



Annual Report of the Independent Monitoring Board at HMP Hull

**For reporting year
1 March 2020 – 28 February 2021**

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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 IMB is part of the United Kingdom's National Preventive Mechanism.

2. Description of the establishment

- 2.1 HMP & YOI Hull is a male local category B prison.
- 2.2 The original Victorian wings, which were refurbished after war damage, house up to 645 prisoners including around 100 or more on remand and around 40 young offenders.
- 2.3 In 2002, the prison population expanded, and the size of its site was also increased. The expansion included four new wings, one being the first night centre (with a mix of prisoners new to the prison and operating a non-collusive regime of men convicted of sexual offences and others) and the three others housing a similar number of vulnerable prisoners (Prisoners who have been convicted of sexual offences and others), including around 60 who are of pensionable age. The expansion also included a new healthcare centre, sports hall and multi-faith centre, and refurbishment of other parts of the prison, including the kitchen, education classrooms and workshops.
- 2.4 Hull is a national sex offender treatment programme resource and has a national psychologically informed planned environment (PIPE) unit housing 50 prisoners convicted of sexual offences.
- 2.5 HMP & YOI Hull has an operational capacity of 1002 against a certified normal accommodation of 732.
- 2.6 Healthcare is provided by the City Healthcare Community Partnership (CHCP).
- 2.7 Education is provided by Novus, both in-house and distance learning.
- 2.8 Resettlement and through the gate (TTG) services are provided by a resettlement unit at the prison, Purple Futures CRC, Humber Care, Jobcentre Plus and Shelter and other charities.
- 2.9 Maintenance is mainly provided by GEO Amey: facilities management and some in-house handyman provision.
- 2.10 There is input from specialist charities such as Alcoholics Anonymous, Narcotics Anonymous and Citizens Advice.

3. Executive summary

3.1 Background to the report

Within the Covid restrictions the Board has had only four fully active members over the last 12 months (though its recommended complement is sixteen), along with one recent recruit whose scope for developing her experience has been limited by the lockdown. The contribution of one other experienced member has been restricted by external pressures, and two other recruits from last year had to take sabbaticals during the lockdown. Consequently, the scope of the Board's monitoring has been restricted. Face-to-face monitoring visits were maintained through the period of Covid restrictions although sporadic in the first lockdown period. Systems for the collection and response to applications were introduced to ensure the concerns of the men were addressed.

3.2 Main judgements

How safe is the prison?

Though there were two self-inflicted deaths in custody, the prison is a safe place. Staff and prisoners have collaborated to cope with the pandemic. Despite an increase in the traffic of harmful substances entering the prison, their use has been limited. Violence and aggression have been reduced, and new approaches to education, the workplace and communication have made it easier for men to cope.

How fairly and humanely are prisoners treated?

The pandemic has severely restricted prisoners' time out of their cells, with most of the prisoners having no more than an hour a day when they were not confined to their cell. Essential workshops (for example those producing COVID related printed information materials and making face coverings) continued in a limited fashion. Staffs, however, have worked exceptionally hard to provide support and distractions to help them to cope. The Victorian environment has highlighted issues of cell sharing in an antiquated setting, for long daily periods of confinement, with inadequately screened toilet facilities and a lack of space. Problems caused by property transfers have been positively addressed locally, although this is still a major cause for complaint in this establishment and across the prison estate.

How well are prisoners' health and wellbeing needs met?

The prison provides a full range of healthcare services and a wellbeing residential unit for prisoners with mental or physical health issues. Staff have worked hard to maintain the provision under extreme pressure over the last year. The services are managed by an outside provider. The level of management oversight above establishment level and the complexity of the health service complaints system have led the IMB to question whether the provision is equitable with the local community.

How well are prisoners progressed towards successful resettlement?

The lockdown has prompted changes which have increased participation in learning. The reduction of workshop and other activities has changed prisoners' attitudes to employment which they now see as highly purposeful. Contact with families has been difficult but support for release has been sustained. The use of video calls (Purple Visits) has been well received, even more so by prisoners who would not ordinarily receive face-to-face visits. The national provision of a £5 weekly additional PIN credit has been really well received, as have comfort packs, to support local catering provision.

3.3 Main areas for development

- Improve the management structure of healthcare provision and its communication with prison management.
- Sustain some of the changes which have reportedly improved some prisoners' perception of personal safety, while allowing greater freedoms for activity and association.
- Continue to build contacts with external employers to support prisoners on release.
- Continue to develop the attitude-changing interventions with young adults.
- Restore the full support of key workers.

TO THE MINISTER

The Board would ask the minister to consider the issues of insufficient capacity within the prison service which continues to see prisoners housed in double cells which are inadequate both in size and design for this purpose.

TO THE PRISON SERVICE

Loss of prisoners' property continues to be an issue. A draft HMPPS plan for a reform of the property policy appears an inadequate response and digital recording and tracking of property would seem to be a minimum requirement.

TO THE GOVERNOR

The management of the pandemic regime restrictions and the efforts made to provide the best possible distraction, occupation and education for the prisoners has been noted and can be praised for the innovative and inventive measures which have been introduced.

As restrictions ease, it is imperative that the lessons learned in this extraordinary period are embedded in any new regime. For example the increased perceptions of

safety expressed by the prisoners and new approaches to “key working” and delivery methods for education and progression to release initiatives

The Board would appreciate the introduction of systems by which Rule 45 reviews are held at the stated time/date, in order that the IMB can receive notice of these and attend more consistently.

3.4 Progress since the last report

- The management of movement on wings has illustrated how bullying and drug dealing can be limited, although this has to be considered in relation to the vast reduction of socialisation and purposeful activity that has available.
- The Hull TV system has provided better communication between senior managers and both staff and prisoners.
- Innovative education strategies to cope with the pandemic have increased prisoners’ engagement in learning.
- A complete refurbishment of industries/workshops is changing attitudes to working.
- A new initiative is offering young adults better opportunities to change their lives.

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

Covid restrictions have made it difficult to observe the induction process, but we only received one application after a prisoner's immediate arrival at HMP Hull, and this was about his relocation rather than his treatment when he got here. Conditions for new arrivals have been maintained at the same good quality, with healthcare assessments, and evaluations of prisoners' needs, and the addition of funds to enable them to make phone calls on arrival.

4.2 Suicide and self-harm, deaths in custody

Over the year self-harm reduced by 26%. In many of the incidents reported in morning briefings, prisoners identified the pressures of being locked up for long times, and difficult relationships with relatives as the causes.

Prisoners at risk of self-harm are carefully monitored, and staff in the wellbeing unit, which accommodates men with mental health issues, are skilled in supporting people at risk, and helping many of them on their road to mental health recovery.

There were seven deaths in custody during the reporting year. One of these was self-inflicted. The other six occurred in Hull Royal Infirmary, one after self-harming in prison which was contributory to his demise, two as a result of Covid, and three from longer term health issues, one of which had included a lengthy period of self-harm.

24-hour access to in-cell telephones has helped men to cope with the isolation, though there has been some increase in minor self-harm after family arguments

4.3 Violence and violence reduction, self-isolation

There were 195 acts of violence over the twelve-month period, a reduction of 23% from the previous year. This was partly due to the restricted movements on the wings which prisoners told us made them safer from bullies and drug dealers and "made a family on our wing". Some of the violent incidents reported in the morning briefings have been due to men being locked up together for longer periods of time. Assaults on staff increased from 44 last year to 50. Again, some of these were due to frustration when staff were requiring prisoners to be locked up in their cells.

More than half the violent incidents have involved young adults, and this is why the offender management unit has launched an intervention to work with specific prisoners in the group who are at risk or present a risk to others.

4.4 Prisoners with specific vulnerabilities

HMP Hull has two wings for vulnerable prisoners (VPs), including those convicted of sexual offences. A number of men on the VP wings are elderly, some with disabilities, and they are well supported. There is adapted accommodation for disabled prisoners. Most of the older age group are housed in ground floor cells.

When available, VPs attend activities and employment separately from the other prisoners, and their movement around the site is timed to prevent any clashes.

4.5 Use of force

Generally, use of force incidents remained similar to last year, though there was a sharp rise in August and September, and another one in January and February causing an 8% increase overall. The Board has not been able to ascertain any particular cause for these data spikes.

4.6 Substance misuse

There has been an increase in the number of attempts to send illicit substances into the prison, but prisoners' access has been limited by intensive searches, intelligence reports, and information from other prisoners. Preparation of alcoholic substances continued in the approach to Christmas, as it has in other years, but staff made a significant number of finds in their carefully planned searches, and managed this process calmly and humanely.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

When members have visited the prison, they have repeatedly reported that the wings have been clean and tidy. Wing cleaners have worked meticulously, and sanitation facilities are widely available. . Social distancing measures and the wearing of face coverings have been generally well accepted by the men.

Some men have commented on the advantages of the restricted regime, with less exposure to the prison “debt economy” and bullies, though social distancing has been hard to maintain.

Showers have continued to be a problem. Some men complained about restricted access in lockdown, and the provision on the Victorian wings has been consistently impeded by faults to the water supply. By the end of the year some improvements had been achieved.

A new head of catering has introduced a healthier diet. Members have commented that ingredients and portions seemed adequate, but some of the younger men felt they were being let down, and after a survey was completed the manager re-introduced some of the previous menus. When members have seen the kitchen and serveries, hygiene standards have been appropriate.

5.2 Segregation

The segregation unit houses up to 10 men and there is generally sufficient capacity for day-to-day needs. There is an additional wellbeing unit which provides accommodation for men with mental health issues for whom the segregation unit would be inappropriate. Generally, when Board members speak to the men, they are content with their treatment, and some are very positive about the level of support provided.

Staff sometimes have to deal with extremely difficult prisoners where their priority is keeping them safe until a place can be found in a more appropriate establishment. Whenever Board members have observed staff in these situations they have commented on the compassionate management, and the effort staff make to help the men to take ownership of their situation, regardless of the risks and unpleasant situations they have to cope with.

Because of the restrictions the Board has not been able to visit the units or attend reviews as frequently as they have in the past. Review of paperwork has indicated that adjudications continued within acceptable timeframes. When an IMB member has physically been in the prison, the segregation unit was assessed. The rota reports evidence consistent positive observations in the segregation unit. The officers demonstrate knowledge about the men. Discussions with the men support that they receive fair and humane treatment and have an understanding of the reason for their segregation

5.3 Staff-prisoner/detainee relationships, key workers

Although there were initially difficulties in implementing appropriate social distancing, generally staff have worked extremely hard to protect prisoners from the physical risks and the negative psychological impact of the pandemic. The efforts they have made to provide distractions have had a positive impact, and the flexibility they showed when they started to provide meals for prisoners in their cells, for instance, was highly impressive. There have been some issues over appropriate use of social distancing measures among the officers which has caused some negative comment from the prisoners.

The prisoners we have talked to have confirmed the difficulties the restrictions have caused, but appreciated the efforts the staff were making, and we have been told repeatedly that the restrictions are being applied fairly.

The atmosphere on the wings has generally been calm. The great majority of prisoners understand the restricted regime and appreciate the information they are given, particularly from the prison television channel where the governor can respond to “Ask the Governor” postcards.

There has been a rise in complaints about staff, including a number from relatives and friends outside prison. Some of those that we have looked into seem to have been induced by frustrated conversations on the in-cell telephones, where family members have been unable to confirm the prisoners welfare and state of wellbeing through physical visits.

The positive support provided by key workers has not always been available to defuse some of the situations and this has made it more difficult for some men to cope.

Key workers, together with welfare checks using in-cell telephony across the prison have been deployed to support some men with health issues.

Hull TV (an internal television channel) has been instrumental in keeping prisoners and staff up to date with all the latest changes, and the Governor’s weekly vlog has proved to be very popular. Contributions to the Hull TV content have been significantly helpful in reducing boredom during lockdown, as well as facilitating management communication with prisoners to help them to understand the reasons for the restricted regimes.

5.4 Equality and diversity

A recently appointed head of inclusivity and diversity has set about improving the clarity of the relevant prison policies, and improving staff and prisoner awareness of the expected standards.

5.5 Faith and pastoral support

Though the pastoral team has been unable to provide its normal communal support for prisoners throughout the year, members have been innovative and communicative in their response to the crisis.

Distressed prisoners have still been able to access one-to-one support, albeit including social distancing. Although men might not be able to access a minister of

their own faith due to the circumstances, they are still able to access pastoral support from the chaplains who are available.

Using the prison's own television channel, regular services have been available for individual members of the Muslim and Christian faiths. New faith material was prepared by those chaplains who were away from the prison for the men each week and this was being distributed by all remaining chaplains as per their rota. The head chaplain was positive about the legacy of newly adopted creative working going forward, particularly the development of faith services being broadcast via prison TV as this has made the chaplaincy services more accessible to all men from their cells and allowed the chaplaincy to reach new audiences.

The team has ensured that they have clearly explained the reasons for any restrictions to Eid or Friday prayers, for example, so the prisoners understand why the limits are necessary.

5.6 Incentives schemes (IEP)

Prisoners did not alert the Board to any issues relating to IEPs during the reporting year. The minimal occasions on which TVs have been removed have contributed to safety and wellbeing, as well as a reduction in assaults and/or cell damage.

5.7 Complaints

After a rise in complaints at the start of the reporting year, there was a downward trend from 130 per month to 25. This coincides with the introduction of prisoners' TV as the regular communication from the governors. Prisoners' feedback says there is a clear link between better information and fewer complaints.

5.8 Property

Prisoners' concerns about property have reduced. The prison has allocated staff to monitor the way property is moved between establishments, and to make contact with other teams when property is not transferred.

6. Health and wellbeing

6.1 Healthcare general

The healthcare provision is provided by City Healthcare Community Partnership (CHCP). A full range of healthcare services is provided through the partnership and visiting specialists which include the following:

- Doctors
- Nurses
- Physiotherapy
- Podiatry
- Optician
- Dental
- Occupational Health
- Sexual Health

There is an impressive wellbeing unit for prisoners with serious mental and physical health conditions. There is also a dedicated palliative care suite on the unit.

In essence the providers should work to the same expectations as practices in the community. Primary healthcare should be equal to that within community-based healthcare practices.

The impact of the pandemic has highlighted that the governance in place to effectively manage a critical third party supplier is weak. This means that there is an increased risk that the key deliverables are not tracked and monitored to ensure adequacy of service. Examples include the process for tracking and oversight of healthcare complaints by the prison which is not embedded and therefore there is a lack of transparency of the CHCP complaint handling process. There is a need for the supplier management reporting to be sufficiently detailed and regular to provide the prison with an end-to-end view of CHCP services, so that proportionate oversight and challenge can be applied. Identified gaps in processes need to be addressed with relevant ownership and delivered within agreed timelines. The supplier management training package may need to be reviewed to ensure it is fit for purpose and equips the designated teams with the appropriate skillset to effectively manage a third party relationship.

6.2 Physical healthcare

On a twice-daily basis, prisoners are escorted to the healthcare centre for daily clinical appointments including drug and alcohol recovery team (DART) appointments, nurse-led and GP services. There are regular clinics for a wide range of ongoing medical conditions such as hypertension, diabetes, weight management and Hepatitis B and many more. Inevitably many of these were severely restricted during the pandemic and telephone consultations for all but the most urgent health needs was the norm. It is noted that there are a number of appointments unattended by prisoners due to the request from the clinic not being received in adequate time to facilitate attendance. All newly arrived prisoners are seen and undergo a physical

and mental health assessment by nursing staff in the reception area as part of the induction process. Prisoners with medical conditions requiring prescriptions are noted and those details passed to GPs for medication prescribing, prior to a full assessment when they move to a residential wing. The healthcare centre has two separate waiting rooms which has been helpful to facilitate social distancing.

There has been an obvious impact on healthcare services due to the pandemic, including the staffing of the healthcare centre, visiting specialists, and the pressure on existing nursing staff to carry out day to day clinical work. As a Board, we appreciate and acknowledge the difficulties under which the nursing and healthcare centre staff have worked so hard in maintaining a service to prisoners under extreme pressure.

Representatives from the Board attend the local development board (LDB) monthly meetings. The purpose of the meeting between prison management and healthcare management is to review CHCP ongoing performance against key deliverables to ensure adequacy of the healthcare provision.

Observations made by the IMB:

- It was noted that on several occasions there was no representation of CHCP senior managers at the meetings.
- There is a lack of regular structured data made available in a timely manner by CHCP which includes clinical provision.
- Action logs do not include target dates for policies and health service delivery and therefore it was difficult to monitor progress to date.
- A number of actions were historic without regular updates to document progress.
- CHCP data and management information is not provided in a timely fashion.
- Updates are often verbal and provided by a third party.
- While being made aware there were issues around human resources within the CHCP prison-based managers, the purpose of the LDB was limited as actions on important policies and services were not always addressed by CHCP.

There are now gaps arising in the provision of primary care services to prisoners. Some services provided in relation to drug rehabilitation and mental health have been shared with HMP Humber, where CHCP is also the healthcare provider. Contractually there should be a full-time team leader for each service delivery however, it is noted that Hull only had a 50% allocated leader on both mental health and DART services. With a prison population of over 1,000, it raises concerns that prisoners in Hull may not receive a full and wide-ranging service in these important areas of prisoner rehabilitation.

In December 2020, the Care Quality Commission (CQC) carried out an inspection of healthcare services. Following that inspection, a Section 31 notice was served to CHCP. (Section 31 allows the CQC to serve such a notice on a provider if it has reasonable cause to believe that, unless it acts, any person will or may be exposed to the risk of harm.) It is understood that CHCP are working on an action plan. There has been no update received in this reporting period. The Board requested to attend the Section 31 meeting but an invitation was not forthcoming.

In early February 2021, the Board requested data on prisoner healthcare complaints, staffing resources and management structure. On 16 February a reply was received from CHCP indicating that this information would be made available within a couple of weeks.

No information was received, so with the intervention of the Governor on 7 April, a set of statistics was sent on 9 April. An apology was received from CHCP. However, this does not reflect well on CHCP's organisational ability.

The majority of complaints concerned access to treatment or drugs, prescribing and a range of issues relating to mental health services. While complaints about healthcare services are received by the prison complaints clerk and some go to the IMB, in line with protocol, prisoners are advised that all healthcare related applications should be referred to CHCP via a healthcare application. Additionally, there is the patient advice and liaison service (PALS).

From April 2020 to December 2020, the data provided by CHCP shows that there were 20 formal complaints and 834 concerns raised by prisoners in relation to healthcare services in HMP Hull. The complaint numbers cannot be substantiated by the prison as they do not currently record or track this information. CHCP policy differentiates a complaint from a concern as follows.

A complaint - expression of dissatisfaction received by the organisation verbally or in writing either directly from or on behalf of the services users, their families or carers. A concern – any issue of importance interest or worry raised by the patient, family friends or carers which they wish to be dealt with on an informal basis and maybe dealt with straight away by the service.

The highest number of prisoner issues relate to access to treatment or drugs, with a total of 415 incidents of dissatisfaction for the period. The data provided by CHCP does not specifically identify which are complaints or concerns.

All healthcare applications sent to the complaints clerk referencing healthcare are automatically referred to healthcare administration. At present there is no tracking system as to how many applications are forwarded by the prison to healthcare or whether they are effectively resolved. Nevertheless, this has been raised by the Board and the prison has acknowledged this and will arrange a monitoring and tracking system for passing on applications to healthcare.

There were 26 applications to the Board concerning healthcare (compared with 25 last year). This was the most frequent cause of concern for prisoners.

CHCP staffing has been exceptionally reduced during the year. Clinical staffing figures are well below establishment as originally contracted. While the pandemic has had an obvious effect, it is also noted that there was a lack of management for some time. The Board has identified that the lack of succession management within CHCP is a potential risk impacting service levels. Again, the Board acknowledges the dedication of healthcare centre staff who have taken on management roles in addition to their own normal clinical duties under very difficult circumstances.

6.3 Mental health

A mental healthcare team is provided by the CHCP. Many mental health resources are shared with HMP Humber. It was noted at LDB meetings that the sharing of those resources and management of the mental health team was seemingly having a detrimental effect on service provision to HMP Hull. At one LDB meeting, there was little data recorded for the meeting to be informed of mental health service delivery. Due to the pandemic, mental health staff are using in-cell telephone calls to speak to prisoners to complete assessments. A limited number of face-to-face assessments are being undertaken. A psychiatrist continues to make limited visits.

The wellbeing unit has beds for 17 prisoners, in single cells. This unit cares for prisoners who have severe mental health issues and those who are extremely vulnerable. A number of prisoners have been sectioned under the Mental Health Act, for transfer to a secure mental health centre. During the year there have been several constant watches and dirty protests on this unit. Evidence from members' rota reports notes that the unit is judged to be a safe and exceptionally well-run centre. The staff appear to have good knowledge of the men in their care. The relationships between staff and prisoners are observed to be respectful and courteous.

6.4 Social care

There are two dedicated wings for prisoners with social care needs, many of whom are elderly with ongoing medical conditions. Several ground floor cells have been adapted for prisoners with disabilities including wheelchair access and in-built shower facilities. Under the buddy carer system, a fellow prisoner is allocated to assist disabled and elderly prisoners with basic tasks such as cell cleaning, laundry and fetching meals. Prisoners have explained how this has supported their wellbeing. For those prisoners acting as buddy carers, this is an opportunity for them to acquire skills in simple caring procedures.

Social care services are directed from resources outside of the prison. There is no dedicated in-house social care management. It is noted that in February 2021, interested parties for the social care pathway had met and monthly meetings were to be arranged. Additionally, the role of a learning disability nurse will no longer be a prison-based professional, but a community-led resource provided by CHCP.

6.5 Exercise, regime

There has been a strong focus on trying to sustain an exercise programme, though it has been limited by Covid restrictions. At the start of the pandemic restrictions, most prisoners were allowed out of their cells for up to an hour, which was mainly to ensure time to shower and access to the exercise yards in small groups. During the initial lock-down in cell exercise programmes were broadcast on the internal prison television service and when restrictions eased somewhat a more organised outdoor exercise programme led by the gym staff. For the majority of the reporting period

most prisoners were spending 23 hours a day in shared cell accommodation. During the Autumn of 2020 some of these restrictions were relaxed a little, only to be reapplied in the second period of lock-down. Those with essential jobs (cleaners, laundry etc. as well as those who were engaged in Covid related equipment/print production) had the opportunity for greater freedom as did those who were employed on outdoor tasks.

Despite the best efforts of staff exercise was severely restricted and posed considerable risk to the physical and psychological health of the prisoners.

6.6 Drug and alcohol rehabilitation

This team is also provided by CHCP, sharing lead management with HMP Humber. As with mental health, most assessments and contact has been made through in-cell telephone calls. There is a lack of monthly statistical data provided at the LDB meetings; we are advised the data is usually provided retrospectively. We have not had sight of the updated data as it is not produced at the subsequent LDB meetings. There are very limited observations from Board members in their rota reports on the practice of the DART.

7. Progression and resettlement

7.1 Education, library

Education is provided by Novus. It now provides basic courses in literacy, numeracy and IT skills, but has extended the range of courses available by developing in-cell learning materials both to improve basic skills, and to provide wellbeing and satisfaction for prisoners during lockdown.

Staffing has reportedly been sufficient to develop the new course materials, and to maintain regular individual support sessions, initially via the in-cell telephone system and later with socially distanced visits to the cells to assist with difficult concepts and to open up opportunities for reluctant learners. Staff have also developed new ways of working to gain maximum benefit from the one-to-one opportunities. This includes using in-cell telephones to call prisoners as well as enabling prisoners to contact education from their cells if they need any further support. Prisoners have also been able to access educational tutorials on Hull TV. The materials have been increasingly popular so that learning is now a choice for some prisoners who are also employed full-time.

Course completion has improved significantly. For example, a maths course in February involved 60 prisoners, and staff only needed to re-issue four sets of materials to prisoners who had not returned their work. In one individual tutoring session the prisoner explained why he did not feel the need to achieve a maths qualification. The tutor was considerate and imaginative in her suggestions and the man was appreciative of her efforts and expressed no negativity.

Prisoners have achieved 292 qualifications during the year so far, including functional English and maths, and English as a second language where learners have been supported by other prisoners on their wings.

The number of qualifications has gone down. This was partly because during the initial few months of lockdown staff were working from home attempting to create learning materials for individual use and one-to-one teaching. Basically, men who were engaged in learning were not spending as much time on the tasks as they were spending in the classrooms, but many of them were discovering that learning could be interesting if you were away from the peer pressure of the classroom.

Many men have discovered that learning takes away some of the pressure of isolation, and some who are employed in roles such as the kitchen or waste management have turned to learning in the evenings to protect their own wellbeing and mental health. The introduction of telephone access has enabled tutors to sustain support for learners, in addition to the one-to-one meetings which are offered when tutors go onto the wings. It has involved a large amount of work creating new materials which are both accessible and engaging.

All of this has depended on the teachers coming to terms with different ways of providing opportunities for learners, all of which has been a big step away from the long-established classroom approach.

In-cell education has also offered business and self-employment courses to main prisoners, such courses were often offered face to face and the principle of not mixing those who are who are sexual offenders with the main prison population, limited this availability. .

A new initiative has brought support for learning to men in the segregation unit and the wellbeing unit. The range of courses has offered access to learning on life skills. Here again learning can provide a distraction and some sense of positivity for men who have been under significant mental pressure. Without suggesting any obligation, an assigned member of the teaching team offers support, and provides a contact with the tutor which focusses on support rather than the established classroom based teacher-learner relationship.

The self-development opportunities are still being offered on A wing (PIPE), but in smaller groups. The maximum number who can work together is four, but there is still a recognition that learning together is a crucial support element for men who are seeking to change their ways of thinking.

Some of the thinking skills courses previously available on the VP wings are continuing but during the first lockdown these were in one-to-one sessions rather than the normal groups of eight. When possible this was extended to groups of three in appropriate spaces, because the discussion is a crucial contributor to the process. The places have been offered to men who were engaged in the courses before lockdown but have not completed the activities. As a result three men completed the Kaizen course, three completed Living as a New Me, and a further three completed Horizon. The prison is operating a "by exception" process to enrol new men onto the offending behaviour programmes to ensure access to interventions for individuals in exceptional situations, such as those approaching release or parole, and these have to be approved by the Group Director and then the Gold regime panel.

The vacant classrooms have been used to enable individuals to sit examinations (which would previously have involved bigger numbers and formal supervision). The prison team has worked closely with the Joint Qualifications Council to negotiate innovative examination arrangements which still meet the required standards.

A separate innovation has been the purchase of Chrome Books to enable some men to continue working alongside a cohort of university students to study a criminology degree course. This is part of the Learning Together project and Hull is one of the few prisons that have continued to deliver an adapted Learning Together module throughout the lockdown. The contact with university students has now become virtual, but the hardware facilitates contact with tutors and progress in learning is still being maintained in both establishments.

The library has not been accessible since lockdown, but prisoners have been able to access materials, including PSO/PSIs. A trolley service has delivered pre-ordered books to the men throughout the lockdown, and systems were put in place to leave the returned books for 72 hours prior to cleaning them ready for re-issue in order to minimise the risk of spreading Covid. Again, Hull is one of very few sites that have had library staff working throughout the lockdown. A wide and varying provision of

reading materials has been maintained on the wings (as well as a range of other occupational activities to promote individual well-being).

7.2 Vocational training, work

The range of work and training activities has been restricted during the lockdown, but a range of essential (and satisfying) roles have been sustained. Gardeners and waste management teams have maintained a peaceful and safe environment. Another team has managed personal hygiene materials to reduce infection risks. They have also washed the personal clothing of men as they have completed the isolation period, reducing the risk to health, and also of property being lost. The instructor has delivered infection control cleaning sessions to both prisoners and staff. There has been a strong demand for print and design materials to keep prisoners and staff up to date with changing requirements.

Workshop 10 has been producing perspex screens to ensure that reception, visits and other areas can operate in a more Covid-secure manner. Workshop 9 has been producing face coverings and has also re-covered a large number of chairs in wipeable materials for residential units as well as the multi-faith centre in order for them to be easily sanitised after use to prevent spreading infection.

The need to split shifts to maintain safety has put pressure on the kitchen staff, who have all come from the VP wings. The prison's response has been to deploy main prisoners to run the staff mess, and this has worked well.

All the available jobs are purposeful and clearly necessary. They contribute strongly towards the wellbeing of the individual workers. They also guide them towards more positive ways of thinking and support changes in attitudes.

There are workshops operating which develop new skills in metalwork, furniture design and build, and IT skills. Computer, printing and upholstery workshops remained functioning during lock-down to supply essential covid related services. There have been examples of individuals moving from the workshops into similar employment. The prison is also building contacts with local companies to facilitate movement from prison into employment when the lockdown is over.

The importance of the work and the opportunities it offers for men to get out of their cells means that attendance is good, and cancellations are unusual. To maintain safety men have been employed on split shifts. This has led to a greater level of focus during working hours, and the opportunity for some men to be employed and involved in education during their down time.

Staffing levels were maintained to continue essential work. An additional staff role was created to support waste management qualifications. Qualifications have been on hold during lockdown, but are planned to resume in May, and additional courses such as forklift truck driving are being explored, as well as industry standard qualifications in waste management.

Links to external employers have been maintained through lockdown, but opportunities have been limited as companies have closed down or furloughed their workforce. Only 17 prisoners have been placed into work or training since last April. However, the prison team has maintained contact and monitored the progress of employers and training providers such as Trackwork, Greene King and Tesco. They are currently working with 54 prisoners who have been recently released or are due for release, and have recently contacted a further 112 who are coming to the end of their sentences. The team has recently been able to use the Hull TV system to keep prisoners up to date with available training and employment opportunities.

7.3 Offender management, progression

Prisoner reviews are conducted appropriately, and preparation for release to a suitable environment has been sustained. The prison has enabled Shelter to communicate with more prisoners than they have done in the past. The in-cell phones have made it easier for them to persuade prisoners to collaborate. If a prisoner has been reluctant to talk, wing staff have been willing to talk to them and often persuade them to be more responsive. As a result, they have been able to get more people into settled accommodation.

The OMU is appropriately staffed and able to undertake new developments to support younger prisoners. The prison was approached about 18 months ago to be involved in this project. They decided from the start that they wanted to do it well so a member of staff from programmes was recruited to assist by introducing opportunities to make choices which bring about changes, and involve accepting different ways of thinking (which is part of the VP programmes methodology.)

They then set about training eight key workers, each of whom is working with three young adults (YAs). The original training manual was quite intimidating so they devised their own two-day training package based on the fundamental principles, and including an ongoing link with SIB (Safety Intervention Board), and collaborations with the OASyS assessments.

Young adults have to want to participate, so it is offered as an option, and the young adult makes the decision. Since the start of the programme, those prisoners who were involved in violence have not continued being violent, and there has been no increase in self-harm amongst the young adults involved.

There are other young adults who want to take part and other key workers who would like to be involved. However, it is quite a challenging culture for some staff, and there are likely to be obstacles. Currently the team is considering the option of specific landings for the YAs involved, a new toolkit for managing young adults, and scope to include up to 30 young adults. There are times when the YA has to maintain two personas – one to move forward, and the existing one to cope with life on the wing.

7.4 Family contact

In-cell telephones have given prisoners the opportunity to maintain contact with their families, and “e-mail a prisoner” has facilitated keeping in touch via photos and updates. The prison has also introduced a response service where families can pay for a response sheet to be included in the e-mail. This enables a prisoner to write a reply on paper which is then scanned and e-mailed so prisoners no longer have to rely on post to keep in touch. Virtual visits via video link were introduced with a fairly low uptake and some complaints from the men about the technical problems encountered and the necessary restrictions on who may be visible on the visitor’s camera. The visits centre has been fully refurbished to make a very positive environment for family links, but it is not currently available. An extension of the Hull TV facility is planned to offer prisoners the opportunity to read a story on camera, so the video can be sent home to their children.

7.5 Resettlement planning

We have witnessed the resettlement team working hard to try to ensure appropriate accommodation for prisoners on release. Overall, 921 prisoners were released during the year, and 78% were supported to go into safe and settled accommodation. It must be assumed that some of those remaining 22% were released with no fixed abode.

The pandemic had considerable detrimental effect on employment prospects, few employment opportunities were available for anyone and much less so for those released from prison.

8. The work of the IMB

The reporting year has, for the Board, been dominated by the COVID-19 pandemic. The Board has continued to have a physical presence within the establishment throughout for the benefit of the prisoners, although this was severely reduced during the initial “lockdown” period. A system of ‘blended monitoring’ took place for the majority of that 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.

Induction of three members who were appointed in February 2020 has been difficult and placed considerable strain on the monitoring capacity of the Board.

Board statistics

Recommended complement of Board members	16
Number of Board members at the start of the reporting period	9
Number of Board members at the end of the reporting period	6
Total number of visits to the establishment	57
Total number of segregation reviews attended	5

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	8	9
B	Discipline, including adjudications, IEP, sanctions	5	3
C	Equality	10	4
D	Purposeful activity, including education, work, training, library, regime, time out of cell	8	4
E1	Letters, visits, telephones, public protection restrictions	24	12
E2	Finance, including pay, private monies, spends	0	1
F	Food and kitchens	3	3
G	Health, including physical, mental, social care	25	26
H1	Property within this establishment	23	13
H2	Property during transfer or in another establishment or location	23	14
H3	Canteen, facility list, catalogue(s)	2	7
I	Sentence management, including HDC, release on temporary licence, parole, release dates, re-categorisation	14	14
J	Staff/prisoner concerns, including bullying	38	24
K	Transfers	11	4
L	Miscellaneous, including complaints system	50	28
	Total number of applications	195	166



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