background to the report

This report presents the findings of the Board at HMP Humber for the period 1 January 2020 to 31 December 2020. Over the 12-month period, the COVID-19 pandemic has had a significant impact on the ability of the Board to monitor effectively and gather relevant information.

Evidence for this report comes from applications to the Board, observations made on visits, scrutiny of records and data, attendance at meetings and also remote monitoring (that is, informal contact via telephone and email).

Over the reporting period, the prison has operated normally for only three months, with the remaining nine months being under various iterations of national lockdown, which means that blended monitoring has taken place. For nine months, two members of the Board made visits to the prison in person, when it was safe to do so, with the remaining members undertaking monitoring duties remotely.

The Board has been impressed with the professionalism of the Governor and SMT, and commends them on the speed at which revised and very restricted systems of working were implemented, so as to mitigate the threat of COVID-19 to the population.

The Board is grateful for the cooperation and assistance of all prison staff during this very challenging and unpredictable year and wishes to commend them for their outstanding work, dedication and commitment to caring for the prisoners with both sensitivity and compassion. The Board confirmed, via conversation during limited physical visits, that the prisoners were thankful of the hard work of staff to provide them with a safe and secure environment.

Her Majesty's Inspectorate of Prisons (HMIP) carried out a scrutiny visit to HMP Humber on 3 and 4 November 2020, during which they identified some areas of concern. They made a small number (seven) of key recommendations to assist the prison in addressing the most significant weaknesses in the treatment and conditions of prisoners. As a result of the visit, they advised of three notable positive practices.

3.2 Main judgements

How safe is the prison?

The Board feels that, following the announcement of the restrictions in prisons at the end of March 2020, the prison has been extremely well managed within the circumstances and constraints of the COVID-19 pandemic. The Governor and SMT reacted swiftly to minimise the spread of the virus. All possible consideration was given to revising and restricting the systems of working, to maintain the safety of everyone within the establishment – staff and prisoners alike – and to mitigate the threat of the virus.

A number of prisoners and staff have said to the Board that they feel safer and happier in the very restricted and more controlled environment, and this was supported by the HMIP prisoner survey. Statistics have supported that, over the months of the restricted regime, levels of violence, self-harm and assaults have declined significantly from those before the lockdown. However, as the duration of the restricted regime has continued, the levels of self-harm have increased and a recent survey has indicated growing concerns. The number of prisoners placed in the segregation unit has been very low, which is indicative of the reduction in violence across the prison.

How fairly and humanely are prisoners treated?

Prior to COVID-19 and under a normal progressive prison regime, the Board agrees that prisoners are treated fairly and humanely within HMP Humber.

During the period of COVID-19 restrictions and the various stages, good relationships between staff and prisoners, and the open two-way communications, helped to increase prisoners' sense of personal safety and the overall trust in staff. However, it must be noted that over this long period of time, minimal positive interactions cannot take the place of progression, rehabilitation, education and purposeful activity. Over time, being behind a door for the vast majority of the day will have a long-term and detrimental effect on general health and wellbeing.

There continues to be a positive attitude towards supporting prisoners in maintaining good relationships with their family and friends by means of additional telephone credit and time, and the option of 'Purple Visits' in place of social visits. Gestures such as "treat packs" and additional telephone credit and time are seen by the Board as being positive in supporting the prisoners in managing themselves through this ongoing crisis.

As a result of the COVID-19 restrictions and limited movements between establishments, the loss and/or mismanagement of property has surprisingly still been a negative issue for prisoners. This has been reflected in applications to the Board. As a Board, we are aware that this is still a huge issue, on a nationwide level.

How well are prisoners' health and wellbeing needs met?

It is the opinion of the Board that the prison has been extremely well managed within the circumstances and constraints of the pandemic. All possible consideration has been given to the wellbeing of prisoners, and as a result they have behaved and conformed very well. Ongoing communications as to the reasons behind any new restrictions have been effective, with prisoners understanding why the restrictions have been in place.

During the restricted regime, the Board has received applications suggesting that access to some healthcare services has been problematic. However, the Board feels that, overall, healthcare provision has been good, as stated within the HMIP report. It has maintained core functions during the restricted regime, including access to GPs and nurses, emergency dentistry, mental health services and substance misuse support, which has reflected life in the wider community. Some of the clinics have not fully restarted and some, such as dentistry, have accumulated an extensive waiting list.

The Board does have serious reservations with regard to prisoners being in their cell for up to 23 hours each day and the impact on their mental health, both short and long term.

How well are prisoners progressed towards successful resettlement?

It is the Board's opinion that during the period from January to March 2020 and under the normal regime, HMP Humber had a clear focus on progression and rehabilitation, as also stated in the HMIP report.

The restrictions imposed upon the prison, although to keep everyone safe, have seriously compromised the overall progression towards successful resettlement.

The loss of many of the rehabilitative tools needed to progress has been a huge frustration, both to staff and prisoners. Offending behaviour programmes have restarted on the Hope unit, which supports indeterminate-sentenced prisoners in their progression.

The withdrawal of Novus for a long period of time has had a detrimental effect on both the wellbeing and progression of the prisoners.

3.3 Main areas for development

TO THE MINISTER

The Prison Service, on the whole, has managed the process of safeguarding the staff and prisoners within their care well. However, the impact of the restrictions imposed upon prisons cannot be underestimated, together with those within them. The Board has grave concerns about the potential for long-term damage to the prisoners. We are keen to hear from the minister about the proposals he has to address this, as restrictions are removed.

The loss of prisoners' property, both within the prison and during prison transfers, is still happening on a regular basis. It continues to be the biggest single cause of complaints to the IMB and was raised in our 2019 report. It causes stress to the individuals affected and also significant additional work for the prison staff, together with unnecessary costs to the tax payer. In the minister's response of 3 September 2020 to Dame Anne Owers' national annual report for 2019/20, Lucy Frazer QC MP refers to the drafting of a new policy framework to replace Prison Service Instruction (PSI) 2011/12. This initiative was started in 2019, and is still not showing any benefits, in terms of addressing the relatively simple challenge of not losing prisoners' property.

The Board believes that the current level of property losses and mismanagement is wholly unacceptable, especially with the limited movement and transfers of prisoners from one establishment to another. The current approach is too slow and detached. It needs a more engaged approach to understand and address urgently the practical reasons for this chronic problem.

TO THE PRISON SERVICE

The COVID-19 pandemic has caused huge disruption to all sectors of the country, bringing it to a virtual standstill, with the constant changes in the evolution and suppression of the virus. Due to the duration of the ongoing pandemic, the opening and closing of restrictions has had very damaging consequences. However, within a prison environment this is exacerbated. The national leadership of the Prison Service has, in the opinion of the Board, hindered the ability of the prison to progress with the recovery process. The Governor and SMT at HMP Humber have worked tirelessly in planning and taking small steps forward with the recovery process, only to be halted. They have been frustrated at the slow pace of recovery set out by national guidance from HMPPS, which has allowed little, if any room, for autonomy. The Board is of the opinion, in relation to the conditions required to operate the different stages of recovery, that one size does not fit all, and that a higher degree of dynamism needs to be demonstrated.

The ongoing and damaging impact of extended lockdown is illustrated in the survey of prisoners referred to in the safety section.

TO THE GOVERNOR

The Board acknowledges the excellent continued work by the Governor and SMT in their ongoing commitment to building a recovery plan as a result of the COVID-19 pandemic, maintaining the stability of HMP Humber and everyone who works and resides there, and in managing the frustrations due to continued setbacks. The overall stability of the prison has been maintained because of good relationships between prisoners and staff, which demonstrates strong leadership.

As a Board, we wish to raise two areas of concern:

- Complaints within the prison: we are of the opinion that a substantial number of applications that we receive is in relation to 'complaints within the prison process', and, as such, should be satisfactorily concluded within that process and without encumbrance.
- The number of Patient Advice and Liaison Service (PALS) submissions which are not responded to within the stipulated 10 days is of concern to the Board. There was a total of 530 PALS submissions in 2020, 264 (50%) of which were not replied to within the specified timescale. Following a freedom of information (FOI) request, the healthcare provider - CHCP have explained this as being a result of COVID-19 and prioritisation. However, this is a problem which has been mentioned to the Board by prisoners since before the COVID-19 pandemic.

The Board appreciates the regular updates from the Governor and welcomes the opportunity to discuss matters on an ongoing monthly basis.

3.4 Progress since the last report

The Board feels it inappropriate to comment on progress from the last report as, much, if any, progress made has probably been lost during the restricted regime due to the COVID-19 pandemic. Comparative figures are also likely to be severely distorted due to a different regime being in place in 2019 compared with 2020.

Evidence sections 4 – 7

4. Safety

The prison annual data overview indicates that the 12-month periods January to December 2019 and January to December 2020 show reductions in the following aspects of safety data:

- Self-harm: 797 to 544 – 32% lower
- Violence against prisoners: 229 to 108 – 53% lower
- Prisoners 'under the influence': 324 to 99 – 69% lower

While this is a positive set of data, it is clear that the restricted regime due to COVID-19 will account for much of this reduction. We do not have access to information to explain the degree to which this reduction in self-harm and prisoner-on-prisoner violence is due to a reduction in drug debts.

4.1 Reception and induction

The transfer of prisoners has carried on throughout the pandemic and has been well managed. The transport arrangements, limited number of prisoners in each vehicle and adherence to social distancing, together with sanitising, have been excellent.

New arrivals, limited to five at a time, have been observed arriving and proceeding smoothly through reception, with adequate attention to screening and distancing in place. The Board is satisfied that the measures in place to ensure that infection is not brought into the prison are well managed. The body scanner in reception has also reduced the need for physical contact between staff and prisoners, and has at the same time proved invaluable for preventing prohibited items getting into the prison.

All new arrivals have access to a Listener (a peer mentor, trained by the Samaritans to provide confidential emotional support) upon arrival. The availability of this was curtailed due to the pandemic, but all now have the opportunity to access this service, should they wish to.

Healthcare screening at reception this year has been enhanced by the introduction of an assessment of both mental health and substance misuse. This element is carried out by a mental health professional and helps to identify any additional vulnerabilities and risks as prisoners enter the establishment. This was identified as a notable positive practice at the recent HMIP scrutiny visit. New arrivals are monitored for COVID-19 symptoms on their arrival and during the reception screening, with actual testing being implemented for prisoners arriving in December. This is followed by a full health check assessment within 72 hours of their arrival. This was again supported in the HMIP report.

Within two hours of arrival, new prisoners are taken to either F or H wing, both of which are reverse cohort units (RCUs). The first night is well managed, with prisoners who have to share a cell given the opportunity to choose who they share with. The new arrivals stay at this location for the first 14 days before being moved onto a wing. These prisoners exercise outside in the yard, within an area marked out

especially for those from an RCU, and are separate from other prisoners. Contact with family and friends is maintained, via use of the in-cell telephones.

The full and formal induction programme has been suspended throughout the COVID-19 regime, and has been reduced to staff making the induction literature available to new prisoners. A member of the chaplaincy team visits all new arrivals but the limited induction process is not ideal. There appears to be a lack of information available about the IMB and the more recently introduced 0800 telephone application line. Education assessments have not taken place throughout the restrictions.

Also praised in the HMIP scrutiny visit report was the well-established 'Humber Pilot' scheme, which has great credibility among prisoners. The scheme was designed, and is led, by serving prisoners. Through peer support, advice and guidance, it helps prisoners to progress and navigate their prison journey positively. At the heart of the Humber Pilot vision is progression, with a core focus on not just improving prison life, but also improving the employment opportunities of "pilots". There is a minimum of one pilot per wing, and normally a team of nine core pilots. At the year-end, there were four vacancies, for which new prisoners have been appointed and are awaiting security clearance.

4.2 Suicide and self-harm, deaths in custody

There was one death in custody in the reporting period, as a result of apparently self-inflicted injuries. This compares with five deaths in custody in 2019 (including one from a heart attack 48 hours after release).

The downward trend for self-harm incidents during 2019 continued in 2020; there were 544 cases in the reporting period, compared with 797 in 2019. The most frequently used method for self-harm continues to be cutting, and a razor is the most frequently used tool. The prison restricts the issue of razors for at-risk individuals and supervises shaving in some cases. It is also hoped that the prison will be able to take part in a trial of an 'unbreakable' safety razor in 2021.

It has clearly been challenging for prisoners to be in their cells for long periods – up to 23 hours a day at one point – and there has been some protesting behaviour associated with that, but many prisoners and staff are saying that they feel safer and happier in this more controlled environment.

However, the Board understands that the Governor received feedback in December 2020 following a three-monthly independent survey of prisoners, via in-cell telephone. The results of this demonstrate a change in the general mood of the prisoners, with the following points being raised:

- Prisoners who have never self-harmed are using this now as a coping strategy
- As a result of the long periods of lock-up, prisoners are dwelling on past memories of childhood trauma
- Prisoners with autism and learning disabilities are struggling, due to the limited support and regime
- Prisoners are dwelling on the experience of bereavement and need specialist care.

As a Board, we would have to agree with the points highlighted, especially as, at the time of writing this report, the very restricted regime has lasted for nine of the 12 months of 2020.

The number of assessment, care in custody and teamwork (ACCT) documents opened continued on a modest downward trend. The numbers per month in the reporting period fluctuated between 32 and 68, with a total for the year of 541, compared with 569 in 2019. The majority of ACCTs are opened as a result of self-injury or a statement of intent to self-injure. The Board has not been able to participate in many ACCT reviews or scrutinise the quality of the documentation.

Andy's Man Club was suspended for a time but was reinstated, albeit limited by COVID-19 restrictions, and is regularly attended by up to 25% of the prison population. At the end of the year, the new prison television channel started broadcasting Andy's Man Club podcasts, which it is hoped will increase the reach of the service.

The Listeners service has been disrupted by the lockdown. The formal scheme was suspended for several months, and was only reinstated towards the end of the year. At year-end, there were only 10 Listeners in the prison and, unfortunately, the latest recruitment campaign resulted in only two who passed vetting. A new recruitment campaign was started at the beginning of 2021, with a plan to use the prison television channel to raise awareness among the population.

Prisoners have been able to contact the Samaritans during the pandemic via their in-cell telephone.

4.3 Violence and violence reduction, self-isolation

Violence in the prison has continued on the downward trend that preceded the pandemic. There were 46 incidents of prisoner-on-staff violence, with a trend that saw the rate halve over the year. There were 108 incidents of prisoner-on-prisoner violence recorded, with a marked decrease in the first few months of the year, from a peak of 21 in February to a low of two in May, followed by a slow increase during the rest of the year, rising to 10 incidents in December. This rise was due partly to prisoners venting more of their frustrations, and partly to prisoners having more opportunity to settle debts when the restricted regime was relaxed somewhat in the second half of the year.

The number of challenge, support and intervention plans (CSIPs) opened is steady, at about 30 per month, compared with about 40 per month in 2019. These enable prisoners to be managed via regular multidisciplinary reviews, including an exit strategy for each individual. Significantly, more plans were opened to address poor behaviour in December than for support, reflecting an increase in protesting prisoners, threats and unacceptable conduct.

4.4 Vulnerable prisoners, safeguarding

The prison does not provide separate accommodation for prisoners considered vulnerable. It does not accept prisoners convicted of sexual offences. Men transferred in who claim to be at risk from other prisoners are considered by safer custody staff. Only 2% of the prison population are stated to be over 60 years of age, and no specific accommodation is provided for them.

The group identified as being particularly vulnerable is men under 25, of which there were 105 at the year-end, who are identified with low levels of maturity. The Board is pleased to see that resources are being made available to address this issue, and several key workers have been identified to work solely with the under-25s. While it is unfortunate that some of the training had to be cancelled due to restrictions under the COVID-19 regime, the Board hopes that progress will continue in this area.

4.5 Use of force

There were 263 uses of force in the reporting period, compared with 458 in 2019. This follows the general downward trend in violence resulting from COVID-19 restrictions being in place throughout most of the year.

Six prison officers are trained in the use of PAVA (pelargonic acid vanillylamide) spray, an incapacitant spray, which was deployed just once in the reporting period.

4.6 Substance misuse

Prisoners who are drug or alcohol users will usually already have been assessed and confirmed as such on arrival at HMP Humber. Those who are currently on a methadone programme will remain on it, and will be reviewed by the drug and alcohol recovery team (DART) to discern whether they should be on a 'maintenance' or 'recovery' plan, and whether they should be referred to the recovery wing (see section 6.6). There is a good relationship between the teams at HMP Humber and HMP Hull, where most prisoners arrive from, in terms of sharing of information and continuity of care. Medical detoxification is carried out at HMP Hull, but HMP Humber provides ongoing psychosocial interventions.

The incidence of drug finds within the prison dropped in 2020 compared with previous years, which is probably in large part attributable to the restrictions of the current COVID-19 regime. The overall number of finds for the period April to December 2020 was 181. The numbers had dropped from the previous year; for example, the number of drug parcels intercepted or found for this period was two, compared with 75 for the same period in 2019, and the number of vape devices intercepted or found for the period April to Dec 2020 was 21, compared with 66 for the same period in 2019 (source: HMP Humber drug strategy data capture figures).

Drugs coming into the prison tend to arrive via incoming mail or 'throw-overs'. The methods for dealing with these have continued throughout the year, with the photocopying of prisoner mail and the use of high-tech scanners to detect traces of drugs on any correspondence, in addition to the use of x-ray and the body scanner on new arrivals at the prison. The Yorkshire area search team uses drug-finding dogs and is usually present in the reception area, for the arrival of new prisoners, on at least three occasions per week. The dogs are also taken onto the wings to search for drugs.

Mandatory drug testing (MDT) was carried out in the prison between January and March 2020, but was suspended due to COVID-19 until November 2020. The number of mandatory drug tests that returned a positive result fell from 18 in January 2020 to eight in March 2020. The positive rate continued to fall when testing resumed, with six positive tests in November 2020 and three in December 2020. Positive test results also fell each month as a percentage of the mandatory drug tests undertaken. They reduced over the year from 18.75% positive of all tests taken in January 2020, to 3.26% positive of all tests taken in December 2020. The majority of positive results returned over the year (34 out of 47) were for psychoactive substances, with very small numbers for opiates, cannabis, buprenorphine, cocaine and other 'unauthorised items' making up the remaining positive results.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

There has been a deliberate policy to reduce cell sharing during the pandemic, which has been aided by a reduction in the population. This has resulted in the number of prisoners sharing cells designed for one to be reduced to approximately 74.

The older accommodation in zone 2, including showers, has been refurbished and most prisoners receive cleaning materials in order to maintain clean cells. Some decoration has been carried out in general wing areas, such as murals being painted in J wing. In-cell telephones have proved to be of great benefit during the pandemic, and prisoners have been provided with extra telephone credit during this time (see section 7.4).

Prisoners generally have access to showers on a daily basis, with most having 45 minutes per day to shower and carry out domestic tasks in their cells. The HMIP report noted that the kit exchange scheme is working reliably, and that wing-based laundry arrangements are well organised.

Wide-ranging maintenance work has been taking place during the reporting period and is still ongoing. This includes boiler replacements, roof repairs, a new cold store and freezer in the kitchens, new perimeter fencing, and cell and fire alarm upgrades, which are still taking place. This has brought challenges for the prison, in terms of managing large numbers of contractors while ensuring that COVID-19 precautions remain in place.

The catering department has maintained provision of food standards during the pandemic, despite a reduction in the number of kitchen workers (from the normal number of 25–30 to a maximum of 16 prisoners), and despite some issues with kitchen staff being off work. Kitchen workers work in separate areas of the kitchen throughout the day, in an attempt to reduce mixing of different groups of people. Food hygiene training has continued for bakery and kitchen workers, and wing servery workers. This is now being carried out by the education provider, Novus, on the wings.

Contingency supplies to provide 48 hours' worth of meals have been maintained throughout the pandemic, and pre-planning in food ordering well in advance of the Christmas period ensured that a full festive menu was provided. The provision of special diets was largely maintained over the reporting period, and 63% of respondents to the HMIP survey said that the food was good or reasonable. HMIP noted that consultation arrangements were good, and that considerable efforts were made to try to accommodate prisoners' preferences.

The provision of care packages or 'treat packs', containing a mixture of sweet and savoury snacks, extra coffee and bottled water, has been maintained throughout the reporting period, having been introduced in March 2020. Ramadan flasks were provided as usual, and alternative menus were provided for other events, such as during Black History Month and for other religious festival meals.

5.2 Segregation, special accommodation

The segregation unit comprises 14 cells, four of which are adapted anti-ligature cells, one has closed-circuit television, one is a photo-chromatic cell, thereby allowing staff to make easier observations of the prisoner, and two cells can be used as part of the secreted items policy.

The Board is pleased to report that the unit has had very low occupancy during the COVID-19 regime, which was reflected in the HMIP report. The average occupancy has been three prisoners, with an average stay of 11 days. This was indicative of the reduction in violence across the prison. In the last three months of 2020, two prisoners' stay on the unit exceeded 42 days and as a result were placed on 'virtual segregation'. [This is used as a last intervention in order to support the individual back into the main prison population and is administered between prisons in the Yorkshire and Humberside area.](#) Any movement across establishments, however has been limited due to the COVID-19 restrictions.

Over the year, the unit has been repainted, including cells and offices, and it is now much brighter, cleaner and in good working order. The area leading to the outside exercise area has the addition of an urban garden, in planters, with a mural painted on the wall.

All prisoners within the segregation unit are subject to a CSIP (see section 4.3).

Prisoners in the unit have access to books, distraction/activity packs, showers and time outside in the exercise area. Portable in-cell telephones are available during the day but are removed at night for safety reasons.

Adjudications have continued throughout the year, although the Board has not attended, with independent adjudications taking place via video-link. The number of adjudications has continued on an overall downward trend throughout the year, with the following figures for each quarter: 604, 270, 278 and 263, respectively.

Segregation review boards have continued, with Board members attending either in person or remotely, by using the 'spider phone'. Reviews this year have taken place every two weeks, in order to gain greater attendance from all required disciplines. All of those we have attended were conducted professionally and in a fair manner.

5.3 Staff/prisoner relationships, key workers

Staff/prisoner relationships are positive and constructive. The recent HMIP prisoner survey supports this, with 77% of prisoners stating that staff treated them with respect, and 73% stating that they felt they could turn to a member of staff if they had a problem. While the Board has only completed limited physical visits to the establishment, the evidence we have seen supports these statements.

The formal key worker scheme has not been running since the end of March 2020. While prisoners still have regular contact with staff, this now mainly consists of weekly wellbeing checks which focus on immediate welfare issues, rather than anything more structured. HMIP also noted a lack of continuity from the officers who undertook these checks, and none of the planned and purposeful contacts that the key worker scheme was designed to provide. Within the HMIP survey, only 49% of respondents stated that a member of staff had talked to them over the past week about how they were getting on.

5.4 Equality and diversity

The prison was without a dedicated manager in post for this area for part of the year, and managers acknowledged that work needed to be done. The equalities team now comprises the equalities adviser, head of safer custody, Governor, Deputy Governor, SMT, managing chaplain, CHPC (the healthcare provider) and two black, Asian and minority ethnic members of the prisoner population. Although meetings were suspended at the beginning of the pandemic, they have now been reinstated. It is unfortunate that the current regime has prevented many of the planned discussion groups with prisoners taking place.

Thirty-two discrimination incident report forms (DIRFs) were received between March and December, 22 from prisoners and 10 from staff. This shows a reduction from the previous year's overall figure of 71, though the Board notes that HMIP found some examples of issues raised under the generic complaints system which could have been recorded as DIRFs (see section 5.7). The Board notes that all DIRFs and responses are seen by the Deputy Governor before they are returned. The Board has agreed a method of scrutiny going forward, although this was not possible during the period of remote monitoring.

The average ethnic demographic at HMP Humber is 81% white, 12% black, Asian and minority ethnic, 4% foreign national and 2% Gypsy, Roma and Traveller, which largely reflects the local population. The Board is pleased to see that efforts have been made to reintroduce group meetings, although appreciates that this is difficult, given the recent changes in regime.

The prison continues to celebrate religious festivals and provides appropriate special meals to mark occasions such as Christmas and Eid-al-Fitr. Although the prison was in lockdown, meals were provided to prisoners in their cells. Consultation has also taken place to try to accommodate other cultural requests.

Also celebrated were events such as Black History Month and Gypsy, Roma and Traveller Month. It was unfortunate that the COVID-19 regime meant that the majority of the prisoners were not able to see the artwork created.

A festival and equality calendar is published by the prison, to raise awareness throughout the year.

The prison has restarted the analysis of adjudication and incentives and earned privileges (IEP) data, and this will be monitored going forward.

Also acknowledged is the fact that further work needs to be done by the prison to identify prisoners with protected and minority characteristics, to assess their needs and to ensure that they can access the services and support they require. This will be closely monitored during the current year.

5.5 Faith and pastoral support

Although a substantial number of prisoners identify themselves as being of no religion, there are 20 religions recorded at the prison. Active participation in services is normally encouraged, but this has not been possible during lockdown and the COVID-19 regime. The chaplaincy team, without its volunteers, has established innovative methods to ensure that prisoners' pastoral and spiritual needs have continued to be met. Members of staff have also acknowledged the assistance and support they have received from the chaplaincy. When the regime permitted small religious instruction, groups met, and written sermons and other material were distributed as an alternative to collective worship. The members of the chaplaincy have ensured that prisoners were visited on a very regular basis.

Wing-based bereavement counselling was arranged, and assistance provided to enable prisoners to 'attend' funerals of loved ones via an iPad.

The chapel reopened in August, and arrangements were in place to restart services on a limited basis, but unfortunately this had to be suspended again when lockdown was reintroduced and the regime was again restricted.

Board members were particularly impressed by the positive attitude of members of the chaplaincy team when monitoring both in person and remotely.

5.6 Incentives and earned privileges

Consideration of the operation of the IEP scheme was overtaken by the lockdown in March, when the scheme was effectively suspended, in line with national guidelines.

The prison continued to use the basic IEP regime as a short-term sanction, but the operation of this was very limited and often there were no prisoners on the basic level. All prisoners, apart from those within the segregation unit, had a television in their cell and were given an additional telephone credit of £5 per week to maintain family contact.

The national guidelines remain in place and it is therefore not practical to interrogate the IEP figures by demographic.

As at the year-end, only one prisoner was reported to be on the basic level of the scheme, and the longest period that any prisoner had been on basic was stated to be five days.

5.7 Complaints

A total of 1,736 complaints were received in 2020, which averages 145 per month. Most complaints are answered promptly.

Complaint forms are not always readily available on all wings. This was supported by the prisoner survey completed as part of the recent HMIP visit, where 26% of prisoners said that they could not make a complaint easily. HMIP also noted that the secure boxes for complaints are emptied at night by uniformed staff, which is not good practice as it can potentially undermine prisoner confidence in the system. This was raised as a key concern in the HMIP report.

Due to the COVID-19 regime, the Board has not been able to scrutinise responses as fully as in other years; however, HMIP reported that the overall quality of responses was good. The Board has been seeing an increasing number of IMB applications indicating dissatisfaction with the prison complaints system. A number of applications have stated that allegations about staff behaviour are not taken seriously, and that prisoners either get no reply or one they regard as inadequate (see section 5.4). Many prisoners say they fear reprisals if they complain about poor behaviour by prison officers. It was noted in the HMIP report, however, that complaints involving allegations of discrimination were not routinely referred to the equality and diversity manager for investigation under the DIRF system.

HMIP noted that the quality assurance process was not sufficiently robust, and that this had resulted in some serious allegations about staff behaviour not being properly investigated.

5.8 Property

The handling of property on transfer to the prison and within the prison still received the highest levels of complaints every month during 2020. These average at around 20% of all those received by the prison. This percentage remains unchanged from our last annual report, and applications to the Board support this. During 2020, the impact of COVID-19 has reduced the number of applications received by the Board (see section 8). Despite this, applications relating to property still account for almost 20% of those we receive. These are evenly divided between property on transfer and those for property within the prison.

The loss of prisoners' property, both within the prison and during prison transfers, is still happening on a regular basis, and continues to be the biggest single cause of complaints. It causes a lot of stress to the individuals affected, particularly when personal items are lost which cannot be replaced. It also causes significant extra work for the prison staff and unnecessary costs to the tax payer. In the minister's response of 3 September 2020 to Dame Anne Owers' national annual report for 2019/20, Lucy Frazer QC MP refers to the drafting of a new policy framework to replace PSI 2011/12. This initiative was started in 2019, and is still not showing any benefits in terms of addressing the relatively simple challenge of not losing prisoners' property. The Board believes that the current level of property losses is unacceptable, and that the current approach is too slow and detached.

It needs a more engaged approach to understand and address urgently the practical reasons for this chronic problem.

The impact of lost property on prisoners is extremely challenging, particularly during the current pandemic. The Board has raised concerns around property in their annual report for several years, directly to the Prison Service. The statistics detailed above suggest that the handling of prisoners' property across the Prison Service as a whole has still not improved.

6. Health and wellbeing

6.1 Healthcare: general

The healthcare provision is from CHCP, with a pharmacy service from Focus Healthcare.

The Board understands that, following the HMIP report, Focus Healthcare received a contractual notice to improve. As such, they are now working to improve matters, and CHCP appointed a senior pharmacy member of staff to oversee the improvements.

Senior management from CHCP is shared between HMP Hull and HMP Humber. The healthcare team within HMP Humber was without a dedicated operations manager in post for the early part of the year. This was addressed early in the COVID-19 pandemic, and the team now appears to be robust and moving forward. The recruitment and retention of nursing staff continue to be a chronic problem, and dependence on agency staff is great.

A report from the Care Quality Commission in January 2020 stated that improvements had been made within CHCP and that they were no longer in breach of regulations as reported, following an inspection in March 2019.

This year has seen the introduction of an assessment for new arrivals in reception, for both mental health and substance misuse (see section 4.1), which was seen positively at the HMIP visit. Healthcare staff continue to have a presence during ACCT and segregation review boards.

The links between the healthcare team, prison staff and managers appear to be good, even though there have been several staff changes throughout both the healthcare department and the prison. The monthly drug strategy meeting and two-monthly prisoner health operation group did not take place from March until September due to the COVID-19 regime, but restarted with renewed drive.

There have been fewer incidents of prisoners found 'under the influence', levels of which stayed low throughout the year; it would be reasonable to think that this was due to accessibility. There has been an increase in concerns expressed by prisoners and/or healthcare staff relating to the use of prescription medication which is not prescribed directly to them.

Due to the pandemic, and since March 2020, group healthcare interventions have been unable to take place. Healthcare staff have continued to keep in touch with patients, via personalised letters, in-cell telephony and one-on-one meetings, where it has been safe to do so.

Clinics within the healthcare department could deal with only a limited number of patients as only four prisoners were allowed in each waiting room at one time. This has been managed reasonably well, with the provision of escorts and additional extra officers required.

Nursing staff have continued to take medication to prisoners who are self-isolating, shielding or symptomatic – in the latter case, obviously, using relevant personal protective equipment.

Prisoners and patients are aware of the PALS system, categorised into the four Cs – concerns, complaints, comments and compliments. FOI data from CHCP showed that, during the year, there were 530 PALS submissions, which related mainly to ‘access to treatment and drugs’. This includes patients who stated that they had been on a different medication/dose in the community or at another establishment. PALS submissions are actioned by the senior team, and there is a clear process for escalation if a prisoner is not happy with the response, all of which are audited. Of the 530 PALS submissions, 99 prisoners had raised more than one relating to the same continuous issue. It is of concern to the Board that CHCP aims to respond to all concerns within 10 days, however, in 2020, there were 264 PALS submissions not replied to within the specified timescale. FOI-CHCP has explained that this is a result of COVID-19 and prioritisation. Concern continues from the Board with regard to the number of healthcare-related applications which are received (see section 8).

6.2 Physical healthcare

There are 16 permanent staff, of varying positions and seven agency nurses.

The healthcare service at HMP Humber is no longer 24-hour; however, contact details are available for advice – for example, from the Urgent Treatment Centre at Bransholme, and also the CHCP on-call manager. There is a handover between healthcare staff and prison night staff, which highlights any prisoners who may be of concern overnight.

Clinics normally available include dentistry, physiotherapy, sexual health, podiatry and infectious diseases (hepatitis and HIV), which are all provided by outside specialists in primary care. Most clinics ceased temporarily in March 2020, but arrangements for treatment by nurses and GPs introduced during the initial restrictions ensured reasonable access for patients, with a waiting time of up to seven days to see a GP and urgent cases being seen on the same day. In relation to the accessibility of healthcare staff, 62% of prisoners in the HMIP survey said that it was difficult to see a doctor.

The dental surgery has continued to offer an emergency service during the COVID-19 regime and prisoners are normally seen within seven days if they are in pain. A telephone triage service was trialled early in the pandemic but was not successful, and in June a limited number of patients were permitted to be seen on a face-to-face

basis. This has resulted in a wait of up to six months for a routine appointment. The surgery was fully equipped to offer aerosol generating procedures; however, at the time of the HMIP survey only 13% of prisoners said that it was easy to see a dentist.

The Board understands that staff were frustrated that they could not offer full clinics due to the restricted regime, with only 50% of the capacity being allocated for appointments. Attendance rates for appointments were poor, as stated in the HMIP report, with as few as 20% arriving. At the end of 2020, the dental surgery was looking to start routine appointments going forward, although this may not come to fruition if further restrictions occur.

Clinicians made good use of technology during the year, with a telemedicine system called 'Visionable'. It was implemented to aid healthcare appointments and has been used mostly for consultations with the hepatitis specialist team at the hospital.

A large number of telephone consultations, via a speaker phone, have taken place with outpatient departments at the hospital. Moving forwards, it is hoped to increase the number of available appointments, which will significantly reduce the need for external outpatient appointments.

Throughout the year, prisoners have been provided with vitamin D supplements as a result of limited time for exercise and outdoor activities.

6.3 Mental healthcare

In August, the mental health team consisted of five permanent members of staff and four agency staff. Both the mental health and substance misuse teams work closely together within the healthcare unit.

Mental health referrals saw an upturn in demand in June, from 400 to 600. At the time of the HMIP scrutiny visit in November, there was a caseload of 300 prisoners, which inspectors stated as being an exceptionally high number. In the HMIP survey, 57% of respondents said that they had a mental health problem. Staff had, and continue to have, serious concerns that the long periods that prisoners are confined to their cells would affect these patients' wellbeing, and cause boredom, low mood and sleep inversion, leading to increased prescribing.

In-cell workbooks and leaflets were given to prisoners to take the place of face-to-face contact and therapeutic group sessions, which were severely reduced due to the COVID-19 regime.

When a prisoner is identified as being at risk of suicide or self-harm, an ACCT is opened and a member of the mental health team attends an initial review to see if they are required; if they are not, they step aside.

As stated in the HMIP report, the care programme approach was used to manage up to 20 patients with complex mental health disorders and to plan for transfer or release, although some external mental health services had been unable to participate during the COVID-19 restrictions. One patient had been waiting several weeks for the completion of a transfer to a secure bed under the Mental Health Act.

6.4 Social care

The HMIP report stated that social care had improved since their last visit in 2017. Prisoners with social care needs are promptly identified and staff work closely with East Riding of Yorkshire Council to ensure that assessments are made promptly by suitably qualified social workers. Person-centred care plans are produced, to ensure that social care needs are managed by appropriately trained staff.

All patients who continue to be in treatment with the DART on release are referred to their local community provider, leaving the prison with details of their first appointment and arrangements relating to prescriptions. If a practitioner's assessment recommended residential rehabilitation for a patient when leaving the prison, this would be included within the referral to the community provider.

6.5 Exercise, time out of cell, gym

Exercise has been very limited during the COVID-19 regime. Time out of cell initially was one hour per day, increasing to 1.5 hours in September, which was normally split into two 45-minute sessions. The HMIP survey reflects this, with 67% of respondents saying that they were out of their cell for one to two hours a day, and 24% that they were out for less than one hour. This time was to enable a shower, cleaning of the cell and outside exercise. However, every Friday, time out of cell is restricted further and is only for showers and cell cleaning. Canteen (the prison shop, where goods can be bought) items are delivered on Fridays, so prisoners can be in their cell for the majority of the time from Thursday afternoon until Saturday without outside fresh air, daylight and exercise. This obviously leads to the frustration of not being out of their cell conflicting with the benefit of receiving canteen.

Outside exercise, although minimal was reinstated in May. During these periods of exercise, some prisoners were permitted to participate in 'circuits', set up by gym staff in the exercise yard, although these sessions had to be requested beforehand. This was of huge benefit for those prisoners who had a greater requirement to push themselves with physical exercise.

Gym sessions were curtailed during the pandemic but resumed again, in a socially distanced and COVID-19 secure manner, in September. These sessions were very well received by prisoners and helped to aid their mental wellbeing.

6.6 Drug rehabilitation

There are currently 13 permanent members of staff within the DART.

The caseload at December 2020 was 301 patients, of whom 170 are receiving opioid substitution therapy (OST). At December 2019, the caseload was 459 patients, of whom 257 were receiving OST. There has been a reduction in the overall caseload, where those requiring clinical treatment continue to be proportionally represented.

The DART initial assessment takes place within 24 hours of a prisoner's arrival, and for patients who already have a detoxification plan, their prescribing continues. All patients are seen by the prescriber at five days, 28 days and 13 weeks for a review.

All patients who remain in the prison, after their treatment has ended have the option to refer back and likewise patients also have the choice to opt out.

There have been some voluntary exits from the service for those accessing only a psychosocial intervention and this was due to groups ceasing and the service being limited due to the COVID-19 regime.

All DART referrals are assessed within one working day, and where support is assessed to be beyond a brief intervention, is allocated within two days.

DART provides a number of drug programmes and support, including:

- SMART (self-management and recovery training) recovery
- SMART Inside Out Programme (principles of cognitive behavioural therapy)
- Rolling with Resistance (CHCP evidence-based programme)
- Relapse prevention.

The team also provides a range of additional lessons in substance specific, what to expect when detoxifying and so on, which during the pandemic have been adapted for one-on-one working.

The team works alongside prison staff in the 'recovery' wing, which accommodates up to 60 patients. This is an intensive and community recovery-based environment promoting mutual aid and peer support. During the periods when group sessions ceased, the team continued to actively engage patients and set work which could be completed in-cell. Four patients were identified as peers and given additional weekly support to promote confidence and self-belief, thereby enabling them to provide support for others.

All patients have continued to have access to clinical support from DART prescribers and nurses, including care planning and where possible in wing based multidisciplinary meetings.

Harm reduction intervention has been a priority, and been delivered on a one-to-one basis. During the past year, there has been a significant uptake in naloxone (used to counter the effects of opioid overdose) training. On leaving the prison between April and June, 27% of eligible prisoners left with naloxone; between July and September, this increased to 43.5%; and between October and December this increased again to 58.5%.

6.7 Soft skills

Earlier in the year, the PE department introduced the 'park-run' to the prison on a Saturday morning; this was proving to be popular with prisoners and staff, as they could record their times with a view to monitoring progress. This had to be curtailed in March, along with sessions on wellbeing, such as yoga, mindfulness and meditation, due to the pandemic.

7. Progression and resettlement

7.1 Education, library

A range of learning is available within the prison, delivered via the prison education framework through contracted providers, of which the lead provider for education and skills is Novus. A new learning and skills manager took up his post in March, only to be faced shortly afterwards with the COVID-19 restrictions and Novus withdrawing from the establishment.

A range of distraction packs, including word searches, number puzzles and colouring books, were available on all wings; however, as time has gone on, many prisoners have found that they no longer provide the same distraction as they did back in March and April.

During the restrictions, teachers provided in-cell work to prisoners previously enrolled in education classes, and in June small groups of educational staff returned to the establishment.

In August, there were concerns about the large number of prisoners (approximately 300) awaiting initial assessment by Novus to establish suitability for work or education. The Board was disappointed that the Prison Service did not put pressure on suppliers to be more effective in this regard.

The education providers had no contact with prisoners on the wings until late September, when Novus focused on face-to-face delivery on the wings and education provision started to improve, with teachers being permitted to work in small groups on a wing if facilities allowed. Initial assessments for new prisoners resumed in October.

Reviews and improvements to the education system within the prison have taken place over the latter part of the year and are now being incorporated into the ongoing system.

There are two libraries, one in each zone, which are run by East Riding of Yorkshire Council. The opportunity has been taken to reorganise and move books from one zone to another and do general housekeeping with book management.

Normally, prisoners can attend the library for two sessions each week, but the restrictions forced the libraries to close; books and DVDs were then requested from the library and delivered to the wings for distribution to the prisoner.

From January to August, some 8,000 items in zone 2 and 5,500 items in zone 1 were borrowed from the library by prisoners. The library is therefore continuing with its service, in a different and limited way. The percentage of prisoners using the library service has not reduced during the COVID-19 restrictions. The Board is pleased to see the library service continue, and staff are doing the best they can in these very challenging times.

Literacy support is normally provided via Turning Pages but, again, this was curtailed.

7.2 Vocational training, work

Vocational training and work suffered greatly as a result of COVID-19 and the ongoing restrictions throughout the year. In September, an enhanced regime was implemented, with 1.5 hours' out-of-cell activity for prisoners. The additional time out of cell led to increased engagement with staff, or exercise, which could only be positive for the prisoners concerned.

At the end of the year, non-essential workshops were still closed, with only four being permitted to open up in October, delivering commercial contracts but at a much-reduced capacity. As stated in the HMIP report, this meant that around 23% of prisoners had activity for up to 5.5 hours per day, in addition to time for a shower and in the open air in the evening. None of these essential workshops offered vocational qualifications, but prisoners were happy and appreciated the chance to be active and out of their cell.

In November, movements around the prison were restricted, so prisoners could only attend work within the zone on which they resided.

A key and important aspect of work carried out with the industries team has been the cabling and design for an in-house television channel by the Code 4000 workshop. It has been recently installed within zone 1, with a view to the installation on zone 2 being completed by spring 2021. Immediately after installation, it was showing a 'ticker' with a mixture of news headlines and prison information. In the longer term, it will enable effective in-cell briefing, information and education to all prisoners who have a television.

7.3 Offender management, progression

Some of the good work in this area has been limited by the impact of the pandemic, although the offender management unit (OMU) has continued to operate. Some staff were working from home to reduce the footfall in the office, to enable social distancing. The recent HMIP scrutiny report commented that staffing levels in the OMU had returned to the same level as before the pandemic. During the restricted regime, contact was limited to letters and good use of the in-cell telephony system. HMIP was critical of the lack of direct contact with the prisoners, although it also reported that, in general, recovery in this area was slow nationally. In the latter stages of this year, face-to-face contact had improved significantly.

The Offender Management in Custody model operates well, with 450 high-risk prisoners being managed by probation officers in the prison, and the handover to community offender managers (COMs) starting seven and a half months before release. The HMIP scrutiny report commented that good use was made of telephone conferencing to support progression planning, including COMs, solicitors and accommodation providers.

The prison offers support to some prisoners serving an indeterminate sentence for public protection and lifers through a placement in the Hope unit. This is usually two years prior to the end of their sentence. While some of the support offered has obviously been limited during the pandemic, the unit has focused on supporting parole applications, with some success; for example, seven releases were confirmed in December from parole hearings.

HMIP found that around one-third of the sentence plans and assessments using the offender assessment system (OASys) had not been reviewed in the last 12 months and about 100 initial OASys assessments were overdue. The reason for the incomplete initial assessments was that prisoners were being transferred from HMP Hull (a local prison) without enough time for OMU staff to complete the assessment within the targeted time scale. However, the team is working hard to catch up, has put robust processes in place and has received positive feedback about the progress they are making from the regional data task force.

The pandemic also limited the operation of offending behaviour programmes, but the prison is now offering these courses on a one-to-one basis. These include the 'Thinking Skills Programme', 'Resolve' and the newly introduced 'Restorative Life Skills' programme. Clearly, the number of places on these courses is more limited than usual because of the restrictions imposed by COVID-19.

Recategorisation reviews and home detention curfew (HDC) approvals have continued as normal. The homelessness prevention team in the community has been very supportive in finding suitable addresses for some prisoners.

7.4 Family contact

The year started with visits and all family contacts running well. There continues to be a positive attitude towards supporting prisoners in maintaining good relationships with their family and friends. However, since the beginning of the COVID-19 restrictions, social visits and family contact in all its forms were very much reduced and/or curtailed completely as the prison went into various restricted regimes.

HMP Humber was a pioneer in bringing back social visits at the beginning of July, although in a much-reduced format of nine visits on Mondays, Wednesdays and Fridays, within the closed visits facility. The main visits hall has since been adapted to ensure socially distanced visits, by the construction of 12 booths – each fitted with a COVID-19-safe acoustic voice conductor, which allowed the prisoners and their visitors to keep socially distanced but to have a conversation. However, due to COVID-19 restriction changes, visits had to be stopped at the end of October.

Compassionate social visits were scheduled to take place over the Christmas period, but were unfortunately suspended by the Ministry of Justice, with very short notice, in December, following further restrictions in the community. As would be expected, there had been very high demand for social visits over the Christmas period and this late change left prisoners, family and friends very anxious and upset.

Family contact remained a priority, so the video-calling initiative, otherwise known as 'Purple Visits', was introduced in July, with laptop computers being available for prisoners to use when visitors downloaded the app or telephoned in to use the facility. There were initially 27 call sessions available per day and each call would be for a duration of 30 minutes. At the year-end, there were 48 sessions available per day and 336 per week. Overall, in excess of 1,200 Purple Visits have been facilitated since July.

It was thought that this type of visit would be of particular benefit to prisoners whose visitors lived some distance away, or were not able to visit because of COVID-19 restrictions. At the time of the HMIP visit, 513 sessions had been booked, which represented only 21% of those available. The uptake for this facility has been disappointingly low, which prisoners say is due to technical and security issues with the system and to the internet connection at the prison not being of good quality, both of which result in calls being problematic, which has left some prisoners feeling upset and frustrated and not wishing to use the system. The HMIP survey supports these figures, with 78% saying that they had not had a social visit in the previous month, only 24% that they had seen their family and friends via a Purple Visit the previous month, and 72% that they had not seen them at all. Since the start of the initiative, there have been 37 complaints to the prison in relation to technical issues. All prisoners were offered another session as a result.

In-cell telephones provided as part of a cell refurbishment during 2019/20 have been of great benefit to the prisoners, with the HMIP survey confirming that 98% of prisoners could use the telephone every day. There was a limit of 2.5 hours of call time per day, together with an additional £5 credit given, which allowed them additional access to family and legal advisers. The HMIP report stated that the prison was identifying prisoners with low telephone usage and contacting them to discuss their support needs.

The survey also found that 59% of prisoners did not have problems in sending or receiving mail but, because of our limited visits, the Board has not determined what problems did occur for 41% of the population.

Family support groups have remained on site though out the period of restrictions. The children and family practitioner worked very positively during the time when the highly successful family days could not be held. Craft sessions were developed, whereby prisoners and their families completed various craft activities and the prisoners could then send the completed activities to their children.

Parenting courses were developed on a one-to-one basis, through a booklet and use of in-cell telephony. As a result of positive feedback from those accessing the course, a waiting list has developed for future courses.

7.5 Resettlement planning

At the beginning of 2020, preparation for resettlement was a vibrant area of the prison which was developing very positively. Funding from the Ten Prisons Project enabled innovative developments, which have had a significant impact on the experiences of those preparing for release.

Structures were in place to monitor closely the work of the resettlement programme, and a new programme, 'Ready4Release', was operating successfully.

During a visit in August 2019, the HMPPS Executive Director had commented that there was evidence of innovative rehabilitation work across the prison, and at the beginning of 2020 this was still the case.

Clearly, resettlement has been hit hard by the COVID-19 pandemic. However, the prison has released approximately 100 prisoners per month over the last six months. One prisoner released in December had been COVID-19 positive, and had been released to approved COVID-19-safe premises in West Yorkshire, with a view to him moving home when he was COVID-19 free.

Face-to-face resettlement planning and support were obviously suspended at the start of the pandemic, and moved to using a self-assessment form, developed because of the COVID-19 restrictions, to help prepare prisoners for release.

Shelter has prioritised prisoners' needs and is now using some face-to-face interviews or the in-cell telephony with those they have identified as being in a critical cohort – for example, with difficulty in reading or not being able to understand English well. It has also used a legal challenge with a local authority to help secure accommodation for a prisoner with a priority need.

Nevertheless, the HMIP scrutiny visit report highlighted that 14% of prisoners released in the last six months had not had a sustainable address to go to.

The community rehabilitation company (CRC) staff, who were appointed in 2019 to work with prisoners in the last 12 weeks before release, remained on site during the restricted regime, and initially needs assessments were completed only via paper self-assessment forms. However, the recent HMIP scrutiny visit found that there was too little evidence of direct contact between the CRC staff and prisoners in assessing resettlement needs, which meant that there was an over-reliance on the use of these self-assessment forms, and inspectors highlighted this as a cause for concern.

Unfortunately, the successful 'Ready4Release' programme has been suspended, although a workbook for prisoners will replace this.

This prison had a clear and committed focus on progression and rehabilitation, and the restrictions imposed by the national response to the pandemic have meant that some of their best programmes and processes for resettlement have been limited. This is a huge frustration for staff working in these areas, and senior managers must be frustrated by the slow pace of recovery imposed by national guidance which has impacted on this area.

8. The work of the IMB

The reporting year of 2020 has, for the Board, been dominated by the COVID-19 pandemic. The Board has tried its utmost to continue to have a physical presence within the establishment, for the benefit of the prisoners. However, 'blended monitoring' has taken place for the majority of the time, with a mixture of visits to the prison, where it has been safe to do so, and remote monitoring by informal contact via telephone and email.

Two members resumed visiting the prison in August, but at the time of writing this report a further nationwide lockdown is expected and therefore another reduced regime within the prison.

Board statistics

Recommended complement of Board members	16
Number of Board members at the start of the reporting period	13*
Number of Board members at the end of the reporting period	13**
Total number of visits to the establishment	73
Total number of segregation reviews attended	73 in person 20 linking in via 'spider phone'

*One member is on a sabbatical

**Two members are on a sabbatical

Applications to the IMB

During April, the IMB national 0800 telephone application scheme was implemented, enabling prisoners to ring the freephone number and speak directly to a Board member, giving them the details of their application.

HMP Humber joined the rollout of the 0800 number in the third phase, on 1 July, whereby, six Board members signed up to participate. They undertook the training and have continued to monitor the telephone line regularly. Posters and flyers in relation to the availability of the telephone number were distributed throughout the prison at the start of the process.

By November, a total of 33 calls had been made from prisoners in Humber to the 0800 number (the total number of calls nationally was 4,580). By 17 January 2021, the total number of calls from Humber was 56, as part of the national total of 6,782. This equates to approximately 10 calls per month.

Additionally, over a three-month period from July, the average number of 'written' applications received by the Board was approximately 20, declining in November and December to an average of 15 per month.

There have been no repeat callers from HMP Humber as yet.

Anecdotal evidence from the wings suggests that the posters and flyers may not be as visible, six months into the project, as the Board would like. However, plans are afoot to include details of the project on Prisoners TV.

The 0800 number provides opportunity for the Board to receive applications confidentially in these difficult times, and this national project is viewed very positively by the Board at HMP Humber.

Applications Received

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	19	16
1B	Discipline, including adjudications, IEP, sanctions	1	3
C	Equality	10	2
D	Purposeful activity, including education, work, training, library, regime, time out of cell	19	11
E1	Letters, visits, telephones, public protection restrictions	16	9
E2	Finance, including pay, private monies, spends	3	2
F	Food and kitchens	2	4
G	Health, including physical, mental, social care	55	33
H1	Property within this establishment	31	19
H2	Property during transfer or in another establishment or location	26	20
H3	Canteen, facility list, catalogue(s)	23	9
I	Sentence management, including HDC, release on temporary licence, parole, release dates, recategorisation	17	13
J	Staff/prisoner concerns, including bullying	31	15
K	Transfers	26	13
L	Miscellaneous, including complaints system	26	38
	Total number of applications	305	207



This publication 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

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

This publication is available at <https://www.gov.uk/government/publications>

Any enquiries regarding this publication should be sent to us at imb@justice.gov.uk.