

Report on an unannounced inspection of

# **HMP Northumberland**

by HM Chief Inspector of Prisons

**19 July–4 August 2017**

This inspection was carried out in partnership with the following bodies:



Crown copyright 2017

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

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

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

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

Printed and published by:  
Her Majesty's Inspectorate of Prisons  
Clive House  
5th floor  
70 Petty France  
London  
SW1H 9EX  
England

# Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	19
Section 2. Respect	29
Section 3. Purposeful activity	41
Section 4. Resettlement	49
Section 5. Summary of recommendations and good practice	57
Section 6. Appendices	63
Appendix I: Inspection team	63
Appendix II: Progress on recommendations from the last report	65
Appendix III: Care Quality Commission Requirement Notices	73
Appendix IV: Photograph	77
Appendix V: Prison population profile	79
Appendix VI: Summary of prisoner questionnaires and interviews	83

### **Glossary of terms**

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

# Introduction

HMP Northumberland is a category C training prison which was formed in 2011 from the amalgamation of HMP Acklington and HMYOI Castington. As a result it sits on a very large site and, despite the fact that the precursor establishments have been physically and organisationally joined, the visitor is left with a sense that the unification is still a work in progress in terms of the establishment being a cohesive single entity. There are 1,300 men held in the prison, spread across 15 house blocks, and many of these house blocks have a distinct character of their own. The last inspection in 2014 yielded a fairly critical report. This inspection made exactly the same judgements in each of the healthy prison tests as at the 2014 inspection, but it would be a mistake to assume that there has been no change. It has been a far from static picture, as this report describes. Before significant progress could be made, some basics needed to be addressed as a matter of urgency.

For instance, violence had more than doubled since the last inspection. This was reflected in our survey, which showed that 58% of prisoners had felt unsafe at some time since arriving at HMP Northumberland. This was significantly higher than at similar prisons and much higher than at the last inspection. It was also troubling that 28% of prisoners felt unsafe at the time of this inspection, a very high figure by any standards. In the face of this grim picture, one would have expected there to be detailed analysis of the violence, leading to a comprehensive violence reduction plan. This was not what we found. There were plans for the future, but these had not yet come to fruition.

Since the last inspection there had been six self-inflicted deaths at the prison. However, we found that few of the shortcomings identified by the Prisons and Probation Ombudsman (PPO) had been addressed. This was difficult to comprehend and demanded the personal attention of senior management.

Prison leaders across the nation are aware of the destabilising and destructive effect of drugs in too many of our prisons. HMP Northumberland was far from immune to this phenomenon, and indeed was suffering more severely than many other prisons. In our survey, 61% of men said that it was easy or very easy to obtain illicit drugs in the jail, and 21% said they had acquired a drug habit since entering the prison. These were very high figures indeed, and while it was true that there was a drug supply reduction strategy, the simple fact was that it was clearly not working. The proof of this was in the mandatory drug testing positive rate of over 17% which, when combined with the new psychoactive substances (NPS) positive testing rate, gave a combined positive rate of just under 34%. This was far too high and if not addressed would undermine ambitions to improve many other facets of prison life.

In terms of our judgement as to whether prisoners are treated with respect, there was a mixed picture. There was some excellent work being carried out on a residential unit dedicated to older prisoners, and it was obvious that the men valued the opportunity to be there among their peers, away from what was described to me by them as the noise, violence and drugs that afflicted the other residential units. There are lessons from this unit that could and should be promulgated and replicated elsewhere. We also saw many positive interactions between staff and prisoners, and 80% of prisoners in our survey said that staff treated them with respect. However, set against this was the fact that many cells were dirty and ill-equipped, with unscreened toilets. There were also serious concerns about some aspects of medicines management, which as a result is made the subject of one of our main recommendations.

In terms of resettlement, our judgement was that this was 'not sufficiently good', but this was marginal and serious consideration was given as to whether it should be judged as 'poor'. There was an up-to-date resettlement strategy, but this needed to be translated into action. Offender supervisors had a very high caseload, and all too often they were redeployed to other duties. Of particular concern was the fact that 59% of MAPPA (multi-agency public protection arrangements)

nominals were being released without confirmation of their MAPPA level. This was clearly unacceptable in terms of the risk this could potentially pose to the public.

There was a very clear determination on the part of the director and leadership of the prison to make improvements, and a palpable energy and enthusiasm about their wish to do so. It is to their credit that there were a wide range of plans and strategies in place, but many of them had yet to achieve their desired effect. HM Inspectorate of Prisons is often encouraged to believe that if we had inspected an establishment a few months later than we actually did, we would have seen significant improvements. This report, as with all of our reports, conveys our actual findings at the time of the inspection. It may well be that the plans we were told about will, in due course, lead to improvement, and this may happen at HMP Northumberland. It is to be hoped that this will be the case.

**Peter Clarke CVO OBE QPM**  
HM Chief Inspector of Prisons

September 2017

# Fact page

## Task of the establishment

Category C working prison for adult males

## Prison status (public or private, with name of contractor if private)

Private Sodexo

## Region/Department

North east

## Number held

1,300

## Certified normal accommodation

1,348

## Operational capacity

1,313

## Date of last full inspection

September 2014

## Brief history

Northumberland was formed from the merger of HMP Acklington and HMP/YOI Castington, completed in October 2011. It became part of the private prison sector on 1 December 2013.

## Short description of residential units

There are 15 house blocks, five holding vulnerable prisoners, including sex offenders. House blocks range from 40 to 240 beds and are of differing layouts and ages.

There are two induction house blocks (one for vulnerable prisoners), dedicated integrated drug treatment systems house blocks, drug recovery house block, drug-free house block, category D/low risk house block, (temporarily out of action at the time of inspection) and an older vulnerable prisoner house block.

## Name of director

Nick Leader

## Escort contractor

GeoAmey

## Health service provider

NHS Cumbria and the North East

G4S Forensic and Medical Services (UK) Ltd

Tees Esk and Wear Valley NHS Foundation Trust

Spectrum Community Health CIC

CGL

Burgess & Hyder Dental Group

Primary care provider and clinical DART

Mental health provider

Pharmacy and GP provider

Non-clinical DART

Dental services

## Learning and skills providers

Novus

**Independent Monitoring Board chair**

Isobel Wilson

**Community rehabilitation company (CRC)**

Northumbria Community Rehabilitation Company

# About this inspection and report

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

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

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

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

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

- **outcomes for prisoners are good.**  
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**  
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**  
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**  
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
  - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

## This report

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

---

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

# Summary

## Safety

- S1 *There were weaknesses in important elements of early days work. Too many prisoners felt unsafe. Good initiatives to address the high levels of violence were not yet fully effective. Management of prisoners subject to ACCT<sup>2</sup> monitoring was weak. Security procedures were not effective in reducing the widespread availability of drugs. Peer support and enhanced units encouraged good behaviour but the incentives and earned privileges (IEP) scheme was generally underused. Too many adjudications were dismissed or not proceeded with. The segregation environment was poor although stays were short. Use of force was high but most was low level. Substance misuse services were good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S2 *At the last inspection in 2014, we found that outcomes for prisoners in HMP Northumberland were not sufficiently good against this healthy prison test. We made 16 recommendations in the area of safety. At this follow-up inspection we found that four of the recommendations had been achieved and 12 had not been achieved.*
- S3 Reception staff were welcoming and prisoners were positive about their treatment on arrival. In our survey, more prisoners than at comparable prisons said they had problems on arrival. Induction arrangements required improvement to ensure that needs were met. Most prisoners spent their first night on house block 9, some in poorly equipped cells with little input from staff or peer workers. In contrast, cells on the vulnerable prisoner induction unit were better equipped and staff interviewed all new arrivals. Induction was poor, particularly on house block 9, and there was little oversight to ensure prisoners received key parts of the programme.
- S4 One in four prisoners in our survey said they felt unsafe at the time of the inspection. Levels of violence had increased significantly since the last inspection and were high. Safety initiatives identified in the violence reduction strategy were slow to progress, although the introduction of a weekly violence reduction improvement group was promising. House block 2 provided safety for vulnerable prisoners and reduced self-isolation on the other main units. However, the regime was very limited. The InSight system had the potential to be an effective bespoke system but it did not always identify victims and perpetrators or demonstrate what work had been done to challenge negative behaviour. Procedures to identify and record incidents accurately were good.
- S5 There had been six self-inflicted deaths since the previous inspection and a further death not yet categorised. Despite this, few of the shortcomings identified in Prisons and Probation Ombudsman death in custody reports had been addressed. Levels of self-harm were high and ACCT management was inadequate; reviews were poorly attended and care maps were incomplete. Handover arrangements were also poor and the required observations did not always take place. Access to Listeners<sup>3</sup> was inadequate, although it was better for prisoners on the vulnerable prisoner unit. There were no formal adult safeguarding arrangements.

<sup>2</sup> Assessment, care in custody and teamwork case management of prisoners at risk of suicide and self-harm.

<sup>3</sup> Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

- S6 There was a strategic approach to security with a clear focus on risks. Intelligence was good and proved to be accurate when acted on. Supply reduction was integrated into the overall drug strategy but too many follow-up actions were not completed and the widespread availability of drugs remained a serious problem.
- S7 Peer support and enhanced units encouraged good behaviour. However, IEP was underused overall. The number of adjudications had increased significantly since the last inspection and was much higher than at comparable prisons. Too many were dismissed or not proceeded with and some breaches could have been addressed through IEP.
- S8 The number of prisoners segregated had increased since the previous inspection, although most stays were relatively short. In our survey, prisoners who had been segregated were negative about their treatment on the unit. The environment was shabby and the regime was limited but we observed positive interactions and good relationships between staff and prisoners. Work on individual target setting in good order reviews and reintegration to normal location required further development.
- S9 The use of force had increased significantly since the last inspection and was high. However, many incidents were low level and involved minimal and appropriate force. There were gaps in the governance of use of force and planned incidents were not recorded.
- S10 Strategic management of substance misuse services was effective and there was active prisoner involvement in service development. Overall clinical management was safe but the high number of prisoners prescribed methadone stretched clinical resources. Over a third of the population were receiving good psychosocial support and the peer mentor scheme was good practice.

## Respect

*S11 Standards on residential units ranged from good to poor. Some house blocks were dirty and poorly equipped. Access to showers and association were good. There were positive relationships between staff and prisoners. Supervision and management of prisoners were poor in some areas. Prisoner consultation was very good. Food was reasonable. Equality work was underdeveloped but progressing. The chaplaincy provided a basic service. Prisoners lacked confidence in the complaints system. Health services were reasonable but there were serious concerns about medicine management. **Outcomes for prisoners were reasonably good against this healthy prison test.***

*S12 At the last inspection in 2014, we found that outcomes for prisoners in HMP Northumberland were reasonably good against this healthy prison test. We made 30 recommendations in the area of respect.<sup>4</sup> At this follow-up inspection we found that 13 of the recommendations had been achieved, three had been partially achieved and 14 had not been achieved.*

S13 External communal areas around residential units were generally well maintained. Some internal communal areas were dirty and there was not enough supervision of wing cleaners. The quality and condition of accommodation varied across the prison from good to poor, with basic items missing, unscreened toilets and graffiti in the worst cells. Most prisoners

<sup>4</sup> This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

- could shower each day and had evening association. Emergency cell bells were not always answered promptly and arrangements for kit exchange were not working adequately for many prisoners.
- S14 In our survey, the majority of prisoners said that staff treated them with respect. We observed positive relationships and most staff were approachable, helpful and keen to do a good job. We saw many staff dealing with challenging situations in a calm and professional manner. However, we also observed poor supervision and management of prisoners and staff who were office bound. Prisoner consultation arrangements supported by User Voice were very good and constructive proposals from the meetings were considered at director level.
- S15 The range and standard of food were reasonable but staff supervision on the servery was inconsistent. Microwaves and toasters were provided for communal use which was positive, although some wings did not have them and there were few opportunities for prisoners to eat together.
- S16 Equality and diversity policy documents were up to date, but not enough staff time was given to equality work. Until recently, attendance at the monthly meeting had been inadequate and the use of data to inform practice was undeveloped. That said, the new director had injected much needed energy into addressing equality issues and investigations into discrimination incidents had improved recently. There was good provision for older prisoners, but support for prisoners with disabilities was patchy and not well organised. There was no consultation with black and minority ethnic prisoners and only a basic level of help for foreign nationals. Work with prisoners from Traveller communities was developing and work with gay and bisexual prisoners was reasonably good. Treatment of transgender prisoners had improved recently and was satisfactory.
- S17 The chaplaincy provided opportunities to worship for all major faiths, but the team depended on volunteers for many activities. Prisoners had relatively negative perceptions of their access to the chaplaincy and religious services and action was needed to address this. A good range of community groups provided faith-based support and through-the-gate help.
- S18 Too many prisoners lacked confidence in the complaints system. Responses to formal complaints did not always address all the issues raised and there were delays to responses. Quality assurance was weak.
- S19 The provision of health services was reasonable overall. However, services were delivered by a number of providers which hindered seamless care in some areas. There were significant risks in medicine management because a high level of tradeable medicines were prescribed and medicines administration was poorly supervised by officers. There was a range of appropriate and accessible primary care services, though prisoners waited too long to access dentistry and podiatry. Work in long-term conditions was delivering improvements in outcomes for prisoners. Mental health services met most essential need, but there was an absence of group work and little opportunity for health promotion.

## Purposeful activity

S20 *Time out of cell was not good enough for a prison of this category. Managers had not given enough attention to punctuality and attendance in education. Progress to improve learning and skills had been slow. The quality and quantity of activity places had improved significantly but there were still not enough places for every prisoner. The allocation process was not driven by the sentence plan. Behaviour in activities was good and prisoners developed good work skills. Achievement rates in most education and vocational training qualifications were high. Library and PE provision was basic. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S21 *At the last inspection in 2014, we found that outcomes for prisoners in HMP Northumberland were not sufficiently good against this healthy prison test. We made 16 recommendations in the area of purposeful activity. At this follow-up inspection we found that two of the recommendations had been achieved, 10 had been partially achieved and four had not been achieved.*

S22 During our roll checks, 30% of prisoners were locked up which was too high for a category C prison. Most prisoners had reasonable time out of cell but there were regular wing closures, particularly on house blocks 10 to 14.

S23 Leaders and managers had made slow progress in implementing improvements to learning, skills and work provision since the previous inspection. The focus had been on other priorities, including meeting the prison working hours target. Recently introduced plans had been effective in improving the quality of activity places and creating a working prison ethos. However, plans were not sufficiently embedded to improve outcomes for prisoners. Not enough was done to ensure good attendance and punctuality.

S24 The quality and quantity of activity places had improved significantly. However, there was still not enough full-time activity for all prisoners, and wing workers in particular were not fully occupied. Allocation to activities did not adequately reflect prisoners' sentence plans or resettlement goals.

S25 Tutors and instructors skilfully planned and delivered challenging and meaningful activity which enabled prisoners to make good progress. Steps to embed the delivery of English and mathematics qualifications into vocational training and prison work activities had been very effective in enabling prisoners to improve their skills. Prisoners were effectively trained and motivated by instructors to work to high standards in commercial workshops and many of the prison facilities management jobs. However, there were not enough opportunities for work to be formally accredited.

S26 Prisoners' attendance at education and vocational training classes had declined since the last inspection and was too low. Punctuality in a few sessions was poor. Prisoners developed good attitudes to learning and work once engaged in activities. They enjoyed their work and behaved respectfully to their tutors and peers, developing a good understanding of the skills and behaviour required by employers. Prisoners received good introductions to their work activities and learned how to keep themselves and others safe. They gained a good understanding of the progression opportunities available to them in their workplace.

S27 Prisoners who engaged in education, vocational training, and prison and commercial work developed good and sometimes excellent levels of skill and produced work of a good standard. Achievement rates in most education and vocational training qualifications were high, but low in a minority of construction, barbering and motor vehicle qualifications. Although functional skills achievement rates had declined slightly, managers had taken appropriate action to effect improvements.

- S28 Although all prisoners had scheduled access to the library and gym, staff did not record use of these facilities or identify groups who did not attend. The library was well stocked to cater for prisoners' general reading needs, including legal texts. However, links with education were not strong enough to provide relevant stock to support the curriculum. The gym had good links with health care to identify prisoners who required remedial PE, but there were delays in providing this. Much of the PE equipment was in need of renewal, the roof continued to leak and the gym still offered no qualifications.

## Resettlement

S29 *The prison had a strategy and policy to manage resettlement but there were weaknesses in offender management and the OASys (offender assessment system) backlog hindered the ability to assess and meet need fully. Contact with offender supervisors was prioritised for those with the highest risk, including preparation for parole hearings. Too many prisoners were past their home detention curfew (HDC) eligibility date and release on temporary licence (ROTL) was not used. The management of public protection was weak and created risk. Reintegration planning often started too late to meet prisoners' resettlement needs. Not enough prisoners were released to work or training. Work with families and offending behaviour programmes were strengths. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S30 *At the last inspection in 2014, we found that outcomes for prisoners in HMP Northumberland were not sufficiently good against this healthy prison test. We made 14 recommendations in the area of resettlement. At this follow-up inspection we found that seven of the recommendations had been achieved and seven had not been achieved.*

- S31 There was an up-to-date resettlement strategy which was focussed on the needs of most prisoners. However, the OASys backlog hindered their ability to assess and meet need accurately. Reducing reoffending work was undermined by a range of issues, including high caseloads for offender supervisors who were regularly redeployed to non-resettlement tasks. Plans were progressing to develop further services for lifers and men who were recalled to prison, but not all prisoners received appropriate resettlement services.
- S32 Offender management was not effective in all cases and too many prisoners did not have a full assessment or up-to-date sentence plan. Prisoners had negative perceptions of sentence planning and many plans were too generic with no focus on progression in custody. Resources were stretched but priority had been given to high-risk offenders.
- S33 Many cases lacked a current risk assessment and decision making was based on incomplete information. In the last year, 59% of MAPPAs (multi-agency public protection arrangements) nominals had been released without confirmation of their MAPPAs level. Public protection cases were identified quickly but there were significant delays in restricting or monitoring phone calls and mail. Appropriate focus was given to prisoners approaching parole.
- S34 Through-the-gate planning meetings took place one to two weeks before release instead of the required 12 weeks which left prisoners ill prepared for release. Too many prisoners were past their HDC eligibility date and ROTL was not used at the time of the inspection, although there were well developed plans to address this.
- S35 The quality of pathways work varied. Arrangements to help prisoners find accommodation on release were good. Few prisoners engaged with the National Careers Service and the proportion of prisoners who progressed to education, training or employment on release was low. There were appropriate links with the community to support prisoners with health

needs on release and good joint working to ensure the continuation of drug and alcohol support. Visits facilities were good and visitors were positive about the visits staff. Nepacs (North-east Prison After Care Society) delivered a range of invaluable support services for families which included the family support worker and the 'Heading Home' programme. They also managed the 'departure lounge' where newly released prisoners could receive advice and practical support at the visitors' centre. A range of appropriate offending behaviour programmes were delivered and prisoners were positive about the support they received. There was effective use of peer mentoring in the programmes team.

## Main concerns and recommendations

S36 **Concern:** There had been six self-inflicted deaths since the previous inspection and the prison had not yet addressed repeated recommendations from the Prisons and Probation Ombudsman to improve the care of those in crisis.

**Recommendation: The management of prisoners at risk of self-harm and suicide should be improved: case reviews should be multidisciplinary; care maps should be meaningful and completed before an ACCT is closed; and staff should carry out the required levels of observation at unpredictable intervals.**

S37 **Concern:** There was widespread availability of illicit drugs and the number of prisoners who reported developing a drug problem while at the establishment was concerning. Supply reduction measures were not fully effective and actions from meetings were not always followed through. Good intelligence was not always acted on.

**Recommendation: Oversight of the supply reduction strategy and action plan should be increased to ensure measures to reduce the supply of drugs are more effective. All prisoners suspected of taking drugs should be tested within required timescales.**

S38 **Concern:** Some internal communal areas were dirty and there was not enough supervision of wing cleaners. Too many cells were dirty with basic items missing, unscreened toilets and graffiti in the worst cells. Kit arrangements were inadequate for many prisoners.

**Recommendation: Communal areas and cells should be clean and well maintained. Cells should be properly equipped and free of graffiti, and toilets should be properly screened. Prisoners should have access to clean, undamaged kit. All prisoners and staff should be aware of the minimum standards expected and these should be consistently enforced.**

S39 **Concern:** Medicines management was unsafe. The movement of medicines, including controlled drugs, was not secure, with medicines transported in unlocked bags and containers. Arrangements for the use of in-possession medication were inadequate with a number of prisoners receiving high-risk, tradeable medicines. The supervision of prisoners receiving medicines was inadequate which presented opportunities to divert medicines. There was no in-cell secure storage and an absence of regular cell checks.

**Recommendation: Medicine management arrangements should deliver appropriate treatment outcomes for prisoners which incorporate the safe prescribing, review and storage of in-possession medicines governed by a multi-agency, prison-wide oversight group.**

S40 **Concern:** There were not enough activity places, and about a third of the population were locked up during the core day or not involved in any purposeful activity. This was unacceptable in a category C prison. Prisoners' attendance at education and vocational training classes was too low.

**Recommendation:** There should be sufficient activity places to ensure that all prisoners are purposefully engaged during the core day. Attendance at education and vocational training classes should be improved. (Repeated recommendation S45)



# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

**Prisoners transferring to and from the prison are treated safely, decently and efficiently.**

- I.1 Most new arrivals at Northumberland came from other prisons in the north-east. In our survey, 34% of prisoners said they had had journeys of over two hours against the comparator of 45% and 42% at the previous inspection. Nearly three-quarters said that escort vehicles were clean and those we looked at were clean and free of graffiti, and carried adequate supplies of food and water.
- I.2 Only 54% in our survey said they had been told they were coming to Northumberland and only 7% said they had received written information about the prison before transfer. This was disappointing given that most transfers to Northumberland were planned.

### Recommendation

- I.3 **Prisoners on planned transfers to Northumberland should receive written information about the prison beforehand.**

## Early days in custody

### Expected outcomes:

**Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.**

- I.4 In our survey, 89% of prisoners were positive about their treatment by staff in reception and we observed staff interacting well with new arrivals. Searches were proportionate and respectful, and staff explained what would happen next before placing prisoners in holding rooms. All prisoners underwent a health care assessment and a first night in custody interview while in reception.
- I.5 The environment in reception was reasonable, although there was little to occupy prisoners in holding rooms while they waited to be processed.
- I.6 In our survey, 74% of prisoners said they had problems on arrival against the comparator of 62% and 62% at the previous inspection. In particular, the number reporting housing problems, physical and mental health conditions and needing protection from other prisoners had all increased since the previous inspection. More than a quarter of prisoners said they had felt depressed or suicidal on arrival. It was concerning that, despite these high levels of need, the first night and induction arrangements for most prisoners remained poor.
- I.7 Mainstream prisoners spent their first night on house block 9. We observed prisoners being placed into cells with little orientation from staff. Some first night cells were not equipped with a pillow, a kettle, a television or curtains, and some were dirty with graffiti on the walls. Prisoners arriving without their property were not given enough prison clothing. In contrast,

all vulnerable prisoners who spent their early days on house block 11 were interviewed by a member of staff. This unit was older, but first night cells were clean and well prepared. In our survey, significantly more vulnerable prisoners than mainstream prisoners said they were offered information about prison life.

- 1.8** Enhanced checks were now appropriately carried out on prisoners during their first night on house blocks 9 and 11.
- 1.9** In our survey, 81% of prisoners against the comparator of 90% said they had received induction, and only 53% of these said it gave them enough information about life at Northumberland. Induction started the day after arrival: it was not structured and induction records remained poor. Prisoners on house block 11 had better access to peer support, but many prisoners did not receive the whole induction programme. Time out of cell remained poor for prisoners on induction or awaiting allocation to activity.

## Recommendations

- 1.10** **First night cells should be clean and properly equipped for new arrivals.**
- 1.11** **Induction arrangements and oversight should be improved to ensure that new arrivals are provided with appropriate staff and peer support before they are locked up on their first night. Prisoners should receive all elements of the induction programme.**

## Bullying and violence reduction

### Expected outcomes:

**Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.**

- 1.12** In our survey, 58% of prisoners said they had felt unsafe at Northumberland and 28% said they felt unsafe at the time of the inspection. These responses were significantly worse than the comparator and the previous inspection. The number of violent incidents had increased considerably. During the previous six months, 142 violent incidents had been recorded compared with 60 at the previous inspection. There had been 29 assaults against staff and 113 against prisoners. Nearly a third of the assaults were classed as serious which was high, although broadly similar to comparable establishments.
- 1.13** The violence reduction strategy had recently been revised and provided an overview of current practice and planned initiatives. However, it had not been informed by analysis of violent incidents and current trends, and there had been no survey of prisoners, staff or visitors since 2015. The associated violence reduction improvement plan was reviewed regularly but actions were relatively low level and not strategic. In some key areas, such as support for victims or challenge of perpetrators, progress was slow (see paragraph 1.16).
- 1.14** A small safer custody team consisting of a manager and a senior custody officer were responsible for the daily management of violence reduction issues. Violence was discussed during the monthly safer custody meeting. Incidents and trends were discussed at this meeting but it was not clear if any actions were taken to address concerns.

- I.15** Violent incidents, including unexplained incidents, were identified and reported to the duty manager each day. A violent incident investigation form was issued with the aim of investigating the incident fully and taking action within 72 hours. Checklists were in place for a residential manager to quality assure the investigations and identify any issues raised. The system was sound and we were confident that all incidents were reported accurately. However, investigations were often incomplete or late, in some cases by more than two months.
- I.16** The InSight plan was designed to provide support for the victims of bullying and to challenge and manage the perpetrators of violence. However, staff were confused about the plans and only 38 had been opened over the previous six months. Governance was weak and a number of plans were shown as open when staff were not aware of them or the prisoners had left the prison.
- I.17** Vulnerable prisoners, mostly sex offenders, were held on house blocks 10 to 14. House block 2 now accommodated vulnerable prisoners from the main units who required additional support or protection. Levels of self-isolation found at the previous inspection had reduced with the introduction of house block 2, but the regime on the unit was limited and the strategy for reintegrating prisoners was unclear.
- I.18** A weekly violence reduction improvement group had been introduced six weeks before the inspection to supplement the monthly meeting. The group was chaired by the deputy director and met to discuss the previous week's incidents and ensure that relevant actions were taken. The group had identified the delay in investigations and the need to challenge perpetrators and support victims. Although in its infancy, this was a promising initiative which, if managed well, could help to develop a more effective violence reduction strategy.

## Recommendations

- I.19** **Action should be taken to understand prisoners' poor perception of their safety and to reduce the high levels of violence.** (Repeated recommendation S44)
- I.20** **The investigation of violent incidents should be completed in a timely manner.**
- I.21** **Procedures to support the victims and challenge the perpetrators of violence should be strengthened and communicated effectively to all staff.**
- I.22** **The regime for prisoners located on house block 2 and plans for their reintegration should be improved.**

## Self-harm and suicide prevention

### Expected outcomes:

**The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.**

- I.23** There had been six self-inflicted deaths since our last inspection and one death which had not yet been categorised by the Prisons and Probation Ombudsman (PPO). The PPO had made repeated recommendations regarding ACCT<sup>5</sup> processes at Northumberland and we had significant concerns that many of these shortcomings had not been rectified.
- I.24** The number of self-harm incidents had continued to rise since the previous inspection and was now high. During the previous six months, the number of ACCT case management documents had also risen to 331 compared with 121 before the previous inspection. Case management and care for prisoners subject to ACCT monitoring were variable and poor in too many cases. There had been no assessment of exceptional circumstances to defend decisions to locate prisoners on ACCT in segregation (see paragraph I.60). ACCT documents indicated poor attendance at reviews, which were sometimes conducted late, and had incomplete or unclear care maps. Required observations had not taken place in some cases.
- I.25** The management of self-harm and suicide prevention was coordinated at monthly strategic and weekly operational meetings chaired by the deputy director. These meetings had improved in recent months and some of the shortcomings in ACCT management had now been identified. However, this had not yet improved practice across residential units.
- I.26** The use of the gated cell in the segregation unit had reduced for prisoners requiring constant observation, and constant observation cells on house blocks 9 and 11 were usually used as an alternative. The cell on house block 9 was occupied at the time of the inspection. It was in a poor condition with graffiti and paint peeling from the wall. Staff were unaware of the prisoner's care plan and records showed that he had not left the cell for a shower, telephone call or exercise for more than 24 hours.
- I.27** In our survey, only 42% of prisoners said they were able to speak to a Listener<sup>6</sup> at any time, against the comparator of 55% and 49% at the previous inspection. A team of 17 Listeners worked on a rota but only three were housed on the main side of the prison, which was not enough. There were two Listener suites but neither had been used in the previous six months and the suite on house block 9 was dirty and poorly equipped. Listeners did not feel supported by prison staff, did not have free movement around the prison, and complained that it often took too long to reach prisoners in crisis.

### Recommendations

- I.28 Prisoners on constant watch should be provided with an adequate regime.**
- I.29 Prisoners should have timely access to Listeners at any time in well maintained Listener suites.**

<sup>5</sup> Assessment, care in custody and teamwork case management of prisoners at risk of suicide and self-harm.

<sup>6</sup> Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

## Safeguarding (protection of adults at risk)

### Expected outcomes:

**The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.<sup>7</sup>**

**I.30** Safeguarding arrangements had not progressed since the previous inspection. There was no safeguarding policy and there was confusion between the prison and health care about safeguarding procedures. There had been no formal contact with the local safeguarding adults board to develop practice at the prison, although a meeting was planned. This was a significant omission in the context of a complex population with a large number of older prisoners.

### Recommendation

**I.31** **The director should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.** (Repeated recommendation I.26 )

## Security

### Expected outcomes:

**Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.**

**I.32** There was a strategic threat assessment in place that was regularly reviewed at well attended monthly security meetings. The availability of illicit drugs had been identified by the establishment as a key threat. However, the current response was not effective in addressing this issue. Positive relationships had been developed with the local police and there was evidence of effective joint working and information sharing.

**I.33** During the previous six months, a large number of intelligence reports had been submitted to the security department via a computer-based intelligence gathering and information reporting system (Mercury). The number of reports had increased since our previous inspection and was higher than the comparator group. Analysts processed information effectively and shared intelligence with residential managers at a daily morning meeting. However, target searching and suspicion testing were well behind schedule. Only half the intelligence-led searches requested between January and June 2017 had been carried out.

**I.34** Physical security features largely reflected the risks presented by the diverse population and size of the establishment. Security risk assessments of prisoners and work areas were not unreasonably restrictive. However, most movements to activities and appointments throughout the day were conducted under escort which was more restrictive than we find in similar prisons.

---

<sup>7</sup> We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

- I.35** A supply reduction policy was in place and, although it demonstrated some proactive work, the widespread availability of illicit substances had not yet reduced. In our survey, 61% of prisoners said it was easy to get drugs and 54% alcohol against respective comparators of 46% and 26% and 46% and 38% at the previous inspection. It was particularly concerning that 21% of respondents said they had developed a drug problem while at the establishment.
- I.36** The random mandatory drug testing (MDT) positive rate between January and June 2017 was 17.37%, which was higher than similar prisons and the local target of 16%. Buprenorphine was the drug most frequently detected. With the inclusion of new psychoactive substances<sup>8</sup> (NPS), the percentage of prisoners testing positive had increased to 33.9%.
- I.37** Suspicion testing was not adequately resourced. The security department had requested 139 tests in the first six months of 2017, only 39 of which had been conducted with 33 positive results. This adversely affected the impact of the supply reduction action plan.
- I.38** Referral to substance misuse services for prisoners testing positive was good. In our survey, 69% of prisoners said they had received help with their drug problem against the comparator of 61% and 58% at the previous inspection. There were two MDT suites, one of which required refurbishment.
- I.39** Most closed visits were applied for legitimate reasons related to visits and the number of prisoners on closed visits at the time of our inspection was 25. Closed visits were reviewed monthly, but the sanction remained in place for a minimum of three months, which was excessive.

## Recommendations

- I.40** Consideration should be given to the use of free flow to planned activities.
- I.41** An appointment system should be introduced to allow risk assessed prisoners to move to appointments outside main movement times without staff escort.
- I.42** Prisoners placed on closed visits should be subject to regular review and decisions to keep them on closed visits should be determined by up-to-date intelligence.

---

<sup>8</sup> Drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects.

## Incentives and earned privileges

### Expected outcomes:

**Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.**

- I.43** At the time of the inspection, 7% of prisoners were on the basic regime, just under a third were on enhanced, and the remainder were on standard. In our survey, only 46% of prisoners said they had been treated fairly on the incentives and earned privileges (IEP) scheme. Only 34% felt that the scheme encouraged them to change their behaviour against the comparator of 44% and 43% at the previous inspection.
- I.44** House block 10 accommodated vulnerable prisoners who were on the enhanced regime, and mainstream prisoners on house block 3 were predominantly enhanced. These prisoners were more positive about the IEP scheme and valued the relaxed environment on their wings and the opportunity to take up peer support roles. However, other incentives to encourage positive behaviour were limited and the scheme was generally underused.
- I.45** Oversight of the scheme was adequate and most prisoners on basic level were returned to standard after 14 days. Most prisoners were on basic level following a single serious incident or misuse of substances such as spice. In some cases, prisoners on basic level retained all their possessions and were able to attend most activities. These prisoners did not see the basic regime as a deterrent to their poor behaviour. We also observed wing cleaners blatantly not cleaning the dirty wings they were employed on, with no challenge from staff.

### Recommendation

- I.46 Negative perceptions of the IEP scheme should be explored to encourage good behaviour. There should be clear differentials between each behaviour level.**

## Discipline

### Expected outcomes:

**Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.**

### Disciplinary procedures

- I.47** The number of adjudications held in the previous six months was 2,616 compared with 753 at the previous inspection. A significant number of the charges we examined could have been dealt with using the IEP scheme or by simply speaking to the prisoner.
- I.48** Adjudications were now conducted in the segregation unit. Proceedings were reasonably relaxed and prisoners were given enough time to prepare and receive legal advice. We examined more than 50 completed adjudications, most of which contained procedural errors which often led to the charges being dismissed. Many of the errors derived from the sheer volume of hearings where documentation was incomplete, completed incorrectly or timescales were not adhered to.

- I.49** Adjudications were discussed at the segregation monitoring and review group meeting but there had been no in-depth analysis of the reason for the high number of charges and quality assurance procedures had lapsed.

## Recommendations

- I.50 IEP should be used as an alternative to adjudications for more minor infringements of the rules.**
- I.51 The quality of adjudication records and quality assurance should be improved.**  
(Repeated recommendation I.41)

## The use of force

- I.52** The use of force had increased considerably since our previous inspection, with 174 incidents recorded in the previous six months compared with 54 in 2014. Records indicated that many incidents were relatively low level, such as the use of ratchet cuffs or guiding holds to ensure the safety of prisoners and staff. Very few incidents resulted in full or sustained force. There were still a number of incidents where force was used in response to non-compliance with staff instructions, rather than to protect staff or prisoners.
- I.53** Twenty-three planned interventions had been documented in the previous six months. Despite the availability of CCTV, camcorders and body-worn video cameras, only one planned intervention had been video recorded. Even in that case, the operator had failed to find a sightline of the incident and it was not possible to determine if the level of force was proportionate.
- I.54** Governance of the use of force took place at a monthly meeting chaired by the deputy director. However, 72 incidents remained incomplete with missing statements from staff or injury-to-prisoner forms. There was no evidence that prisoners were being debriefed following the use of force to inform efforts to reduce the number of incidents.
- I.55** Positively, special accommodation was rarely used, with the last recorded incident in October 2016 for less than two hours.

## Recommendations

- I.56 Planned interventions should be recorded and reviewed by a senior manager to identify areas of concern and lessons learned.**
- I.57 Oversight and governance of the use of force should be improved.**

## Segregation

- I.58** The number of prisoners segregated had increased since the last inspection, with 251 segregated in the previous six months. Most prisoners were segregated for relatively short periods. Additional governance was provided by the HMPPS controller and deputy director of custody for prisoners segregated over longer periods. Many prisoners were segregated pending adjudications that were not always necessary (see paragraph I.47).

- I.59** Some improvements had been made to the segregation unit with the installation of a new shower, refurbished flooring and newly painted cells. However, the unit still looked shabby and very few prisoners had a chair or table in their cell.
- I.60** The segregation regime remained inadequate. Prisoners were limited to a shower every other day and exercise was restricted to 30 minutes. Despite there being a servery on the unit, meals were still served at the cell door regardless of risk. There was a small stock of books to occupy prisoners but they were not permitted to take part in activities off the unit. There was little evidence of individual planning for segregated prisoners to continue education or programmes. There had been no assessment of exceptional circumstances to justify decisions to locate prisoners subject to ACCT monitoring in segregation. There was no evidence that such prisoners were provided with distraction packs, or similar, to help them cope in segregated conditions. ACCT reviews following segregation were poorly attended (see paragraph I.24).
- I.61** In our survey, only 13% of prisoners who had been segregated said they had been treated well by staff against the comparator of 36% and 35% at the previous inspection. We observed segregation staff engaging well with prisoners who spoke positively about the staff but negatively about the regime.
- I.62** Multidisciplinary segregation reviews remained timely and attendance was reasonable. However, the completion of documentation remained a concern and targets were generic rather than specific to the reasons for segregation. There was some reintegration planning, although many cases we examined referred to transfer as a primary option.

## Recommendations

- I.63** **The regime and environment in the segregation unit should be improved.**  
(Repeated recommendation I.52)
- I.64** **Prisoners subject to ACCT monitoring should only be segregated under exceptional circumstances. These should be clearly documented, endorsed by a senior manager and reviewed when appropriate.**
- I.65** **Targets at segregation review boards should be specific, measurable and achievable and appropriate to the needs of the individual.**

## Substance misuse

### Expected outcomes:

**Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.**

- I.66** A well attended drug and alcohol strategy committee discussed supply and demand reduction initiatives, although efforts to address the widespread drug problem were not fully effective. The involvement of peer mentors in drug strategy meetings and in service development was good practice. The drug and alcohol treatment policy had recently been reviewed but was not informed by a comprehensive needs analysis to identify emerging trends.
- I.67** G4S and Spectrum now provided clinical services, and CGL (Change, Grow, Live) psychosocial drug and alcohol services. Partnership work was reasonably good.

- I.68** New arrivals were seen promptly by CGL workers and peer mentors and prisoners could self-refer using the kiosk system. At the time of the inspection, the team engaged with 477 prisoners (over a third of the population) across the site. A wing-based service had recently been introduced to maximise contact time.
- I.69** The range of services was impressive. It included brief interventions, structured one-to-one work based on detailed recovery plans, and a wide range of group work options with some joint facilitation by clinical substance misuse and mental health nurses. A psychoactive substances module had been developed in response to the high level of use of new psychoactive substances.
- I.70** Prisoners requiring more intensive intervention could undertake the five-month recovery-focussed treatment programme based on 'Gateway', the 40-bed stand-alone drug recovery unit, which provided a highly supportive environment. A designated drug-free wing provided post-programme support.
- I.71** Well trained and supported peer mentors played a crucial part in service delivery on all wings. Their responsibilities ranged from one-to-one and programme support to facilitating mutual aid and focus groups, and contributing to officer training. This was one of the best drug and alcohol peer mentor schemes we have seen.
- I.72** Overall clinical management was safe, but the large number of prisoners receiving opiate substitute treatment (OST) stretched clinical resources and the high level of illicit drug use further increased demand for clinical assessments and reviews. At the time of the inspection, 226 prisoners (17.5% of the population) were prescribed methadone, which remained the only available OST, with 52% reducing their dosage.
- I.73** Joint treatment planning was limited to 13-week reviews, although the care of prisoners with the most complex needs was discussed at weekly meetings with the substance misuse GP. There was no protocol and care pathway for prisoners with substance misuse and related mental health conditions.
- I.74** Methadone was administered on house block 5 in a calm, controlled and respectful environment, but officer supervision was inconsistent. There was no privacy on house block 9 where most prisoners prescribed methadone were located.

## Recommendations

- I.75** **A comprehensive needs analysis should inform the drug and alcohol strategy to ensure that service developments are responsive to emerging trends.**
- I.76** **The drug strategy should be developed to reduce the supply of and demand for illicit drugs.**
- I.77** **Clinical substance misuse services should be sufficiently resourced to offer a more flexible range of treatment options and to provide recovery focussed and integrated treatment reviews. Joint working with mental health services should be formalised and improved.**

## Good practice

- I.78** *Peer mentors were actively involved in service delivery, service development and officer training, and contributed to drug strategy meetings.*

## Section 2. Respect

### Residential units

#### Expected outcomes:

**Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.**

- 2.1 External areas were generally well maintained, although there was some litter. The quality of accommodation varied across the 15 house blocks with the older house blocks, 1 to 4 and 11 to 14, being the poorest. New window vents had been installed on some units since the last inspection and the windows on two other house blocks were being replaced. Sightlines on the older units were poor.
- 2.2 Cleanliness of communal areas in the house blocks varied and in some it was poor. The recently introduced monthly clean house block competition was starting to address this and on the better units more pride was taken in maintaining a clean environment. On the poorer units, supervision of wing cleaners was often inadequate and some cleaners were hampered by a lack of cleaning equipment. One wing cleaner was scrubbing the servery with toilet paper having been told by staff that prisoners could not have a proper cloth because they would block the toilets with them. The cleaning manager subsequently told inspectors that staff were misinformed. It was positive that prisoners were left unlocked for association in the evenings. However, too much communal seating and games equipment was damaged.
- 2.3 Most cells were for single accommodation. Five cells on house block 8 were being used temporarily as double cells following the closure of house block 6. They were of reasonable size and the in-cell showers and toilets were appropriately screened, but they were not adequately furnished for two prisoners. Too many cells remained in need of redecoration with grubby walls and graffiti in the worst accommodation.
- 2.4 Cells were not furnished consistently and prisoners said they swapped furniture. Some prisoners had no lockable cupboard while others had two or more or additional open cupboards and tables. Not all toilets were adequately screened or had seats or lids and some prisoners ate next to an open toilet. Curtains were still not available for many house blocks and prisoners continued to improvise with prison bedding and other items. Responses to cell call bells were not timely, and the offensive display policy was not being consistently enforced.
- 2.5 Communal showers were clean, although some required maintenance and privacy screening varied between the house blocks. In our survey, while 92% of prisoners against the comparator of 89% said they were normally able to shower each day, this reduced to 88% for older prisoners and 82% for vulnerable prisoners. Prisoners could wear their own clothes, but men spoke of problems accessing prison issue bedding, towels and clothing. Some of the kit was in poor condition and prisoners issued with better quality items were retaining and washing them rather than handing them in during the weekly kit exchange.
- 2.6 Electronic kiosks had been introduced to the house blocks since the last inspection. These enabled prisoners to order food and shop items, book visits, apply for work, keep track of appointments and access information about the prison, its regime and services.

- 2.7** Half the prisoners in our survey said there were problems with mail. Mail processes were well established but the reported problems merited further investigation. Access to telephones was reasonable.
- 2.8** Logging of paper-based applications remained inconsistent and there was no tracking of responses. In our survey, prisoners were more negative than the comparator about the application process and the fairness and promptness of responses. During the inspection an electronic applications system was set up using the kiosks which would improve governance.

## Recommendation

- 2.9 Staff should answer cell call bells promptly, and response times should be monitored appropriately.**

## Staff-prisoner relationships

### Expected outcomes:

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

- 2.10** In our survey, 80% of prisoners said that staff treated them with respect. We saw staff dealing calmly and professionally with incidents on the house blocks. Only 27% of prisoners said in our survey that staff spoke to them during association, although this was better than the comparator of 20%. On occasion, staff appeared too stretched to do more than react to prisoner requests rather than initiate interaction. Some staff spent a lot of time in unit offices, but most were approachable. Supervision and management of prisoners were sometimes inadequate, particularly when prisoners were employed to work on their house blocks (see paragraphs 2.2 and 2.81).
- 2.11** Named personal officers were allocated to each prisoner, reflecting a policy which mandated fortnightly progress meetings. Staff knew which prisoners they were responsible for, but said they often found it difficult to find time for meaningful engagement. The percentage of prisoners who knew they had a named officer had increased (59% v 52%) since the last inspection but perception of their helpfulness had declined (59% v 75%). Entries in prisoner electronic case notes were too often sporadic and few management checks were recorded. There were exceptions, but most named officer entries focussed on prisoners' conduct and engagement with the regime rather than supporting resettlement or progression. In some cases, the electronic case notes had been used to share information about men subject to ACCT<sup>9</sup> management and to acknowledge contributions to equality and inclusion work.
- 2.12** There was an established, elected prisoner council which was supported by User Voice. Records of council meetings were shared via the kiosks, although some prisoners were unaware of the council or their unit representative. The representatives told us about good engagement with senior managers and the director. They were able to demonstrate positive change influenced by the council. Subgroups formed to look at specific areas of prison life were an example of this.

---

<sup>9</sup> Assessment, care in custody and teamwork case management of prisoners at risk of suicide and self-harm.

## Recommendation

- 2.13 Personal officers should make regular and comprehensive records of contacts with their prisoners, and support them to achieve their sentence plan targets.**  
(Repeated recommendation 2.13)

## Equality and diversity

### Expected outcomes:

**The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>10</sup> are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.**

### Strategic management

- 2.14** Policy and strategy documents were up to date, but the action plan was not comprehensive and was at an early stage of implementation. Monthly equality meetings were reasonably well attended and the new director had begun to use these effectively to drive practical change. Prisoners took part in these meetings and in equality work. However, there was no network of equality representatives across the establishment, or consultation with all minority groups.
- 2.15** The collation and analysis of data on protected characteristics were restricted to simple analysis of the population. Only recently had discrimination reports been investigated thoroughly and promptly by senior managers but the director now quality checked them all. However, there was no external scrutiny of the investigations. Reports demonstrated explicit racial and homophobic abuse in some cases. Although these had been addressed appropriately in individual cases, equality and diversity principles were not reinforced strongly enough through promotion and events.
- 2.16** Staff with responsibility for diversity work were keen to carry out their duties but they often had to prioritise other demanding operational roles. No member of staff was wholly dedicated to diversity and equality work. A named senior manager had oversight of gay, bisexual and transgender prisoners, and progress had been made in these areas.

### Recommendations

- 2.17 Consistent and effective provision should be made to address equality issues comprehensively. This should be informed by analysis of data and should include clear accountability for each protected characteristic.**
- 2.18 The prison should identify prisoners from all minority groups and ensure their individual needs are being met.** (Repeated recommendation 2.21)

---

<sup>10</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

## Protected characteristics

- 2.19** Only 11% of prisoners were from black and minority ethnic backgrounds, of whom half were white. There was little provision for these groups, although Black History Month had been observed. There was some provision for Gypsy, Romany and Traveller prisoners, although the number disclosing that they belonged to these communities had been reducing over the last year.
- 2.20** Foreign nationals formed 5% of the population. A very limited amount of help was available to this group, a few of whom did not speak English well. Telephone and face-to-face interpreting had only been used a handful of times in the last 18 months, and there was very little translated material apart from leaflets on immigration issues. Immigration officials visited reasonably frequently as required.
- 2.21** Provision for Ramadan and faith-based dietary needs was good. There was no evidence of discriminatory behaviour towards any religious group.
- 2.22** Support for prisoners with disabilities was not effectively coordinated. A site survey was being carried out by prisoners working with staff, and several measures had been taken to alleviate the disadvantages of a very large and dispersed site for men with mobility difficulties. Some key areas were still not sufficiently accessible. There was good provision for prisoners with disabilities on house block 14, but elsewhere the provision of physical and other aids was patchy. There was no proper system of peer helpers for men with disabilities other than on house block 14. In our survey, prisoners with disabilities responded more negatively across many areas, particularly regarding safety and access to services. Personal evacuation plans were in place for a number of men with disabilities across the establishment, but not all staff were aware of these.
- 2.23** A number of gay, bisexual and transgender prisoners met each month with relevant managers, and this was beginning to show results. A logo competition and representation by staff at the Northern Pride event were positive signs, but progress was at an early stage.
- 2.24** There were four transgender prisoners at the time of the inspection. Attention had increasingly been paid to their needs in recent months, and they had been able to start the process of transition in accordance with HMPPS guidance. These prisoners were content that their needs were being met.
- 2.25** Older prisoners responded positively in many areas in our survey, for example 93% said that staff treated them with respect. House block 14 was an excellent environment for older men, in which a constructive culture of mutual support had been fostered. In an excellent partnership with Age UK, a weekly club provided purposeful activities for over 50s such as carpet bowls, speakers, quizzes and table games. With more than 40 members, the club had outgrown its accommodation and needed more space.

## Recommendations

- 2.26** **The needs of prisoners with disabilities should be met through a consistent and well-organised support system, including peer support, across the establishment.**
- 2.27** **Learning from the achievements of house block 14 should be spread across the establishment in a prison-wide approach to provision for older prisoners.**

## Good practice

- 2.28** *Excellent work had been done in house block 14 to create a suitable environment for older prisoners, with a supportive and age-appropriate culture.*

## Faith and religious activity

### Expected outcomes:

**All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and resettlement.**

- 2.29** All faiths were able to worship, but the relatively small chaplaincy was under strain to duplicate services for main location and vulnerable prisoners. As a result, there were few chaplain-led classes and groups, and chaplains had little time to fulfil a general pastoral role. This was compensated for in the case of Christian prisoners by volunteers who came in to lead groups. The Sycamore Tree course was delivered four times a year, and the restorative justice mediator enabled some prisoners to meet victims of their offences where appropriate. Chaplains tried to see every prisoner on an ACCT once a week, but rarely attended ACCT reviews.
- 2.30** Our survey showed relatively negative perceptions of respect for religious belief and access to religious leaders against comparable prisons and the previous inspection. Only 37% said it was easy to attend religious services against the comparator of 50%. A lack of staff made it more difficult for prisoners on house blocks 10 to 14 to go to the chapel.
- 2.31** Links with many community groups, churches and charities provided a range of options to prepare for release and provide support after release. These included Junction 42, community chaplaincy, and faith-based drug recovery facilities and programmes. There was a small team of prison visitors.

## Recommendation

- 2.32** **There should be adequate faith provision with good access for prisoners.**  
(Repeated recommendation 2.36)

## Complaints

### Expected outcomes:

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

- 2.33** In our survey, fewer respondents than the comparator said that complaints were dealt with fairly and promptly. Between January and June 2017, 1,903 complaints had been submitted, more than similar establishments and our last inspection. The main areas of concern were property, finance, offender management and residential matters.
- 2.34** The complaints management system was good. Complaint forms were available in all areas and administrative staff emptied the locked complaint boxes each day. Complaints that we looked at were courteous, but not always focussed or detailed enough.

- 2.35** During the previous six months, an average of 11% of complaints had been responded to outside target response times. We were told that limited quality assurance took place, but there was not enough evidence of this. Some responses to complaints about staff did not provide enough evidence that they had been thoroughly investigated.

## Recommendations

- 2.36** A formal and documented quality assurance procedure for complaints should be introduced.
- 2.37** All complaints alleging staff misconduct should be investigated thoroughly.

## Legal rights

### Expected outcomes:

**Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.**

- 2.38** In our survey, 35% of prisoners said it was easy to communicate with their legal representative against the comparator of 42% and 43% at the previous inspection.
- 2.39** There were no staff dedicated to providing support for prisoners with legal issues and new arrivals were not given any relevant information. Limited signposting support was available from offender supervisors and there was a reasonable stock of legal reference books in the two libraries.
- 2.40** Legal visits took place in private rooms in the visits hall. There was enough capacity to meet the needs of the population.

## Health services

### Expected outcomes:

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

- 2.41** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)<sup>11</sup> and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement with subsequent notices issued by the CQC which have been detailed in Appendix III of this report.

---

<sup>11</sup> CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

## Governance arrangements

- 2.42** G4S Forensic and Medical Services (UK) Limited delivered primary nursing services and Spectrum Community Health provided GP and pharmacy services. Tees Esk and Wear Valley NHS Foundation Trust delivered mental health services. A comprehensive health needs analysis had recently been commissioned which was being used to inform the recently retendered contract specification. A number of providers delivered services and governance arrangements were complex and not always effective. Leadership was unclear. A strategic partnership board and inter-agency senate were in place to ensure collective working, but areas for improvement were not always addressed.
- 2.43** The reporting of and learning from incidents were effective and health care recommendations from death in custody investigations were addressed. A prisoner council considered some health issues, but the smaller dedicated patient forum was unrepresentative. Information for prisoners about health care was limited.
- 2.44** Management accountability was not clear and some nurses said they felt isolated. Regular agency staff were used to cover vacancies and the nursing team struggled to achieve their core functions, which placed a strain on them. Despite this, most health care needs were met. Access to essential training was reasonable and regular in-house development opportunities were provided. Managerial support and clinical supervision were too informal and governance of this required further development.
- 2.45** We saw evidence that staff were made aware of relevant NICE guidance (National Institute for Health and Care Excellence). Clinical audit results were published, although most were purely quantitative. Systems were in place to prevent communicable disease and the service could demonstrate how it had previously dealt with outbreaks. We observed staff seeking consent for the potential confidential sharing of health information. There was no free flow movement across the prison and this restricted prisoners' ability to attend clinics. Despite this, failure to attend rates were low and there were good procedures to follow up patients who failed to attend health care appointments.
- 2.46** Medical incidents occurred regularly, in part related to new psychoactive substances (NPS). There were effective arrangements to deal with acute health concerns and most prison officers had received appropriate first aid training and had access to automated external defibrillators. The response from external emergency services was timely and all resuscitation equipment was regularly checked and appropriately maintained.
- 2.47** All health care staff we spoke to understood how to deal appropriately with safeguarding concerns. There was no specific training for staff on the needs of older people, but nurses worked appropriately with this population and the contribution from Age Concern facilitated a good support network for older prisoners.
- 2.48** The number of complaints was low at 45 a month since January 2017. Despite adverse comments that we received from prisoners, the monthly patient survey indicated that 90% would recommend the service. The main topics of complaint were medicines, the GP, some nurses and dentistry. Responses that we sampled were timely, focussed and respectful.
- 2.49** Health care assistants led most health promotion initiatives and monitored the wellbeing of individual prisoners. There was no overarching strategic programme for all prisoners. Smoking cessation programmes were well established.
- 2.50** Disease prevention arrangements were sound and prisoners could access age-appropriate screenings, immunisations and vaccination programmes. We were told that prisoners could

access barrier protection, although we saw no evidence that this was brought to their attention.

- 2.51** The Care Quality Commission issued 'requirement to improve' notices following the inspection (see Appendix III).

## Recommendations

- 2.52** **Nursing resources should be reviewed to ensure that they can deliver commissioned primary care services effectively and sustainably.**
- 2.53** **Nurses should be able to access professional supervision including one-to-one support.**

## Delivery of care (physical health)

- 2.54** A nurse completed an initial health assessment with all new arrivals in reception, including a risk assessment of the prisoner's ability to hold medicines in possession. This information was completed on paper but was not always scanned promptly and placed on SystemOne (electronic medical records). This meant that, when a GP saw a prisoner, up-to-date information on their suitability to hold in-possession medicines was not available. We saw no evidence that GPs undertook risk assessments for in-possession medicines.
- 2.55** Health care services were provided from 7.30am to 7.30pm Monday to Thursday, 7.30am to 6pm Friday and 8am to 6pm at weekends. An appropriate range of health care services was delivered and prisoners requested services through the electronic kiosk system. Waiting times were reasonable except for podiatry services. Non-attendance rates were monitored and followed up appropriately.
- 2.56** There were daily nurse triage clinics for acute presentations and general sickness. Nurse-led clinics were limited, but a dedicated chronic disease management nurse led on the identification and management of prisoners with long-term conditions. Care planning for these patients was in the early stages of development.
- 2.57** Prisoners were referred promptly for external hospital appointments. From May to July 2017, 184 external appointment slots were made, of which 60 were cancelled. A further 96 escorts were provided for prisoners to attend emergency treatments. GP and clinical practitioners were appropriately consulted about planned escorts.
- 2.58** Prisoners had good access to GPs. Six GP sessions were held each week and clinic waiting times to see a GP were low. Four advanced nurse practitioner sessions were also held each week.

## Recommendation

- 2.59** **Prisoners should have timely access to podiatry services.**

## Pharmacy

- 2.60** Spectrum Community Health supplied medicines to prisoners on a named patient basis, through a dedicated pharmacy team which included a full-time pharmacist, a pharmacy assistant and a part-time technician. There were no pharmacy clinics.
- 2.61** The pharmacy team ensured that patients had an appropriate supply of medicines including monitored dosages for those who required them. Staff followed a range of standard operating procedures and the pharmacist reviewed all incidents related to medicine.
- 2.62** Medicines were prescribed by Spectrum GPs. National medicines administration and in-possession policies were in place but these were not widely accessible or implemented. There were no local G4S policies. Approximately 85% of patients received their medicines in possession. The application, use and review of in-possession medication risk assessments were unclear and inconsistently applied. In-possession policies listed the medicines liable for abuse. However, these were not individually risk assessed and a number of men received high-risk, tradeable medicines in possession. This presented a significant risk which was exacerbated by the absence of in-cell secure storage and regular cell checks.
- 2.63** The movement of medicines, including controlled drugs, was not secure and medicine reconciliation was not fully audited. Medicines were transported across the prison in unlocked bags and containers which put nurses and prisoners at risk. Fridge temperatures were not always recorded each day and only the current temperature was recorded and not maximum and minimum.
- 2.64** Medicines management was unsafe. G4S nurses were responsible for administering medicines, including controlled drugs and opiate substitution treatment. Medicines administration took place three times a day with the last round starting at 4.30pm. Staff were often expected to administer medicines at many house blocks. Occasionally medicine rounds could not be finished and patients did not always receive their tea time medicines. Nurses could also be drawn away to medical emergencies. We observed that medicines were not always available at the right time and this was confirmed to us by prisoners. The supervision of prisoners receiving medicines was inadequate with the risk that medicines could be diverted. Patient confidentiality was poor.
- 2.65** Prisoners had access to a range of medicines without seeing a doctor. Patient group directions<sup>12</sup> were either out of date, not authorised for use, or not appropriate for the population.

## Recommendations

- 2.66** **The movement, storage and reconciliation of medicines should be undertaken safely.**
- 2.67** **The in-possession policy and in-possession risk assessment arrangements should be updated and implemented to ensure that they provide contemporary guidance for prescribers. They should reflect both individual and drug risk and should support the safe management of medicines.**
- 2.68** **Officers should supervise the administration of medicines to reduce the risk of diversion and to facilitate confidential treatments.**

---

<sup>12</sup> Documents which authorise appropriate health care professionals to supply and administer a prescription-only medicine.

## Dentistry

- 2.69** Burgess & Hyder Dental Group provided a full range of NHS equivalent dental services. Approximately four dental sessions and two dental therapy clinics were held each week and oral health and hygiene clinics once a month. However, 119 prisoners were waiting to see a dentist, with some waiting 14 weeks for a routine dental appointment, which was too long. Access to emergency treatment was appropriate. A good range of oral health advice and information was provided. Dental records included patient treatment plans, updated medical histories and consent.
- 2.70** Dental facilities included an equipped surgery and a separate decontamination area. Infection control audits were completed every six months and dentistry equipment was monitored and maintained appropriately.

## Recommendation

- 2.71 Prisoners should have timely access to routine dental care and treatments.**

## Delivery of care (mental health)

- 2.72** Tees, Esk and Wear Valley NHS Trust delivered effective mental health services, although resources were stretched. In our survey, 54% of prisoners said they had emotional wellbeing or mental health problems against the comparator of 35% and 36% at the previous inspection. An excellent recent needs assessment was in draft.
- 2.73** The integrated mental health team (IMHT) included nurses and visiting psychiatrists with mental health, learning disability and substance misuse skills, and a psychological therapist and rethink counsellors. The skills mix required a review to ensure an effective response to the changing needs of the population. There were about 20 referrals to the service each week and an average of 30 patients on each practitioner's caseload, which was high. The IMHT visited all prisoners in the segregation unit each day but they were unable to attend all ACCT reviews.
- 2.74** An impressive 96% of uniformed officers had been trained in mental health awareness since our last inspection. All referrals were assessed within three days but patients could wait for long periods before the start of therapy, which prisoners said was a source of aggravation. Therapeutic options had improved since 2014 and now included support for trauma-related disorders and cognitive therapy, but there were no group therapies. The mental health team was based in a large, empty former health centre but no suitable therapy room was dedicated to group interventions. Did-not-attend rates for appointments were high and needed investigation.
- 2.75** The most recent nine patients transferred to mental health hospitals had waited an average of 111 days, which was unacceptable.

## Recommendations

- 2.76** The service model, staffing, skills mix and therapeutic approaches should be reviewed in response to the health needs assessment and changing prison population.
- 2.77** The transfer of patients to external health care beds should be expedited and occur within Department of Health transfer target timescales. (Repeated recommendation 2.85)

## Social care

- 2.78** At the time of the inspection, no prisoners were in receipt of a formal social care package, but there was an agreed framework to undertake assessments and deliver personal care if appropriate. There was no dedicated local authority input to raise awareness or to ensure that need was being met in this area, but we judged that arrangements were proportionate. Prisoners could receive an occupational therapy assessment and access to specialist advice and equipment. A few men received low-level buddy support from trained peers to facilitate mobility and access to prison services.

## Catering

### Expected outcomes:

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

- 2.79** In our survey, 22% of prisoners said the food was good against the comparator of 33%. They expressed mixed views to us during the inspection. The food was of reasonable quality and quantity and the options covered most diets. Special diets were catered for in consultation with health care or the chaplaincy. Ordering through the kiosks enabled prisoners to make their food choices up to 48 hours before the meal. Consultations about food took place at the prisoner council.
- 2.80** The menu offered hot items for lunch on alternate days and a hot evening meal. Breakfast consisted of a small portion of cereal and milk, and each prisoner had a loaf of bread each week to make toast or supplement their meals. Communal toasters and microwaves were made available for prisoners to use, which was good, although some house blocks had never replaced equipment damaged many months ago. Few prisoners were able to eat communally.
- 2.81** Supervision at meal times varied and was sometimes inadequate. On some house blocks prisoners did not wear protective clothing when serving food. Portion sizes differed which could lead to understandable tension between prisoners collecting their meals and those serving them. This heightened the perception of some prisoners that meals were small. Some serveries were left dirty at night.
- 2.82** The main kitchen was well equipped, and most food was prepared on site rather than brought in ready prepared. The kitchen was clean when we checked it at night. The kitchen employed several prisoners but there was no opportunity to achieve NVQ or similar qualifications.

## Recommendations

- 2.83 All prisoners should be able to eat their meals out of their cell in a communal dining area.** (Repeated recommendation 2.91)
- 2.84 All prisoners should have access to toasters and microwaves.**
- 2.85 There should be proper staff supervision at meal service, and prisoners serving food should wear appropriate protective clothing.**

## Purchases

### Expected outcomes:

**Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely.**

- 2.86** Prisoners could place orders through the kiosks for a reasonable range of goods, including basic clothes and underwear. Items ordered were delivered weekly. The kiosks could be used to buy credit when prisoners needed to make more purchases.
- 2.87** New arrivals could wait up to 12 days to receive their first full shop order, although they could buy a reception pack with groceries and additional reception packs if required. Reception packs were paid for over a number of weeks.
- 2.88** Prisoners could shop from a range of catalogues, although they were charged an administration fee for orders. Orders from one popular supplier had to go through a third party for payment which increased the cost to prisoners. Arrangements for ordering newspapers and magazines for delivery to the prison had been improved following consultation with the prisoner council.

## Recommendation

- 2.89 Prisoners should not be charged an administration fee for catalogue orders.** (Repeated recommendation 2.94)

## Section 3. Purposeful activity

### Time out of cell

#### Expected outcomes:

**All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.<sup>13</sup>**

- 3.1** Our roll checks recorded 30% of prisoners locked in their cells during the working day, which was unacceptable for a category C prison. For some prisoners, time out of cell was better than at similar prisons, with 9.5 hours from Monday to Thursday and an adequate weekend regime. However, during the previous six weeks, staff shortages had curtailed the regime, resulting in one wing on average being shut down for half a day every day. These restrictions affected house blocks 10 to 14 more severely, as our survey reflected. Regime timings were otherwise generally adhered to, with minimal slippage.
- 3.2** There were reasonable facilities for association on most wings, but many of the exercise yards were very bare. Only 41% of prisoners in our survey said that they had time in the open air three or more times each week.

### Learning and skills and work activities

#### Expected outcomes:

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

**3.3** *Ofsted<sup>14</sup> made the following assessments about the learning and skills and work provision:*

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

<sup>13</sup> Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

<sup>14</sup> Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

## Management of learning and skills and work

- 3.4** Leaders and managers had been slow to implement improvements to learning, skills and work activities since the previous inspection. They had focussed on other priorities, including meeting the prison's working hours target. Plans had recently been introduced with an increased focus on improving the quality and number of activity places and this was helping to create a working prison ethos. However, many of the plans had not been in place for long enough to have influenced outcomes for prisoners. Leaders and managers had engaged effectively with commercial partners to increase the number and quality of activity places but there were still too few places for all prisoners. Not enough had been done to address low attendance rates in education and vocational training. Prisoners working on wings were not fully occupied throughout the day.
- 3.5** The education and vocational training provision from Novus was good. Prison managers who were responsible for delivering learning and skills training worked effectively with Novus to establish an appropriate education and vocational training programme. For example, managers had reflected prisoners' needs and the strategy to promote a working prison culture by embedding English and mathematics functional skills qualifications effectively into work activities.
- 3.6** Managers' overview of the quality of teaching, learning and assessment and the performance of individual staff was largely accurate. They had established a detailed plan with improvement priorities for the learning and skills and work provision. However, the performance management records of education staff did not use available data well enough to monitor individual progress in meeting targets.
- 3.7** Managers did not take sufficient account of prisoners' resettlement goals or the targets in their sentence plans when allocating them to activities. The sequencing of participation in education, vocational training and work activities was poorly planned. For example, learners with several years of their sentence left were taking business start-up courses when they would have no opportunity to use the knowledge and skills gained through this learning. Also, learners who had low levels of skill in English and mathematics were often not allocated to take functional skills courses to improve these skills, either in full-time education or in their workplace, until late in their sentences. The prison had not defined progression routes for learners to develop and consolidate their work skills when they completed a vocational training course. For example, learners on catering courses were not recruited to work in the kitchens and those completing painting and decorating courses did not become wing decorators. A new pay policy had recently been introduced to motivate prisoners to engage in education, vocational training and commercial work. A few prisoners were confused about how the changes applied to them.

## Recommendations

- 3.8 Prisoners who work on their wings should be kept purposefully occupied throughout the working day.**
- 3.9 Leaders and managers should improve the allocations procedures so that they reflect prisoners' sentence plans and resettlement goals. The sequencing of activities should be improved so that prisoners can develop and apply the skills and knowledge that they gain successfully.**

## Provision of activities

- 3.10** The quality of commercial work places had improved significantly since the previous inspection, but there were still not enough for the whole population. The prison offered 1,044 activity places which was sufficient for about 88% of prisoners. When specialist staff were absent, prisoners remained on their wings and no alternative arrangements were made to enable them to participate in a full regime.
- 3.11** Novus offered 158 education places. Accredited courses included English and mathematics from entry level to level 2, information and communications technology and business studies. Functional skills qualifications in English and mathematics were available to prisoners who worked in prison jobs and commercial workshops. Novus provided 118 vocational training places. Main population prisoners could take qualifications up to level 2 in hospitality and catering, barbering, painting and decorating, carpentry, plastering, bricklaying, construction multi-skills and vehicle maintenance. Vulnerable prisoners could take vocational qualifications in hospitality and catering, and barbering.
- 3.12** There were 362 commercial work activity places. These included CD and DVD recycling, textiles, office materials production, vacuum cleaner repair, tea packing, engineering and market gardening. In addition, 186 activity places provided prisoners with work as orderlies, drivers, mentors, kitchen workers, waste management operatives and gardeners. All these activities kept prisoners purposefully occupied. About 220 prisoners were allocated to wing-based work, which was high and explained why some were under-occupied.
- 3.13** Prisoners could achieve performance manufacturing operations qualifications through some aspects of prison work but there were not enough opportunities to accredit work formally. Workshops did not offer accreditation in specific skills such as engineering, welding, food production or horticulture. There were no courses at level 3 in education.
- 3.14** Prisoners in house block 2, who could not be accommodated in main or vulnerable prisoner locations for safety reasons, did not have access to a sufficient level of work and education.
- 3.15** At the time of the inspection, no prisoners were released on temporary licence to work, although there were plans to reintroduce this.

## Recommendation

- 3.16** **Leaders and managers should ensure that, where possible and appropriate, prisoners can achieve formal accreditation through their work activities.**

## Quality of provision

- 3.17** The quality of teaching, learning and assessment in education and vocational training was good, which enabled learners to make progress in improving their skills and achieving learning goals. Tutors were enthusiastic and worked hard to break down barriers to learning. They planned learning tasks carefully and monitored progress well. Most tutors were skilful at meeting the very different needs of learners with varying levels of ability.
- 3.18** Most tutors engaged learners well in setting and regularly reviewing their learning and personal development targets. Learners used these effectively to identify the progress they had made. Tutors marked work regularly and, through their helpful feedback, learners had a good understanding of what they needed to do to improve. The written work of most learners participating in education and vocational training was of a good standard. Tutors

identified any adjustments or additional equipment, such as magnifiers, that learners with learning difficulties and/or disabilities required to participate fully in learning. These arrangements were reviewed frequently to ensure they remained appropriate.

- 3.19** In prison workshops, instructors reinforced high expectations, enabling prisoners to develop good work attitudes and complete work to customer defined standards and production targets. Managers and instructors carefully identified specific work activities enabling older prisoners and prisoners with physical disabilities to participate in work.
- 3.20** Tutors used education mentors effectively to demonstrate new techniques to learners, for example, facial hair trimming in barbering. In workshops, instructors used prisoner demonstrators well to support less experienced workers. The good use of mentors and demonstrators enabled tutors and instructors to provide more help to those who most needed it.

### Personal development and behaviour

- 3.21** Learners were proud of the skills that they developed in education and vocational training. Their self-esteem and confidence improved through their learning. The large majority of prisoners who participated in activities, apart from those who worked on the wings, had good attitudes to their learning and work. Standards of behaviour in workplaces and education were good. Prisoners were mindful of their peers and respectful to staff.
- 3.22** In education, workshops and vocational training learners developed good employability skills. In workshops, experienced workers enhanced their skills effectively by assuming more responsibility as quality checkers and demonstrators. Induction to activities was carried out effectively so that prisoners knew the health and safety requirements of their training activity or job. Prisoners routinely adopted safe working practices.
- 3.23** Learners in education developed their skills in English and mathematics well. Good functional skills outreach provision was available in prison work and prisoners recognised the importance of English and mathematics skills in the context of their work.
- 3.24** Tutors in education were skilled and confident at promoting British values. Learners developed a good understanding of equality and diversity, and concepts such as democracy and tolerance in society. Those engaged in prison work had only a limited understanding of these concepts.
- 3.25** Attendance rates were good at most prison and commercial work activities, but too low at most education and vocational training sessions. Aspects of the prison regime, such as drug treatment times, caused a few prisoners to arrive late to their activities. This disrupted the learning of other prisoners in education.
- 3.26** Portfolios had only recently been introduced to recognise and record prisoners' progress and achievements in their work. The good progress that the large majority of prisoners made in improving their attitude, behaviour and work-related skills went unrecognised. Prisoners did not have enough understanding of how the education, training and work activities they were undertaking could help them to find employment on release.

## Recommendations

- 3.27** Learners' attendance and punctuality to education should be improved.
- 3.28** The prison should introduce the new education and training portfolios into all work activities and use these to recognise and record the work-related skills and behaviour that prisoners develop.

## Education and vocational achievements

- 3.29** With the exception of prisoners working on wings, prisoners engaged in education, vocational training, and prison and commercial work developed good and sometimes excellent levels of skill. The large majority enjoyed their activities and produced work of a good standard.
- 3.30** Achievement rates were high in functional skills qualifications in English and mathematics at entry level. Functional skills achievement rates at levels 1 and 2 in mathematics and level 1 in English had declined slightly in 2016 to 2017 from the high rates of previous years. Managers had accurately identified the factors related to the embedding of these qualifications into workplaces that had led to this. Appropriate action had been taken to effect improvements, such as changing to an awarding body which provided examinations on demand.
- 3.31** Achievement rates in most education and vocational training qualifications were high, for example in mentoring, business administration, customer services, information technology, employability, professional cookery, and performing manufacturing operations. Achievement rates were low in a few qualifications such as construction, barbering and vehicle maintenance.

## Recommendation

- 3.32** Achievement rates should be improved in qualifications that are offered.

## Library

- 3.33** The prison provided two libraries in partnership with Northumberland County Council Library Service. All prisoners had planned access to the library for 30 minutes a week but this often coincided with other activities. Library staff collected information about the number of prisoners using the library but not how many prisoners used it regularly. They were thus unable to promote the library to non-users. Our survey indicated that only 37% of prisoners used the library at least once a week. The number of prisoners who regularly borrowed books was low. Library staff did not have an effective system for monitoring the stock or levels of book loss.
- 3.34** The library stock met the interests of those who used the service. There was a range of fiction, non-fiction, audio books and large print texts but only a limited number of books in languages other than English. Legal reference texts and Prison Service Instructions were available. The library could borrow books for prisoners from other public libraries, but this happened infrequently. Links with the education provider were underdeveloped and the range of texts available did not support prisoners involved in education or vocational training.

- 3.35** Initiatives were in place to promote wider prison literacy, such as the Shannon Trust<sup>15</sup> scheme, and the range of texts to support this was good. Storybook Dads<sup>16</sup> had been in operation for three years.

## Recommendations

- 3.36** Procedures should be improved for monitoring library use and identifying and promoting the service to non-users.
- 3.37** Effective procedures should be in place to monitor stock loss.
- 3.38** Links between the education department and the library should be strengthened so that the library stock better reflects prisoners' learning needs.

## Physical education and healthy living

### Expected outcomes:

**All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.**

- 3.39** A team of eight instructors, supported by nine orderlies, delivered physical education. All prisoners had planned access to the gym at least twice a week. A mandatory induction ensured that they knew how to use the facilities safely. Staff did not monitor use of the facilities well enough to identify regular users and encourage non-users to participate. There were still no accredited qualifications available.
- 3.40** There were two sports halls, three cardiovascular and weights rooms and an outside sports field. Much of the equipment in the cardiovascular and weights rooms was old and in a poor state of repair. The prison had requested investment and limited funding had been allocated to replace some of the old equipment. The sports hall roof that was leaking at the previous inspection had not been fully repaired.
- 3.41** Since the previous inspection, a session for prisoners over 50 had been introduced. Lunchtime gym sessions for working prisoners were a positive addition to the timetable. Staff did not do enough to encourage prisoners to take part in cardiovascular exercises and most prisoners focussed on weight lifting routines.
- 3.42** There were good links with health care to refer prisoners with medical issues for remedial PE. However, a shortage of trained staff led to delays in providing this.

---

<sup>15</sup> Provides peer-mentored reading plan resources and training to prisons.

<sup>16</sup> Project for prisoners to record stories for their children.

## Recommendations

- 3.43 Accredited PE qualifications should be offered to prisoners.**
- 3.44 The leaking roof in the gym sports hall should be repaired.**
- 3.45 Data on PE attendance and the activities undertaken by prisoners should be analysed to improve the promotion of facilities to non-users and encourage more prisoners to engage in cardiovascular exercises.**
- 3.46 The time prisoners have to wait for remedial PE should be reduced.**



# Section 4. Resettlement

## Strategic management of resettlement

### Expected outcomes:

**Planning for a prisoner's release or transfer starts on their arrival at the prison.**

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

**Good planning ensures a seamless transition into the community.**

- 4.1 The head of the offender management unit (OMU) was responsible for reducing reoffending and resettlement. The OMU had good links with the programmes manager, community agencies and resettlement services. The co-location of community rehabilitation company (CRC) services provided by the Northumbria Community Rehabilitation Company - subcontracted to Shelter and Applied Personal Management (APM) - enabled effective sharing of information and referral to services.
- 4.2 The roles and responsibilities of resettlement and OMU staff were clearly defined and a range of procedures guided their work. However, offender supervisors held caseloads of 120 which affected the range of work that they could deliver.
- 4.3 At the previous inspection, we had criticised the lack of an up-to-date needs analysis. A needs analysis based on a prisoner questionnaire had been produced, which provided a basic understanding of needs. This had been supplemented by the head of programmes with data from OASys (offender assessment system) which gave a more rounded view of programme needs. The range of programmes had been revised and included Resolve, a more detailed anger management programme.
- 4.4 In March 2017 HMP Durham had become a remand prison and Northumberland had started to take prisoners serving sentences of under a year alongside longer serving prisoners. Services had not yet been developed to meet the needs of these prisoners. At the time of the inspection, this affected fewer than 30 men, but the number would increase over time.
- 4.5 Resettlement plans were drawn up too late to meet the resettlement needs of prisoners and had limited the help available for some on release.
- 4.6 Release on temporary licence (ROTL) had not been used for progression in the last six months, and had rarely been used over the past two years. Without it, prisoners, including those serving long sentences, were unable to achieve a staged and tested release.
- 4.7 Since our last inspection, plans had been drawn up to improve some areas of practice including the accommodation pathway, support for lifers and indeterminate sentence prisoners, and the new key worker approach to case management. These were positive developments, but some areas had deteriorated, including sentence planning and progression, and public protection. This deterioration in offender management was reflected in our survey. Some prisoners we spoke to were positive about their contact with the OMU, but more were dissatisfied and described a lack of contact. Our findings reflected their dissatisfaction.

### Recommendation

- 4.8 **The needs of shorter-term prisoners should be understood and met.**

## Offender management and planning

### Expected outcomes:

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

- 4.9** The OMU was split into two pods; one managed low- and medium-risk cases and the other high-risk. All the offender supervisors were employed by the prison and comprised uniformed officers and civilian staff. Offender supervisors were expected to see high-risk prisoners three times a year but prisoners told us they were typically seen once a year. Monitoring by managers indicated that, although some prisoners were seen more frequently, very few were seen in line with the policy.
- 4.10** The low- and medium-risk pod staff rarely saw their allocated prisoners. Offender supervisors told us that they each managed around 120 prisoners, a workload that included conducting assessments, preparation for home detention curfew and parole hearings. Case load levels remained similar to those at the previous inspection, and it was disappointing to find that the progress that had been made to reduce case loads to 70 had not been maintained.
- 4.11** The probation officer carried out a very brief desktop screening of the risks posed by new prisoners on arrival, and prisoners were graded to one of four priority levels which determined the contact they would receive. This screening was based on the index offence only and did not include all relevant risk behaviour or previous convictions. The probation officer was concerned that this process provided only a partial picture, and we shared his concerns.
- 4.12** Low priority prisoners were issued with a letter explaining that they would not be seen by an offender supervisor during their time at Northumberland but suggested areas to focus on to help them progress. This was a practical way to manage prisoners' expectations, but there was a lack of quality assurance and each offender supervisor had drafted their own letter, some of which were perceived as unhelpful.
- 4.13** The OMU had not been involved in the induction programme for three months, and staff said they did not have time to attend. Prisoners had very few effective ways of contacting offender supervisors which was reflected in many of our survey results. When we spoke to them during our inspection, they described making applications to see their offender supervisor as frustrating and unlikely to lead to a meeting or resolution of any issues.
- 4.14** Offender supervisors understood their roles, but were frustrated by their lack of time to undertake key aspects of offender management, which was compounded by regular cross deployment. The team were overwhelmed by the number of prisoners arriving from other prisons with no initial or current OASys. In June 2017, 258 prisoners had arrived from Durham with no up-to-date assessment. The OMU had completed 40 and, at the time of the inspection, there was a backlog of 138. The resourcing of the OMU did not reflect the increased demands of the new population and changes to other prisons in the region.
- 4.15** Probation inspectors examined 10 cases in detail, six of which were in scope for offender management and four out of scope. One prisoner was serving an indeterminate sentence, and seven were eligible for MAPPAs (multi-agency public protection arrangements). In our sample all six of the in-scope cases had OASys but only two of the four out-of-scope cases had assessments. Prisoners with missing or inadequate plans were hindered from progressing in their sentences.

- 4.16** The risk of serious harm analyses were judged adequate in the eight cases that had an assessment. Sentence planning was sufficient in half the cases where a plan was in place. Some of the planning for in-scope cases was generic and had been completed by community offender managers with little focus on the individual work and post-release planning needed in prison.
- 4.17** In most cases, offender supervisors had little or no contact with prisoners between annual sentence plan reviews. The personal officer scheme did not work effectively and few prisoners had confidence that somebody was working with them. Just 11% in our survey said that any member of staff had helped them to prepare for release. In our survey, 48% said they had a sentence plan and that they had done anything to make them less likely to offend on release. These responses were significantly less than the comparator and the previous inspection. No real distinction was made between prisoners assessed as high risk and those assessed as low risk of harm.
- 4.18** Quality assurance was limited to probation officer oversight of OASys assessments. We were not confident that managers had sufficient oversight of some key processes.
- 4.19** During the previous six months, 116 prisoners had been considered for home detention curfew (HDC) and only 58 had been successfully released. The decisions we reviewed were appropriate, but it was still unacceptably rare for prisoners to be released on their eligibility date. The prison controller was monitoring this and the reasons for delays were routinely recorded. These records indicated that, although the process for considering HDC was started on time, it was difficult to get information from residential unit staff. The lack of routine contact between offender supervisors and prisoners meant that even obtaining basic information such as a release address proved time consuming.
- 4.20** Men who had been recalled while on licence had been identified as needing additional support to reduce their risks, and there were advanced plans to provide this.

## Recommendations

- 4.21** **Prisoners should be transferred to HMP Northumberland with an up-to-date offender assessment system (OASys) assessment.** (Repeated recommendation 4.18)
- 4.22** **Quality assurance in the offender management unit (OMU) should be extended to ensure that the quality and frequency of prisoner contact and engagement are effective and meaningful.** (Repeated recommendation 4.19)

## Public protection

- 4.23** Public protection work was weak. Appropriate procedures were in place but these were not effective and managers were not aware of this until alerted by inspectors.
- 4.24** Cases with clear public protection concerns, including harassment, domestic violence and child protection, had been identified very quickly after arrival. However, during the previous six months there had been too many delays in setting up routine monitoring. Monitoring had not been started on any appropriate cases during June and July 2017 and it was possible that prisoners on a three-month sentence would not be monitored at all. This created unacceptable risks.
- 4.25** As at the previous inspection, some MAPPA cases still did not have confirmed levels at the point of release. Requests were sent to community offender managers six months before

release, but it was concerning that in the last six months 59% of MAPPA cases had not had the level confirmed. This included level 2 cases where multi-agency management was required. The majority of cases were at level 1 where the single agency responsible needed time to plan properly for release. The prison had had one level 3 case (the most serious level) where there had been effective pre-release planning.

## Recommendations

- 4.26 Public protection monitoring should be started immediately to protect victims.**
- 4.27 In conjunction with the National Probation Service, there should be an agreed protocol to ensure that multi-agency public protection arrangements (MAPPA) risk levels are identified at the earliest opportunity, and within the last six months of a sentence, to ensure appropriate management is in place before a prisoner's release.** (Repeated recommendation 4.23)

## Categorisation

- 4.28** At the time of the inspection, 53 prisoners had been re-categorised to category D. In most cases, re-categorisation reviews were timely but delays remained for some. Decisions to re-categorise were generally appropriate, but there were difficulties in moving these prisoners to other prisons. Despite consistent effort by one offender supervisor to agree moves to category D prisons, places had been taken by the time transport could be arranged.

## Indeterminate sentence prisoners

- 4.29** Progress had been made since the last inspection to provide specific services for lifers and indeterminate sentenced prisoners (ISP). The prison held 54 life sentenced prisoners and 84 ISPs. A lifer/ISP strategy had been produced for the years 2016 to 2018. There had been regular consultation and specific family days, which had been well received. An integral component of the strategy had been ensuring that suitable offending behaviour programmes were available. The OMU probation officer was responsible for lifers and met them annually.

## Reintegration planning

### Expected outcomes:

**Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.**

- 4.30** The prison had released 452 prisoners in the last six months with an average of 75 a month. Through-the-gate work required each prisoner to have an assessment and resettlement plan 12 weeks before release. During the past four months this had not been achieved. Each prisoner had a plan, but they were produced too close to release to enable effective support to be put in place. The organisation responsible for this work, Applied Personal Management, had experienced significant staff shortages. Prisoners were only seen within two weeks before release, and in the 10 cases we looked at some were only seen five days before release. The prison was aware of this and there were well developed plans for Northumbria Community Rehabilitation Company to deliver the work from September 2017.

- 4.31** We saw a number of men being released, who were all given the opportunity to use the 'departure lounge' in the visitors' centre (see paragraph 4.49). Families had often travelled a long way and this gave them a place to wait in comfort. Men could charge their mobile phones in the visitors' centre and make calls. NEPACS provided prisoners with packs of essential toiletries.

## Recommendation

- 4.32** **All prisoners should have a pre-release plan developed in good time for any outstanding issues to be addressed.** (Repeated recommendation 4.29)

## Good practice

- 4.33** *NEPACS provided packs of essential toiletries to prisoners in the 'departure lounge' on release. This was an excellent initiative which was appreciated by prisoners.*

## Accommodation

- 4.34** The housing charity Shelter continued to provide support for prisoners with accommodation needs. This happened at various times during the sentence and included help to notify landlords and mortgage providers that payments could not be met. Shelter attended the third sector days organised in the prison, which enabled prisoners in the last year of their sentence to speak to support services. Shelter used these days to triage and identify needs.
- 4.35** Referrals to Shelter were made by prisoners directly, by offender supervisors and others. The lack of a timely pre-release plan did not delay housing support. Shelter also provided support in the community and had very well established referral pathways with local authorities in the north-east, including the facility to make direct housing applications. Post-release data provided by Shelter showed that in the past six months 149 prisoners had been referred for housing support, only one of whom had been confirmed as homeless. Men had been provided with a wide range of accommodation including 17 to approved premises, 15 returning to family and friends, 16 to settled accommodation and 32 to supported accommodation. Shelter worked with housing providers across the country, which was positive.

## Education, training and employment

- 4.36** The quality of the National Careers Service provided by Education Development required improvement. The service was not promoted well to prisoners and too few used it.
- 4.37** Staff did not pay enough attention to prisoners' employment goals so that the activities they participated in could be ordered effectively. Too many prisoners who studied vocational qualifications were allowed to change their activity before they had finished their course. Prisoners did not receive good enough advice to make informed choices about their next steps in employment and training. In our survey, only 34% of prisoners who participated in vocational training and 40% who participated in education said the skills they had gained would help them on release.

- 4.38** Support for prisoners nearing release was not sufficiently well planned for most to receive effective support. A pre-release course was delivered by Novus but few prisoners participated. The virtual campus<sup>17</sup> was not well promoted and was underused. The proportion of prisoners who secured sustained education, employment or training on release was too low.
- 4.39** Prisoners who had been frequently unemployed during their sentence were given effective support. Many engaged with a range of support services for the unemployed before and after release.

## Recommendation

- 4.40** **The careers service and the virtual campus should be promoted effectively to prisoners so that they make better use of the services and the proportion who secure sustained education, training or employment on release improves.**

## Health care

- 4.41** Pre-release arrangements were adequate when the health care team received appropriate notice of release. Prisoners were seen and reviewed by the primary health care team who arranged the supply of medication, and provided information to GPs where appropriate on the care and treatment provided in the prison. The continuity of care for patients with mental health conditions was coordinated with other departments and was good, and the care programme approach was used appropriately.

## Drugs and alcohol

- 4.42** Clinical and psychosocial substance misuse services collaborated to ensure that support and treatment continued on release. The clinical team gave harm reduction advice and information before release and prisoners using drugs illicitly could be stabilised before leaving the prison.
- 4.43** CGL (Change, Grow, Live) also delivered local community services. They monitored engagement after release which had averaged 70% in the past three months. A designated family worker supported 40 prisoners and 15 families. Contact with families took place in the visitors' centre or in the community.

## Finance, benefit and debt

- 4.44** Shelter offered a range of services including debt packs, signposting to other agencies, support to open bank accounts and management of community debts.

---

<sup>17</sup> Internet access for prisoners to community education, training and employment opportunities.

## Children, families and contact with the outside world

- 4.45** The visitors' centre and visits hall were both welcoming environments. Comfortable, moveable furniture facilitated different configurations of the visits area for special occasions. Visitors spoke highly of the staff attitude to them and the efficient procedures which enabled them to enter quickly.
- 4.46** The regional charity Nepacs (North-east Prison After Care Society) delivered a range of services for visitors including the tea bar and a children's play area with a play worker. Provision for children over 11 was not well developed. A family support worker had been introduced since the last inspection, who provided invaluable through-the-gate support.
- 4.47** Family visits sessions and lifer days were held regularly, as well as father-child visits. PE staff had provided play activities for children and parents. Families were also invited in for post-programme reviews and recognition days when prisoners were given awards for progress. The chaplaincy organised the Angel Tree project for prisoners to send presents on special days.
- 4.48** The Heading Home programme had been piloted successfully, and other events had involved partnership with Action for Children and Newcastle Falcons. Inter-prison and accumulated visits were facilitated.
- 4.49** The 'departure lounge' was an excellent new project to support families and newly released prisoners. This service in the visitors' centre on mornings when prisoners were released was meeting a clear need for shelter, refreshment, phone charging and skilled advice and support.

## Good practice

- 4.50** *The 'departure lounge' was an excellent new project to support families and newly released prisoners. It was meeting clear need in providing shelter, refreshment, phone charging and skilled support for released prisoners and their families or friends.*

## Attitudes, thinking and behaviour

- 4.51** A range of accredited programmes were delivered, including a new programme for individuals convicted of a sexual offence called Horizon, which had replaced the Core sex offender treatment programme. We spoke to prisoners approaching the end of the programme who were very positive about it. They described feeling safe to disclose sexual offending behaviour and using the programme to understand their behaviour. Importantly, this programme challenged prisoners who were in denial of their offence.
- 4.52** The Resolve programme was to start in 2017. This reflected the results of the offending needs analysis and was designed for medium-risk men who had used both reactive and instrumental violence.
- 4.53** The Thinking Skills Programme and Becoming New Me (a sexual offending programme for those individuals with learning difficulties) were also delivered.
- 4.54** The programmes team undertook a careful matching process to ensure that prisoners were able to start and complete programmes. Focus was given to risks and to prisoners who were closest to release. While some prisoners waited for some months to start a programme, others started very soon after their sentence. At the time of the inspection, delivery reflected the annual programme.

**4.55** The range of programmes met the needs of most prisoners held at Northumberland.

# Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

## Main recommendations

To the director

- 5.1** The management of prisoners at risk of self-harm and suicide should be improved: case reviews should be multidisciplinary; care maps should be meaningful and completed before an ACCT is closed; and staff should carry out the required levels of observation at unpredictable intervals. (S36)
- 5.2** Oversight of the supply reduction strategy and action plan should be increased to ensure measures to reduce the supply of drugs are more effective. All prisoners suspected of taking drugs should be tested within required timescales. (S37)
- 5.3** Communal areas and cells should be clean and well maintained. Cells should be properly equipped and free of graffiti, and toilets should be properly screened. Prisoners should have access to clean, undamaged kit. All prisoners and staff should be aware of the minimum standards expected and these should be consistently enforced. (S38)
- 5.4** Medicine management arrangements should deliver appropriate treatment outcomes for prisoners which incorporate the safe prescribing, review and storage of in-possession medicines governed by a multi-agency, prison-wide oversight group. (S39)
- 5.5** There should be sufficient activity places to ensure that all prisoners are purposefully engaged during the core day. Attendance at education and vocational training classes should be improved. (S40, repeated recommendation S45)

## Recommendations

To HMPPS

### Courts, escort and transfers

- 5.6** Prisoners on planned transfers to Northumberland should receive written information about the prison beforehand. (1.3)

### Offender management and planning

- 5.7** Prisoners should be transferred to HMP Northumberland with an up-to-date offender assessment system (OASys) assessment. (4.21, repeated recommendation 4.18)
- 5.8** In conjunction with the National Probation Service, there should be an agreed protocol to ensure that multi-agency public protection arrangements (MAPPA) risk levels are identified at the earliest opportunity, and within the last six months of a sentence, to ensure appropriate management is in place before a prisoner's release. (4.27, repeated recommendation 4.23)

## Recommendations

To the director

### Early days in custody

- 5.9** First night cells should be clean and properly equipped for new arrivals. (1.10)
- 5.10** Induction arrangements and oversight should be improved to ensure that new arrivals are provided with appropriate staff and peer support before they are locked up on their first night. Prisoners should receive all elements of the induction programme. (1.11)

### Bullying and violence reduction

- 5.11** Action should be taken to understand prisoners' poor perception of their safety and to reduce the high levels of violence. (1.19, repeated recommendation S44)
- 5.12** The investigation of violent incidents should be completed in a timely manner. (1.20)
- 5.13** Procedures to support the victims and challenge the perpetrators of violence should be strengthened and communicated effectively to all staff. (1.21)
- 5.14** The regime for prisoners located on house block 2 and plans for their reintegration should be improved. (1.22)

### Self-harm and suicide

- 5.15** Prisoners on constant watch should be provided with an adequate regime. (1.28)
- 5.16** Prisoners should have timely access to Listeners at any time in well maintained Listener suites. (1.29)

### Safeguarding

- 5.17** The director should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.31, repeated recommendation 1.26)

### Security

- 5.18** Consideration should be given to the use of free flow to planned activities. (1.40)
- 5.19** An appointment system should be introduced to allow risk assessed prisoners to move to appointments outside main movement times without staff escort. (1.41)
- 5.20** Prisoners placed on closed visits should be subject to regular review and decisions to keep them on closed visits should be determined by up-to-date intelligence. (1.42)

### Incentives and earned privileges

- 5.21** Negative perceptions of the IEP scheme should be explored to encourage good behaviour. There should be clear differentials between each behaviour level. (1.46)

## Discipline

- 5.22** IEP should be used as an alternative to adjudications for more minor infringements of the rules. (1.50)
- 5.23** The quality of adjudication records and quality assurance should be improved. (1.51, repeated recommendation 1.41)
- 5.24** Planned interventions should be recorded and reviewed by a senior manager to identify areas of concern and lessons learned. (1.56)
- 5.25** Oversight and governance of the use of force should be improved. (1.57)
- 5.26** The regime and environment in the segregation unit should be improved. (1.63, repeated recommendation 1.52)
- 5.27** Prisoners subject to ACCT monitoring should only be segregated under exceptional circumstances. These should be clearly documented, endorsed by a senior manager and reviewed when appropriate. (1.64)
- 5.28** Targets at segregation review boards should be specific, measurable and achievable and appropriate to the needs of the individual. (1.65)

## Substance misuse

- 5.29** A comprehensive needs analysis should inform the drug and alcohol strategy to ensure that service developments are responsive to emerging trends. (1.75)
- 5.30** The drug strategy should be developed to reduce the supply of and demand for illicit drugs. (1.76)
- 5.31** Clinical substance misuse services should be sufficiently resourced to offer a more flexible range of treatment options and to provide recovery focussed and integrated treatment reviews. Joint working with mental health services should be formalised and improved. (1.77)

## Residential units

- 5.32** Staff should answer cell call bells promptly, and response times should be monitored appropriately. (2.9)

## Staff-prisoner relationships

- 5.33** Personal officers should make regular and comprehensive records of contacts with their prisoners, and support them to achieve their sentence plan targets. (2.13, repeated recommendation 2.13)

## Equality and diversity

- 5.34** Consistent and effective provision should be made to address equality issues comprehensively. This should be informed by analysis of data and should include clear accountability for each protected characteristic. (2.17)
- 5.35** The prison should identify prisoners from all minority groups and ensure their individual needs are being met. (2.18, repeated recommendation 2.21)

- 5.36** The needs of prisoners with disabilities should be met through a consistent and well-organised support system, including peer support, across the establishment. (2.26)
- 5.37** Learning from the achievements of house block 14 should be spread across the establishment in a prison-wide approach to provision for older prisoners. (2.27)

#### Faith and religious activity

- 5.38** There should be adequate faith provision with good access for prisoners. (2.32, repeated recommendation 2.36)

#### Complaints

- 5.39** A formal and documented quality assurance procedure for complaints should be introduced. (2.36)
- 5.40** All complaints alleging staff misconduct should be investigated thoroughly. (2.37)

#### Health services

- 5.41** Nursing resources should be reviewed to ensure that they can deliver commissioned primary care services effectively and sustainably. (2.52)
- 5.42** Nurses should be able to access professional supervision including one-to-one support. (2.53)
- 5.43** Prisoners should have timely access to podiatry services. (2.59)
- 5.44** The movement, storage and reconciliation of medicines should be undertaken safely. (2.66)
- 5.45** The in-possession policy and in-possession risk assessment arrangements should be updated and implemented to ensure that they provide contemporary guidance for prescribers. They should reflect both individual and drug risk and should support the safe management of medicines. (2.67)
- 5.46** Officers should supervise the administration of medicines to reduce the risk of diversion and to facilitate confidential treatments. (2.68)
- 5.47** Prisoners should have timely access to routine dental care and treatments. (2.71)
- 5.48** The service model, staffing, skills mix and therapeutic approaches should be reviewed in response to the health needs assessment and changing prison population. (2.76)
- 5.49** The transfer of patients to external health care beds should be expedited and occur within Department of Health transfer target timescales. (2.77, repeated recommendation 2.85)

#### Catering

- 5.50** All prisoners should be able to eat their meals out of their cell in a communal dining area. (2.83, repeated recommendation 2.91)
- 5.51** All prisoners should have access to toasters and microwaves. (2.84)

- 5.52** There should be proper staff supervision at meal service, and prisoners serving food should wear appropriate protective clothing. (2.85)

### Purchases

- 5.53** Prisoners should not be charged an administration fee for catalogue orders. (2.89, repeated recommendation 2.94)

### Learning and skills and work activities

- 5.54** Prisoners who work on their wings should be kept purposefully occupied throughout the working day. (3.8)
- 5.55** Leaders and managers should improve the allocations procedures so that they reflect prisoners' sentence plans and resettlement goals. The sequencing of activities should be improved so that prisoners can develop and apply the skills and knowledge that they gain successfully. (3.9)
- 5.56** Leaders and managers should ensure that, where possible and appropriate, prisoners can achieve formal accreditation through their work activities. (3.16)
- 5.57** Learners' attendance and punctuality to education should be improved. (3.27)
- 5.58** The prison should introduce the new education and training portfolios into all work activities and use these to recognise and record the work-related skills and behaviour that prisoners develop. (3.28)
- 5.59** Achievement rates should be improved in qualifications that are offered. (3.32)
- 5.60** Procedures should be improved for monitoring library use and identifying and promoting the service to non-users. (3.36)
- 5.61** Effective procedures should be in place to monitor stock loss. (3.37)
- 5.62** Links between the education department and the library should be strengthened so that the library stock better reflects prisoners' learning needs. (3.38)

### Physical education and healthy living

- 5.63** Accredited PE qualifications should be offered to prisoners. (3.43, repeated recommendation 3.39)
- 5.64** The leaking roof in the gym sports hall should be repaired. (3.44)
- 5.65** Data on PE attendance and the activities undertaken by prisoners should be analysed to improve the promotion of facilities to non-users and encourage more prisoners to engage in cardiovascular exercises. (3.45)
- 5.66** The time prisoners have to wait for remedial PE should be reduced. (3.46)

### Strategic management of resettlement

- 5.67** The needs of shorter-term prisoners should be understood and met. (4.8)

### **Offender management and planning**

- 5.68** Quality assurance in the offender management unit (OMU) should be extended to ensure that the quality and frequency of prisoner contact and engagement are effective and meaningful. (4.22, recommendation repeated 4.19)
- 5.69** Public protection monitoring should be started immediately to protect victims. (4.26)

### **Reintegration planning**

- 5.70** All prisoners should have a pre-release plan developed in good time for any outstanding issues to be addressed. (4.32, repeated recommendation 4.29)
- 5.71** The careers service and the virtual campus should be promoted effectively to prisoners so that they make better use of the services and the proportion who secure sustained education, training or employment on release improves. (4.40)

### **Examples of good practice**

- 5.72** Peer mentors were actively involved in service delivery, service development and officer training, and contributed to drug strategy meetings. (1.78)
- 5.73** Excellent work had been done in house block 14 to create a suitable environment for older prisoners, with a supportive and age-appropriate culture. (2.28)
- 5.74** NEPACS provided packs of essential toiletries to prisoners in the 'departure lounge' on release. This was an excellent initiative which was appreciated by prisoners. (4.33)
- 5.75** The 'departure lounge' was an excellent new project to support families and newly released prisoners. It was meeting clear need in providing shelter, refreshment, phone charging and skilled support for released prisoners and their families or friends. (4.50)

## Section 6. Appendices

### Appendix I: Inspection team

Peter Clarke	Chief inspector
Deborah Butler	Team leader
Ian Dickens	Inspector
Angela Johnson	Inspector
Angus Mulready-Jones	Inspector
Martin Kettle	Inspector
Yvonne McGuckian	Inspector
Kam Sarai	Inspector
Joe Simmonds	Researcher
Anna Fenton	Researcher
Ellis Cowling	Researcher
Natalie-Anne Hall	Researcher
Sigrid Engelen	Substance misuse inspector
Steve Eley	Health services inspector
Paul Tarbuck	Health services inspector
Fiona Atkinson	Care Quality Commission pharmacist specialist
Kathleen Byrne	Care Quality Commission inspector
Malcolm Fraser	Ofsted inspector
Stephen Oliver-Watts	Ofsted inspector
Marian Gaze	Ofsted inspector
Ken Murray	Ofsted inspector
Sheila Willis	Ofsted inspector
Elaine Price	Ofsted inspector
Bob Smith	Offender management inspector
Tony Kirk	Offender management inspector
Trevor Worsfield	Offender management inspector



## Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

### Safety

#### **Prisoners, particularly the most vulnerable, are held safely.**

*At the last inspection in 2014, many prisoners were negative across a range of safety indicators and, while the prison appeared calm, we found evidence to support their concerns. A significant number of prisoners were displaced from the North West or even further and many did not want to be at the prison. The reception of new arrivals was process-driven, and first night and induction arrangements were weak. There were a high number of violent incidents and many prisoners sought sanctuary because they felt unsafe. There had been three self-inflicted deaths since our last inspection, but lessons had been learned from investigations and support for prisoners in crisis was good. Safeguarding arrangements were underdeveloped. Security and disciplinary procedures were broadly proportionate, but the incentives and earned privileges scheme was applied inconsistently. Oversight of use of force was inadequate, and the segregation unit required improvement and had a very limited regime, although some good staff-prisoner interaction. Substance misuse services were good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

#### **Main recommendations**

Support for new arrivals should be improved, and all prisoners should receive a full and comprehensive induction. (S43)

**Not achieved**

The prison should take action to understand and reduce the high levels of violence and prisoners' negative perceptions of their safety. (S44)

**Not achieved** (Recommendation repeated, 1.19)

#### **Recommendations**

Except for planned moves for indeterminate sentenced prisoners and those who require sex offender treatment, prisoners should not be transferred to Northumberland if the distance prevents them maintaining family ties, and prisoners should be given advance notice of planned transfers. (1.4)

**Not achieved**

Safer custody meetings should be reinstated to discuss and monitor all aspects of safer custody and contribute to keeping prisoners safe. (1.22)

**Achieved**

Prisoners who are solely at risk of self-harm and in need of close supervision should not be held in the segregation unit. (1.23)

**Not achieved**

Personal and social care for prisoners should be provided by appropriate professional staff. (I. 27)

**Not achieved**

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.

**Not achieved** (Recommendation repeated, I.31)

Mandatory drug testing (MDT) should be appropriately staffed to ensure tests are completed within prescribed timescales. (I.33)

**Not achieved**

The incentives and earned privileges scheme should be applied fairly and consistently. (I.37)

**Achieved**

The quality of adjudication records and quality assurance should be improved. (I.41)

**Not achieved** (Recommendation repeated, I.51)

There should be improved governance and accountability for the use of force. The completion of documentation should be thorough. Planned interventions, usage of special accommodation and use of batons should be subject to better review and supervision. (I.45)

**Not achieved**

The regime and environment in the segregation unit should be improved. (I.52)

**Not achieved** (Recommendation repeated, I.63)

The special cell should be refurbished or decommissioned. (I.53)

**Not achieved**

Buprenorphine treatment should be made available to prisoners in accordance with national guidance. (I.61)

**Not achieved**

The recovery unit should only be staffed by specially selected and trained officers. (I.62)

**Achieved**

Waiting times for secondary detoxification should be significantly reduced. (I.63)

**Achieved**

## Respect

**Prisoners are treated with respect for their human dignity.**

*At the last inspection in 2014, the site was extremely large with well-maintained grounds, and most areas of the prison were clean. All accommodation was in single cells, which prisoners appreciated, but standards varied from some shabby older accommodation to better newer units. Staff-prisoner engagement was good but personal officer work required improvement. The administration of equality and diversity work was weak with limited support for some protected characteristics groups, but outcomes for some were better. Faith provision was adequate. Health services were good. Food quality and quantity were satisfactory, and the prison shop was reasonable. **Outcomes for prisoners were reasonably good against this healthy prison test.***

## Recommendations

Cells should have screened toilets, curtains and lockable storage. (2.7)

**Not achieved**

Prisoners should have sufficient basic items, such as clean bedding and towels. (2.8)

**Not achieved**

Personal officers should make regular and comprehensive records of contacts with their prisoners, and support them to achieve their sentence plan targets. (2.13)

**Not achieved** (Recommendation repeated, 2.13)

Equality and diversity issues raised by prisoners should be addressed promptly via regular consultation with minority groups. (2.20)

**Achieved**

The prison should identify prisoners from all minority groups and ensure their individual needs are being met. (2.21)

**Not achieved** (Recommendation repeated, 2.18)

The prison should investigate results of local equality monitoring data that are out of range and take remedial action where appropriate. (2.22)

**Achieved**

Discrimination incident report forms (DIRFs) should be freely available and all incidents of alleged discrimination should be thoroughly investigated. Quality assurance should be effective and include external scrutiny. (2.23)

**Partially achieved**

All prisoners who require a care plan and/ or a personal emergency evacuation plan (PEEP) should have one, and they should be reviewed regularly. (2.30)

**Achieved**

There should be adequate faith provision with good access for prisoners. (2.36)

**Not achieved** (Recommendation repeated, 2.32)

Responses to complaints should be on time, and a senior manager should thoroughly investigate those complaints about staff. (2.40)

**Not achieved**

All clinical environments should comply with infection prevention standards. (2.52)

**Achieved**

Clinicians should maintain prisoners' privacy and confidentiality during assessments and treatment. (2.53)

**Achieved**

Prisoners with lifelong conditions should receive regular reviews that generate an evidence based care plan delivered by appropriately trained and supervised staff, and a lead clinician to oversee care arrangements should be considered. (2.54)

**Partially achieved**

The complaints system should be well advertised and responses should consistently address all the issues raised. (2.55)

**Achieved**

All prison staff should receive an annual update on the use of defibrillators as part of mandatory training requirements. (2.56)

**Achieved**

All new arrivals should receive a comprehensive health assessment within 72 hours. (2.61)

**Achieved**

Prisoners should not have to experience excessive waits to attend health appointments, and should be returned promptly to their wing or activity afterwards. (2.62)

**Achieved**

Prisoners should attend external hospital appointments within clinically appropriate timescales. (2.63)

**Achieved**

The pharmacist and pharmacy technicians should be better supported to develop pharmacy led clinics and medicine use reviews for prisoners. (2.71)

**Not achieved**

The in-possession policy should include a list of medicines suitable for in possession and the maximum supply for certain medicines. (2.72)

**Not achieved**

The administration of medicines should be adequately supervised, and medical confidentiality should be ensured for prisoners during drug administration. (2.73)

**Not achieved**

All prisoners should have prompt access to dental treatment. (2.77)

**Not achieved**

The dental surgeries should have separate areas for decontamination of equipment. (2.78)

**Achieved**

The dental chair in the main dental suite should be replaced immediately. (2.79)

**Achieved**

Mental health provision should include prompt access to clinical psychology services, including counselling and group therapies. (2.83)

**Partially achieved**

All prisoners with complex severe and enduring mental health difficulties should be fully managed and supported in line with the care programme approach. (2.84)

**Achieved**

The transfer of patients to external health care beds should be expedited and occur within Department of Health transfer target timescales. (2.85)

**Not achieved** (Recommendation repeated, 2.77)

Staff should always supervise the serving of food to ensure equitable portions. (2.90)

**Not achieved**

All prisoners should be able to eat their meals out of their cell in a communal dining area. (2.91)

**Not achieved** (Recommendation repeated, 2.83)

Prisoners should not be charged an administration fee for catalogue orders. (2.94)

**Not achieved** (Recommendation repeated, 2.89)

## Purposeful activity

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

*At the last inspection in 2014, almost a third of the population were locked up during the core day. There were still not enough activity places, compounded by some poor punctuality and attendance, but there were credible plans to expand provision. The overall quality of education and vocational training was good, as were outcomes, but the range was limited. Library facilities were adequate but access required improvement. There were good opportunities for recreational PE. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

### Main recommendation

There should be sufficient activity places to ensure all prisoners are purposefully engaged during the core day. (S45)

**Not achieved** (Recommendation repeated, S40)

### Recommendations

All prisoners should spend more time out of their cells and should be gainfully occupied during the working day. (3.4)

**Partially achieved**

The learning, skills and work provision should be based on an analysis of prisoner need. (3.10)

**Partially achieved**

More vocational training should be available, and vulnerable prisoners should have equal access. (3.11)

**Partially achieved**

The prison should make better use of data and associated targets to inform performance management. (3.12)

**Partially achieved**

Prisoner allocation to activities should make appropriate use of their sentence plans. (3.18)

**Partially achieved**

Short-term targets and learning diaries should focus on proposed and acquired learning respectively. (3.23)

**Achieved**

The education induction should be more effective and include a prospectus accessible to prisoners with limited literacy. (3.24)

**Partially achieved**

Arrangements should be introduced to ensure prisoners' understanding of equality and diversity is effectively raised. (3.25)

**Achieved**

Attendance rates at education classes and punctuality in general should be improved. (3.28)

**Not achieved**

Prisoners in work should be able to gain vocational qualifications and/or recognition of their work skills achievement. (3.29)

**Partially achieved**

The prison should ensure that all prisoners can access the library as planned, and monitor library use and stock loss. (3.33)

**Partially achieved**

Library staff should work with education department tutors to identify and meet the needs of prisoners with literacy needs. (3.34)

**Partially achieved**

Accredited PE qualifications should be offered to prisoners. (3.39)

**Not achieved** (Recommendation repeated, 3.43)

The prison should analyse data on PE attendance and use it to ensure equitable access and engage non-users. (3.40)

**Not achieved**

The leaking gym sports hall roof should be repaired, and the broken changing and shower facilities mended. (3.41)

**Partially achieved**

## Resettlement

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

*At the last inspection in 2014, there was a clear strategy for resettlement and offender management but implementation was less clear. Although most prisoners knew their offender supervisor, outcomes from offender management were limited, particularly for sex offenders and those serving an indeterminate sentence. Public protection meetings were positive but risk levels were identified very late. Resettlement pathway provision was generally reasonable, with some good provision for children and families work, but offender supervisor involvement in pre-release arrangements was too limited. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

### Main recommendation

The prison should implement a clear strategy to meet the needs of both sex offenders and indeterminate sentenced prisoners. (S46)

**Achieved**

## Recommendations

The prison should undertake a regular needs analysis of the population, which includes data drawn from offender assessment system (OASys) assessments, and ensure that offender management and resettlement provision is sufficient to match need. (4.7)

**Achieved**

The work of resettlement services and offender management should be better integrated to ensure an effective service for prisoners. (4.8)

**Not achieved**

Prisoners should be transferred to HMP Northumberland with an up-to-date offender assessment system (OASys) assessment. (4.18)

**Not achieved** (Recommendation repeated, 4.21)

Quality assurance in the offender management unit (OMU) should be extended to ensure that the quality and frequency of prisoner contact and engagement is effective and meaningful. (4.19)

**Not achieved** (Recommendation repeated, 4.22)

The numbers of prisoners released late on home detention curfew should be routinely interrogated and the reasons behind this logged. The reasons for any undue delays in the process should be communicated to prisoners. (4.20)

**Achieved**

In conjunction with the national probation service, there should be an agreed protocol to ensure that multi-agency public protection arrangements (MAPPA) risk levels are identified at the earliest opportunity, and within the last six months of a sentence, to ensure appropriate management is in place before a prisoner's release. (4.23)

**Not achieved** (Recommendation repeated, 4.27)

There should be regular events to enable life sentenced prisoners and those on indeterminate sentences for public protection to progress towards eventual reintegration. (4.26)

**Achieved**

All prisoners should have a pre-release plan developed in good time for any outstanding issues to be addressed. (4.29)

**Not achieved** (Recommendation repeated, 4.32)

Working arrangements between agencies should ensure that prisoner information is shared effectively. (4.34)

**Achieved**

The virtual campus should be available to prisoners. (4.35)

**Achieved**

Opportunities for prisoners to carry out voluntary work on ROTL should be further developed. (4.36)

**Not achieved**

Prisoners should be able to access inter-prison and accumulated visits. (4.45)

**Achieved**

The prison should identify and address the offending behaviour of prisoners. (4.47)

**Not achieved**



# Appendix III: Care Quality Commission Requirement Notices



## Requirement Notices

**Registered provider:** G4S Forensic and Medical Services (UK) Limited  
**Registered location:** HMP Northumberland  
**Location ID:** 1-1987998577  
**Regulated activities:** Treatment of disease, disorder, or injury, Diagnostic and screening procedures and Surgical procedures.

### Action we have told the provider to take

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

<b>Regulation 12(1): Safe care and treatment</b>	Care and treatment must be provided in a safe way for service users
--	---

### How the regulation was not being met:

- Medicines were not always managed in safe way. In particular:
- Medicines, including methadone were routinely transported across the prison in insecure bags and containers. There was an insufficient number of secure boxes for the number of wings so unsealed bags were routinely used when transporting medicines.
  - Fridge temperatures were not always recorded and temperatures in rooms where medicines were stored were not recorded.

Where responsibility for the care and treatment of service users was shared with, or transferred, to other persons, the registered person did not ensure that timely care planning took place to ensure the health, safety and welfare of those service users. In particular:

Medication risk assessments including in-possession risk assessments were completed in paper format, along with a medication compact, and a medical

information exchange at the time a prisoner was received into the prison. A copy of the risk assessment was not always scanned onto SystmOne immediately and sometimes this did not happen for more than three weeks. We found a back log of assessments stored in the administration office. This meant that GPs did not always have access to up to date and contemporaneous patient/prisoner information. This also meant that patients could be seen by a GP requesting medicines and the GP would not have sight of the in-possession risk assessment. This was a concern due to the high level of tradeable medicines prescribed across the prison with the potential of medicines to be diverted.

**Regulation 17(1): Good governance**

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

**How the regulation was not being met:**

There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- The provider had an in-possession medicines policy dated April 2017. The policy provided guidance on supporting patients in a secure environment to be able to self-administer medication in their possession following a multidisciplinary risk assessment. We found that not all patients prescribed medicines in-possession were supported by a risk assessment, including patients who were prescribed a controlled drug. The registered provider did not undertake quality assurance checks to ensure that risk assessments were being undertaken.
- A range of clinical governance meetings were in place between the two main healthcare providers, including a bi-monthly operational medicines management meeting, however these arrangements did not support joint working at local level.

There were no systems or processes that ensured the registered person had maintained records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- We found that nurses and healthcare support workers did not have access to regular structured and recorded managerial supervision. Two clinical leads had not had formal supervision since February 2017 and another since November 2016.
- The prison was structured over two sites, which meant that some nurses worked in isolation. We found that not all nurses had access to formal supervision following their appointment in November 2016 with some staff not having a formal structured meeting until February 2017, three months post appointment.

- The registered provider did not undertake quality assurance checks to ensure that staff had access to supervision and appropriate support.

## Requirement Notices

**Provider:** Spectrum Community Health C.I.C.

**Location:** One Navigation Walk

**Location ID:** 1-2579124197

**Regulated activities:** Diagnostic and screening procedures; treatment of disease, disorder, or injury.

### Action we have told the provider to take

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

<b>Regulation 12(1): Safe care and treatment</b>	Care and treatment must be provided in a safe way for service users
--	---

### How the regulation was not being met:

Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:

- We found evidence that GPs did not routinely complete in-possession risk assessments for patients for whom they subsequently prescribed medicines to keep in the person's possession. Spectrum Community Health C.I.C. had a medicines in-possession policy dated April 2017 which stated that patient risk should be assessed every time a prescriber issued a new drug on a prescription. During the inspection we found GPs were not completing risk assessments, which was concern.
- We were made aware of one patient who had been prescribed Tramadol in-possession without a risk assessment having been completed. This patient had their medicines stolen during the inspection and these were reissued the following day. There was no in-possession risk assessment completed by a GP and nothing to detail why it was considered safe for this patient to hold a controlled drug in-possession.

Where responsibility for the care and treatment of service users was shared with, or transferred, to other persons, the registered person did not ensure that timely care planning took place to ensure the health, safety and welfare of those service users.

In particular:

We found evidence of poor communication between Spectrum Community Health C.I.C. GPs. We were made aware of a patient who was prescribed methadone and this was increased by a Spectrum Community Health C.I.C. substance misuse GP in consultation with the patient. The same patient was later seen by a Spectrum Community Health C.I.C. GP with responsibility for primary health care who prescribed additional pain relief. Nursing staff expressed concerned for the patient's safety and put measures in place to observe the patient. The patient's healthcare records on SystmOne did not detail why a decision had been made to prescribe additional pain relief medicine following an increase the patient's methadone.

## Appendix IV: Photograph

Prison bedding being used as a curtain





## Appendix V: Prison population profile

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

### Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced		1164	90.0
Recall		129	10.0
Convicted unsentenced		0	
Remand		0	
Civil prisoners		0	
Detainees		1 IS91	0.1
<b>Total</b>		<b>1294</b>	

Sentence	18–20 yr olds	21 and over	%
Unsentenced		1 IS 91	0.1
Less than six months		13	1.0
six months to less than 12 months		15	1.2
12 months to less than 2 years		73	5.6
2 years to less than 4 years		321	24.8
4 years to less than 10 years		610	47.1
10 years and over (not life)		123	9.5
ISPP (indeterminate sentence for public protection)		84	6.3
Life		54	10.7
<b>Total</b>		<b>1294</b>	

Age	Number of prisoners	%
Please state minimum age here:	21	
Under 21 years	0	
21 years to 29 years	398	30.8
30 years to 39 years	429	33.2
40 years to 49 years	250	19.3
50 years to 59 years	120	9.3
60 years to 69 years	64	4.9
70 plus years	33	2.6
Please state maximum age here:	89	
<b>Total</b>	<b>1294</b>	

Nationality	18–20 yr olds	21 and over	%
British		1253	96.8
Foreign nationals		41	3.2
<b>Total</b>		<b>1294</b>	

<b>Security category</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Uncategorised unsentenced			
Uncategorised sentenced			
Category A			
Category B			
Category C		1241	95.9
Category D		53	4.1
Other			
<b>Total</b>		<b>1294</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
White			
British		1150	88.9
Irish		4	0.3
Gypsy/Irish Traveller		53	4.1
Other white		17	1.3
Mixed			
White and black Caribbean		3	0.2
White and black African		2	0.2
White and Asian		5	0.4
Other mixed		4	0.3
Asian or Asian British			
Indian		6	0.5
Pakistani		11	0.9
Bangladeshi		3	0.2
Chinese		0	
Other Asian		11	0.9
Black or black British			
Caribbean		5	0.4
African		8	0.6
Other black		4	0.3
Other ethnic group			
Arab		2	0.2
Other ethnic group		5	0.4
Not stated		1	0.1
<b>Total</b>		<b>1294</b>	<b>100.2</b>

Religion	18–20 yr olds	21 and over	%
Baptist		1	0.1
Church of England		369	28.5
Roman Catholic		206	15.9
Other Christian denominations		125	9.7
Muslim		53	4.1
Sikh		3	0.2
Hindu		1	0.1
Buddhist		14	1.1
Jewish		3	0.2
Other		5	0.4
No religion		514	39.7
<b>Total</b>		<b>1294</b>	

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)			
<b>Total</b>			

### Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			96	7.4
1 month to 3 months			183	14.1
3 months to six months			261	20.2
six months to 1 year			318	24.6
1 year to 2 years			281	21.7
2 years to 4 years			125	9.7
4 years or more			29	2.2
<b>Total</b>			<b>1293</b>	<b>99.</b>

### Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry		1 is91	0.1
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).		733	56.7
<b>Total</b>			

### Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month				
1 month to 3 months				
3 months to six months				
six months to 1 year				
1 year to 2 years				
2 years to 4 years				
4 years or more				
<b>Total</b>				

<b>Main offence</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Violence against the person		281	21.7
Sexual offences		419	32.4
Burglary		218	16.9
Robbery		142	11.0
Theft and handling		21	1.6
Fraud and forgery		8	0.6
Drugs offences		98	7.6
Other offences		105	8.1
Civil offences		1	0.1
Offence not recorded /holding warrant		1 is91	
<b>Total</b>		<b>1294</b>	

## Appendix VI: Summary of prisoner questionnaires and interviews

### Prisoner survey methodology

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

### Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment<sup>18</sup>. Respondents were then randomly selected from a P-NOMIS prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

### Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

### Survey response

At the time of the survey on 18 July 2017 the prisoner population at HMP Northumberland was 1,300. Using the method described above, questionnaires were distributed to a sample of 229 prisoners.

We received a total of 207 completed questionnaires, a response rate of 90%. This included three questionnaires completed via interview. Six respondents refused to complete a questionnaire, Sixteen questionnaires were not returned.

---

<sup>18</sup> 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/unit	Number of completed survey returns
1	10
2	10
3	10
4	6
5	17
7	19
8	11
9	37
10	7
11	16
12	19
13	19
14	20
15 (Gateway)	5
Segregation unit	1

### Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Northumberland.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences<sup>19</sup> are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

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

The following comparative analyses are presented:

- The current survey responses from HMP Northumberland in 2017 compared with responses from prisoners surveyed in all other category C training prisons. This comparator is based on all responses from prisoner surveys carried out in 38 category C training prisons since April 2013.
- The current survey responses from HMP Northumberland in 2017 compared with the responses of prisoners surveyed at HMP Northumberland in 2014.
- A comparison within the 2017 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

<sup>19</sup> A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.01 which means that there is only a 1% likelihood that the difference is due to chance.

- A comparison within the 2017 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2017 survey between the responses of prisoners on vulnerable prisoner house blocks (10 and 11) and the rest of the establishment (1 to 9).

## Survey summary

### Section I: About You

<b>Q1.1</b>	<b>What wing or house block are you currently living on?</b> See survey methodology	
<b>Q1.2</b>	<b>How old are you?</b>	
	Under 21 .....	1 (0%)
	21 - 29.....	54 (26%)
	30 - 39.....	60 (29%)
	40 - 49.....	45 (22%)
	50 - 59.....	26 (13%)
	60 - 69.....	11 (5%)
	70 and over .....	8 (4%)
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	Yes .....	181 (90%)
	Yes - on recall.....	19 (9%)
	No - awaiting trial.....	0 (0%)
	No - awaiting sentence .....	0 (0%)
	No - awaiting deportation.....	1 (0%)
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	Not sentenced.....	1 (0%)
	Less than 6 months .....	5 (2%)
	6 months to less than 1 year .....	8 (4%)
	1 year to less than 2 years .....	22 (11%)
	2 years to less than 4 years .....	45 (22%)
	4 years to less than 10 years.....	78 (38%)
	10 years or more .....	17 (8%)
	IPP (indeterminate sentence for public protection) .....	16 (8%)
	Life.....	11 (5%)
<b>Q1.5</b>	<b>Are you a foreign national (i.e. do not have UK citizenship)?</b>	
	Yes .....	11 (5%)
	No.....	193 (95%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>	
	Yes .....	205 (100%)
	No.....	0 (0%)
<b>Q1.7</b>	<b>Do you understand written English?</b>	
	Yes .....	202 (99%)
	No.....	2 (1%)

<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	181 (88%)	Asian or Asian British - Chinese ..... 0 (0%)
	White - Irish .....	2 (1%)	Asian or Asian British - other..... 3 (1%)
	White - other.....	10 (5%)	Mixed race - white and black Caribbean. 2 (1%)
	Black or black British - Caribbean.....	1 (0%)	Mixed race - white and black African ..... 1 (0%)
	Black or black British - African .....	0 (0%)	Mixed race - white and Asian .....
	Black or black British - other .....	2 (1%)	Mixed race - other..... 0 (0%)
	Asian or Asian British - Indian .....	0 (0%)	Arab..... 0 (0%)
	Asian or Asian British - Pakistani.....	2 (1%)	Other ethnic group .....
	Asian or Asian British - Bangladeshi.....	1 (0%)	0 (0%)
<b>Q1.9</b>	<b>Do you consider yourself to be Gypsy/ Romany/ Traveller?</b>		
	Yes .....		7 (3%)
	No.....		196 (97%)
<b>Q1.10</b>	<b>What is your religion?</b>		
	None.....	66 (33%)	Hindu .....
	Church of England .....	84 (41%)	Jewish .....
	Catholic .....	33 (16%)	Muslim .....
	Protestant.....	3 (1%)	Sikh .....
	Other Christian denomination .....	2 (1%)	Other.....
	Buddhist.....	3 (1%)	2 (1%)
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>		
	Heterosexual/ Straight .....		195 (96%)
	Homosexual/Gay.....		2 (1%)
	Bisexual.....		6 (3%)
<b>Q1.12</b>	<b>Do you consider yourself to have a disability (i.e do you need help with any long term physical, mental or learning needs)?</b>		
	Yes .....		73 (36%)
	No.....		131 (64%)
<b>Q1.13</b>	<b>Are you a veteran (ex- armed services)?</b>		
	Yes .....		13 (6%)
	No.....		192 (94%)
<b>Q1.14</b>	<b>Is this your first time in prison?</b>		
	Yes .....		71 (34%)
	No.....		136 (66%)
<b>Q1.15</b>	<b>Do you have children under the age of 18?</b>		
	Yes .....		95 (46%)
	No.....		112 (54%)

## Section 2: Courts, transfers and escorts

<b>Q2.1</b>	<b>On your most recent journey here, how long did you spend in the van?</b>		
	Less than 2 hours .....		123 (60%)
	2 hours or longer .....		70 (34%)
	Don't remember .....		12 (6%)

<b>Q2.2</b>	<b>On your most recent journey here, were you offered anything to eat or drink?</b>	
	<i>My journey was less than two hours</i> .....	123 (61%)
	Yes .....	58 (29%)
	No.....	19 (9%)
	<i>Don't remember</i> .....	2 (1%)
<b>Q2.3</b>	<b>On your most recent journey here, were you offered a toilet break?</b>	
	<i>My journey was less than two hours</i> .....	123 (61%)
	Yes .....	2 (1%)
	No.....	75 (37%)
	<i>Don't remember</i> .....	1 (0%)
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>	
	Yes .....	146 (72%)
	No.....	45 (22%)
	<i>Don't remember</i> .....	12 (6%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	Yes .....	160 (78%)
	No.....	40 (20%)
	<i>Don't remember</i> .....	4 (2%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	<i>Very well</i> .....	59 (29%)
	<i>Well</i> .....	85 (42%)
	<i>Neither</i> .....	42 (21%)
	<i>Badly</i> .....	10 (5%)
	<i>Very badly</i> .....	2 (1%)
	<i>Don't remember</i> .....	6 (3%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)</b>	
	<i>Yes, someone told me</i> .....	110 (54%)
	<i>Yes, I received written information</i> .....	14 (7%)
	<i>No, I was not told anything</i> .....	76 (37%)
	<i>Don't remember</i> .....	5 (2%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	Yes .....	177 (88%)
	No.....	20 (10%)
	<i>Don't remember</i> .....	5 (2%)

### Section 3: Reception, first night and induction

<b>Q3.1</b>	<b>How long were you in reception?</b>	
	<i>Less than 2 hours</i> .....	102 (51%)
	<i>2 hours or longer</i> .....	80 (40%)
	<i>Don't remember</i> .....	17 (9%)
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>	
	Yes .....	177(89%)
	No .....	17 (9%)
	<i>Don't remember</i> .....	5 (3%)

<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>	
	Very well.....	59 (30%)
	Well.....	100 (50%)
	Neither.....	25 (13%)
	Badly.....	11 (6%)
	Very badly.....	0 (0%)
	Don't remember.....	5 (3%)
<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>	
	Loss of property.....	37 (19%)
	Housing problems.....	35 (18%)
	Contacting employers.....	4 (2%)
	Contacting family.....	47 (24%)
	Childcare.....	1 (1%)
	Money worries.....	41 (21%)
	Feeling depressed or suicidal.....	51 (26%)
	Physical health.....	41 (21%)
	Mental health.....	74 (37%)
	Needing protection from other prisoners.....	23 (12%)
	Getting phone numbers.....	37 (19%)
	Other.....	13 (7%)
	Did not have any problems.....	52 (26%)
<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>	
	Yes.....	34 (18%)
	No.....	108 (56%)
	Did not have any problems.....	52 (27%)
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)</b>	
	Tobacco.....	51 (26%)
	A shower.....	51 (26%)
	A free telephone call.....	43 (22%)
	Something to eat.....	75 (38%)
	PIN phone credit.....	112 (56%)
	Toiletries/ basic items.....	139 (70%)
	Did not receive anything.....	16 (8%)
<b>Q3.7</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)</b>	
	Chaplain.....	93 (47%)
	Someone from health services.....	124 (62%)
	A Listener/Samaritans.....	53 (27%)
	Prison shop/ canteen.....	59 (30%)
	Did not have access to any of these.....	31 (16%)
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)</b>	
	What was going to happen to you.....	78 (41%)
	What support was available for people feeling depressed or suicidal.....	54 (28%)
	How to make routine requests (applications).....	68 (35%)
	Your entitlement to visits.....	47 (24%)
	Health services.....	73 (38%)
	Chaplaincy.....	66 (34%)
	Not offered any information.....	68 (35%)
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>	
	Yes.....	143 (70%)
	No.....	55 (27%)
	Don't remember.....	5 (2%)

<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>	
	<i>Have not been on an induction course</i> .....	39 (20%)
	<i>Within the first week</i> .....	125 (63%)
	<i>More than a week</i> .....	25 (13%)
	<i>Don't remember</i> .....	11 (6%)
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	<i>Have not been on an induction course</i> .....	39 (20%)
	<i>Yes</i> .....	83 (43%)
	<i>No</i> .....	59 (30%)
	<i>Don't remember</i> .....	14 (7%)
<b>Q3.12</b>	<b>How soon after you arrived here did you receive an education ('skills for life') assessment?</b>	
	<i>Did not receive an assessment</i> .....	57 (29%)
	<i>Within the first week</i> .....	61 (31%)
	<i>More than a week</i> .....	40 (20%)
	<i>Don't remember</i> .....	40 (20%)

#### Section 4: Legal rights and respectful custody

<b>Q4.1</b>	<b>How easy is it to.....</b>						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	26 (14%)	42 (22%)	30 (16%)	25 (13%)	35 (18%)	34 (18%)
	<i>Attend legal visits?</i>	24 (13%)	50 (28%)	29 (16%)	10 (6%)	12 (7%)	54 (30%)
	<i>Get bail information?</i>	4 (2%)	5 (3%)	24 (15%)	13 (8%)	27 (16%)	91 (55%)
<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>						
	<i>Not had any letters</i> .....					38 (19%)	
	<i>Yes</i> .....					78 (39%)	
	<i>No</i> .....					83 (42%)	
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>						
	<i>Yes</i> .....					67 (34%)	
	<i>No</i> .....					12 (6%)	
	<i>Don't know</i> .....					119 (60%)	
<b>Q4.4</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	112 (57%)	80 (41%)	4 (2%)			
	<i>Are you normally able to have a shower every day?</i>	183 (92%)	14 (7%)	1 (1%)			
	<i>Do you normally receive clean sheets every week?</i>	58 (29%)	135 (69%)	4 (2%)			
	<i>Do you normally get cell cleaning materials every week?</i>	80 (41%)	112 (57%)	3 (2%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	40 (20%)	134 (67%)	25 (13%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	121 (61%)	77 (39%)	0 (0%)			
	<i>If you need to, can you normally get your stored property?</i>	27 (14%)	92 (47%)	77 (39%)			
<b>Q4.5</b>	<b>What is the food like here?</b>						
	<i>Very good</i> .....					2 (1%)	
	<i>Good</i> .....					43 (21%)	
	<i>Neither</i> .....					49 (24%)	
	<i>Bad</i> .....					67 (33%)	
	<i>Very bad</i> .....					40 (20%)	

<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>	
	<i>Have not bought anything yet/ don't know</i> .....	5 (3%)
	Yes .....	96 (48%)
	No.....	99 (50%)
<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>	
	Yes .....	83 (42%)
	No.....	31 (16%)
	<i>Don't know</i> .....	84 (42%)
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>	
	Yes .....	84 (42%)
	No.....	21 (11%)
	<i>Don't know/ N/A</i> .....	95 (48%)
<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>	
	Yes .....	94 (46%)
	No.....	16 (8%)
	<i>Don't know/ N/A</i> .....	93 (46%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	<i>I don't want to attend</i> .....	49 (24%)
	<i>Very easy</i> .....	37 (18%)
	<i>Easy</i> .....	38 (19%)
	<i>Neither</i> .....	14 (7%)
	<i>Difficult</i> .....	9 (4%)
	<i>Very difficult</i> .....	7 (3%)
	<i>Don't know</i> .....	48 (24%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>			
	Yes .....	144 (71%)		
	No .....	48 (24%)		
	<i>Don't know</i> .....	10 (5%)		
<b>Q5.2</b>	<b>Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)</b>			
		Not made one		
		Yes		
		No		
	Are <i>applications</i> dealt with fairly?	25 (13%)	78 (40%)	93 (47%)
	Are <i>applications</i> dealt with quickly (within seven days)?	25 (13%)	34 (18%)	127 (68%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>			
	Yes .....	118 (61%)		
	No .....	39 (20%)		
	<i>Don't know</i> .....	37 (19%)		
<b>Q5.4</b>	<b>Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)</b>			
		Not made one		
		Yes		
		No		
	Are <i>complaints</i> dealt with fairly?	70 (36%)	31 (16%)	94 (48%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	70 (37%)	13 (7%)	104 (56%)

<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>	
	Yes .....	38 (19%)
	No.....	160 (81%)
<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>	
	Don't know who they are.....	68 (35%)
	Very easy.....	10 (5%)
	Easy .....	13 (7%)
	Neither .....	49 (25%)
	Difficult.....	37 (19%)
	Very difficult.....	19 (10%)

### Section 6: Incentive and earned privileges scheme

<b>Q6.1</b>	<b>Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)</b>	
	Don't know what the IEP scheme is .....	13 (7%)
	Yes .....	91 (46%)
	No .....	58 (29%)
	Don't know .....	37 (19%)
<b>Q6.2</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)</b>	
	Don't know what the IEP scheme is .....	13 (7%)
	Yes .....	66 (34%)
	No.....	88 (45%)
	Don't know .....	27 (14%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>	
	Yes .....	20 (10%)
	No.....	181 (90%)
<b>Q6.4</b>	<b>If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?</b>	
	I have not been to segregation in the last 6 months .....	159 (84%)
	Very well.....	0 (0%)
	Well.....	4 (2%)
	Neither .....	9 (5%)
	Badly.....	6 (3%)
	Very badly .....	12 (6%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	Yes .....	161 (80%)
	No.....	40 (20%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	Yes .....	147 (74%)
	No.....	53 (27%)
<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	Yes .....	59 (30%)
	No.....	141 (71%)

<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i> .....	3 (1%)
	<i>Never</i> .....	33 (16%)
	<i>Rarely</i> .....	54 (27%)
	<i>Some of the time</i> .....	56 (28%)
	<i>Most of the time</i> .....	37 (18%)
	<i>All of the time</i> .....	18 (9%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i> .....	83 (42%)
	<i>In the first week</i> .....	50 (25%)
	<i>More than a week</i> .....	43 (22%)
	<i>Don't remember</i> .....	24 (12%)
<b>Q7.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<i>Do not have a personal officer/ I have not met him/ her</i> .....	83 (43%)
	<i>Very helpful</i> .....	40 (21%)
	<i>Helpful</i> .....	26 (13%)
	<i>Neither</i> .....	26 (13%)
	<i>Not very helpful</i> .....	12 (6%)
	<i>Not at all helpful</i> .....	7 (4%)

### Section 8: Safety

<b>Q8.1</b>	<b>Have you ever felt unsafe here?</b>			
	<i>Yes</i> .....	117 (58%)		
	<i>No</i> .....	86 (42%)		
<b>Q8.2</b>	<b>Do you feel unsafe now?</b>			
	<i>Yes</i> .....	55 (28%)		
	<i>No</i> .....	142 (72%)		
<b>Q8.3</b>	<b>In which areas have you felt unsafe? (Please tick all that apply to you.)</b>			
	<i>Never felt unsafe</i> .....	86 (44%)	<i>At meal times</i> .....	24 (12%)
	<i>Everywhere</i> .....	43 (22%)	<i>At health services</i> .....	32 (16%)
	<i>Segregation unit</i> .....	7 (4%)	<i>Visits area</i> .....	24 (12%)
	<i>Association areas</i> .....	49 (25%)	<i>In wing showers</i> .....	33 (17%)
	<i>Reception area</i> .....	11 (6%)	<i>In gym showers</i> .....	14 (7%)
	<i>At the gym</i> .....	19 (10%)	<i>In corridors/stairwells</i> .....	25 (13%)
	<i>In an exercise yard</i> .....	30 (15%)	<i>On your landing/wing</i> .....	35 (18%)
	<i>At work</i> .....	19 (10%)	<i>In your cell</i> .....	24 (12%)
	<i>During movement</i> .....	35 (18%)	<i>At religious services</i> .....	6 (3%)
	<i>At education</i> .....	17 (9%)		
<b>Q8.4</b>	<b>Have you been victimised by other prisoners here?</b>			
	<i>Yes</i> .....	80 (40%)		
	<i>No</i> .....	120 (60%)		

<b>Q8.5</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends) .....</i>	30 (15%)
	<i>Physical abuse (being hit, kicked or assaulted) .....</i>	24 (12%)
	<i>Sexual abuse .....</i>	1 (1%)
	<i>Feeling threatened or intimidated .....</i>	48 (24%)
	<i>Having your canteen/property taken .....</i>	29 (15%)
	<i>Medication .....</i>	18 (9%)
	<i>Debt .....</i>	14 (7%)
	<i>Drugs .....</i>	13 (7%)
	<i>Your race or ethnic origin .....</i>	9 (5%)
	<i>Your religion/religious beliefs .....</i>	6 (3%)
	<i>Your nationality .....</i>	7 (4%)
	<i>You are from a different part of the country than others .....</i>	14 (7%)
	<i>You are from a traveller community .....</i>	1 (1%)
	<i>Your sexual orientation .....</i>	4 (2%)
	<i>Your age .....</i>	9 (5%)
	<i>You have a disability .....</i>	11 (6%)
	<i>You were new here .....</i>	12 (6%)
	<i>Your offence/ crime .....</i>	13 (7%)
	<i>Gang related issues .....</i>	8 (4%)
<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>	
	Yes .....	56 (28%)
	No .....	143 (72%)
<b>Q8.7</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends) .....</i>	27 (14%)
	<i>Physical abuse (being hit, kicked or assaulted) .....</i>	12 (6%)
	<i>Sexual abuse .....</i>	0 (0%)
	<i>Feeling threatened or intimidated .....</i>	26 (13%)
	<i>Medication .....</i>	11 (6%)
	<i>Debt .....</i>	0 (0%)
	<i>Drugs .....</i>	2 (1%)
	<i>Your race or ethnic origin .....</i>	5 (3%)
	<i>Your religion/religious beliefs .....</i>	3 (2%)
	<i>Your nationality .....</i>	3 (2%)
	<i>You are from a different part of the country than others .....</i>	4 (2%)
	<i>You are from a traveller community .....</i>	1 (1%)
	<i>Your sexual orientation .....</i>	2 (1%)
	<i>Your age .....</i>	1 (1%)
	<i>You have a disability .....</i>	7 (4%)
	<i>You were new here .....</i>	3 (2%)
	<i>Your offence/ crime .....</i>	9 (5%)
	<i>Gang related issues .....</i>	2 (1%)
<b>Q8.8</b>	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	Not been victimised .....	96 (55%)
	Yes .....	29 (17%)
	No .....	48 (28%)

### Section 9: Health services

<b>Q9.1</b>	<b>How easy or difficult is it to see the following people?:</b>						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	24 (12%)	8 (4%)	23 (12%)	11 (6%)	77 (40%)	51 (26%)
	The nurse	21 (11%)	21 (11%)	70 (37%)	24 (13%)	37 (19%)	18 (9%)
	The dentist	31 (16%)	3 (2%)	15 (8%)	12 (6%)	54 (28%)	76 (40%)

<b>Q9.2</b>	<b>What do you think of the quality of the health service from the following people?:</b>						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	33 (17%)	13 (7%)	38 (19%)	30 (15%)	45 (23%)	36 (18%)
	The nurse	21 (11%)	24 (13%)	51 (27%)	36 (19%)	32 (17%)	28 (15%)
	The dentist	50 (27%)	14 (7%)	29 (16%)	22 (12%)	29 (16%)	43 (23%)
<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>						
	<i>Not been</i> .....						18 (10%)
	<i>Very good</i> .....						6 (3%)
	<i>Good</i> .....						38 (20%)
	<i>Neither</i> .....						35 (19%)
	<i>Bad</i> .....						44 (24%)
	<i>Very bad</i> .....						46 (25%)
<b>Q9.4</b>	<b>Are you currently taking medication?</b>						
	Yes .....						132 (67%)
	No .....						65 (33%)
<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>						
	<i>Not taking medication</i> .....						65 (33%)
	<i>Yes, all my meds</i> .....						81 (41%)
	<i>Yes, some of my meds</i> .....						29 (15%)
	<i>No</i> .....						21 (11%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>						
	Yes .....						105 (54%)
	No .....						91 (46%)
<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?</b>						
	<i>Do not have any emotional or mental health problems</i> .....						91 (48%)
	Yes .....						40 (21%)
	No .....						59 (31%)

### Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>		
	Yes .....		73 (37%)
	No .....		122 (63%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>		
	Yes .....		47 (24%)
	No .....		149 (76%)
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>		
	<i>Very easy</i> .....		87 (45%)
	<i>Easy</i> .....		31 (16%)
	<i>Neither</i> .....		13 (7%)
	<i>Difficult</i> .....		4 (2%)
	<i>Very difficult</i> .....		4 (2%)
	<i>Don't know</i> .....		54 (28%)

<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy.....	58 (30%)
	Easy.....	45 (24%)
	Neither.....	12 (6%)
	Difficult.....	7 (4%)
	Very difficult.....	4 (2%)
	Don't know.....	65 (34%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes.....	41 (21%)
	No.....	155 (79%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes.....	23 (12%)
	No.....	172 (88%)
<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	Did not / do not have a drug problem.....	111 (60%)
	Yes.....	51 (28%)
	No.....	23 (12%)
<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?</b>	
	Did not / do not have an alcohol problem.....	149 (77%)
	Yes.....	24 (12%)
	No.....	20 (10%)
<b>Q10.9</b>	<b>Was the support or help you received, whilst in this prison, helpful?</b>	
	Did not have a problem/ did not receive help.....	121 (65%)
	Yes.....	43 (23%)
	No.....	22 (12%)

### Section II: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	12 (6%)	23 (12%)	53 (28%)	31 (16%)	49 (26%)	23 (12%)
	Vocational or skills training	34 (19%)	16 (9%)	44 (25%)	28 (16%)	35 (20%)	20 (11%)
	Education (including basic skills)	25 (14%)	29 (16%)	66 (37%)	24 (13%)	20 (11%)	14 (8%)
	Offending behaviour programmes	41 (23%)	8 (5%)	18 (10%)	32 (18%)	37 (21%)	39 (22%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>						
	Not involved in any of these.....					35 (19%)	
	Prison job.....					119 (64%)	
	Vocational or skills training.....					15 (8%)	
	Education (including basic skills).....					38 (21%)	
	Offending behaviour programmes.....					10 (5%)	

<b>Q11.3</b>	<b>If you have been involved in any of the following, while in this prison, do you think they will help you on release?</b>				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	30 (17%)	61 (34%)	71 (40%)	17 (9%)
	Vocational or skills training	41 (30%)	33 (24%)	46 (33%)	18 (13%)
	Education (including basic skills)	33 (22%)	46 (31%)	57 (38%)	13 (9%)
	Offending behaviour programmes	49 (34%)	44 (30%)	38 (26%)	14 (10%)
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>				
	<i>Don't want to go</i> .....				41 (21%)
	<i>Never</i> .....				40 (21%)
	<i>Less than once a week</i> .....				39 (20%)
	<i>About once a week</i> .....				67 (35%)
	<i>More than once a week</i> .....				4 (2%)
<b>Q11.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>				
	<i>Don't use it</i> .....				74 (39%)
	<i>Yes</i> .....				57 (30%)
	<i>No</i> .....				59 (31%)
<b>Q11.6</b>	<b>How many times do you usually go to the gym each week?</b>				
	<i>Don't want to go</i> .....				66 (35%)
	<i>0</i> .....				36 (19%)
	<i>1 to 2</i> .....				26 (14%)
	<i>3 to 5</i> .....				46 (24%)
	<i>More than 5</i> .....				17 (9%)
<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>				
	<i>Don't want to go</i> .....				34 (18%)
	<i>0</i> .....				30 (15%)
	<i>1 to 2</i> .....				50 (26%)
	<i>3 to 5</i> .....				38 (20%)
	<i>More than 5</i> .....				42 (22%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>				
	<i>Don't want to go</i> .....				6 (3%)
	<i>0</i> .....				4 (2%)
	<i>1 to 2</i> .....				12 (6%)
	<i>3 to 5</i> .....				29 (15%)
	<i>More than 5</i> .....				144 (74%)
<b>Q11.9</b>	<b>How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)</b>				
	<i>Less than 2 hours</i> .....				22 (11%)
	<i>2 to less than 4 hours</i> .....				31 (16%)
	<i>4 to less than 6 hours</i> .....				29 (15%)
	<i>6 to less than 8 hours</i> .....				45 (23%)
	<i>8 to less than 10 hours</i> .....				36 (19%)
	<i>10 hours or more</i> .....				22 (11%)
	<i>Don't know</i> .....				9 (5%)

## Section 12: Contact with family and friends

<b>Q12.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	Yes .....	60 (31%)
	No .....	134 (69%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes .....	97 (50%)
	No .....	97 (50%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	Yes .....	47 (24%)
	No .....	150 (76%)
<b>Q12.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i> .....	43 (22%)
	<i>Very easy</i> .....	15 (8%)
	<i>Easy</i> .....	35 (18%)
	<i>Neither</i> .....	22 (11%)
	<i>Difficult</i> .....	26 (14%)
	<i>Very difficult</i> .....	46 (24%)
	<i>Don't know</i> .....	5 (3%)

## Section 13: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<i>Not sentenced</i> .....	1 (1%)
	Yes .....	150 (79%)
	No .....	39 (21%)
<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)</b>	
	<i>Not sentenced/ NA</i> .....	40 (21%)
	<i>No contact</i> .....	66 (34%)
	<i>Letter</i> .....	38 (20%)
	<i>Phone</i> .....	36 (19%)
	<i>Visit</i> .....	50 (26%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes .....	127 (68%)
	No .....	59 (32%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<i>Not sentenced</i> .....	1 (1%)
	Yes .....	90 (48%)
	No .....	98 (52%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<i>Do not have a sentence plan/ not sentenced</i> .....	99 (53%)
	<i>Very involved</i> .....	16 (9%)
	<i>Involved</i> .....	21 (11%)
	<i>Neither</i> .....	8 (4%)
	<i>Not very involved</i> .....	16 (9%)
	<i>Not at all involved</i> .....	28 (15%)

<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	99	(53%)	
	<i>Nobody</i> .....	40	(21%)	
	<i>Offender supervisor</i> .....	33	(18%)	
	<i>Offender manager</i> .....	33	(18%)	
	<i>Named/ personal officer</i> .....	9	(5%)	
	<i>Staff from other departments</i> .....	14	(7%)	
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	99	(53%)	
	<i>Yes</i> .....	42	(22%)	
	<i>No</i> .....	27	(14%)	
	<i>Don't know</i> .....	20	(11%)	
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	99	(52%)	
	<i>Yes</i> .....	21	(11%)	
	<i>No</i> .....	46	(24%)	
	<i>Don't know</i> .....	24	(13%)	
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	99	(53%)	
	<i>Yes</i> .....	26	(14%)	
	<i>No</i> .....	29	(15%)	
	<i>Don't know</i> .....	34	(18%)	
<b>Q13.10</b>	<b>Do you have a needs based custody plan?</b>			
	<i>Yes</i> .....	9	(5%)	
	<i>No</i> .....	77	(41%)	
	<i>Don't know</i> .....	104	(55%)	
<b>Q13.11</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>			
	<i>Yes</i> .....	20	(11%)	
	<i>No</i> .....	169	(89%)	
<b>Q13.12</b>	<b>Do you know of anyone in this prison who can help you with the following on release?: (Please tick all that apply to you.)</b>			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	38 (22%)	33 (19%)	105 (60%)
	Accommodation	35 (20%)	43 (24%)	99 (56%)
	Benefits	28 (16%)	49 (28%)	100 (56%)
	Finances	32 (19%)	21 (13%)	114 (68%)
	Education	40 (24%)	27 (16%)	98 (59%)
	Drugs and alcohol	56 (32%)	51 (29%)	66 (38%)
<b>Q13.13</b>	<b>Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?</b>			
	<i>Not sentenced</i> .....	1	(1%)	
	<i>Yes</i> .....	88	(48%)	
	<i>No</i> .....	96	(52%)	

## Main comparator and comparator to last time



### Prisoner survey responses HMP Northumberland 2017

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

#### Key to tables

		HMP Northumberland 2017	Category C training prisons comparator	HMP Northumberland 2017	HMP Northumberland 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>207</b>	<b>6,463</b>	<b>207</b>	<b>199</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	1%	2%	1%	1%
1.3	Are you sentenced?	100%	100%	100%	99%
1.3	Are you on recall?	9%	9%	9%	8%
1.4	Is your sentence less than 12 months?	6%	6%	6%	3%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	8%	8%	8%	11%
1.5	Are you a foreign national?	5%	12%	5%	6%
1.6	Do you understand spoken English?	100%	99%	100%	99%
1.7	Do you understand written English?	99%	98%	99%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	6%	27%	6%	8%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	4%	4%	4%
1.1	Are you Muslim?	4%	14%	4%	6%
1.11	Are you homosexual/gay or bisexual?	4%	3%	4%	7%
1.12	Do you consider yourself to have a disability?	36%	23%	36%	23%
1.13	Are you a veteran (ex-armed services)?	6%	6%	6%	6%
1.14	Is this your first time in prison?	34%	40%	34%	37%
1.15	Do you have any children under the age of 18?	46%	50%	46%	49%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	34%	45%	34%	42%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	73%	74%	73%	65%
2.3	Were you offered a toilet break?	3%	8%	3%	4%
2.4	Was the van clean?	72%	60%	72%	63%
2.5	Did you feel safe?	79%	78%	79%	75%
2.6	Were you treated well/very well by the escort staff?	71%	72%	71%	75%
2.7	Before you arrived here were you told that you were coming here?	54%	60%	54%	65%
2.7	Before you arrived here did you receive any written information about coming here?	7%	12%	7%	5%
2.8	When you first arrived here did your property arrive at the same time as you?	88%	83%	88%	83%

## Main comparator and comparator to last time

### Key to tables

		HMP Northumberland 2017	Category C training prisons comparator	HMP Northumberland 2017	HMP Northumberland 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	51%	53%	51%	48%
3.2	When you were searched in reception, was this carried out in a respectful way?	89%	85%	89%	83%
3.3	Were you treated well/very well in reception?	80%	76%	80%	73%
	When you first arrived:				
3.4	Did you have any problems?	74%	62%	74%	62%
3.4	Did you have any problems with loss of property?	19%	20%	19%	21%
3.4	Did you have any housing problems?	18%	13%	18%	9%
3.4	Did you have any problems contacting employers?	2%	2%	2%	3%
3.4	Did you have any problems contacting family?	24%	18%	24%	22%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	2%	1%	3%
3.4	Did you have any money worries?	21%	13%	21%	19%
3.4	Did you have any problems with feeling depressed or suicidal?	26%	15%	26%	22%
3.4	Did you have any physical health problems?	21%	13%	21%	15%
3.4	Did you have any mental health problems?	37%	20%	37%	18%
3.4	Did you have any problems with needing protection from other prisoners?	12%	5%	12%	8%
3.4	Did you have problems accessing phone numbers?	19%	15%	19%	16%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	24%	36%	24%	37%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	26%	73%	26%	70%
3.6	A shower?	26%	28%	26%	30%
3.6	A free telephone call?	22%	41%	22%	47%
3.6	Something to eat?	38%	58%	38%	49%
3.6	PIN phone credit?	56%	50%	56%	54%
3.6	Toiletries/ basic items?	70%	49%	70%	43%

## Key to tables

## Main comparator and comparator to last time

	Any percentage highlighted in green is significantly better	HMP Northumberland 2017	Category C training prisons comparator	HMP Northumberland 2017	HMP Northumberland 2014
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Reception, first night and induction continued</b>					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	47%	53%	47%	53%
3.7	Someone from health services?	62%	70%	62%	69%
3.7	A Listener/Samaritans?	27%	34%	27%	24%
3.7	Prison shop/ canteen?	30%	25%	30%	27%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	41%	50%	41%	44%
3.8	Support was available for people feeling depressed or suicidal?	28%	40%	28%	37%
3.8	How to make routine requests?	35%	43%	35%	40%
3.8	Your entitlement to visits?	25%	39%	25%	35%
3.8	Health services?	38%	52%	38%	51%
3.8	The chaplaincy?	34%	48%	34%	47%
3.9	Did you feel safe on your first night here?	70%	79%	70%	80%
3.10	Have you been on an induction course?	81%	90%	81%	86%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	53%	60%	53%	57%
3.12	Did you receive an education (skills for life) assessment?	71%	85%	71%	74%
<b>SECTION 4: Legal rights and respectful custody</b>					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	35%	42%	35%	43%
4.1	Attend legal visits?	41%	44%	41%	48%
4.1	Get bail information?	6%	14%	6%	19%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	39%	38%	39%	41%
4.3	Can you get legal books in the library?	34%	41%	34%	31%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	57%	66%	57%	54%
4.4	Are you normally able to have a shower every day?	92%	89%	92%	96%
4.4	Do you normally receive clean sheets every week?	29%	67%	29%	65%
4.4	Do you normally get cell cleaning materials every week?	41%	63%	41%	52%
4.4	Is your cell call bell normally answered within five minutes?	20%	33%	20%	37%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	61%	69%	61%	68%
4.4	Can you normally get your stored property, if you need to?	14%	23%	14%	17%
4.5	Is the food in this prison good/very good?	22%	33%	22%	25%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	48%	50%	48%	48%
4.7	Are you able to speak to a Listener at any time, if you want to?	42%	55%	42%	49%
4.8	Are your religious beliefs respected?	42%	52%	42%	53%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	46%	58%	46%	57%
4.10	Is it easy/very easy to attend religious services?	37%	50%	37%	39%

## Main comparator and comparator to last time

### Key to tables

		HMP Northumberland 2017	Category C training prisons comparator	HMP Northumberland 2017	HMP Northumberland 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	71%	80%	71%	73%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	46%	55%	46%	52%
5.2	Do you feel applications are dealt with quickly (within seven days)?	21%	37%	21%	23%
5.3	Is it easy to make a complaint?	61%	58%	61%	54%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	25%	33%	25%	28%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	11%	27%	11%	20%
5.5	Have you ever been prevented from making a complaint when you wanted to?	19%	20%	19%	23%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	12%	29%	12%	22%
<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	46%	47%	46%	49%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	34%	44%	34%	43%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	9%	10%	8%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	13%	36%	13%	35%
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	80%	79%	80%	83%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	74%	72%	74%	76%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	30%	29%	30%	33%
7.4	Do staff normally speak to you most of the time/all of the time during association?	27%	20%	27%	28%
7.5	Do you have a personal officer?	59%	62%	59%	52%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	59%	61%	59%	75%

## Main comparator and comparator to last time

### Key to tables

		HMP Northumberland 2017	Category C training prisons comparator	HMP Northumberland 2017	HMP Northumberland 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	58%	40%	58%	42%
8.2	Do you feel unsafe now?	28%	18%	28%	20%
8.4	Have you been victimised by other prisoners here?	40%	29%	40%	34%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	15%	12%	15%	12%
8.5	Hit, kicked or assaulted you?	12%	9%	12%	10%
8.5	Sexually abused you?	1%	1%	1%	2%
8.5	Threatened or intimidated you?	24%	17%	24%	20%
8.5	Taken your canteen/property?	15%	8%	15%	10%
8.5	Victimised you because of medication?	9%	4%	9%	10%
8.5	Victimised you because of debt?	7%	5%	7%	6%
8.5	Victimised you because of drugs?	7%	5%	7%	7%
8.5	Victimised you because of your race or ethnic origin?	5%	4%	5%	4%
8.5	Victimised you because of your religion/religious beliefs?	3%	3%	3%	3%
8.5	Victimised you because of your nationality?	4%	3%	4%	3%
8.5	Victimised you because you were from a different part of the country?	7%	4%	7%	7%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.5	Victimised you because of your sexual orientation?	2%	2%	2%	3%
8.5	Victimised you because of your age?	5%	3%	5%	2%
8.5	Victimised you because you have a disability?	6%	3%	6%	5%
8.5	Victimised you because you were new here?	6%	5%	6%	6%
8.5	Victimised you because of your offence/crime?	7%	4%	7%	9%
8.5	Victimised you because of gang related issues?	4%	5%	4%	3%

## Main comparator and comparator to last time

### Key to tables

		HMP Northumberland 2017	Category C training prisons comparator	HMP Northumberland 2017	HMP Northumberland 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	28%	27%	28%	33%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	14%	10%	14%	13%
8.7	Hit, kicked or assaulted you?	6%	4%	6%	5%
8.7	Sexually abused you?	0%	1%	0%	2%
8.7	Threatened or intimidated you?	13%	12%	13%	12%
8.7	Victimised you because of medication?	6%	3%	6%	7%
8.7	Victimised you because of debt?	0%	2%	0%	5%
8.7	Victimised you because of drugs?	1%	2%	1%	4%
8.7	Victimised you because of your race or ethnic origin?	3%	4%	3%	5%
8.7	Victimised you because of your religion/religious beliefs?	2%	3%	2%	1%
8.7	Victimised you because of your nationality?	2%	3%	2%	2%
8.7	Victimised you because you were from a different part of the country?	2%	3%	2%	4%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	2%
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.7	Victimised you because of your age?	1%	2%	1%	3%
8.7	Victimised you because you have a disability?	4%	3%	4%	4%
8.7	Victimised you because you were new here?	2%	4%	2%	3%
8.7	Victimised you because of your offence/crime?	5%	4%	5%	6%
8.7	Victimised you because of gang related issues?	1%	2%	1%	1%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	38%	40%	38%	33%

## Main comparator and comparator to last time

### Key to tables

		HMP Northumberland 2017	Category C training prisons comparator	HMP Northumberland 2017	HMP Northumberland 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	16%	28%	16%	34%
9.1	Is it easy/very easy to see the nurse?	48%	49%	48%	58%
9.1	Is it easy/very easy to see the dentist?	9%	14%	9%	19%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	32%	49%	32%	48%
9.2	The nurse?	44%	57%	44%	59%
9.2	The dentist?	31%	43%	31%	53%
9.3	The overall quality of health services?	26%	42%	26%	46%
9.4	Are you currently taking medication?	67%	51%	67%	56%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	84%	83%	84%	88%
9.6	Do you have any emotional well being or mental health problems?	54%	35%	54%	36%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	40%	49%	40%	54%
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	37%	25%	37%	25%
10.2	Did you have a problem with alcohol when you came into this prison?	24%	16%	24%	13%
10.3	Is it easy/very easy to get illegal drugs in this prison?	61%	46%	61%	46%
10.4	Is it easy/very easy to get alcohol in this prison?	54%	26%	54%	38%
10.5	Have you developed a problem with drugs since you have been in this prison?	21%	12%	21%	15%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	12%	7%	12%	13%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	69%	61%	69%	58%
10.8	Have you received any support or help with your alcohol problem while in this prison?	55%	62%	55%	59%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	66%	77%	66%	63%

## Main comparator and comparator to last time

### Key to tables

		HMP Northumberland 2017	Category C training prisons comparator	HMP Northumberland 2017	HMP Northumberland 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 11: Activities</b>					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	40%	51%	40%	24%
11.1	Vocational or skills training?	34%	44%	34%	23%
11.1	Education (including basic skills)?	53%	58%	53%	35%
11.1	Offending behaviour programmes?	15%	24%	15%	14%
Are you currently involved in any of the following activities:					
11.2	A prison job?	64%	60%	64%	52%
11.2	Vocational or skills training?	8%	16%	8%	15%
11.2	Education (including basic skills)?	21%	22%	21%	21%
11.2	Offending behaviour programmes?	5%	11%	5%	12%
11.3	Have you had a job while in this prison?	83%	85%	83%	73%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	41%	43%	41%	42%
11.3	Have you been involved in vocational or skills training while in this prison?	70%	76%	70%	67%
For those who have had vocational or skills training while in this prison:					
11.3	Do you feel the vocational or skills training will help you on release?	34%	57%	34%	43%
11.3	Have you been involved in education while in this prison?	78%	80%	78%	76%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	40%	58%	40%	53%
11.3	Have you been involved in offending behaviour programmes while in this prison?	66%	71%	66%	65%
For those who have been involved in offending behaviour programmes while in this prison:					
11.3	Do you feel the offending behaviour programme(s) will help you on release?	46%	49%	46%	51%
11.4	Do you go to the library at least once a week?	37%	42%	37%	35%
11.5	Does the library have a wide enough range of materials to meet your needs?	30%	46%	30%	39%
11.6	Do you go to the gym three or more times a week?	33%	33%	33%	30%
11.7	Do you go outside for exercise three or more times a week?	41%	54%	41%	47%
11.8	Do you go on association more than five times each week?	74%	59%	74%	82%
11.9	Do you spend ten or more hours out of your cell on a weekday?	11%	17%	11%	14%
<b>SECTION 12: Friends and family</b>					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	31%	33%	31%	32%
12.2	Have you had any problems with sending or receiving mail?	50%	43%	50%	45%
12.3	Have you had any problems getting access to the telephones?	24%	21%	24%	22%
12.4	Is it easy/ very easy for your friends and family to get here?	26%	27%	26%	30%

## Main comparator and comparator to last time

### Key to tables

		HMP Northumberland 2017	Category C training prisons comparator	HMP Northumberland 2017	HMP Northumberland 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 13: Preparation for release</b>					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	79%	80%	79%	87%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	43%	36%	43%	40%
13.2	Contact by letter?	25%	33%	25%	30%
13.2	Contact by phone?	24%	27%	24%	19%
13.2	Contact by visit?	33%	31%	33%	33%
13.3	Do you have a named offender supervisor in this prison?	68%	76%	68%	73%
For those who are sentenced:					
13.4	Do you have a sentence plan?	48%	60%	48%	66%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	42%	54%	42%	45%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	46%	46%	46%	52%
13.6	Offender supervisor?	38%	39%	38%	28%
13.6	Offender manager?	38%	27%	38%	27%
13.6	Named/ personal officer?	10%	12%	10%	11%
13.6	Staff from other departments?	16%	15%	16%	12%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	47%	62%	47%	45%
13.8	Are there plans for you to achieve any of your targets in another prison?	23%	19%	23%	16%
13.9	Are there plans for you to achieve any of your targets in the community?	29%	28%	29%	27%
13.10	Do you have a needs based custody plan?	5%	6%	5%	8%
13.11	Do you feel that any member of staff has helped you to prepare for release?	11%	16%	11%	11%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	24%	34%	24%	24%
13.12	Accommodation?	30%	35%	30%	25%
13.12	Benefits?	33%	36%	33%	34%
13.12	Finances?	16%	27%	16%	22%
13.12	Education?	22%	34%	22%	20%
13.12	Drugs and alcohol?	44%	41%	44%	37%
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	48%	54%	48%	58%

## Diversity Analysis



### Key question responses (disability, age over 50) HMP Northumberland 2017

**Prisoner survey responses** (missing data has been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

#### Key to tables

Any percentage highlighted in green is significantly better		Consider themselves to have a disability	Do not consider themselves to have a disability		Prisoners aged 50 and over	Prisoners under the age of 50
Any percentage highlighted in blue is significantly worse						
Any percentage highlighted in orange shows a significant difference in prisoners' background details						
Percentages which are not highlighted show there is no significant difference						
<b>Number of completed questionnaires returned</b>		<b>73</b>	<b>131</b>		<b>45</b>	<b>160</b>
1.3	Are you sentenced?	100%	100%		98%	100%
1.5	Are you a foreign national?	4%	6%		5%	6%
1.6	Do you understand spoken English?	100%	100%		100%	100%
1.7	Do you understand written English?	97%	100%		100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	6%	6%		5%	6%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	4%		0%	5%
1.1	Are you Muslim?	4%	4%		5%	4%
1.12	Do you consider yourself to have a disability?				51%	32%
1.13	Are you a veteran (ex-armed services)?	6%	6%		7%	6%
1.14	Is this your first time in prison?	23%	40%		56%	29%
2.6	Were you treated well/very well by the escort staff?	73%	69%		79%	68%
2.7	Before you arrived here were you told that you were coming here?	55%	52%		61%	52%
3.2	When you were searched in reception, was this carried out in a respectful way?	89%	89%		93%	88%
3.3	Were you treated well/very well in reception?	77%	81%		91%	77%
3.4	Did you have any problems when you first arrived?	90%	65%		68%	75%
3.7	Did you have access to someone from health care when you first arrived here?	62%	63%		55%	65%
3.9	Did you feel safe on your first night here?	64%	73%		70%	71%
3.10	Have you been on an induction course?	79%	83%		88%	79%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	20%	43%		37%	35%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	47%	62%	76%	52%
4.4	Are you normally able to have a shower every day?	90%	94%	88%	94%
4.4	Is your cell call bell normally answered within five minutes?	11%	24%	31%	17%
4.5	Is the food in this prison good/very good?	18%	24%	16%	24%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	40%	54%	44%	49%
4.7	Are you able to speak to a Listener at any time, if you want to?	33%	46%	51%	40%
4.8	Do you feel your religious beliefs are respected?	45%	40%	50%	39%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	46%	46%	44%	47%
5.1	Is it easy to make an application?	62%	77%	73%	71%
5.3	Is it easy to make a complaint?	59%	62%	58%	61%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	32%	53%	53%	44%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	29%	38%	42%	32%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	14%	8%	2%	12%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	77%	82%	93%	76%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	74%	73%	91%	68%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	19%	33%	40%	24%
7.4	Do you have a personal officer?	54%	61%	70%	56%
8.1	Have you ever felt unsafe here?	68%	53%	52%	60%
8.2	Do you feel unsafe now?	38%	23%	19%	31%
8.3	Have you been victimised by other prisoners?	55%	32%	45%	39%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	32%	20%	21%	25%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	5%	5%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	3%	0%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	4%	2%	4%
8.5	Have you been victimised because of your age? (By prisoners)	7%	3%	12%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	15%	1%	12%	4%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	36%	24%	7%	34%
8.7	Have you ever felt threatened or intimidated by staff here?	17%	11%	2%	16%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	2%	2%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	1%	0%	2%
8.7	Have you been victimised because of your nationality? (By staff)	1%	2%	0%	2%
8.7	Have you been victimised because of your age? (By staff)	0%	1%	0%	1%
8.7	Have you been victimised because you have a disability? (By staff)	9%	1%	0%	5%
9.1	Is it easy/very easy to see the doctor?	5%	22%	14%	17%
9.1	Is it easy/ very easy to see the nurse?	39%	53%	51%	47%
9.4	Are you currently taking medication?	81%	60%	84%	62%
9.6	Do you feel you have any emotional well being/mental health issues?	71%	45%	32%	60%
10.3	Is it easy/very easy to get illegal drugs in this prison?	71%	56%	55%	63%
11.2	Are you currently working in the prison?	55%	69%	65%	64%
11.2	Are you currently undertaking vocational or skills training?	7%	9%	9%	8%
11.2	Are you currently in education (including basic skills)?	15%	24%	19%	21%
11.2	Are you currently taking part in an offending behaviour programme?	5%	6%	2%	7%
11.4	Do you go to the library at least once a week?	29%	42%	31%	39%
11.6	Do you go to the gym three or more times a week?	19%	41%	10%	40%
11.7	Do you go outside for exercise three or more times a week?	33%	45%	41%	41%
11.8	On average, do you go on association more than five times each week?	73%	76%	72%	74%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	6%	14%	21%	9%
12.2	Have you had any problems sending or receiving mail?	58%	46%	39%	53%
12.3	Have you had any problems getting access to the telephones?	25%	24%	16%	27%



## Prisoner survey responses HMP Northumberland 2017

**Prisoner survey responses** (missing data have been excluded for each question) Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

### Key to tables

	Houseblocks 10 - 14	Houseblocks 1 - 9
Any percentage highlighted in green is significantly better		
Any percentage highlighted in blue is significantly worse		
Any percentage highlighted in orange shows a significant difference in prisoners' background details		
Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>	<b>81</b>	<b>120</b>
<b>SECTION 1: General information</b>		
1.2 Are you under 21 years of age?	1%	0%
1.3 Are you sentenced?	99%	100%
1.3 Are you on recall?	3%	15%
1.4 Is your sentence less than 12 months?	4%	9%
1.4 Are you here under an indeterminate sentence for public protection (IPP prisoner)?	11%	4%
1.5 Are you a foreign national?	5%	6%
1.6 Do you understand spoken English?	100%	100%
1.7 Do you understand written English?	99%	99%
1.8 Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	8%	5%
1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	3%
1.1 Are you Muslim?	5%	3%
1.11 Are you homosexual/gay or bisexual?	9%	1%
1.12 Do you consider yourself to have a disability?	37%	35%
1.13 Are you a veteran (ex-armed services)?	8%	6%
1.14 Is this your first time in prison?	58%	19%
1.15 Do you have any children under the age of 18?	19%	64%
<b>SECTION 2: Transfers and escorts</b>		
On your most recent journey here:		
2.1 Did you spend more than 2 hours in the van?	40%	30%
2.5 Did you feel safe?	77%	80%
2.6 Were you treated well/very well by the escort staff?	77%	68%
2.7 Before you arrived here were you told that you were coming here?	51%	56%
2.8 When you first arrived here did your property arrive at the same time as you?	86%	88%

**Key to tables**

	Any percentage highlighted in green is significantly better	Houseblocks 10 - 14	Houseblocks 1 - 9
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 3: Reception, first night and induction</b>			
3.1	Were you in reception for less than 2 hours?	56%	47%
3.2	When you were searched in reception, was this carried out in a respectful way?	88%	89%
3.3	Were you treated well/very well in reception?	82%	77%
	When you first arrived:		
3.4	Did you have any problems?	69%	77%
3.4	Did you have any problems with loss of property?	20%	17%
3.4	Did you have any housing problems?	11%	21%
3.4	Did you have any problems contacting employers?	0%	4%
3.4	Did you have any problems contacting family?	28%	22%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	1%
3.4	Did you have any money worries?	19%	22%
3.4	Did you have any problems with feeling depressed or suicidal?	33%	21%
3.4	Did you have any physical health problems?	16%	24%
3.4	Did you have any mental health problems?	33%	41%
3.4	Did you have any problems with needing protection from other prisoners?	16%	9%
3.4	Did you have problems accessing phone numbers?	16%	20%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	30%	21%
3.6	A shower?	26%	24%
3.6	A free telephone call?	25%	18%
3.6	Something to eat?	41%	33%
3.6	PIN phone credit?	41%	65%
3.6	Toiletries/ basic items?	74%	66%

## Key to tables

	Any percentage highlighted in green is significantly better	Houseblocks 10 - 14	Houseblocks 1 - 9
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 3: Reception, first night and induction continued</b>			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	37%	52%
3.7	Someone from health services?	58%	65%
3.7	A Listener/Samaritans?	33%	22%
3.7	Prison shop/ canteen?	40%	23%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	48%	34%
3.8	Support was available for people feeling depressed or suicidal?	37%	22%
3.8	How to make routine requests?	52%	24%
3.8	Your entitlement to visits?	34%	17%
3.8	Health services?	47%	32%
3.8	The chaplaincy?	41%	29%
3.9	Did you feel safe on your first night here?	62%	76%
3.10	Have you been on an induction course?	88%	76%
3.12	Did you receive an education (skills for life) assessment?	75%	69%
<b>SECTION 4: Legal rights and respectful custody</b>			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	33%	36%
4.1	Attend legal visits?	37%	43%
4.1	Get bail information?	3%	8%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	31%	44%
4.3	Can you get legal books in the library?	31%	35%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	65%	52%
4.4	Are you normally able to have a shower every day?	82%	100%
4.4	Do you normally receive clean sheets every week?	36%	25%
4.4	Do you normally get cell cleaning materials every week?	44%	39%
4.4	Is your cell call bell normally answered within five minutes?	25%	16%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	51%	67%
4.4	Can you normally get your stored property, if you need to?	21%	9%
4.5	Is the food in this prison good/very good?	15%	28%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	38%	55%
4.7	Are you able to speak to a Listener at any time, if you want to?	58%	29%
4.8	Are your religious beliefs are respected?	43%	39%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	46%	45%
4.10	Is it easy/very easy to attend religious services?	37%	36%

**Key to tables**

	Any percentage highlighted in green is significantly better	Houseblocks 10 - 14	Houseblocks 1 - 9
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 5: Applications and complaints</b>			
5.1	Is it easy to make an application?	82%	63%
5.3	Is it easy to make a complaint?	64%	58%
5.5	Have you ever been prevented from making a complaint when you wanted to?	13%	23%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	13%	11%
<b>SECTION 6: Incentive and earned privileges scheme</b>			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	53%	41%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	27%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	15%
<b>SECTION 7: Relationships with staff</b>			
7.1	Do most staff, in this prison, treat you with respect?	88%	75%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	84%	66%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	28%	28%
7.4	Do staff normally speak to you most of the time/all of the time during association?	35%	21%
7.5	Do you have a personal officer?	78%	44%

**Key to tables**

	Any percentage highlighted in green is significantly better	Houseblocks 10 - 14	Houseblocks 1 - 9
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 8: Safety</b>			
8.1	Have you ever felt unsafe here?	64%	51%
8.2	Do you feel unsafe now?	28%	28%
8.4	Have you been victimised by other prisoners here?	51%	31%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	18%	10%
8.5	Hit, kicked or assaulted you?	9%	11%
8.5	Sexually abused you?	1%	0%
8.5	Threatened or intimidated you?	29%	18%
8.5	Taken your canteen/property?	19%	10%
8.5	Victimised you because of medication?	14%	5%
8.5	Victimised you because of debt?	5%	5%
8.5	Victimised you because of drugs?	4%	6%
8.5	Victimised you because of your race or ethnic origin?	5%	4%
8.5	Victimised you because of your religion/religious beliefs?	4%	3%
8.5	Victimised you because of your nationality?	4%	4%
8.5	Victimised you because you were from a different part of the country?	6%	6%
8.5	Victimised you because you are from a traveller community?	0%	1%
8.5	Victimised you because of your sexual orientation?	4%	1%
8.5	Victimised you because of your age?	4%	4%
8.5	Victimised you because you have a disability?	4%	5%
8.5	Victimised you because you were new here?	8%	4%
8.5	Victimised you because of your offence/crime?	12%	3%
8.5	Victimised you because of gang related issues?	4%	4%

### Key to tables

	Any percentage highlighted in green is significantly better	Houseblocks 10 - 14	Houseblocks 1 - 9
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 8: Safety continued</b>			
8.6	Have you been victimised by staff here?	20%	32%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	9%	17%
8.7	Hit, kicked or assaulted you?	1%	8%
8.7	Sexually abused you?	0%	0%
8.7	Threatened or intimidated you?	12%	13%
8.7	Victimised you because of medication?	4%	7%
8.7	Victimised you because of debt?	0%	0%
8.7	Victimised you because of drugs?	0%	2%
8.7	Victimised you because of your race or ethnic origin?	3%	3%
8.7	Victimised you because of your religion/religious beliefs?	1%	2%
8.7	Victimised you because of your nationality?	1%	2%
8.7	Victimised you because you were from a different part of the country?	0%	4%
8.7	Victimised you because you are from a traveller community?	0%	1%
8.7	Victimised you because of your sexual orientation?	1%	1%
8.7	Victimised you because of your age?	1%	0%
8.7	Victimised you because you have a disability?	3%	4%
8.7	Victimised you because you were new here?	1%	2%
8.7	Victimised you because of your offence/crime?	8%	2%
8.7	Victimised you because of gang related issues?	1%	1%
<b>SECTION 9: Health services</b>			
9.1	Is it easy/very easy to see the doctor?	25%	10%
9.1	Is it easy/very easy to see the nurse?	56%	39%
9.1	Is it easy/very easy to see the dentist?	17%	5%
9.4	Are you currently taking medication?	69%	65%
9.6	Do you have any emotional well being or mental health problems?	47%	58%
<b>SECTION 10: Drugs and alcohol</b>			
10.1	Did you have a problem with drugs when you came into this prison?	19%	51%
10.2	Did you have a problem with alcohol when you came into this prison?	25%	22%
10.3	Is it easy/very easy to get illegal drugs in this prison?	60%	61%
10.4	Is it easy/very easy to get alcohol in this prison?	54%	52%
10.5	Have you developed a problem with drugs since you have been in this prison?	9%	27%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	9%	13%

### Key to tables

	Any percentage highlighted in green is significantly better	Houseblocks 10 - 14	Houseblocks 1 - 9
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 11: Activities</b>			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	42%	38%
11.1	Vocational or skills training?	39%	29%
11.1	Education (including basic skills)?	70%	42%
11.1	Offending Behaviour Programmes?	20%	12%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	68%	63%
11.2	Vocational or skills training?	9%	7%
11.2	Education (including basic skills)?	27%	17%
11.2	Offending Behaviour Programmes?	4%	4%
11.4	Do you go to the library at least once a week?	33%	37%
11.5	Does the library have a wide enough range of materials to meet your needs?	28%	31%
11.6	Do you go to the gym three or more times a week?	15%	44%
11.7	Do you go outside for exercise three or more times a week?	33%	45%
11.8	Do you go on association more than five times each week?	66%	79%
11.9	Do you spend ten or more hours out of your cell on a weekday?	13%	10%
<b>SECTION 12: Friends and family</b>			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	40%	25%
12.2	Have you had any problems with sending or receiving mail?	48%	51%
12.3	Have you had any problems getting access to the telephones?	23%	25%
12.4	Is it easy/ very easy for your friends and family to get here?	27%	27%
<b>SECTION 13: Preparation for release</b>			
13.3	Do you have a named offender supervisor in this prison?	83%	58%
13.10	Do you have a needs based custody plan?	6%	3%
13.11	Do you feel that any member of staff has helped you to prepare for release?	12%	9%