

Report on an unannounced inspection of

HMP Northumberland

by HM Chief Inspector of Prisons

1–12 September 2014

Glossary of terms

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Introduction

HMP Northumberland is a category C training prison formed from the amalgamation of Acklington prison and Castington young offender institution (YOI) in 2011. The two former institutions have been physically and organisationally connected to create a very large site holding over 1,300 mainstream adult male prisoners. The prison incorporates a significant vulnerable prisoner population, held separately, mainly as a consequence of their sex offending history. In late 2013, following a competitive process, the establishment, which had been managed in the public sector, was taken over by the private sector provider, Sodexo. When we inspected Northumberland in September 2014, the prison was concluding the transition process to the new provider, which had begun about 10 months previously.

At our last inspection we found a prison that we described as reasonably safe and respectful but that needed to do more to improve the provision of purposeful activity and resettlement services. At this inspection, though we were aware of the challenges following a significant transition process, our findings were similar, although we discerned some deterioration in safety outcomes.

Northumberland is a relatively remote prison holding prisoners mainly from the North East, but almost a third of prisoners sent there were from the North West. Many told us they did not want to be held that far from home and some behaved in a way that would result in segregation, in an attempt to force a transfer. These undercurrents of discontent were a recurring theme during our inspection and an ongoing risk to the stability of the prison. We were not assured that all prisoners who arrived at the prison received a thorough initial risk assessment or induction. As the induction wings were also used to hold established prisoners who had other problems that caused them to seek sanctuary away from their normal location, this distracted from the main purpose of the wings to receive and settle new arrivals.

In our surveys, prisoners indicated that they felt less safe at Northumberland than at comparable prisons. Recorded assaults were high and there was some evidence of under-reporting. Work to confront bullying and violence lacked rigour and we were also concerned about the number of non-sex offender prisoners held on the vulnerable prisoner wings, largely because of threats they had experienced on normal location. There was evidence that they, in turn, had become the bullies on the vulnerable prisoner wings.

There had been three self-inflicted deaths since we last inspected in 2012 and the prison had been monitoring implementation of recommendations following the Prisons and Probation Ombudsman's investigations into these tragedies, but latterly this scrutiny had lapsed. The number of prisoners subject to case management because they were at risk of self-harm was relatively low and the quality of care they received was good. The application of security measures was generally proportionate but too many prisoners felt it was easy to obtain illicit drugs or alcohol in the prison and random drug testing suggested drug usage was high. Work to support prisoners trying to confront their drug problem was, despite this, generally very good. The use of disciplinary measures, use of force and the segregation of prisoners were all reasonably low for this type of prison, but all required improved supervision or governance to ensure better outcomes.

The prison was very large and the composition of accommodation and quality of accommodation varied greatly. However, all prisoners had their own room, which they appreciated. The introduction of an electronic IT kiosk system to help prisoners manage applications and communications within the prison was a useful innovation. Most prisoners felt staff treated them with respect and the prison had introduced regular prisoner consultation, although we were not yet confident that this was fully effective. Work to promote equality was fragmented and under-resourced. The prison was weak at identifying prisoners with protected characteristics or monitoring the access that those from minority groups had to elements of the prisons regime. The quality of health care was generally good.

The time prisoners spent unlocked varied but was reasonable for those fully employed. However, during checks, we found about a third of the population locked in cell during the working day, which for a training prison was very poor. In total there were just under 1,000 activity places, sufficient for only about 75% of the population. The range of activity available was adequate apart from vocational training which was too limited. Learning facilities, the quality of teaching and learner achievements were all reasonably good for those who actually accessed work or learning, and there were developing plans to increase the amount of commercial work available. Attendance and punctuality at work or education was not good enough.

The prison had well defined policies and governance structures to oversee its resettlement work but we were less assured about the effectiveness of implementation. There was no up-to-date assessment of need on which to base commissioning decisions, particularly concerning the substantial sex offender and indeterminate sentence populations, for the management of whom Northumberland was meant to be a designated national resource. This supposed function seemed ill-defined to us. Most prisoners were subject to formal offender management, and well over half were considered high or very high risk of harm. Too few prisoners, however, felt engaged by the sentence planning process and too many arrived without an offender assessment. Case loads for supervisors were too great and the quality of sentence and risk management plans was often insufficient.

Northumberland discharged about 80 prisoners each month but many received no overall review or assessment of their reintegration needs prior to release and in our survey only 11% felt a member of staff had helped them prepare. Despite this, provision across the resettlement pathways was reasonable.

The prison now approaches its fourth year of ongoing change, most of it very significant. The new providers appeared to have established themselves in the prison and there seemed to be a renewed focus on actual service delivery. However, overall this is a fairly critical report. Safety outcomes have worsened but in most other respects it would be true to say the prison has yet to start improving. The prison lacked a clear sense of purpose: it was a training prison without enough activity; it held many prisoners far from home; and it was a resource for indeterminate prisoners and sex offenders without any particular attention to their needs. Better safety outcomes, high quality work and training opportunities, and a clarification of role should be the prison's priorities.

Nick Hardwick
HM Chief Inspector of Prisons

January 2015

Fact page

Task of the establishment

Category C training prison for adult males.

Prison status

Private, contracted to Sodexo Justice Services.

Region

North East

Number held

5.9.14: 1,329

Certified normal accommodation

1,348

Operational capacity

1,348

Date of last full inspection

11-15 June 2012

Brief history

Northumberland was formed from the merger of HMYOI Castington and HMP Acklington, 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 with five holding vulnerable prisoners, including sex offenders. House blocks range from 40 to 240 beds and are of a variety of layouts and ages.

There are two induction units (one for vulnerable prisoners), dedicated integrated drug treatment system (IDTS) units, drug recovery wing, drug-free wing, category D/low risk unit, and an older vulnerable prisoner unit.

Name of director

Matt Spencer

Escort contractor

GEOAmey

Health service provider

Care UK

Learning and skills provider

The Manchester College

Independent Monitoring Board chair

Peter Reed

About this inspection and report

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

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

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

Safety	prisoners, particularly the most vulnerable, are held safely
Respect	prisoners are treated with respect for their human dignity
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them
Resettlement	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 the National Offender Management Service.

- **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
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **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, unless these have already been reviewed by a short follow-up inspection.

This report

- A8 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, housekeeping points 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.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

- S1 *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.***
- S2 *At the last inspection in June 2012 we found that outcomes for prisoners in Northumberland were reasonably good against this healthy prison test. We made 26 recommendations in the area of safety. At this follow-up inspection we found that eight of the recommendations had been achieved, two had been partially achieved, 14 had not been achieved and two were no longer relevant.*
- S3 Many prisoners – almost a third of the population – were sent to the prison from the North West, and sex offenders and indeterminate sentence prisoners arrived from across the country. Northumberland was a national resource for such offenders. As a result, many prisoners travelled long distances to reach the prison, but without toilet breaks and with long delays in entering the prison for those arriving at lunchtime. Many prisoners from out of the region told us they did not want to be at the prison as it was too far from their home; this was a significant risk for potential destabilisation. Some prisoners took extreme action to be relocated in the segregation unit, as they saw this as an opportunity to be transferred out.
- S4 The reception environment was good but staff-prisoner engagement was rushed and process-driven, and some new arrivals who were anxious had little opportunity to seek reassurances about the prison from staff. Some new arrivals were not given key parts of the first night process, including access to health care staff, telephone calls, first night risk assessments or peer support workers.
- S5 The standard of cells and communal areas on the induction units varied greatly from a reasonably good condition to poor, those on the vulnerable prisoner unit were the worst. Many new arrivals did not get basic items, including towels, kettles and cutlery. In our survey, fewer prisoners than the comparators said they received sufficient information about prison life during their first few days. We found that the induction was inadequate, with many prisoners not receiving all or part of the programme.
- S6 In our survey, more prisoners than the comparator said they had felt unsafe in the prison at some time and felt unsafe now. The management and monitoring of bullying and violence reduction had received little attention in recent months. Despite a generally settled feel to the prison, recorded levels of assaults on prisoners were high, and slightly higher than at the last inspection, and included some serious injuries. Prisoners were not confident in giving full details of bullying incidents to staff. Investigations were limited and did not always address the matters raised, and not all assaults were reported on the incident reporting system. We

found several areas, including the segregation unit, where prisoners sought sanctuary because they felt unsafe. Many of the prisoners we spoke to believed that being located in the segregation unit was their best opportunity of securing a transfer and there was some evidence to support this. Vulnerable prisoners reported more negatively regarding feeling safe on their first night when compared to the general population. Those we spoke to and unit staff reported problems with bullying from some co-located prisoners who were there for reasons other than their offence.

- S7 The number of self-harm incidents was low as was the number of prisoners at risk of suicide or self-harm on assessment, care in custody and teamwork (ACCT) case management. There had been three self-inflicted deaths since our last inspection. Recommendations from Prisons and Probation Ombudsman death in custody reports were monitored and there had been progress in improving processes, but monitoring of all safer custody issues had ceased. The quality of most ACCT documents was better than we often see, with some effective care maps, although observations were predictable. Prisoners on ACCTs were positive about the support they received. Listeners (prisoners trained by the Samaritans to provide confidential emotional support) were not promoted widely enough and felt unsupported by prison staff, but said the Samaritans were very supportive.
- S8 Work on safeguarding of prisoners at risk had not progressed and there had been no formal contact with the local safeguarding adults board. The care for one prisoner with social care needs was inadequate and provided inappropriately by other prisoners. Although the prison were aware of his circumstances, it had done too little to support and care for him. However, after we raised this with management, remedial action was taken.
- S9 Despite some imposing physical measures, security arrangements were broadly proportionate and did not restrict access to the regime unnecessarily, and the prison felt relaxed. Good security intelligence was received, processed efficiently and used to inform properly focused, strategic objectives. In our survey, more prisoners than the comparator said it was easy to get illicit drugs and alcohol in the prison, and staff and prisoners repeatedly told us that there was ready availability of alcohol and drugs, particularly the synthetic cannabinoid Spice. The mandatory drug testing rate was relatively high but some testing arrangements required improvement. The supply reduction strategy was integrated well across the prison and was used actively in addressing drug and alcohol availability. The use of closed visits had reduced significantly since the last inspection and was now generally for appropriate reasons.
- S10 While differentials existed between the incentives and earned privileges (IEP) levels prisoners told us they were not sufficient to encourage positive behaviour. We were not assured that prisoners were always challenged robustly through the IEP scheme and found some inconsistent application. The basic regime was used frequently, mainly on the basis of a single serious incident, but was not overly punitive.
- S11 The number of adjudications was low for the type of prison, but too many records showed insufficient enquiry before a finding of guilt. Quality assurance also required improvement. We found some evidence of the application of unofficial punishments, particularly bans or restrictions on gym access, which was inappropriate.
- S12 Governance and oversight of some important aspects of the use of force were inadequate, although the level was low for the type of prison. However, too much documentation was incomplete or lacked detail, and we were not assured that uses following non-compliance with staff instructions were always as a last resort. Use of special accommodation was high and we found some additional uses that were not logged or authorised. The drawing of batons was higher than in similar prisons and lacked additional scrutiny to assure proportionality; a baton had been actually used on one occasion.

- S13 Many cells in the segregation unit were dirty, covered with graffiti, furnished inadequately and had filthy toilets. The exercise yard was austere and the special accommodation cell was not fit for purpose. Throughput of the unit was reasonably low, but many stays were lengthy and many prisoners seeking sanctuary there were frequently transferred out to other prisons. Engagement between staff and prisoners in the unit was generally good but the regime was impoverished, particularly access to daily showers, education, radios and any off-unit activity.
- S14 The drug and alcohol recovery team (DART) provided excellent 'recovery journey' interventions for most prisoners with drug and alcohol problems. Some prisoners who developed an opiate-based drug problem within the jail had long waits of up to six weeks before they could access opiate substitution treatment, which increased the risk of illicit drug usage.

Respect

S15 *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.***

S16 *At the last inspection in June 2012 we found that outcomes for prisoners in Northumberland were reasonably good against this healthy prison test. We made 29 recommendations in the area of respect. At this follow-up inspection we found that nine of the recommendations had been achieved, five had been partially achieved and 15 had not been achieved.*

- S17 The prison was very large with well-maintained grounds and generally clean communal areas. Accommodation varied greatly, and while some was very good, some was poor. Not all in-cell toilets were screened, and too many cells lacked curtains with many prisoners improvising their own. However, all cells were single, which prisoners appreciated. The offensive display policy was not adhered to. Access to showers was good, except on the first night centres, and most were clean but some lacked privacy. There was a major lack of some basic items, including clean towels, clean bedding, lockable cabinets, plates and cups. Laundry facilities had improved and prisoners could now wear their own clothes, which offset the poor quality and ill-fitting prison clothing. The paper-based application system was unreliable and many prisoners lacked confidence in it, but a new electronic I.T. 'kiosk' system was being introduced during the inspection with the potential for improvement.
- S18 In our survey, more prisoners than the comparator said staff treated them with respect, and our observations generally supported this. Too few prisoners knew who their personal officer was but those who did found them helpful. Records of personal officer contacts were very variable and often limited to basic wing behaviour, and management oversight was ineffective. Prisoner consultation was regular but we were not assured it was always responsive.

- S19 Equality work was fragmented primarily due to a lack of staffing, which resulted in mixed provision for most minority groups, and promotion of equality was inadequate. There was significant under identification of prisoners with protected characteristics. The number of discrimination complaints was low, although some of the formal complaints we sampled should have been investigated through a discrimination incident reporting form, and knowledge of these forms and their availability were poor. Local equality monitoring data were out of range in some areas and this had not been investigated. Consultation arrangements for most protected characteristic groups had lapsed. Provision for disabled and older prisoners was reasonably good, but foreign national prisoners received limited information or support. Provision for gay and bisexual prisoners was inadequate, but the one transgender prisoner received reasonably good individual support, although this was undermined by some insensitive staff. Faith provision was adequate, apart from the current lack of an Anglican chaplain.
- S20 Responses to formal complaints generally answered the issue raised and were respectful, but around a quarter did not receive responses within the target time. Many formal complaints could have been dealt with through informal methods. Some responses to complaints about staff were not investigated thoroughly. Legal services provision was limited, but access to legal visits was adequate.
- S21 Provision of health care was generally good and appreciated by prisoners. Clinical governance arrangements were appropriate and staffing met clinical need. The health care complaints process was not clear for prisoners and governance of local complaints required improvement. New arrivals usually received a health screening but were not systematically followed up for a full health assessment. Clinical consultations were not always in private. Prisoners often had long waits to be taken across the site for health care appointments and then long delays before returning to their wings. Insufficient escort time was allocated for external hospital appointments. Medication administration was inadequately supervised. Prisoners had unacceptably long waits to access dental treatment, but the care provided was very good. Pharmacy services were good. Mental health provision was good overall but lacked specialist psychology input.
- S22 Prisoners had mixed views about the food and our survey results were negative. The food we tasted was reasonable and portions sufficient. However, there was too little staff supervision at meal times and very few prisoners had the option of eating out of their cell. Some new arrivals waited too long to use the prison shop, but the range of shop goods was reasonable. Prisoners could shop from a range of catalogues, but many orders took too long to process and attracted an inappropriate administration fee.

Purposeful activity

- S23 *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.***
- S24 *At the last inspection in June 2012 we found that outcomes for prisoners in Northumberland were not sufficiently good against this healthy prison test. We made nine recommendations in the area of purposeful activity. At this follow-up inspection we found that two of the recommendations had been achieved, one partially achieved and six had not been achieved.*

- S25 Fully employed prisoners could experience just over eight hours a day out of cell, but others had as little as two and a half hours. However, prisoners on some house blocks were unlocked all day. Exercise periods were too short for most prisoners and were unpredictable. Our roll checks found over a third of prisoners locked in their cells during the core day, which was unacceptable for a training prison.
- S26 The prison had purposeful activity places for only around 75% of the population, which was insufficient. The number of work places had increased but not kept up with expansion in the population. The range and variety of the learning and skills provision was adequate, although accredited vocational training places were too limited and vulnerable prisoners could not access accredited training, except in catering, barbering and hospitality. Progression above level 2 was not available. Prisoners in work did not undertake relevant vocational qualifications or receive recognition of skills acquired. Allocation to activities was fair and effective, and waiting lists were managed well.
- S27 The prison made good use of local and national employment information to inform its learning and skills development strategy. It had developed links with a wide range of partners to increase the quantity and quality of commercial work. Much of the planned development was at a relatively early stage, and current provision was not based on a recent needs analysis of the population. Self-assessment made an appropriate contribution to raising standards. Performance management was not fully supported by the consistent and effective use of data and associated targets.
- S28 The quality of taught sessions and coaching was generally good and most observed behaviour was good. There was effective outreach work in the workshops. Education facilities were adequate and those for vocational training were well maintained and equipped. Health and safety practice in some workshops had led to a poor quality working environment.
- S29 Prisoners' achievement of education and vocational awards was good. They developed useful skills, especially in mathematics and information and communications technology (ICT), and personal, social and employability skills were also developed well. In vocational workshops prisoners acquired a range of skills and usually produced a high standard of work. They enjoyed their training and positive relationships were evident in all workshops. Peer mentors in vocational workshops helped promote prisoners' development. Attendance rates at education classes required improvement and punctuality was not consistently good enough.
- S30 The library provision was adequate. Planned access to the library was good, but use by prisoners was only satisfactory and not monitored effectively. The library stock was generally good and promoted reading well, but there were too few 'easy reads' to support literacy development.
- S31 The three gyms were adequately managed, offered appropriate access to prisoners seven days a week and all prisoners received a suitable induction. Gym use was not monitored or checked for equality of access. Activities met prisoner need although no accredited qualifications were available. Links with health care were used to provide remedial PE, although sessions for specific groups were very limited.

Resettlement

- S32 *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.***
- S33 *At the last inspection in June 2012 we found that outcomes for prisoners in Northumberland were not sufficiently good against this healthy prison test. We made 17 recommendations in the area of resettlement. At this follow-up inspection we found that three of the recommendations had been achieved, seven had been partially achieved and seven had not been achieved.*
- S34 The strategies for offender management and resettlement were both reasonably well defined, with appropriate procedures to cover their key functions. Strategic objectives were also appropriate. Monthly reducing reoffending meetings included resettlement pathway providers, but there was still no up-to-date prisoner needs analysis. The general model of offender management and resettlement was broadly appropriate, but integration between the various functions across the establishment required further improvement. The prison had been identified as a national resource for both sex offenders and indeterminate sentenced prisoners but, despite many such prisoners being transferred to Northumberland from across the country, the level of resource to manage them was limited. There were good links to the wider community both regionally and nationally..
- S35 Virtually all prisoners were allocated an offender supervisor, but in our survey prisoners were more negative than the comparators about their involvement in sentence planning or level of contact with offender supervisors. We found evidence to support these views. Many prisoners still arrived without an offender assessment system (OASys) assessment, or one that was out of date, and the attempts to reduce this backlog were affecting available resources. Offender supervisors had very high caseloads, in some cases in excess of 130. The quality of OASys assessments and sentence planning was adequate overall, although some were of a better standard. However, sentence plans were not sufficiently outcome-focused, and risk management plans were too often insufficient. The level of offender supervisor engagement, even with prisoners assessed as high risk, was often very basic and too variable. There were few resources available to meet the specific needs of indeterminate sentenced prisoners.
- S36 Quality assurance had increased since the last inspection, and the prison had recently introduced practice sessions for offender supervisors and a prisoner reducing reoffending strategy group, but such work required further development. Along with routine interdepartmental risk management meetings the prison had also introduced prisoner-focused interdepartmental meetings, which was a positive initiative. However, we were concerned about the late identification of the multi-agency public protection arrangements (MAPPA) risk level of many prisoners before their release, diminishing the time available to ensure appropriate post release arrangements were in place.
- S37 There was a good model of tripartite pre-release planning, although its implementation was too variable and many prisoners received no overall assessment before their release. Most pathway provision was reasonable but despite the level of provision, such work was not routinely shared with offender supervisors.

- S38 Peer support workers with the housing charity Shelter saw new arrivals to assess their accommodation and finance, benefit and debt needs, and staff followed up issues before release. Only 8% of prisoners were released without accommodation, which was low for the type of prison. Support for prisoners with debt management problems was reasonable.
- S39 The quality of the National Careers Service provided by CfBT was good. The prison's data showed that approximately 17% of prisoners released between September 2013 and August 2014 went into employment and 30% into further education or training, which was an improvement since the last inspection.
- S40 Pre-discharge health care arrangements, including for those with severe and enduring mental health needs, were good and palliative care arrangements were appropriate. Arrangements for prisoners being discharged who required substance misuse support were reasonable.
- S41 Visits provision was good; there was a large and relaxed visits hall with a staffed play area and a snack bar. Although there was no qualified family support worker, NEPACS (formerly North East Prisons After Care Society) provided a good visitors' centre and also ran a bus service for visitors. Prisoners did not routinely have access to accumulated visits or inter-prison visits.
- S42 The prison did not know whether its provision of the thinking skills programme (TSP) or sex offender treatment programme (SOTP) was sufficient to meet the needs of the population. Prisoners not meeting the criteria for accredited programmes had very few alternatives, especially sex offenders and long-term prisoners. Availability of the Sycamore Tree victim awareness programme was encouraging, but demand massively outstripped the provision. There was no individual work with prisoners to address their offending behaviour.

Main concerns and recommendations

- S43 Concern: The first night and induction experience for new arrivals was not good enough. Many felt unsupported and described being left to their own devices. First night and induction units too often held prisoners other than new arrivals, which affected prisoners' first days. Many new arrivals did not receive a comprehensive induction programme that occupied them constructively.

Recommendation: Support for new arrivals should be improved, and all prisoners should receive a full and comprehensive induction.

- S44 Concern: Too many prisoners felt unsafe, and levels of violence and victimisation were high. A high number of prisoners who feared for their safety were located in a variety of house blocks across the prison, and many also engaged in acts of indiscipline to engineer a move to the segregation unit and a transfer out. Incidents were not sufficiently well investigated. The prison's data were unreliable, and there had been little data analysis to identify trends or inform action.

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

- S45 Concern: There were insufficient activity spaces, and around one-third of the population were locked up during the core day and not involved with any purposeful activity, which was unacceptable in a training prison.

Recommendation: There should be sufficient activity places to ensure all prisoners are purposefully engaged during the core day.

S46 Concern: Although the prison had been identified as a national resource for sex offenders and those serving an indeterminate sentence, the prison was not clearly sighted on this issue. There remained relatively few opportunities for indeterminate sentenced prisoners to progress and there were few support systems in place for them. The lack of needs analysis meant that the prison could not be assured the range of offending behaviour programmes met the needs of these two significant populations.

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

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

I.1 *Many prisoners had long journeys to the prison without toilet breaks, and those arriving over lunchtime had delays entering the prison.*

I.2 Many prisoners travelled long distances to the prison, without toilet breaks, and those arriving over lunchtime experienced long delays entering the prison. Many prisoners (around 30% at the time of the inspection) came from the North West, and many sex offenders and indeterminate sentence prisoners arrived from all over the country, as the prison was a national resource for such prisoners. Many prisoners from outside the region told us that the prison was too far from their home and hindered their opportunities to maintain family ties. This was a significant risk for potential destabilisation.

I.3 In our survey, prisoners were more positive than the comparator about their treatment by escort staff but fewer said they felt safe while under escort. All the escort vehicles we saw were clean, graffiti-free and had adequate supplies of food and water.

Recommendation

I.4 **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.**

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.5 *Reception, first night and induction arrangements were weak. The standard of first night accommodation varied but was worse on the vulnerable prisoner unit. Induction was inadequate and many prisoners did not receive all or part of the programme.*

I.6 In our survey, more prisoners than the comparators said they had problems with their health, finance and family contact on arrival at Northumberland, and more also said they felt depressed or suicidal. Despite this high level of need, reception staff rushed their contact with new arrivals and concentrated on the processes, rather than provide reassurance for

those who felt anxious. There were no enhanced checks or observations of new arrivals on the induction house blocks, and prisoners told us that they had been directed to a cell and left to their own devices. In addition, not all new arrivals received key parts of the first night process and some, particularly those arriving on Fridays, did not have health screenings, first night risk assessments or access to peer support or could make telephone calls. Fewer prisoners than the comparator said they felt safe on their first night.

- 1.7** The reception environment was good. However, in our survey, fewer prisoners than at the previous inspection said they had been held in reception for less than two hours, although we did not observe such delays during the inspection.
- 1.8** New arrivals spent their first night on one of two induction house block, one for mainstream prisoners and one for vulnerable prisoners. Most cells and all communal areas were clean and graffiti-free, but conditions were generally worse for vulnerable prisoners with broken windows in some first night cells, which also required painting. Many new arrivals did not have access to basic items such as towels, cutlery, pillowcases and kettles (see also paragraph 2.4).
- 1.9** Both induction house blocks were used inappropriately as a refuge for prisoners who refused to move, were under threat or were struggling to cope on other locations, which put pressure on space (see also paragraph 1.16). As a consequence, many new arrivals were moved off before completing the induction, and some of these prisoners did not attend induction at all. New arrivals had limited access to peer support on the induction house blocks as they had only two and a half hours a day out of their cell, and peer workers were employed in other roles during these times (see main recommendation S43).
- 1.10** In our survey, 86% of prisoners, against the comparator of 90%, said they had received an induction, and only 57% of these said it gave them enough information about life at Northumberland. The induction started the day after arrival but was unstructured and induction records were not maintained. We found that many prisoners did not receive all or part of the programme. New arrivals were also not given any written information about prison life (see main recommendation S43).

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.

- 1.11** *Prisoners felt less safe than in comparator prisons and at our last inspection. The management and monitoring of bullying and violence reduction had received little attention in recent months. Recorded assaults on prisoners were high, and we were not assured that all incidents were reported. Some prisoners and staff had sustained serious injuries. Prisoners were not confident in giving full details of bullying incidents to staff, and investigations were limited. Vulnerable prisoners also felt unsafe, particularly on their first night, and were exposed to bullying from some prisoners located on the vulnerable prisoner wings inappropriately.*

- I.12** In our survey, more prisoners than the comparator and than at the last inspection said that they had felt unsafe at some time and at the time of the inspection. Management of safer custody had received little attention in recent months, and there had been no meetings to discuss any safety concerns (see recommendation I.20). The last violence reduction survey had been in 2011 and did not reflect the current situation at the prison.
- I.13** Recorded assaults were high (60 in the previous six months), and slightly higher than at the last inspection. Violence and antisocial behaviour were reported on violence reduction information reports (VRIRs), and we found several relating to assaults on prisoners that had not been reported through the central incident reporting system (IRS); this left us unsure about the true level of assault in the prison. Some prisoners took part in indiscipline to facilitate a move to the segregation unit as a means to eventually transfer out of the prison. Prisoners and staff we spoke to thought many of these prisoners were in fear for their safety, yet the prison had done little to understand or address this problem as part of a wider strategy (see main recommendation S44).
- I.14** Around 40 VRIRs were received every month, a significant reduction since our last inspection. Incidents included threats, bullying, debt, assaults and fights. In the previous six months, 14 prisoners and two staff had sustained serious injuries, ranging from broken bones to being knocked unconscious. Few prisoners, only nine in the last six months, had been formally monitored under the two-stage antisocial behaviour policy. The relevant documents showed that some prisoners had completed some work on bullying and its effects on others while other prisoners had refused to do so. Bullying behaviour was not challenged sufficiently, and targets were not specific to addressing violent or bullying behaviour.
- I.15** We examined over 50 VRIRs and found that while prisoners reported incidents, they were not confident in giving full details to staff about what had happened. Investigations were generally limited and often did not address the matters reported. Even where prisoners had given the names of assailants or those who had made threats, staff had not challenged the perpetrators and had left incidents unresolved. However, staff made efforts to keep apart prisoners in conflict with each other.
- I.16** Vulnerable prisoners were generally located on house blocks 10 to 14, but we found some seeking sanctuary for their own safety in other locations across the prison, including the first night centre and segregation unit (see paragraphs 1.9 and 1.52). In our survey, vulnerable prisoners were less positive than mainstream prisoners about feeling safe on their first night, but had similar responses about ever feeling unsafe and feeling unsafe at the time of our inspection. More than 100 prisoners on these wings were deemed vulnerable for reasons other than their offence (getting into debt and being under threat on other wings). Some had been located on the vulnerable prisoner house blocks inappropriately, and staff and prisoners said that a few had threatened or bullied sex offenders because of the nature of their offence. Although there had been some action to deal with these prisoners, some were not challenged enough about their behaviour. Vulnerable prisoners also said that abuse was often shouted at them when they went to attend religious services.

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.17 *There had been three self-inflicted deaths since our last inspection, with progress made on the recommendations from the Prisons and Probation Ombudsman reports. The numbers of self-harm incidents and case management documents opened were low, and the quality of most documents was better than we often see. Prisoners were positive about the support they received. Listeners were not widely promoted across the establishment and felt unsupported by prison staff.*

I.18 There had been three self-inflicted deaths since our last inspection, one during the week of our arrival. Recommendations from Prisons and Probation Ombudsman (PPO) reports were monitored at safer custody meetings and progress had been made but meetings had lapsed, as had the monitoring of these and all other aspects of safer custody.

I.19 The number of self-harm incidents was low, although had increased slightly since our last inspection. The number of assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm opened in the last six months, 121, was low for the size and type of prison. Staff acted quickly when prisoners were in crisis, and prisoners said they felt well supported. The quality of ACCT documents was good and showed that prisoners received appropriate and individual care, but some observations were too predictable. Care maps were completed and follow-up reviews ensured there were no further problems. Case managers were nominated for each prisoner on ACCT procedures. There were sufficient first aid trained staff on duty at night, and all night staff carried anti-ligature knives.

I.20 The gated constant watch and camera observation cells remained in the segregation unit and were still used. The gated cell had been used six times and the camera cell three times in the previous six months. Although use was necessary, the location of the cells was inappropriate and the environment was not conducive to offering appropriate care and support.

I.21 A team of 15 Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) worked on a rota. Three Listener suites ('co-location cells') were used infrequently; they needed cleaning and were poorly equipped. Listeners told us that they felt well supported by the Samaritans but not by prison staff. They complained that they did not have free movement around the prison and that it often took too long to reach prisoners in crisis.

Recommendations

I.22 **Safer custody meetings should be reinstated to discuss and monitor all aspects of safer custody and contribute to keeping prisoners safe.**

I.23 **Prisoners who are solely at risk of self-harm and in need of close supervision should not be held in the segregation unit. (Repeated recommendation I.46)**

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.²

I.24 *There had been insufficient attention to taking forward the draft safeguarding policy, and still no formal contact with the local safeguarding adults board. We found prisoners providing social care for each other, which was inappropriate.*

I.25 Although prison managers had formulated a draft safeguarding policy at our last inspection, there had been no further development in taking this important work forward, and no formal contact with the local safeguarding adults board to develop safeguarding. We came across at least one prisoner with acute social care needs who was given personal and social care by a paid prisoner carer, with no safeguards in place, which was inappropriate. By the end of the inspection this practice had stopped, and the prison was addressing the prisoner's individual needs appropriately.

Recommendations

I.26 **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.** (Repeated recommendation I.52)

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

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.28 *Despite some imposing physical security measures, the prison felt reasonably relaxed and arrangements were broadly proportionate. Intelligence was managed well. The prison actively tackled the availability of drugs and alcohol.*

I.29 The prison was a very large site, with a perimeter fence of over 4.5 miles, which brought considerable challenges, particularly concerning the illicit supply of drugs. Many imposing physical security measures inherited from the former two prisons, including high fences and an abundance of razor wire, gave the feel of a higher security prison than the current

² 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).

category C. Despite this, most security arrangements were broadly proportionate and did not restrict prisoner access to the regime, and internal gates generally remained open.

- I.30** Reasonable levels of security information were submitted, including 1,992 reports between March and August 2014. They were processed efficiently with mostly prompt actions. Intelligence was analysed and used to set focused strategic objectives, monitored at the monthly security committee. Information was shared appropriately with other relevant departments, and relationships with the local police were developing.
- I.31** In our survey, more prisoners than the comparator said it was easy to get illicit drugs and alcohol in the prison. The average positive random mandatory drug testing (MDT) rate for the six months to July 2014 was 11.7%, higher than the national comparator of 8.93%. Illicit buprenorphine, 'spice' (synthetic cannabinoid) and illicitly brewed, and even distilled, alcohol had been identified as problems. Suspicion drug testing had recently been re-started following a break due to lack of staff, but we were not assured that all requested tests were completed in the appropriate timescales. However, supply reduction was well integrated into the drug strategy and was delivered actively by the security department.
- I.32** Closed visits were now applied mostly for legitimate reasons and the number had reduced dramatically from 58 to 16 since the last inspection. However, the sanction was always applied for a minimum of three months.

Recommendation

- I.33** **Mandatory drug testing (MDT) should be appropriately staffed to ensure tests are completed within prescribed timescales.** (Repeated recommendation I.60)

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.34** *Warnings to prisoners under the incentives and earned (IEP) privileges scheme were generally for good reasons, and they had ample opportunity to improve their behaviour, but the scheme was often applied inconsistently. Differentials between the levels were reasonable, and the regime on the basic level was adequate.*

- I.35** At the time of the inspection, around 35% of prisoners were on the enhanced level of the incentives and earned privileges (IEP) scheme, 3% on basic and the remainder on standard. In our survey, prisoners were more negative than the comparators about the fairness of the scheme and its ability to encourage them to change their behaviour. Differentials between the levels were reasonable, including additional access to money and visits, and the opportunity to wear own clothes. However, new arrivals had to wait a minimum of 12 weeks to apply for enhanced status, which was too long.
- I.36** Although most demotions in IEP level were for a single serious act, prisoners were otherwise mostly given ample opportunity to amend their behaviour before any demotion. The basic regime was used frequently but was not overly punitive. Inappropriate behaviour

was however, not always challenged robustly and there was sometimes inconsistent application of the scheme.

Recommendation

- I.37 The incentives and earned privileges scheme should be applied fairly and consistently.**

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.

- I.38** *Use of all disciplinary measures was low for the size and type of prison. Too many records of adjudications were poor, and we found evidence of some unofficial punishments. Oversight of the use of force was inadequate as while its use was generally low it did not mitigate the associated use of special accommodation and batons which was too high. Too many prisoners sought sanctuary and spent long periods in the segregation unit, which, despite good staff relations, had a mostly poor environment and inadequate regime.*

Disciplinary procedures

- I.39** The number of adjudications, 753 in the previous six months, was low for the size and type of establishment. Charges were laid for good reasons. The records of hearings we sampled showed that prisoners were given sufficient time to prepare their case and could seek legal assistance. However, too many records were poor and indicated insufficient enquiry before a finding of guilt, and quality assurance was ineffective.
- I.40** We found some evidence of unofficial punishments with prisoners banned or restricted from attending the gym outside the formal disciplinary process: this was inappropriate.

Recommendation

- I.41 The quality of adjudication records and quality assurance should be improved.**

The use of force

- I.42** Force had been used 54 times in the previous six months, which was low for the type of prison. Around three-quarters of cases involved the use of control and restraint techniques, with about a quarter resulting in full and sustained use of force. In around half the records we sampled, use of force was due to non-compliance with staff instructions. We were not assured that force was always used as a last resort in these cases. Approximately two-thirds of the records we saw were incomplete, and many lacked sufficient detail about the incident. Planned interventions were not always filmed and were not reviewed, but in those we watched, incidents were managed well.

- I.43** We found under-reporting of the use of special accommodation, which had been used at least eight times to date in 2014, which was high. We were not assured that all uses were warranted or for the shortest period. Batons had been drawn on six occasions and used once in 2014 to date, which was higher than we normally see, and the documentation did not assure us that this was always warranted. There was no additional scrutiny of incidents when batons were drawn to assure that this response had been proportionate.
- I.44** There was a joint use of force and segregation monitoring meeting, but this did not identify and act on issues such as the validity of the high number of incidents due to non-compliance with staff instructions, incomplete paperwork and proportionality of special accommodation and baton use.

Recommendation

- I.45** **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.**

Segregation

- I.46** Segregation had been used 178 times in the previous six months, which was reasonably low for the type of prison, but too many prisoners sought refuge in the unit for their own protection and often engaged in acts of indiscipline to secure a move there (see also paragraph I.16 and main recommendation S44). We estimated that the average length of stay was around six weeks, which was too long. Transfers out from the unit to other prisons were frequent.
- I.47** Communal areas of the segregation unit were clean but many cells were dirty, had graffiti, lacked a chair or table, and had toilets that were scaled and dirty. The shower was clean but needed redecorating. Although large, the exercise yard was bare and austere. The special accommodation cell was not fit for purpose: it was dirty, damaged and had little natural light.
- I.48** All new arrivals were strip searched without an individual risk assessment. Protocols for unlocking individual prisoners were mostly proportionate to their risk. In the previous six months, prisoners on ACCTs were held in the unit on 12 occasions, mostly as a result of the inappropriate location of the gated cell (see also paragraph I.20).
- I.49** The unit regime was inadequate; segregated prisoners could only shower every other day and have 30 minutes exercise a day. Prisoners had access to a small stock of books but education staff did not visit the unit and there were no opportunities for off-unit activities. Radios were not issued routinely and residents were not permitted to have televisions, whatever their IEP level or reason for segregation.
- I.50** Multidisciplinary reviews of prisoners were timely but authorising documentation was often completed poorly and many targets did not address the reasons for segregation. Care and reintegration planning was almost non-existent.
- I.51** The quality of relationships between unit staff and prisoners was good. Prisoners who had been in segregation said they were treated well by staff, and the staff we spoke to were knowledgeable about the prisoners.

Recommendations

- I.52** The regime and environment in the segregation unit should be improved.
- I.53** The special cell should be refurbished or decommissioned.

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.54 *The prison's 'recovery journey' approach to drug and alcohol interventions was effective for the majority of prisoners, but there were shortcomings in the discipline staffing in the recovery unit. The communication between clinical staff and prisoners required improvement. Waits for secondary detoxification were too long.*

- I.55** The drug and alcohol recovery team (DART) services were integrated well. Clinical services were provided by Care UK and psychosocial services by Phoenix Futures.
- I.56** The prison's strategic approach to drug and alcohol treatment was among the best we have seen. The drug strategy governor and partnership manager worked closely together to oversee delivery of what was called the prisoner's 'recovery journey'. This could include clinical care and a wide range of low, medium and high intensity psychosocial interventions and aftercare. The combined treatment and supply reduction strategy was delivered through a very comprehensive action plan, which was monitored by a well-attended drug strategy committee.
- I.57** DART comprised seven recovery coordinators providing low and medium intensity day-to-day psychosocial care, including group work and one-to-one keyworking to 419 prisoners across the prison. Prisoners wishing to embark on a more intensive recovery could join the 20-week 'Gateway' addiction rehabilitation programme, based in a well-appointed, 40-bed unit that made good use of a range of facilities allowing group activities and communal dining. Prisoner peer mentors were used effectively to provide support, and regular, compact-based drug testing was an integral part of the programme.
- I.58** There were 150 prisoners receiving opiate substitution treatment. The ratio of maintenance doses to reducing doses was approximately 50:50. This was a relatively high number on maintenance for a category C establishment, but it took account of mental health problems and reductions of other drugs prescribed. Some prisoners on the methadone programme told us that clinical staff had taken them off other medication without giving sufficient opportunities to discuss the reasons why.
- I.59** House block 5 was the recovery unit and held the majority of prisoners on methadone. Day-to-day support by DART staff was good and prescribing was flexible, except for the non-availability of buprenorphine/Subutex. Some discipline officers on the house block temporarily, appeared not to understand the ethos of the wing. The morning administration of methadone also had no officer supervision.
- I.60** Some prisoners who developed an opiate-based drug problem within the jail had long waits of up to six weeks before they could access opiate substitution treatment ('secondary detoxification'), which meant they might continue to use drugs illicitly on the wings - some

prisoners told us this was happening. In our survey, more respondents than the comparator said they had developed a problem with drugs in the prison (although not all of these would necessarily have been opiates).

Recommendations

- I.61 Buprenorphine treatment should be made available to prisoners in accordance with national guidance.**
- I.62 The recovery unit should only be staffed by specially selected and trained officers.**
- I.63 Waiting times for secondary detoxification should be significantly reduced.**
(Repeated recommendation I.94)

Housekeeping point

- I.64 Prescribers and nursing staff should ensure that prisoners are properly informed of the reasons behind clinical decisions, especially the withdrawal of previously prescribed medication.**

Good practice

- I.65** *There was effective strategic planning and excellent outcomes for prisoners on drug recovery journeys, which owed much to the appointment of an independent partnership manager working with the prison's drug strategy governor and overseeing development of the integrated drug and alcohol recovery team.*
- I.66** *The Gateway addiction rehabilitation programme was successful in changing prisoners' attitudes and behaviour and demonstrated the effective use of peer mentors in rehabilitation.*

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 well maintained. Accommodation varied from good quality on the new house blocks to substandard on the older units, which required modernisation. All cells were single but many lacked curtains, toilet screening and lockable cabinets. Access to showers was generally good. Prison clothing was not always good quality but laundry facilities had improved. There was a lack of basic day-to-day items. The application system was ineffective but being replaced.*
- 2.2** Northumberland covered a very large area, being two prisons combined into one. External areas of the prison were maintained well, clean and generally litter-free, except house block 7, which was extensively littered after meal times. The 15 house blocks varied in age and design from old house blocks 1 to 4 and 11 to 14 to more modern units, such as 5, 8 and 9. The older house blocks, some built in the 1970s, were poorer quality and needed modernisation, and had poor sightlines, which made staff supervision difficult. By contrast, house block 8 provided good quality accommodation with cells with integral toilets and showers, which improved living conditions for prisoners.
- 2.3** All cells were single, which prisoners appreciated. Cells were an adequate size but many on the older wings had poor ventilation or ill-fitting windows. Many required significant redecoration to provide a clean and better living space. Most cells were furnished adequately but few had a lockable cabinet, although this was offset because cells were single occupancy. Most toilets in cells had seats and lids but few were screened. Very few cells had curtains, and prisoners improvised their own through using prison bedding and other items. As at our last inspection, not all cells with privacy locks had keys. Staff responses to cell call bells had improved and delays were now identified and addressed. The offensive display policy was not always adhered to.
- 2.4** Most communal showers were clean, although some were old and more difficult to maintain and others lacked adequate privacy screening. In our survey, more prisoners than the comparator said they had daily access to showers, but this was more of a problem on the first night units. Prisoners could now wear their own clothes, but the prison-issue clothing for those without their own was often poor quality and ill fitting. Laundry facilities on house blocks had improved. There was also a shortage of some basic items, such as clean towels, bedding, cell cleaning materials and cutlery, which was reflected in our negative survey results for prisoners on the main house blocks. Prisoner access to their stored property was sometimes delayed due to lack of staff.
- 2.5** All house blocks had sufficient telephones but some were out of order. The management of prisoners' mail was effective.
- 2.6** The paper-based application system was unreliable and responses were not tracked. In our survey, far fewer prisoners than the comparator said it was easy to make an application or that responses were fair or prompt. However, a new electronic 'kiosk' system being

introduced during our inspection was due to deal with applications, making it easier to monitor replies and provide more accountability.

Recommendations

- 2.7 Cells should have screened toilets, curtains and lockable storage.** (Repeated recommendation 2.12)
- 2.8 Prisoners should have sufficient basic items, such as clean bedding and towels.**

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.

2.9 *Prisoners were positive about relationships with staff. The allocation of personal officers was not up to date but prisoners who had one were very positive about their support. The quality of staff recording in prisoners' files was too variable, and management oversight ineffective.*

- 2.10** In our survey, more prisoners than the comparator said that staff were respectful, had checked on them during the previous week and mixed with them during association. Our observations largely supported this positive view. However, fewer mainstream than vulnerable prisoners said they had a personal officer or somebody to turn to for help, although for all prisoners, those with a personal officer said they were helpful.
- 2.11** The allocation of personal officers to prisoners was not always up to date due to recent staff changes. Some officers were unsure which prisoners they were allocated to, while others showed good knowledge about those in their care. Personal officer records of their contacts with prisoners varied hugely and lacked a focus on achieving sentence plan targets, only recording basic wing behaviour or employment status. Management oversight of records was not always apparent in prisoners' files, and when it was it was largely ineffective.
- 2.12** The prisoner consultative committee integrated mainstream and vulnerable prisoners, met regularly and was well attended. However, evidence of action taken or responses to issues was not always included in the minutes.

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.**

Housekeeping point

- 2.14** Minutes of the prisoner consultative committee should record action taken and responses to issues.

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 characteristic³ 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.

2.15 *Equality and diversity work was not resourced adequately. Identification of prisoners from minority groups was weak and consultation arrangements had lapsed. Some monitoring data were consistently out of range but not addressed or investigated thoroughly. Investigations into allegations of discrimination were poor. Provision for foreign national prisoners was mixed but better for disabled and older prisoners. Support for gay prisoners was inadequate, although better for a transgender prisoner.*

Strategic management

- 2.16** The equality and diversity policy and action plan were specific to the population and covered all protected characteristics, but neither had been updated for over 12 months. The bimonthly equality and inclusion committee had not met for four months and had been poorly attended. Meeting minutes listed actions but did not record data analysis or discussion of each protected characteristic group. There had been no needs analysis to identify the support needed for minority groups.
- 2.17** Equality work was fragmented. Staff resources in the department had reduced since our last inspection, and only the diversity and inclusion manager, who also managed safer custody, undertook equality work. This was inadequate and the promotion of equality throughout the prison was diminished. The identification of prisoners from minority groups was weak and consultation arrangements for prisoners from minority groups had lapsed. Prisoner peer representatives supported equality and diversity work but were untrained, felt personally unsupported and did not understand their role, which was not promoted.
- 2.18** The establishment monitored the impact of its regime on different groups of prisoners. The local data showed that younger prisoners had been over-represented in adjudication charges, adjudications proven, and segregation for the previous six months, but these findings had not been investigated.
- 2.19** Only three discrimination incident report forms (DIRFs) had been submitted in the previous six months, which was low. However, some formal complaints that we sampled, covered issues that should have been recorded through the DIRF system. Knowledge of, and availability of DIRFs was poor. We found that DIRFs were not thoroughly investigated, and quality assurance was ineffective and did not include any external scrutiny.

³ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Recommendations

- 2.20** Equality and diversity issues raised by prisoners should be addressed promptly via regular consultation with minority groups.
- 2.21** The prison should identify prisoners from all minority groups and ensure their individual needs are being met.
- 2.22** The prison should investigate results of local equality monitoring data that are out of range and take remedial action where appropriate.
- 2.23** 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.

Housekeeping point

- 2.24** The prison should ensure that peer supporters are trained and supported to undertake their role.

Protected characteristics

- 2.25** Around 6% of the population were from a black or minority ethnic background. In our survey, 4% of respondents identified themselves as Gypsy, Romany or Traveller, which equated to about 50 prisoners, although the prison had identified only two. There had been no consultation meetings for this group in the previous six months, and the prison was not focused on their specific needs. Those we spoke to felt unsupported by the prison.
- 2.26** There were 26 foreign national prisoners at the time of the inspection. Home Office immigration staff attended the prison when required and the service was appropriate. There was little information displayed in languages other than in English, although most current foreign nationals understood English. However, we spoke to two Vietnamese prisoners through an interpreter who felt isolated and frustrated by difficulties in communication. The prison was unaware of some of the issues they raised as it had not used any interpreting services in the previous six months. Staff were aware of the interpreting services but reluctant to use them. Not all foreign national prisoners were aware of their entitlement to a free monthly telephone call if they did not receive visits.
- 2.27** Identification of new arrivals with disabilities was poor. Almost a quarter of respondents to our survey said they had a disability, and they were more negative than those without disabilities across a range of indicators. Many prisoners with disabilities were located on the designated older prisoner accommodation on house block 14, which was the oldest accommodation, while most of the nine adapted cells were in the newer accommodation. However, reasonable adjustments had been made throughout the house block, including grab rails and seating in showers. The prison employed paid prisoner carers and a minibus to transport those with limited mobility around the site, and this assistance was valued by those we spoke to. There were no care plans or personal emergency evacuation plans (PEEPs) for all those who required them.
- 2.28** Over 200 prisoners were over 50, with most prisoners aged over 55 located on house block 14. An action plan had been developed through regular consultation with older prisoners. Funding had been approved for a worker from North Tyneside Age UK to support older prisoners, including with pensions, housing and basic cookery skills. All prisoners on house

block 14 and those over retirement age elsewhere were left unlocked during the day. Prisoners on house block 14 had access to cell work producing professional tapestry and quilts, and a garden area. In our survey, prisoners over 50 were more positive than those under 50 across a range of indicators.

- 2.29** In our survey, 7% of prisoners identified themselves as gay or bisexual, which was more than the proportion identified by the prison. Support meetings had lapsed and gay prisoners we spoke to said they felt unsupported by the prison. One transgender prisoner was receiving good one-to-one support from a designated member of staff. However, this was undermined by some insensitive staff continuing to refer to her as a man, and inconsistency in ensuring she had separate shower access. The prison had taken remedial action to address this.

Recommendation

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

Housekeeping point

- 2.31** Foreign national prisoners should be made aware of their entitlement to a free monthly telephone call.

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.

- 2.32** *Faith provision for Anglicans was inadequate. The chaplaincy was integrated well into the prison and provided valuable support to prisoners.*

- 2.33** The chaplaincy was well integrated into prison life, and met all new arrivals within 24 hours. The population was regularly monitored to ensure adequate faith provision. Due to a vacancy there was no Anglican chaplain for the 30% of prisoners recorded as Church of England and, although there was cover from other chaplains, this was a shortfall. Worship facilities were good, apart from the venue for Friday Muslim prayers, which was grubby, although there was to be a move to a more appropriate facility.
- 2.34** In our survey, only 39% of respondents said it was easy to attend religious services, against the comparator of 50%. The chapel was a considerable distance from many of the house blocks, although there was a minibus for prisoners with reduced mobility. Vulnerable prisoners said they were often verbally abused by other prisoners when moving to the chapel (see also paragraph 1.16). Except for Friday prayers, there were separate services for mainstream and vulnerable prisoners. Religious festivals were promoted and celebrated.
- 2.35** The chaplaincy facilitated a wide range of classes, groups and pastoral care, including the Christian-based Alpha course and Sycamore Tree restorative justice course. The chapel provided a selection of religious texts. Community engagement through the chaplaincy was good.

Recommendation

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

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.

2.37 *Some prisoners had no confidence in the complaints system. Most responses to complaints were good but too many were late.*

2.38 In our survey, respondents who had made a complaint were less positive than the comparator about the promptness or fairness of responses to complaints. Most complaints we sampled answered the issue raised, were respectful and demonstrated sufficient investigation. However, between March and August 2014, a quarter of complaints had not been responded to on time, and applications to the Independent Monitoring Board had increased by the same number in this period. Some complaints about staff were answered at too junior a level and not investigated robustly enough, and there was no quality assurance. Many complaints could have been dealt with informally.

2.39 Complaint forms were readily available in all areas and the complaints clerk emptied the locked complaint boxes daily. Senior managers analysed complaint trends at the monthly management meeting.

Recommendation

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

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.

2.41 *Prisoners were given limited information about legal services. Access to legal visits was adequate.*

2.42 New arrivals were not given information about legal services. There were no trained legal service officers; offender supervisors handled some

2.43 information on cases. We found arrangements for appellants to be satisfactory.

- 2.44** Legal visits took place in private rooms in the visits hall and access was adequate, but the telephone number on the prison's website to book legal visits was incorrect. In our survey, fewer prisoners than the comparator said it was easy to communicate with their legal representative. A new process to authorise prisoners' telephone numbers had begun to reduce delays in making contact.

Housekeeping point

- 2.45** The legal visits booking line telephone number should be updated on the prison's website.

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.

- 2.46** *Health services were good overall but mental health provision lacked specialist psychology input. The complaints process was not clear. New arrivals were usually seen by health staff but not systematically followed up. External hospital appointments were cancelled at short notice, and prisoners had unacceptably long waits for dental treatment. Pharmacy services were good but medication administration was inadequately supervised.*

Governance arrangements

- 2.47** Care UK was commissioned to provide the health services. Tees, Esk and Wear Valleys NHS Foundation Trust was contracted to provide mental health services, which were sub-contracted to Northumberland Tyne and Wear NHS Foundation Trust, both had longstanding relationships with the former prisons on the site. Despite this complexity, integrated governance arrangements were good, and there was an established partnership board and a comprehensive health needs assessment.
- 2.48** The health care team was led by a senior nurse who was directly supported by nursing colleagues with identified responsibilities. The range of health provision was appropriate. Services were provided in separate locations for vulnerable prisoners and the mainstream population. Most clinical environments were adequate and generally clean, but many needed improvement to comply with infection prevention standards. Clinical consultations rarely took place in private. The clinical records we examined were good. Staffing arrangements were appropriate to meet clinical need, and staff appraisal and professional development opportunities were robust, with access to appropriate training.
- 2.49** Care planning involving a range of professionals for prisoners with complex care needs was underdeveloped and there was no lead clinician for these cases. Specialists had been identified to lead on specific chronic health conditions and agreed programmes of work were under way, but we found gaps in some areas of leadership. An identified lead for health promotion was very active and was developing strong links in the prison. Nurses and other professional staff provided access to vaccination and other health promoting initiatives, but availability of condoms was poorly advertised. There were policies on infection control,

control of communicable disease and information governance, which were implemented. Information for prisoners about the health services was poor.

- 2.50** Health staff had access to an appropriate range of emergency equipment that was regularly checked and maintained. There were defibrillators in all residential settings and the officers we spoke to had been trained in their use, but few had received any refresher training. The response to managing health incidents on what was a very large site was good, and there were procedures to deal with emergencies. Given the relative isolation of the prison, we found no inappropriate delays in response times. Out-of-hours support was available through telephone advice. The management and response to serious and untoward incidents, and monitoring of action plans were good.
- 2.51** The process for prisoners to make health care complaints was not well communicated. We reviewed over 20 complaint files and also found that the allocation of investigations and quality assurance of responses were inadequate. There was no dedicated patient forum, although health issues were discussed in the main prisoner forum.

Recommendations

- 2.52 All clinical environments should comply with infection prevention standards.**
- 2.53 Clinicians should maintain prisoners' privacy and confidentiality during assessments and treatment.**
- 2.54 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.**
- 2.55 The complaints system should be well advertised and responses should consistently address all the issues raised.**
- 2.56 All prison staff should receive an annual update on the use of defibrillators as part of mandatory training requirements.**

Delivery of care (physical health)

- 2.57** Most new arrivals were given a health screen in reception, but comprehensive secondary health assessments were not systematic. We observed health staff engaging with prisoners respectfully and using appropriate and timely interventions. A full range of primary care services was offered, as well as access to telemedicine consultations. Out-of-hours medical advice and support was available via telephone. The process for prisoners to apply to use health services was inadequate as there was no dedicated secure application forms, and applications were generally put under the doors of the wing clinic rooms. The new kiosk system (see paragraph 2.6) would improve practice.
- 2.58** In our survey, more prisoners than the comparators were positive about access to and the quality of health services, and this was confirmed by most prisoners we spoke to, although a few were dissatisfied with their pain management strategies. Our observations were that all such clinical decisions were clinically sound, although not always well communicated.
- 2.59** Although waiting times for prisoners to access most services was good, particularly to see GPs and nurses, they often faced long waits before they were moved across the site to attend their actual health care appointments, and experienced long delays before returning

to their wings. We observed these delays, and prisoners expressed their frustration about them.

- 2.60** The health care team could use several prison escorts a day for external health appointments. However, they were often asked to review or cancel appointments due to prison staffing shortages, which delayed access to necessary specialist treatments.

Recommendations

- 2.61** All new arrivals should receive a comprehensive health assessment within 72 hours.
- 2.62** Prisoners should not have to experience excessive waits to attend health appointments, and should be returned promptly to their wing or activity afterwards.
- 2.63** Prisoners should attend external hospital appointments within clinically appropriate timescales.

Housekeeping point

- 2.64** Records should indicate that clinical decisions are accurately communicated to prisoners and that they have been given opportunities to discuss treatment options.

Pharmacy

- 2.65** Pharmacy services were supplied by an in-house registered pharmacy led by a pharmacist supported by two technicians. The team provided clinical monitoring and support for treatment in conditions such as HIV, hepatitis C and warfarin (used to reduce the risk of thrombosis), although opportunities for patients to consult with the pharmacy were limited.
- 2.66** The pharmacy ensured an appropriate supply of prescribed medications were available to prisoners. There was a range of up-to-date, signed standard operating procedures that were appropriately followed. There was risk assessment for in-possession medicines, and these were up to date and stored appropriately on SystemOne (the clinical IT system). Approximately 90% of patients received their medication in possession. However, the in-possession policy did not list medication liable to abuse.
- 2.67** Medicine management arrangements were good. The pharmacy reviewed requests for medication, enabling effective monitoring of prisoners' compliance with treatments. Prisoners had access to medication without seeing a doctor through a range of up-to-date patient group directions (authorising appropriate health care professionals to supply and administer prescription-only medicine)). Prisoners who required support with taking their medication were given appropriate monitored dosage systems.
- 2.68** Medicines administration took place three times a day, with the last at 4.45pm. Medication required outside these times were supplied in labelled bags for that single dose, following a risk assessment. The supervision of prisoners receiving supervised medication was inadequate with opportunities to divert medication. Confidentiality for prisoners during several medicines administration we observed was poor. Administration records were paper-based and we found some gaps in recording in those we sampled.

- 2.69** Storage and disposal arrangements met statutory requirements and medication was moved securely around the prison. There was safe medicines management on the wings we visited. Medicines to be administered were stored in trays labelled with each patient's name. The fridge temperatures on house block 13/14 were recorded but not as maximum/minimum and the fridge needed defrosting.
- 2.70** Governance arrangements were sound; the pharmacist gathered and analysed prescribing data, which were presented to the drugs and therapeutic committee.

Recommendations

- 2.71** The pharmacist and pharmacy technicians should be better supported to develop pharmacy-led clinics and medicine use reviews for prisoners.
- 2.72** The in-possession policy should include a list of medicines suitable for in possession and the maximum supply for certain medicines.
- 2.73** The administration of medicines should be adequately supervised, and medical confidentiality should be ensured for prisoners during drug administration.

Dentistry

- 2.74** Weymouth Dental Services offered assessments and a full range of NHS treatments on two sites. The dentist managed applications directly on a needs-led basis. Urgent referrals were seen promptly, with the primary care team offering triage and pain relief when necessary. However, 114 prisoners were on the dental waiting list, with 17 waiting over nine weeks for treatment at the time of our inspection. Although additional funding had actually improved waiting times, this was likely to be withdrawn
- 2.75** The dental treatment we observed was excellent with significant emphasis on practical oral health promotion. All clinical records, including X-rays, were completed on to SystemOne. However, treatments took place with the door to the suite open, compromising privacy and confidentiality.
- 2.76** Both the dental surgeries were appropriate and high standard, although there was no separate area for decontamination of equipment. Dental equipment was appropriately maintained, but the dental chair in the main dental suite needed replacing. Some specialist treatments were potentially unavailable as a result, although there were plans to replace this equipment.

Recommendations

- 2.77** All prisoners should have prompt access to dental treatment.
- 2.78** The dental surgeries should have separate areas for decontamination of equipment.
- 2.79** The dental chair in the main dental suite should be replaced immediately.

Delivery of care (mental health)

- 2.80** Mental health provision was effective, well integrated and much appreciated. The integrated mental health team (IMHT) included a good skill mix of mental health nurses and routine input from a visiting psychiatrist, but there was no dedicated clinical psychology input or access to psychological therapies. A learning disability nurse post providing specialist input was due to be filled.
- 2.81** The IMHT visited all prisoners in the segregation unit daily and contributed to all relevant ACCT reviews. All referrals were seen and assessed promptly, and signposted to relevant services or placed on a waiting list for a key worker. Waiting times were equivalent to community services.
- 2.82** During our inspection the team was supporting several prisoners, including some with severe mental health problems, using a process that mirrored the care programme approach. This was largely internally coordinated with little external support until the prisoner reached the pre-discharge stage. Seven prisoners had been transferred to NHS mental health facilities under the Mental Health Act in the last year, two of whom faced significant delays between initial referral and eventual transfer – one had waited approximately eight months, the other waited 15 weeks.

Recommendations

- 2.83** **Mental health provision should include prompt access to clinical psychology services, including counselling and group therapies.**
- 2.84** **All prisoners with complex severe and enduring mental health difficulties should be fully managed and supported in line with the care programme approach.**
- 2.85** **The transfer of patients to external health care beds should be expedited and occur within Department of Health transfer target timescales.** (Repeated recommendation 2.122)

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.

2.86 *Prisoners had mixed views about the food, and there had been no catering survey for a year. The food was adequate but poor supervision of some meal serving might have contributed to recent shortages. Few prisoners could eat their meals out of their cell.*

- 2.87** Prisoners' views about the amount and quality of food varied hugely. The prison had not done a survey of prisoners' views for a year but one was under way at the time of the inspection. The catering manager attended the prisoner consultative committee and other consultation meetings to collect prisoners' comments.

- 2.88** The range of food was adequate, catering for a diverse population and providing a four-weekly menu with enough healthy options. The food we tasted was adequate and portions were good during the inspection, but prisoners said that there had been recent shortages. Staff supervision of meals being served was poor on some house blocks, which might have led to food running out. Few prisoners had the option of communal dining.
- 2.89** One kitchen now provided meals across the whole prison and was adequately equipped. Prisoners working in the kitchen were trained and could achieve formal qualifications, although few had done so over the last year.

Recommendations

- 2.90** **Staff should always supervise the serving of food to ensure equitable portions.**
- 2.91** **All prisoners should be able to eat their meals out of their cell in a communal dining area.**

Purchases

Expected outcomes:

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

2.92 *Prisoners were generally satisfied with the range of goods available through the prison shop, but some new arrivals waited too long to access it. Prisoners could shop from a range of catalogues but lengthy delays in processing orders and the administration fee were inappropriate.*

- 2.93** In our survey, prisoners were more positive than the comparator about the range of goods offered through the prison shop. It was unacceptable that some new arrivals could wait up to 10 days before they received their first shop order, although this was offset by the availability of additional reception packs. Shop consultation arrangements were reasonable, and had resulted in changes to the shop lists. Prisoners could shop from a range of catalogues, but there were often lengthy delays in the processing of orders, which included an inappropriate administration fee.

Recommendation

- 2.94** **Prisoners should not be charged an administration fee for catalogue orders.**
(Repeated recommendation 2.135)

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.⁴

3.1 *Time out of cell was reasonable for fully employed prisoners and very good for those on some house blocks, but was inadequate for many. We found over a third of prisoners locked in their cells during the core day. Exercise periods were too short and unpredictable.*

3.2 Fully employed prisoners could experience over eight hours a day out of cell, which was reasonable. Those who lived on house blocks 5, 10 and the Gateway unit were unlocked throughout the core day, gaining over 10 hours out of cell. Other prisoners were less fortunate with just two and a half hours unlocked daily. Roll checks we carried out during the working part of the day revealed that about one-third of prisoners were locked in their cells, which was too many for a training prison (see main recommendation S45).

3.3 Exercise periods were too short at between 30 and 45 minutes and were often unpredictable, as they were not built into the core day. Some wings had exercise early in the morning while others combined it with evening association, which meant that prisoners had to choose between time in the open air and having showers and making telephone calls. They also had to have their meals during this time, reducing the opportunities to be outside.

Recommendation

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

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.

3.5 *There were still not enough activity places, a problem compounded by some poor punctuality and attendance. Plans to expand provision were mostly at the developmental stage. The overall quality of education and vocational training was good, as were outcomes, but the range was limited. Library facilities were adequate but access was restricted. There were good opportunities for recreational PE.*

⁴ 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.

3.6	<i>Ofsted⁵ made the following assessments about the learning and skills and work provision:</i>	
	<i>Overall effectiveness of learning and skills and work:</i>	<i>Required improvement</i>
	<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Good</i>
	<i>Quality of learning and skills and work provision:</i>	<i>Good</i>
	<i>Leadership and management of learning and skills and work:</i>	<i>Required improvement</i>

Management of learning and skills and work

- 3.7** The prison used local and national employment information to plan its learning and skills development strategy. Since the previous inspection, leaders and managers had developed links with a wide range of partners to increase the quantity and quality of commercial work. However, much of the planned development was at a relatively early stage. The current provision was not based on a recent needs analysis of the population.
- 3.8** The range and variety of the learning and skills provision was adequate and offered prisoners suitable opportunities for accredited education and vocational courses. However, accredited vocational training places were too limited and vulnerable prisoners were not able to access training, except catering, barbering and hospitality. There were no progression routes to improve skills above level 2. The education and vocational training provided by The Manchester College was good.
- 3.9** The self-assessment process contributed to raising standards. Quality assurance, including the assessment of taught session through direct observation, was effective in improving the provision. The quality improvement group effectively supported progress in achieving operational goals but was not sufficiently evaluative. Performance management did not benefit from consistently effective use of data and associated targets. The use of data for equality and diversity monitoring required further improvement.

Recommendations

- 3.10** **The learning, skills and work provision should be based on an analysis of prisoner need.**
- 3.11** **More vocational training should be available, and vulnerable prisoners should have equal access.**
- 3.12** **The prison should make better use of data and associated targets to inform performance management.**

⁵ 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>.

Provision of activities

- 3.13** The prison offered 990 full-time-equivalent activity places, which was sufficient for only around 75% of prisoners. Although the number of work places had increased, it had not kept pace with the increase in population (see main recommendation S45). The unemployment rate for vulnerable prisoners was significantly lower than for other prisoners. Most activity was full-time, although 41 learners attended education part time.
- 3.14** Allocation of prisoners to activities was fair and effective, although it did not routinely refer to targets in their sentence plans. Waiting lists were well managed. Pay rates had been reviewed, but prisoners participating in education received a lower weekly wage as they had one session less than in other full-time activities.
- 3.15** The Manchester College offered 320 full-time-equivalent places, with 24% of prisoners participating in one or more courses. Accredited education and vocational courses included English and mathematics from entry to level 2, English for speakers of other languages (ESOL) at entry level, information and communication technology (ICT), and business studies at level 1 and 2. A range of personal and social development courses also offered food preparation and cookery, art and design, and mentoring. Eighteen learners were following distance learning or Open University programmes, supported by the education and regimes departments.
- 3.16** The Manchester College offered 90 full-time-equivalent vocational training places that encompassed professional cookery, hospitality, site carpentry, plastering, bricklaying, painting and decorating at level 2, and motor mechanics at level 1.
- 3.17** The prison offered 580 full-time-equivalent work places in areas such as the recycling, textile, engineering and bicycle repair workshops, the kitchens, laundry, grounds and market gardens, and as cleaners and drivers. There was additional orderly work, mainly as cleaners, on the accommodation wings, as well as duties in the health care department, library and stores. However, wing workers were not ways fully employed. One prisoner was released on temporary licence (ROTL) for grounds maintenance work.

Recommendation

- 3.18 Prisoner allocation to activities should make appropriate use of their sentence plans.**

Quality of provision

- 3.19** The quality of teaching, learning and assessment for education and vocational training courses was good. In education sessions, tutors usually made use of a wide range of teaching strategies that involved and interested the learners. One-to-one teaching was particularly good and used sensitively to motivate and put learners at their ease. Tutors planned lessons in detail, modifying activities as required. All prisoners had completed tests at other prisons to assess their English and mathematics, and the prison used this information appropriately to prevent duplication and provide effective learning support to raise skill levels.
- 3.20** Planning of individual learning was good, particularly in ICT and functional skill sessions in English and mathematics. Individual learning plans were used effectively to set clear and measurable long-term targets, although short-term targets were too often informal and focused on the completion of tasks rather than acquisition of required skills and knowledge. Similarly, learning diaries often recorded activities undertaken rather than what had been

learned. Education facilities and resources were generally satisfactory, although many of the interactive whiteboards were not working, limiting the range of learning activities in some sessions.

- 3.21** Vocational training workshops were clean, well equipped and maintained to good standards. Instructors were knowledgeable, well respected by learners, and provided clear and well-paced individual and group tuition enabling learners to progress. Learners identified as having low levels of English and/or mathematics were given effective weekly support in the vocational training workshops from specialist education tutors. The specialist materials and tools in workshops were of a good standard, although some workshops did not offer best working practices. For example, there were trailing cables in the carpentry and joinery workshop and accumulated debris in plastering.
- 3.22** The induction to education, training and other activities for new arrivals was often rushed, due to the limited time available, and their recall of what was on offer was not effectively reinforced. The learning and skills prospectus did not meet the needs of those with limited literacy. Equality and diversity were not covered during the induction, nor sufficiently promoted to learners in education and training sessions.

Recommendations

- 3.23 Short-term targets and learning diaries should focus on proposed and acquired learning respectively.**
- 3.24 The education induction should be more effective and include a prospectus accessible to prisoners with limited literacy.**
- 3.25 Arrangements should be introduced to ensure prisoners' understanding of equality and diversity is effectively raised.**

Education and vocational achievements

- 3.26** Achievement of education and vocational awards was good. In 2013/14, the recorded success rates for functional skills had been artificially depressed, as the merger of the former two prisons meant that not all prisoners enrolled on courses were able to attend classes. However, current learners were achieving qualifications at a good rate. In most education lessons, learners developed their skills and knowledge to a high level. In a mathematics class, learners had a deep understanding of underlying principles and could apply them to solving more complex tasks. In ICT classes, learners used the software with confidence, often working at a level above that needed by the qualification. Attendance rates for education classes were low at around 74%, and punctuality across all the learning and skills provision required improvement. Learners' behaviour in education and training classes was usually good.
- 3.27** In vocational training workshops, learners developed a good range of skills and knowledge to support successful resettlement. Prisoner peer mentors very effectively helped and encouraged learners to make progress in mastering concepts and acquiring relevant knowledge. Learners enjoyed their training and demonstrated good practical skills development. The prison used its links with external agencies to ensure that construction workshop learners could apply for the site safety card required to work in the construction industry before their release. Some prison work developed prisoners' work ethic and skills very well. However, the prison did not offer vocational qualifications and/or recognise and

record work skills achievement for released prisoners to demonstrate their skills to potential employers.

Recommendations

- 3.28 Attendance rates at education classes and punctuality in general should be improved.**
- 3.29 Prisoners in work should be able to gain vocational qualifications and/or recognition of their work skills achievement.**

Library

- 3.30** The library, provided in partnership with the Northumberland County Council Library Service, was adequate. Although planned access to the library for all groups of prisoners was good, it was regularly restricted as escorts were not always available. The prison collected information on the number of visits and items issued, but did not effectively record data on how many prisoners used the service regularly or to monitor stock loss.
- 3.31** The two library sites were well decorated and furnished, and suitably stocked with fiction and non-fiction, and appropriate legal reference texts and Prison Service Instructions were also available. However, there was insufficient easy-read material to encourage new readers. No private study facilities or computers were available.
- 3.32** The library worked with the Shannon Trust to provide a mentoring scheme to help prisoners learn to read. It was managed by the library and had 17 learners, supported by 45 peer mentors. However, there was insufficient links with tutors in the education department to identify prisoners with literacy needs and introduce them to the scheme.

Recommendations

- 3.33 The prison should ensure that all prisoners can access the library as planned, and monitor library use and stock loss.**
- 3.34 Library staff should work with education department tutors to identify and meet the needs of prisoners with literacy 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.

- 3.35** *The recreational PE provision was appropriate but there were no accredited vocational courses. There were not enough PE sessions for older prisoners or those with specific needs, and attendance data were not monitored sufficiently to ensure equality of access. Facilities were well maintained, but the roof in one sports hall leaked and the shower and changing facilities in one gym were still poor.*

- 3.36** The PE department provided good opportunities for recreational PE but no accredited educational or vocational courses were offered. There were eight full-time PE staff, mostly qualified, supported by nine orderlies.
- 3.37** New arrivals received an induction to PE in their first week. The PE department adequately promoted healthy living and lifestyles, and had appropriate links to health care, providing remedial PE sessions for prisoners referred by the department. Prisoner access to PE had been reduced in recent months, although all prisoners, including vulnerable prisoners, could go to the gym twice a week. There were evening and weekend sessions for prisoners who worked during the day. There were not enough activities for older prisoners or those with specific needs. PE staff collected data on gym use but this was not analysed and used sufficiently well to ensure equality of access or to identify groups of prisoners not using the gym.
- 3.38** The gym and sports facilities were good. There were three gyms, all of which had free weights, resistance and cardiovascular equipment. Two of the gyms also had well-equipped sports halls for circuit training and indoor sports, although one of the roofs leaked in the rain, restricting its use. There were three outside grass areas for outdoor exercise and sport, including one very good standard football pitch used by the prison team that competed in the Morpeth Sunday league. There were sufficient shower and changing facilities in two of the gyms, but those in the third had not been improved since the last inspection and were still poor.

Recommendations

- 3.39 Accredited PE qualifications should be offered to prisoners.**
- 3.40 The prison should analyse data on PE attendance and use it to ensure equitable access and engage non-users.**
- 3.41 The leaking gym sports hall roof should be repaired, and the broken changing and shower facilities mended.**

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 model of offender management and resettlement was appropriate, with generally good policies and procedures and regular reducing reoffending strategy group meetings, but there was no up-to-date needs analysis. The integration between service providers and the offender management unit was sometimes weak, and there was still no 'whole prison' approach to resettlement.*

4.2 Reducing reoffending, including the provision of resettlement, offender management and planning, and employment, training and education, was managed by the deputy director with two senior managers responsible for offender management and public protection and prisoner activity. There were good links with the regional reducing reoffending strategy group, and regular prison representation at regional safer partnership meetings.

4.3 The prison had good policies on the management of resettlement, offender management and public protection, including procedural guides on the range of work by the offender management unit (OMU). Resettlement pathway provision was also clearly identified. But while the prison was clear overall about what the service should do, there was less clarity about how to do it.

4.4 The monthly reducing reoffending strategy group regularly identified and reviewed strategic objectives against each pathway. It included representation from key departments and meeting minutes showed good discussion about service provision, particularly resettlement pathways. Although the OMU was represented at the meeting, issues about its work were less well covered. In the previous six months, the prison had introduced a prisoner reducing reoffending strategy group, which was consulted over relevant issues. However, there were no notes of these discussions and no indication that they were used to inform practice.

4.5 There was no up-to-date needs analysis on which to base commissioning decisions and it was not clear whether the range of services was sufficient to meet the needs of the population – particularly indeterminate sentence prisoners and sex offenders who were being transferred in from all over the country as the prison had been identified as a national resource for these two groups (see paragraph 4.25 and 4.46).

4.6 There was still not a 'whole prison' approach to resettlement. While individual pathways and departments mostly provided reasonable services, they were not sufficiently integrated to ensure an effective approach to managing and reducing prisoners' risk of reoffending. For example, personal officers were rarely aware of their prisoners' resettlement or offender management issues, and there was little indication that employment, training and education assessments were routinely incorporated into the work of offender management. Despite this, in our survey more prisoners than the comparator said they had done something or something had happened to them at the prison to make them less likely to offend in the future.

Recommendations

- 4.7** 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.
- 4.8** The work of resettlement services and offender management should be better integrated to ensure an effective service for prisoners.

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 *Most prisoners knew their offender manager and offender supervisor, but fewer than the comparator said they had contact with them or were involved in sentence planning. Many prisoners arrived without an up-to-date OASys assessment. The quality of assessments was variable, as were risk management plans. Offender supervisors had limited contact with prisoners outside annual assessments, and quality assurance needed to improve further. The completion of home detention curfew assessments continued to be delayed. Public protection procedures were sufficient, but while multi-agency public protection arrangements assessments were good where prisoners were identified in time, the risk levels for many were confirmed too late to be effective.*

- 4.10** Virtually all prisoners were subject to offender management, with around 60% assessed as high or very high risk of harm and the responsibility of community offender managers. In our survey, more prisoners than the comparator knew who their offender manager and offender supervisor were, but their perceived contact and engagement with them were worse than the comparators.
- 4.11** The OMU had gone through changes in the previous 12 months and the number of offender supervisors had reduced substantially. As a consequence, their caseloads were high at over 100 each, and in some cases over 130. Although two new staff were due to join the team, caseloads would still average around 90. Many staff appeared overwhelmed by the level of work expected. The situation was compounded by regular staff redeployment, and by the number of new arrivals without an OASys or one that was out of date. In the previous two months, over 100 prisoners had arrived with no assessment, drawing significant resources from the team for work that should have been completed before the prisoner arrived (see main recommendation S46).
- 4.12** We looked at a sample of 12 prisoner cases in detail – seven in scope for offender management and five out of scope – and also reviewed a further 19 cases. Overall, we assessed the quality of OASys as sufficient but variable. In too many cases, assessments merely reported information recorded in previous assessments and included little updated information. This appeared to be due to limited contact with prisoners. In our survey, fewer respondents than the comparator said they were involved in the completion of their sentence plans. The pressure on the department to resolve the backlog of assessments had resulted in many completed routinely rather than with a clear focus on the individual. We noted similar failings in the assessment of risk management plans, with only four of the seven

in scope and two of the five out of scope cases assessed as of sufficient quality. The limited range of offending behaviour work also meant that many sentence plan targets were vague and not outcome-focused (see main recommendation S46).

- 4.13** In most cases, offender supervisors had little or no contact with prisoners between annual sentence plan reviews, and no other departments played a significant alternative role. In our survey, over half of prisoners said that no one was working with them to achieve sentence plan targets. There was no real distinction made between prisoners assessed as high risk and those assessed at low risk of harm, and any contact was mainly centred on practical issues or information giving rather than wider issues of risk assessment or management.
- 4.14** Quality assurance had improved a little since our last inspection, and a probation officer was employed specifically to develop practice and quality standards. Some basic practice sessions had also been introduced, but were too oriented to systems and procedures than to engagement with prisoners. Many offender supervisors did not think they had the necessary skills or experience to engage with prisoners in a more meaningful way.
- 4.15** In the previous six months, 152 prisoners had been considered for home detention curfew (HDC) with 83 (55%) successfully released. Decisions were appropriate, but it was still rare for prisoners to be released on their eligibility date.
- 4.16** The prison had made attempts to increase the number of prisoners released on temporary licence (ROTL), either to work outside the prison or to facilitate resettlement and links with their families. With an increase nationally on restrictions and difficulties in identifying appropriate prisoners, only five prisoners had been successfully managed on ROTL in the previous six months, although this covered 152 separate ROTL events.
- 4.17** The prison had identified 50 ex-armed services veterans, and a prisoner representative had also been identified as a prisoner support. There were good links with the Soldiers And Sailors Family Association (SSFA) charity, and regular veterans forum meetings.

Recommendations

- 4.18 Prisoners should be transferred to HMP Northumberland with an up-to-date offender assessment system (OASys) assessment.**
- 4.19 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.**
- 4.20 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.** (Repeated recommendation 4.12)

Public protection

- 4.21** Procedures to screen new arrivals for public protection concerns were broadly appropriate. Prisoners subject to monitoring under child protection or harassment were reviewed monthly. A strategic inter-departmental risk management meeting sat bimonthly and considered a range of public protection issues.

4.22 At the time of the inspection, 992 prisoners (around 74% of the population) were classified as multi-agency public protection assessment (MAPPA) nominals (targeted for legitimate security reasons), with their actual risk management level not identified until the last six months of their sentence. Where offender managers confirmed MAPPA levels in time, the prison had introduced individual prisoner multi-agency public protection management meetings with representatives from across the establishment, including personal officers. The cases we reviewed were very comprehensive and detailed. However, the number of such cases was relatively low, and we were concerned about the lateness of MAPPA risk level confirmation, reducing the time available to ensure appropriate post release public protection arrangements were in place. In the six weeks following our inspection, 81 prisoners identified as MAPPA nominals were due to be released, yet their risk level had not yet been confirmed in 52 cases (64%).

Recommendation

4.23 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.

Categorisation

4.24 At the time of the inspection, 43 prisoners were category D. In most cases, recategorisation reviews were on time but there continued to be delays for some. Decisions to recategorise were generally appropriate. The number of category D prisoners held had halved in the previous six months, and most could be moved reasonably quickly. Most of those remaining at Northumberland were on medical or other appropriate holds.

Indeterminate sentence prisoners

4.25 The prison held 156 indeterminate sentence prisoners (ISPs) – 51 lifers and 105 on indeterminate sentences for public protection – and had been identified as a national resource for this group. Although all ISPs were allocated an offender supervisor and were prioritised for offending behaviour programmes, there was nothing specific for this group. There was no longer a lifer forum and there were no lifer family days. Many ISPs expressed their frustration about such limited facilities and their inability to progress quickly.

Recommendation

4.26 There should be regular events to enable life sentenced prisoners and those on indeterminate sentences for public protection to progress towards eventual reintegration. (Repeated recommendation 4.46)

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.

4.27 *Many prisoners received no overall assessment or review of reintegration needs before their release. Accommodation and finance, benefit and debt provision were adequate. Support to assist prisoners into education, training or employment was reasonable, and support with health, drugs and alcohol needs was good. Work with children and families had improved. Although there was a reasonable range of accredited interventions, we were not assured the needs of the population were met.*

4.28 The prison released an average of around 80 prisoners a month. All prisoners were due to have a tripartite resettlement review in the six months before release that involved the offender manager, offender supervisor and prisoner and included contributions from all appropriate pathway providers. This was not happening and was, in practice, relatively rare. Many prisoners received no overall assessment or review before release. Although most resettlement pathways provision was reasonably good, the work was not routinely shared with offender supervisors. Only 11% of prisoners in our survey said that a member of staff had helped them prepare for release.

Recommendation

4.29 All prisoners should have a pre-release plan developed in good time for any outstanding issues to be addressed. (Repeated recommendation 4.53)

Accommodation

4.30 The housing charity Shelter provided support for prisoners with accommodation needs. Peer support workers completed a screening form with new arrivals, and those with ongoing needs received support to reduce their financial liabilities. Prisoners identified as homeless on release were given information about how to secure accommodation while in prison and followed up by a member of staff before release. Foundation (a North of England charity working with socially excluded people) and Aquila Way (a housing support charity based in Gateshead) provided through-the-gate support for a few prisoners with complex needs. The number of prisoners released without accommodation was 8%, which was less than similar prisons.

Education, training and employment

4.31 Prisoners participated in a range of education courses that promoted relevant employability skills, including CV writing, interview and job search skills. Close partnership working between the OMU and other agencies, including Pertemps recruitment, Jobcentre Plus, CfBT education trust and the education department, ensured that prisoners were offered a timely resettlement programme that met their needs. However, working relationships were often informal and relied on staff sharing prisoner information consistently. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not available.

- 4.32** The quality of the National Careers Service provided by CfBT was good. All prisoners received an effective assessment of their education, training and employment needs during induction. They were offered a minimum of three interviews while at the prison. The prison's data showed that approximately 17% of prisoners released between September 2013 and August 2014 progressed into employment and 30% into further education or training.
- 4.33** Employer engagement had been strengthened to plan future work and training for prisoners on release. However, opportunities for prisoners to attend work placements or voluntary work on ROTL had not improved since the previous inspection and were insufficient.

Recommendations

- 4.34 Working arrangements between agencies should ensure that prisoner information is shared effectively.**
- 4.35 The virtual campus should be available to prisoners.**
- 4.36 Opportunities for prisoners to carry out voluntary work on ROTL should be further developed.**

Health care

- 4.37** Pre-release health care arrangements were effective, with a member of the primary health care team seeing and reviewing all prisoners. The mental health team linked effectively with community or hospital services. The prison had palliative care arrangements, and the policy reflected current practice and pathways.

Drugs and alcohol

- 4.38** The drug and alcohol recovery team (DART) had good links with local and regional community support providers to provide continuity of care for prisoners with substance misuse needs.

Finance, benefit and debt

- 4.39** In our survey 19% of prisoners said they had money worries when they first arrived, but the lack of needs analysis meant that the prison did not know the extent of such problems. Peer workers saw new arrivals during their induction and asked about such issues, and support information was advertised on most wings, but despite this only 22% of prisoners in our survey said they knew who to speak to about support.
- 4.40** Shelter also gave some information and guidance on debt management, and in the previous six months 111 prisoners had requested such help. Shelter worked directly with the small number of prisoners (17 in the last six months) who had priority debts, largely related to housing, but most were given basic advice and a self-help pack with template letters to send to creditors. There was no follow up to establish the efficacy of this approach.
- 4.41** Prisoners could open a bank account through Halifax if they had completed a financial awareness programme run by Shelter. There was no money management course provided by the education department

Children, families and contact with the outside world

- 4.42** Visiting arrangements were good with one visits session on Tuesday, Wednesday and Thursday and two sessions at the weekend. The visitors' centre was large and clean. It was run by NEPACS (formerly North East Prisons After Care Society), which offered information, support and signposting to all visitors, particularly first timers. In response to visitor consultation, NEPACS also ran a bus service for visitors from Middlesbrough, Newcastle and Gateshead. During the inspection a new system of booking visits through kiosks on each house block was being introduced (see paragraph 2.6), which would be an improvement on the telephone booking line.
- 4.43** All visitors and prisoners we spoke to were positive about their visits experience and said they were treated well by staff. The large visits hall had a well-equipped play area that was open for all sessions. Visitors and prisoners told us that all visits lasted the advertised time. Prisoners were allowed to have reasonable physical contact with visitors and did not have to wear identifying bibs during visits.
- 4.44** The provision of visits targeted for specific groups was also good with alternate monthly family days and fathers' visits (where the other parent/carer left the prisoner alone with his children in the visits hall).

Recommendation

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

Attitudes, thinking and behaviour

- 4.46** There were 72 places on the thinking skills programme (TSP) over the coming year and a further 24 on the sex offender treatment programme (SOTP). It was not clear whether this number of programmes was sufficient to meet the needs of the population. The programme department was recruiting a small psychology team that would assess prisoners' suitability for programmes, but assessments were currently carried out only in anticipation of the next group and so it was not known how many of the current population would benefit from such input. It was planned that TSP places would decline and SOTP places rise over the next three years. The Sycamore Tree restorative justice programme was delivered four times a year through the chaplaincy but demand hugely outstripped provision, with a waiting list of over a year. Although many prisoners were convicted of a violent offence and many had been responsible for domestic violence, there were no specific programmes for these groups.

Recommendation

- 4.47 The prison should identify and address the offending behaviour of prisoners.**

Section 5. Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points 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 Support for new arrivals should be improved, and all prisoners should receive a full and comprehensive induction. (S43)
- 5.2 The prison should take action to understand and reduce the high levels of violence and prisoners' negative perceptions of their safety. (S44)
- 5.3 There should be sufficient activity places to ensure all prisoners are purposefully engaged during the core day. (S45)
- 5.4 The prison should implement a clear strategy to meet the needs of both sex offenders and indeterminate sentenced prisoners. (S46)

Recommendations

To NOMS

- 5.5 Prisoners should be transferred to HMP Northumberland with an up-to-date offender assessment system (OASys) assessment. (4.18)
- 5.6 In conjunction with the national probation service, there should be an agreed protocol to ensure that multi-agency public protection arrangements (MAPPAs) 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)

Recommendation To NOMS and Prisoner Escort and Custody Services

- 5.7 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)

Recommendations

To the director

Self-harm and suicide

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

- 5.9** 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, repeated recommendation 1.46)

Safeguarding

- 5.10** 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. (1.26, repeated recommendation 1.52)
- 5.11** Personal and social care for prisoners should be provided by appropriate professional staff. (1.27)

Security

- 5.12** Mandatory drug testing (MDT) should be appropriately staffed to ensure tests are completed within prescribed timescales. (1.33, repeated recommendation 1.60)

Incentives and earned privileges

- 5.13** The incentives and earned privileges scheme should be applied fairly and consistently. (1.37)

Discipline

- 5.14** The quality of adjudication records and quality assurance should be improved. (1.41)
- 5.15** 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. (1.45)
- 5.16** The regime and environment in the segregation unit should be improved. (1.52)
- 5.17** The special cell should be refurbished or decommissioned. (1.53)

Substance misuse

- 5.18** Buprenorphine treatment should be made available to prisoners in accordance with national guidance. (1.61)
- 5.19** The recovery unit should only be staffed by specially selected and trained officers. (1.62)
- 5.20** Waiting times for secondary detoxification should be significantly reduced. (1.63, repeated recommendation 1.94)

Residential units

- 5.21** Cells should have screened toilets, curtains and lockable storage. (2.7, repeated recommendation 2.12)
- 5.22** Prisoners should have sufficient basic items, such as clean bedding and towels. (2.8)

Staff-prisoner relationships

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

Equality and diversity

- 5.24** Equality and diversity issues raised by prisoners should be addressed promptly via regular consultation with minority groups. (2.20)
- 5.25** The prison should identify prisoners from all minority groups and ensure their individual needs are being met. (2.21)
- 5.26** The prison should investigate results of local equality monitoring data that are out of range and take remedial action where appropriate. (2.22)
- 5.27** 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)
- 5.28** 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)

Faith and religious activity

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

Complaints

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

Health services

- 5.31** All clinical environments should comply with infection prevention standards. (2.52)
- 5.32** Clinicians should maintain prisoners' privacy and confidentiality during assessments and treatment. (2.53)
- 5.33** 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)
- 5.34** The complaints system should be well advertised and responses should consistently address all the issues raised. (2.55)
- 5.35** All prison staff should receive an annual update on the use of defibrillators as part of mandatory training requirements. (2.56)
- 5.36** All new arrivals should receive a comprehensive health assessment within 72 hours. (2.61)
- 5.37** 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)

- 5.38** Prisoners should attend external hospital appointments within clinically appropriate timescales. (2.63)
- 5.39** The pharmacist and pharmacy technicians should be better supported to develop pharmacy-led clinics and medicine use reviews for prisoners. (2.71)
- 5.40** The in-possession policy should include a list of medicines suitable for in possession and the maximum supply for certain medicines. (2.72)
- 5.41** The administration of medicines should be adequately supervised, and medical confidentiality should be ensured for prisoners during drug administration. (2.73)
- 5.42** All prisoners should have prompt access to dental treatment. (2.77)
- 5.43** The dental surgeries should have separate areas for decontamination of equipment. (2.78)
- 5.44** The dental chair in the main dental suite should be replaced immediately. (2.79)
- 5.45** Mental health provision should include prompt access to clinical psychology services, including counselling and group therapies. (2.83)
- 5.46** 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)
- 5.47** The transfer of patients to external health care beds should be expedited and occur within Department of Health transfer target timescales. (2.85, repeated recommendation 2.122)

Catering

- 5.48** Staff should always supervise the serving of food to ensure equitable portions. (2.90)
- 5.49** All prisoners should be able to eat their meals out of their cell in a communal dining area. (2.91)

Purchases

- 5.50** Prisoners should not be charged an administration fee for catalogue orders. (2.94, repeated recommendation 2.135)

Time out of cell

- 5.51** All prisoners should spend more time out of their cells and should be gainfully occupied during the working day. (3.4, repeated recommendation 3.4)

Learning and skills and work activities

- 5.52** The learning, skills and work provision should be based on an analysis of prisoner need. (3.10)
- 5.53** More vocational training should be available, and vulnerable prisoners should have equal access. (3.11)
- 5.54** The prison should make better use of data and associated targets to inform performance management. (3.12)

- 5.55** Prisoner allocation to activities should make appropriate use of their sentence plans. (3.18)
- 5.56** Short-term targets and learning diaries should focus on proposed and acquired learning respectively. (3.23)
- 5.57** The education induction should be more effective and include a prospectus accessible to prisoners with limited literacy. (3.24)
- 5.58** Arrangements should be introduced to ensure prisoners' understanding of equality and diversity is effectively raised. (3.25)
- 5.59** Attendance rates at education classes and punctuality in general should be improved. (3.28)
- 5.60** Prisoners in work should be able to gain vocational qualifications and/or recognition of their work skills achievement. (3.29)
- 5.61** The prison should ensure that all prisoners can access the library as planned, and monitor library use and stock loss. (3.33)
- 5.62** Library staff should work with education department tutors to identify and meet the needs of prisoners with literacy needs. (3.34)

Physical education and healthy living

- 5.63** Accredited PE qualifications should be offered to prisoners. (3.39)
- 5.64** The prison should analyse data on PE attendance and use it to ensure equitable access and engage non-users. (3.40)
- 5.65** The leaking gym sports hall roof should be repaired, and the broken changing and shower facilities mended. (3.41)

Strategic management of resettlement

- 5.66** 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)
- 5.67** The work of resettlement services and offender management should be better integrated to ensure an effective service for prisoners. (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 is effective and meaningful. (4.19)
- 5.69** 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, repeated recommendation 4.12)
- 5.70** 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, repeated recommendation 4.46)

Reintegration planning

- 5.71** All prisoners should have a pre-release plan developed in good time for any outstanding issues to be addressed. (4.29, repeated recommendation 4.53)
- 5.72** Working arrangements between agencies should ensure that prisoner information is shared effectively. (4.34)
- 5.73** The virtual campus should be available to prisoners. (4.35)
- 5.74** Opportunities for prisoners to carry out voluntary work on ROTL should be further developed. (4.36)
- 5.75** Prisoners should be able to access inter-prison and accumulated visits. (4.45)
- 5.76** The prison should identify and address the offending behaviour of prisoners. (4.47)

Housekeeping points

Substance misuse

- 5.77** Prescribers and nursing staff should ensure that prisoners are properly informed of the reasons behind clinical decisions, especially the withdrawal of previously prescribed medication. (1.64)

Staff-prisoner relationships

- 5.78** Minutes of the prisoner consultative committee should record action taken and responses to issues. (2.14)

Equality and diversity

- 5.79** The prison should ensure that peer supporters are trained and supported to undertake their role. (2.24)
- 5.80** Foreign national prisoners should be made aware of their entitlement to a free monthly telephone call. (2.31)

Legal rights

- 5.81** The legal visits booking line telephone number should be updated on the prison's website. (2.45)

Health services

- 5.82** Records should indicate that clinical decisions are accurately communicated to prisoners and that they have been given opportunities to discuss treatment options. (2.64)

Examples of good practice

- 5.83** There was effective strategic planning and excellent outcomes for prisoners on drug recovery journeys, which owed much to the appointment of an independent partnership manager working with the prison's drug strategy governor and overseeing development of the integrated drug and alcohol recovery team. (1.65)

- 5.84** The Gateway addiction rehabilitation programme was successful in changing prisoners' attitudes and behaviour and demonstrated the effective use of peer mentors in rehabilitation. (1.66)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Kieron Taylor	Team leader
Karen Dillon	Inspector
Sandra Fieldhouse	Inspector
Andrew Lund	Inspector
Keith McInnis	Inspector
Angus Mulready-Jones	Inspector
Kellie Reeve	Inspector
Samantha Galisteo	Senior researcher
Amy Radford	Researcher
Alissa Redmond	Researcher
Njilan Morris-Jarra	Researcher

Specialist inspectors

Paul Roberts	Substance misuse inspector
Steve Eley	Health services inspector
Nicola Rabjohns	Health services inspector
Elizabeth Wands-Murray	Care Quality Commission
Helen Jackson	Pharmacist
Nigel Bragg	Ofsted inspector
John Grimmer	Ofsted inspector
Matt Vaughn	Ofsted inspector
Malcolm Fraser	Offender management inspector
Ian Handscombe	Offender management inspector
Les Smith	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 2012, prisoners reported positively about escort journeys. However, transfer arrangements between the two parts of the prison were cumbersome. The reception process was efficient. First night and induction arrangements needed to be improved. Most prisoners felt safe and violence reduction work was progressing well. Overall, the management of prisoners at risk of self-harm was reasonably good. Drug use remained a major security problem despite significant progress over the previous six months. Use of force appeared proportionate and governance was sound. Use of segregation was low and prisoners described positive experiences in the unit. There was a good drug and alcohol strategy but alcohol services were still limited. Outcomes for prisoners against this healthy prison test were reasonably good.

Recommendations

Vulnerable prisoners should be correctly identified during escort. They should only be integrated into the mainstream population on the basis of individual care planning. (1.4)

Partially achieved

Prisoners should not be routinely strip-searched in reception. (1.15)

Achieved

All newly arrived prisoners should be able to make a free, private telephone call on the day of arrival, and have an opportunity to see a peer support worker and a chaplain in private. Night staff should follow clear first night procedures. (1.16)

Not achieved

Induction should provide a consistent and good quality introduction to the prison and offer all prisoners sufficient occupation. (1.17)

Not achieved

Movement of prisoners between the two sites to help support the safer custody strategy should be better facilitated. (1.29)

Achieved

Investigations of violent and antisocial behaviour should be thorough and quality assured. (1.30)

Not achieved

Greater support should be given to prisoners who are victimised and efforts made to promote confidence in procedures. (1.31)

Not achieved

A review of release plans should be completed where prisoners die shortly after release. (1.43)

No longer relevant

Prisoners subject to ACCT procedures should have a consistent case manager. (1.44)

Achieved

Sufficient first aid trained staff should be available at night. (1.45)

Achieved

Prisoners who are solely at risk of self-harm and in need of close supervision should not be held in the SACU. (1.46)

Not achieved (recommendation repeated 1.23)

The use of strip clothing should be monitored by the safer prisons meeting. (1.47)

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 for both sites. (1.52)

Not achieved (recommendation repeated 1.26)

Restrictive security practices should be reviewed in the context of the prison's category C remit. (1.59)

Achieved

MDT should be appropriately staffed to ensure tests are completed within prescribed timescales. (1.60)

Not achieved (recommendation repeated 1.33)

Prisoners should not be placed on closed visits for reasons unrelated to visits and reviews should genuinely consider whether someone can have this sanction withdrawn. (1.61)

Achieved

Monitoring of the IEP scheme should be extended to cover vulnerable prisoners, older prisoners and prisoners with disabilities. (1.67)

Not achieved

All prisoners should have equal access to prison meals. (1.68)

No longer relevant

Video footage of incidents involving the planned use of force should be routinely reviewed by managers. (1.77)

Not achieved

There should be effective governance of special accommodation, use of strip conditions and the gated cell to ensure that all are used to the minimum possible extent. (1.78)

Not achieved

The segregation unit should be subject to more effective governance and monitoring. (1.83)

Not achieved

There should be clear reintegration and care planning. Regimes should be assessed on an individual basis and target setting should address the reasons why prisoners are in segregation. (1.84)

Not achieved

Prescribing regimes for substance dependent prisoners should be flexible, based on individual need and adhere to national guidelines. (1.93)

Partially achieved

Waiting times for secondary detoxification should be significantly reduced. (1.94)

Not achieved (recommendation repeated 1.63)

There should be sufficient services to address the needs of prisoners with alcohol problems. (1.95)

Achieved

Funding should be made available, nationally, for prisons to conduct CBDT on prisoners involved in recovery-focused programmes and accommodation. (1.96)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2012, the accommodation was generally of a good quality and the prison was clean. Laundry facilities were inadequate. Staff-prisoner relationships were very good. The management of diversity was generally effective but not enough was being done to meet the needs of the large numbers of older prisoners and prisoners with disabilities. Chaplaincy staff provided a good overall service to prisoners. Complaints were managed well. Health services were reasonably good. The standard of food was reasonable but lacked cultural variety. Outcomes for prisoners against this healthy prison test were reasonably good.

Recommendations

Cells should have screened toilets with lids, curtains and lockable storage. (2.12)

Not achieved (recommendation repeated 2.7)

Prisoners should be provided with privacy keys to their cells. (2.13)

Not achieved

Residential managers should regularly audit the records of responses to cell call bells and investigate the reasons for prisoners' negative views of response times. (2.14)

Achieved

Prisoners should be provided with prison clothing in the appropriate size and in a good state of repair. (2.15)

Not achieved

There should be a consistent application system which provides prisoners with free access to application forms and is monitored for timeliness and quality of responses. (2.16)

Partially achieved

Personal officers should support prisoners' achievement of sentence plan targets. (2.24)

Not achieved

Equality and diversity work should be informed by a needs analysis. (2.31)

Not achieved

DIRFs should be freely available to prisoners in all residential areas and subject to external scrutiny. (2.32)

Not achieved

Foreign national prisoners should be made aware of free telephone and mail provision for maintaining contact with family, and extended visits should be in place for visitors from abroad. All staff should be aware of interpretation services and able to use them as necessary. (2.43)

Not achieved

There should be systematic identification of prisoners with disabilities, and thorough, properly resourced support, including regular group meetings. (2.44)

Not achieved

Prisoners over retirement age should not be locked in their cells during the core day and there should be regular, predictable group meetings and sufficient activities to keep them occupied. (2.45)

Achieved

All prisoners should have access to corporate worship/faith meetings every week, without having to give up other regime activities. (2.52)

Achieved

All responses to complaints should show that a full investigation of the facts had taken place. (2.57)

Partially achieved

Information about legal services should be made available to prisoners. (2.62)

Not achieved

Patients should not wait excessive periods of time in waiting rooms prior to and following their health care appointments. (2.77)

Not achieved

Waiting rooms should be made more comfortable and be used to promote health. (2.78)

Partially achieved

The partnership board should coordinate strategies for the provision of AEDs, checking of equipment, training and deployment of trained staff. (2.79)

Achieved

There should be active and systematic health promotion throughout the prison. (2.80)

Achieved

Action should be taken to reduce time lost due to patients failing to attend appointments. (2.90)

Achieved

All pharmacy staff should have access to SystmOne to ensure they can obtain information about a patient's medication and treatment when they are in the house blocks. (2.100)

Achieved

Pharmacy staff should be supported to develop pharmacy services such as pharmacy led clinics and medicine use reviews for the prison population. (2.101)

Partially achieved

The in-possession policy should identify high risk medications and how they should be administered. (2.102)

Not achieved

An additional CD cabinet should be placed in the pharmacy to ensure the storage of methadone is compliant with the regulations. (2.103)

Achieved

The NEOHCU should commission sufficient dental services to meet the needs of the population. (2.112)

Partially achieved

Patients should have access to a full range of support for mental health problems including counselling and group therapies. (2.121)

Not achieved

The transfer of patients to external health care beds should be expedited and occur within Department of Health transfer target timescales. (2.122)

Not achieved (recommendation repeated 2.82)

Catering should meet a wider range of cultural needs. (2.130)

Achieved

Prisoners should be able to place a shop order the day after reception. (2.134)

Not achieved

Prisoners should not be charged an administration fee for catalogue orders. (2.135)

Not achieved (recommendation repeated 2.91)

Purposeful activity

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

At the last inspection, in 2012, there were insufficient activity spaces for the population. Too many prisoners were unemployed. We found nearly a third of the population locked up during the core day. Workshop facilities and education provision were good but spaces were not always filled. The range of courses across both sites was appropriate, and there were high achievement rates. There were few opportunities above level 2. The library provision was generally good but access was variable. PE provision was excellent and well coordinated across the two sites. Outcomes for prisoners against this healthy prison test were not sufficiently good.

Main recommendation

Sufficient activity places should be provided to ensure all prisoners are purposefully engaged during the core day, and existing activity spaces should be fully used. (HP57)

Not achieved

Recommendations

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

Not achieved (recommendation repeated 3.4)

Allocation to activities should follow transparent procedures that are clear to all staff and prisoners. (3.10)

Achieved

Course progression routes for learners should be improved, particularly above level 2. (3.16)

Not achieved

Appropriately risk assessed vulnerable prisoners should be able to access the full range of vocational training. (3.17)

Not achieved

The prison should reduce the proportion of house block cleaners. (3.23)

Partially achieved

Access to the library should be improved for prisoners on those house blocks with restricted visiting times. (3.29)

Achieved

PE courses above level 1 should be developed and introduced for all prisoners. (3.38)

Not achieved

The changing room and shower facilities in gym 2 should be improved. (3.39)

Not achieved

Resettlement

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

At the last inspection, in 2012, strides had been made in the strategic management of resettlement and offender management. However, there was not yet a whole prison approach to this work. Offender supervisors had very high caseloads and the quality of their work varied widely. Most received no formal supervision. Release on temporary licence was under-used. Public protection arrangements were reasonable. There was some reasonably good work related to the pathways, including good accommodation support and finance advice from Shelter. The arrangements for booking visits were poor. There were some good developing initiatives to tackle attitudes and behaviour, but overall referral and assessment processes for programmes were inefficient. Outcomes for prisoners against this healthy prison test were not sufficiently good.

Main recommendations

The work of the OMU should be properly resourced and effectively integrated with the work of other departments, and all offender supervisors should receive formal supervision and support. (HP58)

Not achieved

Visitors should be able to book visits quickly and easily, have the full amount of visit time each session. Both visitors and prisoners should experience proportionate security in the visits area. Strip-searching of visitors by prison staff should cease. (HP59)

Achieved

Recommendations

The reducing reoffending strategy should reflect the resettlement needs of all categories of prisoner, based on an appropriate needs analysis, and subject to ongoing prisoner consultation and review. (4.9)

Partially achieved

The action plan should include steps to develop services across all pathways. (4.10)

Achieved

ROTL should be used in appropriate cases to support resettlement. (4.11)

Partially achieved

The numbers of prisoners released late on HDC should be routinely interrogated and the reasons behind this logged. The reasons for any undue delays in the process should be communicated to prisoners. (4.12)

Not achieved (recommendation repeated 4.20)

Sentence plans and OASys documents should be completed thoroughly and on time for all prisoners. (4.26)

Not achieved

Risk management plans should be of a good standard and victim safety issues should be considered in all relevant cases. (4.38)

Not achieved

The full outcomes of SIRs and any action taken should always be forwarded to offender supervisors. (4.39)

Partially achieved

All OMU staff should receive child protection training. (4.40)

Partially achieved

There should be regular events to enable life sentenced prisoners and those on IPPs to progress towards eventual reintegration. (4.46)

Partially achieved (recommendation repeated 4.26)

All prisoners should have a pre-release plan developed in good time for any outstanding issues to be addressed. (4.53)

Not achieved (recommendation repeated 4.29)

The number of prisoners released without settled accommodation or helped to secure accommodation should be routinely monitored and the information used to inform future priorities and provision. (4.58)

Achieved

The prison should further develop productive links with employers. (4.62)

Partially achieved

Provision under the children and families pathway should be further developed and applied consistently across the two sites. (4.78)

Partially achieved

The number of places on SOTPs should meet demand. (4.87)

Not achieved

The programme referral and assessment processes should be reviewed to develop a more efficient and effective service. (4.88)

Not achieved

Appendix III: Prison population profile

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

Status	18–20 yr olds	21 and over	%
Sentenced	1	1267	94.7
Recall		70	
Other		1	0.1
Total	1	1338	100

Sentence	18–20 yr olds	21 and over	%
Less than six months		2	0.1
Six months to less than 12 months		7	0.5
12 months to less than 2 years		85	6.3
2 years to less than 4 years		183	13.7
4 years to less than 10 years	1	685	51.2
10 years and over (not life)		51	3.8
ISPP (indeterminate sentence for public protection)		63	11.7
Life		94	7.0
Total	1	1338	100

Age	Number of prisoners	%
Under 21 years: <i>minimum age=19</i>	1	0.1
21 years to 29 years	510	38.1
30 years to 39 years	394	29.4
40 years to 49 years	230	17.2
50 years to 59 years	121	9.0
60 years to 69 years	58	4.3
70 plus years: <i>minimum age=86</i>	25	1.9
Total	1339	100

Nationality	18–20 yr olds	21 and over	%
British	1	1310	97.9
Foreign nationals		26	1.9
Not stated		2	0.1
Total	1	1338	100

Security category	18–20 yr olds	21 and over	%
Category C	1	1295	96.8
Category D		43	3.2
Total	1	1338	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British		1255	93.7
Irish		4	0.3
Gypsy/Irish Traveller		2	0.1
Other white		12	0.9
Mixed			
White and black Caribbean		7	0.5

Other mixed	1	2	0.2
Asian or Asian British			
Indian		3	0.2
Pakistani		12	0.9
Bangladeshi		4	0.3
Other Asian		11	0.8
Black or black British			
Caribbean		8	0.6
African		10	0.7
Other black		3	0.2
Other ethnic group			
Arab		1	0.1
Other ethnic group		2	0.1
Not stated		2	0.1
Total	1	1338	

Religion	18–20 yr olds	21 and over	%
Church of England		427	31.9
Roman Catholic		263	19.6
Other Christian denominations		91	6.8
Muslim	1	48	3.7
Sikh		1	0.1
Buddhist		21	1.6
Jewish		2	0.1
Other		14	1.0
No religion		468	35.0
Not stated		3	0.2
Total	1	1338	100

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)		50	3.7
Total		50	3.7

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			100	7.5
1 month to 3 months	1	0.1	266	19.9
3 months to six months			317	23.7
Six months to 1 year			270	20.2
1 year to 2 years			140	10.5
2 years to 4 years			244	18.2
Other			1	0.1
Total	1	0.1	1338	99.9

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	1	988	73.9
Total	1	988	73.9

Main offence	18–20 yr olds	21 and over	%
Violence against the person		256	
Sexual offences		359	
Burglary		223	
Robbery	1	186	
Theft and handling		23	
Fraud and forgery		13	
Drugs offences		113	
Other offences		155	
Civil offences		1	
Offence not recorded /holding warrant		9	
Total	1	1338	

Appendix IV: 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. 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 1 September 2014, the prisoner population at HMP Northumberland was 1,339. Using the method described above, questionnaires were distributed to a sample of 235 prisoners.

We received a total of 199 completed questionnaires, a response rate of 85%. This included one questionnaire completed via interview. Eleven respondents refused to complete a questionnaire, 20 questionnaires were not returned and five were returned blank.

Wing/unit	Number of completed survey returns
House block 1	8
House block 2	10
House block 3	9
House block 4	5
House block 5	16
House block 6	7

House block 7	18
House block 8	9
House block 9	36
House block 10	7
House block 11	16
House block 12	15
House block 13	18
House block 14	18
House block 15	6
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 significant⁶ differences 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 2014 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 34 category C training prisons since April 2008.
- The current survey responses from HMP Northumberland in 2014 compared with the responses of prisoners surveyed at HMP Northumberland in 2012.
- A comparison within the 2014 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2014 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2014 survey between the vulnerable prisoner wings (house blocks 10 to 14) and the rest of the establishment.
- A comparison within the 2014 survey between responses of prisoners serving an indeterminate sentence and those serving a determinate sentence.

⁶ 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 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About you

Q1.2	How old are you?	
	<i>Under 21</i>	1 (1%)
	<i>21 - 29</i>	74 (37%)
	<i>30 - 39</i>	50 (25%)
	<i>40 - 49</i>	32 (16%)
	<i>50 - 59</i>	22 (11%)
	<i>60 - 69</i>	10 (5%)
	<i>70 and over</i>	9 (5%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	176 (91%)
	<i>Yes - on recall</i>	16 (8%)
	<i>No - awaiting trial</i>	0 (0%)
	<i>No - awaiting sentence</i>	0 (0%)
	<i>No - awaiting deportation</i>	2 (1%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	2 (1%)
	<i>Less than 6 months</i>	2 (1%)
	<i>6 months to less than 1 year</i>	4 (2%)
	<i>1 year to less than 2 years</i>	26 (13%)
	<i>2 years to less than 4 years</i>	52 (27%)
	<i>4 years to less than 10 years</i>	70 (36%)
	<i>10 years or more</i>	10 (5%)
	<i>IPP (indeterminate sentence for public protection)</i>	22 (11%)
	<i>Life</i>	8 (4%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship.)	
	<i>Yes</i>	11 (6%)
	<i>No</i>	186 (94%)
Q1.6	Do you understand spoken English?	
	<i>Yes</i>	195 (98%)
	<i>No</i>	3 (2%)
Q1.7	Do you understand written English?	
	<i>Yes</i>	194 (98%)
	<i>No</i>	4 (2%)

Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	167 (86%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	1 (1%)	<i>Asian or Asian British - other</i> 0 (0%)
	<i>White - other</i>	10 (5%)	<i>Mixed race - white and black Caribbean</i> 2 (1%)
	<i>Black or black British - Caribbean</i>	3 (2%)	<i>Mixed race - white and black African</i> 1 (1%)
	<i>Black or black British - African</i>	2 (1%)	<i>Mixed race - white and Asian</i> 1 (1%)
	<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i> 0 (0%)
	<i>Asian or Asian British - Indian</i>	1 (1%)	<i>Arab</i> 0 (0%)
	<i>Asian or Asian British - Pakistani</i>	4 (2%)	<i>Other ethnic group</i> 2 (1%)
	<i>Asian or Asian British - Bangladeshi</i>	0 (0%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	<i>Yes</i>		7 (4%)
	<i>No</i>		183 (96%)
Q1.10	What is your religion?		
	<i>None</i>	60 (31%)	<i>Hindu</i> 0 (0%)
	<i>Church of England</i>	71 (36%)	<i>Jewish</i> 1 (1%)
	<i>Catholic</i>	37 (19%)	<i>Muslim</i> 11 (6%)
	<i>Protestant</i>	6 (3%)	<i>Sikh</i> 0 (0%)
	<i>Other Christian denomination</i>	2 (1%)	<i>Other</i> 5 (3%)
	<i>Buddhist</i>	3 (2%)	
Q1.11	How would you describe your sexual orientation?		
	<i>Heterosexual/ Straight</i>		181 (93%)
	<i>Homosexual/Gay</i>		5 (3%)
	<i>Bisexual</i>		8 (4%)
Q1.12	Do you consider yourself to have a disability? (i.e do you need help with any long term physical, mental or learning needs.)		
	<i>Yes</i>		44 (23%)
	<i>No</i>		150 (77%)
Q1.13	Are you a veteran (ex-armed services)?		
	<i>Yes</i>		12 (6%)
	<i>No</i>		184 (94%)
Q1.14	Is this your first time in prison?		
	<i>Yes</i>		73 (37%)
	<i>No</i>		123 (63%)
Q1.15	Do you have children under the age of 18?		
	<i>Yes</i>		97 (49%)
	<i>No</i>		101 (51%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?	
	<i>Less than 2 hours</i>	98 (49%)
	<i>2 hours or longer</i>	83 (42%)
	<i>Don't remember</i>	17 (9%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	98 (50%)
	Yes	64 (32%)
	No	28 (14%)
	Don't remember	7 (4%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	98 (50%)
	Yes	4 (2%)
	No	89 (45%)
	Don't remember	6 (3%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	125 (63%)
	No	59 (30%)
	Don't remember	13 (7%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	148 (75%)
	No	43 (22%)
	Don't remember	6 (3%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	61 (31%)
	Well	88 (44%)
	Neither	36 (18%)
	Badly	4 (2%)
	Very badly	6 (3%)
	Don't remember	3 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	Yes, someone told me	128 (65%)
	Yes, I received written information	9 (5%)
	No, I was not told anything	58 (29%)
	Don't remember	3 (2%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	163 (83%)
	No	31 (16%)
	Don't remember	2 (1%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	95 (48%)
	<i>2 hours or longer</i>	89 (45%)
	Don't remember	12 (6%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	160 (83%)
	No	22 (11%)
	Don't remember	11 (6%)

Q3.3	Overall, how were you treated in reception?		
	<i>Very well</i>		52 (27%)
	<i>Well</i>		91 (47%)
	<i>Neither</i>		31 (16%)
	<i>Badly</i>		12 (6%)
	<i>Very badly</i>		4 (2%)
	<i>Don't remember</i>		5 (3%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	<i>Loss of property</i>	40 (21%)	<i>Physical health</i> 29 (15%)
	<i>Housing problems</i>	18 (9%)	<i>Mental health</i> 34 (18%)
	<i>Contacting employers</i>	5 (3%)	<i>Needing protection from other prisoners</i> 16 (8%)
	<i>Contacting family</i>	42 (22%)	<i>Getting phone numbers</i> 30 (16%)
	<i>Childcare</i>	6 (3%)	<i>Other</i> 8 (4%)
	<i>Money worries</i>	36 (19%)	<i>Did not have any problems</i> 73 (38%)
	<i>Feeling depressed or suicidal</i>	42 (22%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	<i>Yes</i>		44 (23%)
	<i>No</i>		74 (39%)
	<i>Did not have any problems</i>		73 (38%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	<i>Tobacco</i>		136 (70%)
	<i>A shower</i>		58 (30%)
	<i>A free telephone call</i>		91 (47%)
	<i>Something to eat</i>		95 (49%)
	<i>PIN phone credit</i>		104 (54%)
	<i>Toiletries/ basic items</i>		83 (43%)
	<i>Did not receive anything</i>		23 (12%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	<i>Chaplain</i>		101 (53%)
	<i>Someone from health services</i>		133 (69%)
	<i>A Listener/Samaritans</i>		45 (23%)
	<i>Prison shop/ canteen</i>		51 (27%)
	<i>Did not have access to any of these</i>		31 (16%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	<i>What was going to happen to you</i>		83 (44%)
	<i>What support was available for people feeling depressed or suicidal</i>		69 (37%)
	<i>How to make routine requests (applications)</i>		75 (40%)
	<i>Your entitlement to visits</i>		65 (35%)
	<i>Health services</i>		95 (51%)
	<i>Chaplaincy</i>		89 (47%)
	<i>Not offered any information</i>		52 (28%)
Q3.9	Did you feel safe on your first night here?		
	<i>Yes</i>		155 (79%)
	<i>No</i>		32 (16%)
	<i>Don't remember</i>		8 (4%)

Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	28 (14%)
	<i>Within the first week</i>	124 (63%)
	<i>More than a week</i>	35 (18%)
	<i>Don't remember</i>	9 (5%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	28 (14%)
	<i>Yes</i>	95 (49%)
	<i>No</i>	58 (30%)
	<i>Don't remember</i>	13 (7%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	49 (26%)
	<i>Within the first week</i>	61 (32%)
	<i>More than a week</i>	48 (25%)
	<i>Don't remember</i>	32 (17%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		<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>	28 (15%)	52 (28%)	27 (15%)	27 (15%)	20 (11%)	32 (17%)
	<i>Attend legal visits?</i>	25 (15%)	58 (34%)	27 (16%)	12 (7%)	8 (5%)	42 (24%)
	<i>Get bail information?</i>	12 (8%)	18 (12%)	19 (12%)	17 (11%)	15 (10%)	75 (48%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	<i>Not had any letters</i>						36 (19%)
	<i>Yes</i>						79 (41%)
	<i>No</i>						76 (40%)
Q4.3	Can you get legal books in the library?						
	<i>Yes</i>						60 (31%)
	<i>No</i>						21 (11%)
	<i>Don't know</i>						110 (58%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	103 (54%)	86 (45%)	1 (1%)			
	<i>Are you normally able to have a shower every day?</i>	187 (96%)	7 (4%)	0 (0%)			
	<i>Do you normally receive clean sheets every week?</i>	125 (65%)	64 (33%)	4 (2%)			
	<i>Do you normally get cell cleaning materials every week?</i>	98 (52%)	92 (48%)	0 (0%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	70 (37%)	86 (45%)	34 (18%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	131 (68%)	61 (32%)	0 (0%)			
	<i>If you need to, can you normally get your stored property?</i>	33 (17%)	121 (62%)	40 (21%)			
Q4.5	What is the food like here?						
	<i>Very good</i>						10 (5%)
	<i>Good</i>						38 (20%)
	<i>Neither</i>						44 (23%)
	<i>Bad</i>						50 (26%)
	<i>Very bad</i>						51 (26%)

Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/ don't know</i>	5 (3%)
	Yes	93 (47%)
	No	98 (50%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	95 (49%)
	No	19 (10%)
	<i>Don't know</i>	81 (42%)
Q4.8	Are your religious beliefs respected?	
	Yes	104 (53%)
	No	19 (10%)
	<i>Don't know/ N/A</i>	74 (38%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?	
	Yes	109 (56%)
	No	13 (7%)
	<i>Don't know/ N/A</i>	71 (37%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	60 (31%)
	Very easy	35 (18%)
	Easy	40 (21%)
	Neither	9 (5%)
	Difficult	9 (5%)
	Very difficult	7 (4%)
	<i>Don't know</i>	35 (18%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	141 (73%)
	No	45 (23%)
	<i>Don't know</i>	8 (4%)
Q5.2	Please answer the following questions about applications (<i>If you have not made an application please tick the 'not made one' option.</i>)	
		<i>Not made one</i> Yes No
	Are <i>applications</i> dealt with fairly?	16 (9%) 88 (47%) 82 (44%)
	Are <i>applications</i> dealt with quickly (within seven days)?	16 (9%) 35 (21%) 119 (70%)
Q5.3	Is it easy to make a complaint?	
	Yes	101 (53%)
	No	41 (22%)
	<i>Don't know</i>	47 (25%)
Q5.4	Please answer the following questions about complaints (<i>If you have not made a complaint please tick the 'not made one' option.</i>)	
		<i>Not made one</i> Yes No
	Are <i>complaints</i> dealt with fairly?	76 (40%) 33 (17%) 83 (43%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	76 (42%) 21 (12%) 85 (47%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	42 (23%)
	No	139 (77%)

Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	65 (34%)
	<i>Very easy</i>	18 (10%)
	<i>Easy</i>	23 (12%)
	<i>Neither</i>	28 (15%)
	<i>Difficult</i>	23 (12%)
	<i>Very difficult</i>	32 (17%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	17 (9%)
	<i>Yes</i>	95 (49%)
	<i>No</i>	66 (34%)
	<i>Don't know</i>	17 (9%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	17 (9%)
	<i>Yes</i>	80 (43%)
	<i>No</i>	78 (41%)
	<i>Don't know</i>	13 (7%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	16 (8%)
	<i>No</i>	177 (92%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	160 (86%)
	<i>Very well</i>	4 (2%)
	<i>Well</i>	5 (3%)
	<i>Neither</i>	4 (2%)
	<i>Badly</i>	7 (4%)
	<i>Very badly</i>	6 (3%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	161 (83%)
	<i>No</i>	33 (17%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	143 (76%)
	<i>No</i>	46 (24%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes</i>	63 (33%)
	<i>No</i>	130 (67%)

Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	7 (4%)
	<i>Never</i>	46 (24%)
	<i>Rarely</i>	32 (17%)
	<i>Some of the time</i>	54 (28%)
	<i>Most of the time</i>	39 (20%)
	<i>All of the time</i>	14 (7%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	92 (48%)
	<i>In the first week</i>	42 (22%)
	<i>More than a week</i>	33 (17%)
	<i>Don't remember</i>	25 (13%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	92 (50%)
	<i>Very helpful</i>	28 (15%)
	<i>Helpful</i>	42 (23%)
	<i>Neither</i>	11 (6%)
	<i>Not very helpful</i>	4 (2%)
	<i>Not at all helpful</i>	8 (4%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?			
	<i>Yes</i>	81 (42%)		
	<i>No</i>	114 (58%)		
Q8.2	Do you feel unsafe now?			
	<i>Yes</i>	39 (20%)		
	<i>No</i>	152 (80%)		
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)			
	<i>Never felt unsafe</i>	114 (60%)	<i>At meal times</i>	24 (13%)
	<i>Everywhere</i>	24 (13%)	<i>At health services</i>	19 (10%)
	<i>Segregation unit</i>	7 (4%)	<i>Visits area</i>	15 (8%)
	<i>Association areas</i>	33 (17%)	<i>In wing showers</i>	31 (16%)
	<i>Reception area</i>	10 (5%)	<i>In gym showers</i>	16 (8%)
	<i>At the gym</i>	18 (10%)	<i>In corridors/stairwells</i>	31 (16%)
	<i>In an exercise yard</i>	19 (10%)	<i>On your landing/wing</i>	30 (16%)
	<i>At work</i>	21 (11%)	<i>In your cell</i>	16 (8%)
	<i>During movement</i>	34 (18%)	<i>At religious services</i>	3 (2%)
	<i>At education</i>	16 (8%)		
Q8.4	Have you been victimised by other prisoners here?			
	<i>Yes</i>	67 (34%)		
	<i>No</i>	128 (66%)		

Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	24 (12%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	20 (10%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	38 (19%)
	<i>Having your canteen/property taken</i>	20 (10%)
	<i>Medication</i>	19 (10%)
	<i>Debt</i>	12 (6%)
	<i>Drugs</i>	13 (7%)
	<i>Your race or ethnic origin</i>	8 (4%)
	<i>Your religion/religious beliefs</i>	5 (3%)
	<i>Your nationality</i>	5 (3%)
	<i>You are from a different part of the country than others</i>	14 (7%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	6 (3%)
	<i>Your age</i>	4 (2%)
	<i>You have a disability</i>	9 (5%)
	<i>You were new here</i>	12 (6%)
	<i>Your offence/ crime</i>	17 (9%)
	<i>Gang related issues</i>	6 (3%)
8.6	Have you been victimised by staff here?	
	Yes	63 (32%)
	No	131 (68%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	26 (13%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	10 (5%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	23 (12%)
	<i>Medication</i>	13 (7%)
	<i>Debt</i>	10 (5%)
	<i>Drugs</i>	7 (4%)
	<i>Your race or ethnic origin</i>	9 (5%)
	<i>Your religion/religious beliefs</i>	2 (1%)
	<i>Your nationality</i>	4 (2%)
	<i>You are from a different part of the country than others</i>	8 (4%)
	<i>You are from a traveller community</i>	4 (2%)
	<i>Your sexual orientation</i>	2 (1%)
	<i>Your age</i>	5 (3%)
	<i>You have a disability</i>	7 (4%)
	<i>You were new here</i>	6 (3%)
	<i>Your offence/ crime</i>	11 (6%)
	<i>Gang related issues</i>	1 (1%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	108 (62%)
	Yes	22 (13%)
	No	44 (25%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	17 (9%)	20 (10%)	46 (24%)	20 (10%)	63 (33%)	26 (14%)
	The nurse	13 (7%)	31 (17%)	75 (41%)	20 (11%)	35 (19%)	9 (5%)
	The dentist	33 (18%)	10 (5%)	25 (13%)	13 (7%)	44 (24%)	61 (33%)
Q9.2	What do you think of the quality of the health service from the following people?						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	32 (17%)	27 (14%)	48 (25%)	16 (8%)	30 (16%)	37 (19%)
	The nurse	21 (11%)	39 (21%)	58 (31%)	29 (16%)	18 (10%)	20 (11%)
	The dentist	50 (27%)	33 (18%)	38 (21%)	19 (10%)	19 (10%)	24 (13%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						18 (9%)
	<i>Very good</i>						29 (15%)
	<i>Good</i>						50 (26%)
	<i>Neither</i>						26 (14%)
	<i>Bad</i>						36 (19%)
	<i>Very bad</i>						31 (16%)
Q9.4	Are you currently taking medication?						
	Yes						108 (56%)
	No						84 (44%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?						
	<i>Not taking medication</i>						84 (44%)
	<i>Yes, all my meds</i>						77 (40%)
	<i>Yes, some of my meds</i>						19 (10%)
	<i>No</i>						13 (7%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						69 (36%)
	No						125 (64%)
Q9.7	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).						
	<i>Do not have any emotional or mental health problems</i>						125 (65%)
	Yes						36 (19%)
	No						31 (16%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	48 (25%)
	No	145 (75%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	24 (13%)
	No	168 (88%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	63 (33%)
	Easy	24 (13%)
	Neither	16 (8%)
	Difficult	3 (2%)
	Very difficult	4 (2%)
	Don't know	80 (42%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	49 (26%)
	Easy	24 (13%)
	Neither	16 (8%)
	Difficult	5 (3%)
	Very difficult	5 (3%)
	Don't know	91 (48%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	28 (15%)
	No	163 (85%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	25 (13%)
	No	162 (87%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	124 (67%)
	Yes	35 (19%)
	No	25 (14%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?	
	<i>Did not / do not have an alcohol problem</i>	168 (88%)
	Yes	13 (7%)
	No	9 (5%)
Q10.9	Was the support or help you received, while in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	144 (78%)
	Yes	26 (14%)
	No	15 (8%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	13 (7%)	10 (5%)	33 (18%)	25 (14%)	47 (26%)	55 (30%)
	Vocational or skills training	20 (11%)	11 (6%)	29 (16%)	29 (16%)	46 (26%)	43 (24%)
	Education (including basic skills)	17 (10%)	15 (8%)	48 (27%)	29 (16%)	35 (20%)	34 (19%)
	Offending behaviour programmes	43 (24%)	8 (5%)	16 (9%)	20 (11%)	32 (18%)	57 (32%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	<i>Not involved in any of these</i>					46 (25%)	
	Prison job					95 (52%)	
	Vocational or skills training					27 (15%)	
	Education (including basic skills)					39 (21%)	
	Offending behaviour programmes					22 (12%)	

Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	44 (27%)	50 (30%)	53 (32%)	17 (10%)
	Vocational or skills training	47 (34%)	40 (29%)	40 (29%)	13 (9%)
	Education (including basic skills)	35 (24%)	60 (41%)	38 (26%)	15 (10%)
	Offending behaviour programmes	51 (35%)	48 (33%)	34 (23%)	12 (8%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				32 (17%)
	<i>Never</i>				47 (25%)
	<i>Less than once a week</i>				44 (23%)
	<i>About once a week</i>				62 (33%)
	<i>More than once a week</i>				3 (2%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				67 (36%)
	<i>Yes</i>				72 (39%)
	<i>No</i>				46 (25%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				52 (28%)
	<i>0</i>				42 (22%)
	<i>1 to 2</i>				37 (20%)
	<i>3 to 5</i>				47 (25%)
	<i>More than 5</i>				10 (5%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				34 (18%)
	<i>0</i>				17 (9%)
	<i>1 to 2</i>				49 (26%)
	<i>3 to 5</i>				41 (22%)
	<i>More than 5</i>				46 (25%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				7 (4%)
	<i>0</i>				2 (1%)
	<i>1 to 2</i>				7 (4%)
	<i>3 to 5</i>				18 (10%)
	<i>More than 5</i>				155 (82%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)				
	<i>Less than 2 hours</i>				48 (25%)
	<i>2 to less than 4 hours</i>				15 (8%)
	<i>4 to less than 6 hours</i>				10 (5%)
	<i>6 to less than 8 hours</i>				55 (29%)
	<i>8 to less than 10 hours</i>				27 (14%)
	<i>10 hours or more</i>				27 (14%)
	<i>Don't know</i>				10 (5%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	59 (32%)
	No	125 (68%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	85 (45%)
	No	105 (55%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	41 (21%)
	No	150 (79%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	32 (17%)
	<i>Very easy</i>	19 (10%)
	<i>Easy</i>	39 (20%)
	<i>Neither</i>	10 (5%)
	<i>Difficult</i>	37 (19%)
	<i>Very difficult</i>	53 (28%)
	<i>Don't know</i>	1 (1%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	2 (1%)
	Yes	163 (86%)
	No	24 (13%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	Not sentenced/ NA	26 (14%)
	<i>No contact</i>	66 (35%)
	<i>Letter</i>	50 (26%)
	<i>Phone</i>	32 (17%)
	<i>Visit</i>	55 (29%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	131 (73%)
	No	49 (27%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	2 (1%)
	Yes	123 (65%)
	No	64 (34%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	66 (35%)
	<i>Very involved</i>	20 (11%)
	<i>Involved</i>	35 (19%)
	<i>Neither</i>	15 (8%)
	<i>Not very involved</i>	25 (13%)
	<i>Not at all involved</i>	28 (15%)

Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)			
	<i>Do not have a sentence plan/ not sentenced</i>			66 (35%)
	<i>Nobody</i>			63 (34%)
	<i>Offender supervisor</i>			34 (18%)
	<i>Offender manager</i>			33 (18%)
	<i>Named/ personal officer</i>			13 (7%)
	<i>Staff from other departments</i>			15 (8%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?			
	<i>Do not have a sentence plan/ not sentenced</i>			66 (35%)
	<i>Yes</i>			55 (29%)
	<i>No</i>			43 (23%)
	<i>Don't know</i>			24 (13%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?			
	<i>Do not have a sentence plan/ not sentenced</i>			66 (35%)
	<i>Yes</i>			20 (11%)
	<i>No</i>			73 (38%)
	<i>Don't know</i>			31 (16%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?			
	<i>Do not have a sentence plan/ not sentenced</i>			66 (35%)
	<i>Yes</i>			33 (17%)
	<i>No</i>			47 (25%)
	<i>Don't know</i>			44 (23%)
Q13.10	Do you have a needs based custody plan?			
	<i>Yes</i>			14 (8%)
	<i>No</i>			76 (41%)
	<i>Don't know</i>			94 (51%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?			
	<i>Yes</i>			21 (11%)
	<i>No</i>			163 (89%)
Q13.12	Do you know of anyone in this prison who can help you with the following on release? (please tick all that apply to you.)			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	42 (24%)	32 (18%)	104 (58%)
	Accommodation	47 (27%)	31 (18%)	93 (54%)
	Benefits	39 (22%)	46 (26%)	91 (52%)
	Finances	40 (24%)	27 (16%)	98 (59%)
	Education	42 (26%)	24 (15%)	97 (60%)
	Drugs and alcohol	51 (31%)	41 (25%)	71 (44%)
Q13.13	Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?			
	<i>Not sentenced</i>			2 (1%)
	<i>Yes</i>			102 (57%)
	<i>No</i>			75 (42%)

Main comparator and comparator to last time



Prisoner survey responses HMP Northumberland 2014

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 2014	Category C training prisons comparator	HMP Northumberland 2014	HMP Northumberland 2012
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				
Number of completed questionnaires returned	199	5,798	199	208
SECTION 1: General information				
1.2 Are you under 21 years of age?	1%	3%	1%	1%
1.3 Are you sentenced?	99%	100%	99%	100%
1.3 Are you on recall?	8%	9%	8%	13%
1.4 Is your sentence less than 12 months?	3%	6%	3%	5%
1.4 Are you here under an indeterminate sentence for public protection (IPP prisoner)?	11%	10%	11%	10%
1.5 Are you a foreign national?	6%	9%	6%	3%
1.6 Do you understand spoken English?	99%	99%	99%	100%
1.7 Do you understand written English?	98%	98%	98%	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%	27%	8%	3%
1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	4%	4%	3%
1.1 Are you Muslim?	6%	13%	6%	3%
1.11 Are you homosexual/gay or bisexual?	7%	3%	7%	2%
1.12 Do you consider yourself to have a disability?	23%	19%	23%	19%
1.13 Are you a veteran (ex-armed services)?	6%	6%	6%	5%
1.14 Is this your first time in prison?	37%	37%	37%	39%
1.15 Do you have any children under the age of 18?	49%	51%	49%	50%
SECTION 2: Transfers and escorts				
On your most recent journey here:				
2.1 Did you spend more than 2 hours in the van?	42%	46%	42%	33%
For those who spent two or more hours in the escort van:				
2.2 Were you offered anything to eat or drink?	65%	74%	65%	58%
2.3 Were you offered a toilet break?	4%	8%	4%	18%
2.4 Was the van clean?	63%	66%	63%	70%
2.5 Did you feel safe?	75%	81%	75%	86%
2.6 Were you treated well/very well by the escort staff?	75%	72%	75%	74%
2.7 Before you arrived here were you told that you were coming here?	65%	61%	65%	64%
2.7 Before you arrived here did you receive any written information about coming here?	5%	17%	5%	12%
2.8 When you first arrived here did your property arrive at the same time as you?	83%	89%	83%	92%
SECTION 3: Reception, first night and induction				
3.1 Were you in reception for less than 2 hours?	48%	50%	48%	59%
3.2 When you were searched in reception, was this carried out in a respectful way?	83%	85%	83%	87%
3.3 Were you treated well/very well in reception?	73%	74%	73%	73%

Main comparator and comparator to last time

Key to tables

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
	When you first arrived:				
3.4	Did you have any problems?	62%	61%	62%	51%
3.4	Did you have any problems with loss of property?	21%	17%	21%	11%
3.4	Did you have any housing problems?	9%	15%	9%	7%
3.4	Did you have any problems contacting employers?	3%	3%	3%	0%
3.4	Did you have any problems contacting family?	22%	19%	22%	15%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	2%	3%	1%
3.4	Did you have any money worries?	19%	14%	19%	10%
3.4	Did you have any problems with feeling depressed or suicidal?	22%	13%	22%	14%
3.4	Did you have any physical health problems?	15%	12%	15%	7%
3.4	Did you have any mental health problems?	18%	13%	18%	15%
3.4	Did you have any problems with needing protection from other prisoners?	8%	4%	8%	4%
3.4	Did you have problems accessing phone numbers?	16%	18%	16%	16%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	37%	36%	37%	39%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	70%	74%	70%	78%
3.6	A shower?	30%	29%	30%	27%
3.6	A free telephone call?	47%	41%	47%	54%
3.6	Something to eat?	49%	60%	49%	56%
3.6	PIN phone credit?	54%	49%	54%	55%
3.6	Toiletries/ basic items?	43%	43%	43%	47%
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	53%	50%	53%	60%
3.7	Someone from health services?	69%	68%	69%	75%
3.7	A Listener/Samaritans?	24%	31%	24%	30%
3.7	Prison shop/ canteen?	27%	21%	27%	22%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	44%	51%	44%	53%
3.8	Support was available for people feeling depressed or suicidal?	37%	41%	37%	44%
3.8	How to make routine requests?	40%	45%	40%	51%
3.8	Your entitlement to visits?	35%	43%	35%	49%
3.8	Health services?	51%	54%	51%	56%
3.8	The chaplaincy?	47%	49%	47%	52%
3.9	Did you feel safe on your first night here?	80%	83%	80%	87%
3.10	Have you been on an induction course?	86%	90%	86%	93%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	57%	60%	57%	73%

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3.12 Did you receive an education (skills for life) assessment?	74%	83%	74%	80%
SECTION 4: Legal rights and respectful custody				
In terms of your legal rights, is it easy/very easy to:				
4.1 Communicate with your solicitor or legal representative?	43%	48%	43%	48%
4.1 Attend legal visits?	48%	51%	48%	55%
4.1 Get bail information?	19%	14%	19%	18%
4.2 Have staff ever opened letters from your solicitor or legal representative when you were not with them?	41%	41%	41%	33%
4.3 Can you get legal books in the library?	31%	44%	31%	37%
For the wing/unit you are currently on:				
4.4 Are you normally offered enough clean, suitable clothes for the week?	54%	67%	54%	73%
4.4 Are you normally able to have a shower every day?	96%	94%	96%	98%
4.4 Do you normally receive clean sheets every week?	65%	79%	65%	88%
4.4 Do you normally get cell cleaning materials every week?	52%	69%	52%	67%
4.4 Is your cell call bell normally answered within five minutes?	37%	36%	37%	36%
4.4 Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	68%	68%	68%	69%
4.4 Can you normally get your stored property, if you need to?	17%	25%	17%	33%
4.5 Is the food in this prison good/very good?	25%	25%	25%	24%
4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?	48%	44%	48%	46%
4.7 Are you able to speak to a Listener at any time, if you want to?	49%	57%	49%	51%
4.8 Are your religious beliefs are respected?	53%	52%	53%	47%
4.9 Are you able to speak to a religious leader of your faith in private if you want to?	57%	58%	57%	66%
4.10 Is it easy/very easy to attend religious services?	39%	50%	39%	39%
SECTION 5: Applications and complaints				
5.1 Is it easy to make an application?	73%	83%	73%	76%
For those who have made an application:				
5.2 Do you feel applications are dealt with fairly?	52%	60%	52%	65%
5.2 Do you feel applications are dealt with quickly (within seven days)?	23%	45%	23%	53%
5.3 Is it easy to make a complaint?	54%	59%	54%	57%
For those who have made a complaint:				
5.4 Do you feel complaints are dealt with fairly?	28%	32%	28%	46%
5.4 Do you feel complaints are dealt with quickly (within seven days)?	20%	32%	20%	50%
5.5 Have you ever been prevented from making a complaint when you wanted to?	23%	18%	23%	13%
5.6 Is it easy/very easy to see the Independent Monitoring Board?	22%	29%	22%	27%
SECTION 6: Incentives and earned privileges scheme				
6.1 Do you feel you have been treated fairly in your experience of the IEP scheme?	49%	53%	49%	54%
6.2 Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	47%	43%	47%
6.3 In the last six months have any members of staff physically restrained you (C&R)?	8%	5%	8%	4%
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?	35%	39%	35%	42%

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SECTION 7: Relationships with staff				
7.1 Do most staff, in this prison, treat you with respect?	83%	77%	83%	82%
7.2 Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	76%	74%	76%	81%
7.3 Has a member of staff checked on you personally in the last week to see how you were getting on?	33%	29%	33%	30%
7.4 Do staff normally speak to you most of the time/all of the time during association?	28%	20%	28%	27%
7.5 Do you have a personal officer?	52%	70%	52%	72%
For those with a personal officer:				
7.6 Do you think your personal officer is helpful/very helpful?	75%	62%	75%	71%
SECTION 8: Safety				
8.1 Have you ever felt unsafe here?	42%	32%	42%	27%
8.2 Do you feel unsafe now?	20%	14%	20%	8%
8.4 Have you been victimised by other prisoners here?	34%	24%	34%	21%
Since you have been here, have other prisoners:				
8.5 Made insulting remarks about you, your family or friends?	12%	11%	12%	9%
8.5 Hit, kicked or assaulted you?	10%	6%	10%	6%
8.5 Sexually abused you?	2%	1%	2%	3%
8.5 Threatened or intimidated you?	20%	15%	20%	13%
8.5 Taken your canteen/property?	10%	5%	10%	3%
8.5 Victimised you because of medication?	10%	4%	10%	3%
8.5 Victimised you because of debt?	6%	3%	6%	6%
8.5 Victimised you because of drugs?	7%	3%	7%	4%
8.5 Victimised you because of your race or ethnic origin?	4%	3%	4%	1%
8.5 Victimised you because of your religion/religious beliefs?	3%	3%	3%	2%
8.5 Victimised you because of your nationality?	3%	2%	3%	1%
8.5 Victimised you because you were from a different part of the country?	7%	4%	7%	3%
8.5 Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.5 Victimised you because of your sexual orientation?	3%	1%	3%	1%
8.5 Victimised you because of your age?	2%	3%	2%	1%
8.5 Victimised you because you have a disability?	5%	3%	5%	1%
8.5 Victimised you because you were new here?	6%	5%	6%	4%
8.5 Victimised you because of your offence/crime?	9%	4%	9%	7%
8.5 Victimised you because of gang related issues?	3%	4%	3%	3%
SECTION 8: Safety continued				
8.6 Have you been victimised by staff here?	33%	29%	33%	21%
Since you have been here, have staff:				
8.7 Made insulting remarks about you, your family or friends?	13%	10%	13%	9%
8.7 Hit, kicked or assaulted you?	5%	3%	5%	3%
8.7 Sexually abused you?	2%	1%	2%	0%

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8.7 Threatened or intimidated you?	12%	13%	12%	9%
8.7 Victimised you because of medication?	7%	4%	7%	4%
8.7 Victimised you because of debt?	5%	2%	5%	3%
8.7 Victimised you because of drugs?	4%	2%	4%	3%
8.7 Victimised you because of your race or ethnic origin?	5%	5%	5%	1%
8.7 Victimised you because of your religion/religious beliefs?	1%	3%	1%	1%
8.7 Victimised you because of your nationality?	2%	3%	2%	1%
8.7 Victimised you because you were from a different part of the country?	4%	4%	4%	3%
8.7 Victimised you because you are from a Traveller community?	2%	1%	2%	0%
8.7 Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.7 Victimised you because of your age?	3%	2%	3%	1%
8.7 Victimised you because you have a disability?	4%	2%	4%	1%
8.7 Victimised you because you were new here?	3%	4%	3%	3%
8.7 Victimised you because of your offence/crime?	6%	4%	6%	5%
8.7 Victimised you because of gang related issues?	1%	2%	1%	2%
For those who have been victimised by staff or other prisoners:				
8.8 Did you report any victimisation that you have experienced?	33%	40%	33%	30%
SECTION 9: Health services				
9.1 Is it easy/very easy to see the doctor?	34%	31%	34%	35%
9.1 Is it easy/very easy to see the nurse?	58%	53%	58%	62%
9.1 Is it easy/very easy to see the dentist?	19%	12%	19%	14%
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?	48%	47%	48%	49%
9.2 The nurse?	59%	57%	59%	61%
9.2 The dentist?	53%	42%	53%	43%
9.3 The overall quality of health services?	46%	42%	46%	45%
9.4 Are you currently taking medication?	56%	48%	56%	46%
For those currently taking medication:				
9.5 Are you allowed to keep possession of some or all of your medication in your own cell?	88%	84%	88%	87%
9.6 Do you have any emotional well being or mental health problems?	36%	27%	36%	24%
For those who have problems:				
9.7 Are you being helped or supported by anyone in this prison?	54%	49%	54%	56%
SECTION 10: Drugs and alcohol				
10.1 Did you have a problem with drugs when you came into this prison?	25%	23%	25%	24%
10.2 Did you have a problem with alcohol when you came into this prison?	13%	17%	13%	23%
10.3 Is it easy/very easy to get illegal drugs in this prison?	46%	33%	46%	38%
10.4 Is it easy/very easy to get alcohol in this prison?	38%	20%	38%	28%

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10.5	Have you developed a problem with drugs since you have been in this prison?	15%	8%	15%	13%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	13%	6%	13%	7%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	58%	62%	58%	55%
10.8	Have you received any support or help with your alcohol problem while in this prison?	59%	63%	59%	57%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	63%	79%	63%	82%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	24%	43%	24%	41%
11.1	Vocational or skills training?	23%	38%	23%	34%
11.1	Education (including basic skills)?	35%	53%	35%	47%
11.1	Offending behaviour programmes?	14%	22%	14%	17%
	Are you currently involved in any of the following activities:				
11.2	A prison job?	52%	59%	52%	52%
11.2	Vocational or skills training?	15%	16%	15%	15%
11.2	Education (including basic skills)?	21%	24%	21%	33%
11.2	Offending behaviour programmes?	12%	13%	12%	9%
11.3	Have you had a job while in this prison?	73%	82%	73%	80%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	42%	42%	42%	38%
11.3	Have you been involved in vocational or skills training while in this prison?	67%	73%	67%	69%
	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?	43%	58%	43%	52%
11.3	Have you been involved in education while in this prison?	76%	78%	76%	79%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	53%	60%	53%	55%
11.3	Have you been involved in offending behaviour programmes while in this prison?	65%	71%	65%	61%
	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?	51%	52%	51%	46%
11.4	Do you go to the library at least once a week?	35%	45%	35%	31%
11.5	Does the library have a wide enough range of materials to meet your needs?	39%	47%	39%	34%
11.6	Do you go to the gym three or more times a week?	30%	34%	30%	38%
11.7	Do you go outside for exercise three or more times a week?	47%	49%	47%	45%
11.8	Do you go on association more than five times each week?	82%	73%	82%	86%
11.9	Do you spend ten or more hours out of your cell on a weekday?	14%	17%	14%	12%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	32%	34%	32%	39%

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12.2	Have you had any problems with sending or receiving mail?	45%	45%	45%	47%
12.3	Have you had any problems getting access to the telephones?	22%	24%	22%	16%
12.4	Is it easy/ very easy for your friends and family to get here?	30%	26%	30%	37%
SECTION 13: Preparation for release					
	For those who are sentenced:				
13.1	Do you have a named offender manager (home probation officer) in the probation service?	87%	83%	87%	90%
	For those who are sentenced what type of contact have you had with your offender manager:				
13.2	No contact?	40%	35%	40%	27%
13.2	Contact by letter?	30%	37%	30%	36%
13.2	Contact by phone?	19%	25%	19%	20%
13.2	Contact by visit?	33%	32%	33%	46%
13.3	Do you have a named offender supervisor in this prison?	73%	70%	73%	77%
	For those who are sentenced:				
13.4	Do you have a sentence plan?	66%	69%	66%	77%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	45%	55%	45%	39%
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	52%	48%	52%	40%
13.6	Offender supervisor?	28%	35%	28%	39%
13.6	Offender manager?	27%	26%	27%	32%
13.6	Named/ personal officer?	11%	12%	11%	16%
13.6	Staff from other departments?	12%	16%	12%	17%
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	45%	65%	45%	54%
13.8	Are there plans for you to achieve any of your targets in another prison?	16%	22%	16%	12%
13.9	Are there plans for you to achieve any of your targets in the community?	27%	29%	27%	22%
13.10	Do you have a needs based custody plan?	8%	6%	8%	6%
13.11	Do you feel that any member of staff has helped you to prepare for release?	11%	16%	11%	18%
	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%	33%	24%	42%
13.12	Accommodation?	25%	36%	25%	38%
13.12	Benefits?	34%	38%	34%	44%
13.12	Finances?	22%	25%	22%	31%
13.12	Education?	20%	34%	20%	40%
13.12	Drugs and alcohol?	37%	43%	37%	46%
	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?	58%	55%	58%	55%

Diversity analysis



Key question responses (disability, age over 50) HMP Northumberland 2014

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

		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 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				
Number of completed questionnaires returned		44	150	41	157
1.3	Are you sentenced?	98%	100%	97%	99%
1.5	Are you a foreign national?	9%	4%	7%	5%
1.6	Do you understand spoken English?	96%	100%	97%	99%
1.7	Do you understand written English?	93%	100%	95%	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.)	5%	8%	13%	7%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	3%	5%	3%
1.1	Are you Muslim?	5%	5%	7%	5%
1.12	Do you consider yourself to have a disability?			42%	17%
1.13	Are you a veteran (ex-armed services)?	9%	5%	8%	6%
1.14	Is this your first time in prison?	41%	36%	59%	32%
2.6	Were you treated well/very well by the escort staff?	77%	75%	85%	73%
2.7	Before you arrived here were you told that you were coming here?	63%	66%	74%	62%
3.2	When you were searched in reception, was this carried out in a respectful way?	78%	84%	87%	82%
3.3	Were you treated well/very well in reception?	76%	73%	82%	71%
3.4	Did you have any problems when you first arrived?	81%	57%	67%	62%
3.7	Did you have access to someone from health care when you first arrived here?	71%	70%	77%	68%
3.9	Did you feel safe on your first night here?	67%	84%	80%	79%
3.10	Have you been on an induction course?	93%	84%	95%	83%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	42%	56%	40%

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?	60%	53%	68%	51%
4.4	Are you normally able to have a shower every day?	95%	97%	97%	96%
4.4	Is your cell call bell normally answered within five minutes?	44%	35%	49%	34%
4.5	Is the food in this prison good/very good?	24%	25%	28%	24%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	53%	46%	67%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	52%	48%	67%	44%
4.8	Do you feel your religious beliefs are respected?	56%	52%	73%	47%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	62%	56%	71%	53%
5.1	Is it easy to make an application?	80%	71%	89%	69%
5.3	Is it easy to make a complaint?	40%	58%	56%	53%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	44%	51%	66%	45%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	43%	64%	38%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	12%	7%	3%	10%
7.1	Do most staff, in this prison, treat you with respect?	88%	82%	87%	82%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	83%	74%	86%	73%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	31%	27%	46%	22%
7.4	Do you have a personal officer?	48%	53%	73%	47%
8.1	Have you ever felt unsafe here?	45%	41%	38%	43%
8.2	Do you feel unsafe now?	31%	17%	15%	22%
8.3	Have you been victimised by other prisoners?	50%	30%	32%	34%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	24%	18%	18%	20%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	3%	5%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	3%	0%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	5%	1%	5%	2%

Key to tables

Diversity analysis

		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 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				
8.5	Have you been victimised because of your age? (By prisoners)	3%	2%	5%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	19%	1%	5%	4%
8.6	Have you been victimised by a member of staff?	45%	28%	26%	34%
8.7	Have you ever felt threatened or intimidated by staff here?	14%	11%	10%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	3%	3%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	1%	0%	1%
8.7	Have you been victimised because of your nationality? (By staff)	7%	1%	3%	2%
8.7	Have you been victimised because of your age? (By staff)	5%	2%	8%	1%
8.7	Have you been victimised because you have a disability? (By staff)	12%	1%	5%	3%
9.1	Is it easy/very easy to see the doctor?	49%	30%	46%	31%
9.1	Is it easy/ very easy to see the nurse?	77%	54%	79%	53%
9.4	Are you currently taking medication?	69%	52%	90%	47%
9.6	Do you feel you have any emotional well being/mental health issues?	44%	34%	18%	40%
10.3	Is it easy/very easy to get illegal drugs in this prison?	27%	52%	41%	47%
11.2	Are you currently working in the prison?	49%	54%	56%	51%
11.2	Are you currently undertaking vocational or skills training?	16%	15%	9%	16%
11.2	Are you currently in education (including basic skills)?	16%	22%	27%	20%
11.2	Are you currently taking part in an offending behaviour programme?	5%	14%	18%	11%
11.4	Do you go to the library at least once a week?	39%	34%	39%	34%
11.6	Do you go to the gym three or more times a week?	21%	34%	5%	36%
11.7	Do you go outside for exercise three or more times a week?	29%	51%	37%	49%
11.8	On average, do you go on association more than five times each week?	77%	85%	68%	85%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	15%	14%	8%	16%
12.2	Have you had any problems sending or receiving mail?	35%	48%	21%	51%
12.3	Have you had any problems getting access to the telephones?	20%	22%	15%	23%



Prisoner survey responses HMP Northumberland 2014 Indeterminate sentence prisoners comparator

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

		Indeterminate sentence prisoners	Determinate sentence prisoners
	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		
Number of completed questionnaires returned		30	164
SECTION 1: General information			
1.2	Are you under 21 years of age?	4%	0%
1.3	Are you sentenced?		
1.3	Are you on recall?	4%	9%
1.4	Is your sentence less than 12 months?	0%	4%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?		
1.5	Are you a foreign national?	0%	6%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	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.)	10%	7%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	3%
1.1	Are you Muslim?	7%	5%
1.11	Are you homosexual/gay or bisexual?	10%	6%
1.12	Do you consider yourself to have a disability?	28%	21%
1.13	Are you a veteran (ex-armed services)?	4%	7%
1.14	Is this your first time in prison?	23%	39%
1.15	Do you have any children under the age of 18?	40%	51%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	67%	38%
2.5	Did you feel safe?	70%	76%
2.6	Were you treated well/very well by the escort staff?	83%	74%
2.7	Before you arrived here were you told that you were coming here?	83%	61%
2.8	When you first arrived here did your property arrive at the same time as you?	76%	84%
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	40%	50%
3.2	When you were searched in reception, was this carried out in a respectful way?	77%	84%
3.3	Were you treated well/very well in reception?	73%	73%
When you first arrived:			
3.4	Did you have any problems?	69%	61%
3.4	Did you have any problems with loss of property?	34%	18%
3.4	Did you have any housing problems?	7%	10%

Key to tables

	Any percentage highlighted in green is significantly better	Indeterminate sentence prisoners	Determinate sentence prisoners
	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		
3.4	Did you have any problems contacting employers?	4%	3%
3.4	Did you have any problems contacting family?	21%	23%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	4%
3.4	Did you have any money worries?	21%	19%
3.4	Did you have any problems with feeling depressed or suicidal?	31%	20%
3.4	Did you have any physical health problems?	24%	14%
3.4	Did you have any mental health problems?	24%	17%
3.4	Did you have any problems with needing protection from other prisoners?	14%	8%
3.4	Did you have problems accessing phone numbers?	21%	15%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	66%	71%
3.6	A shower?	38%	27%
3.6	A free telephone call?	45%	47%
3.6	Something to eat?	62%	46%
3.6	PIN phone credit?	42%	56%
3.6	Toiletries/ basic items?	45%	42%
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	48%	53%
3.7	Someone from health services?	72%	68%
3.7	A Listener/Samaritans?	17%	24%
3.7	Prison shop/ canteen?	34%	25%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	42%	44%
3.8	Support was available for people feeling depressed or suicidal?	38%	36%
3.8	How to make routine requests?	45%	39%
3.8	Your entitlement to visits?	38%	33%
3.8	Health services?	59%	48%
3.8	The chaplaincy?	52%	46%
3.9	Did you feel safe on your first night here?	73%	80%
3.10	Have you been on an induction course?	80%	87%
3.12	Did you receive an education (skills for life) assessment?	63%	77%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	60%	40%
4.1	Attend legal visits?	80%	41%
4.1	Get bail information?	16%	20%

Key to tables

		Indeterminate sentence prisoners	Determinate sentence prisoners
	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		
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	73%	36%
4.3	Can you get legal books in the library?	37%	30%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	62%	53%
4.4	Are you normally able to have a shower every day?	97%	96%
4.4	Do you normally receive clean sheets every week?	66%	64%
4.4	Do you normally get cell cleaning materials every week?	59%	50%
4.4	Is your cell call bell normally answered within five minutes?	43%	35%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	66%	68%
4.4	Can you normally get your stored property, if you need to?	17%	16%
4.5	Is the food in this prison good/very good?	11%	27%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	30%	51%
4.7	Are you able to speak to a Listener at any time, if you want to?	57%	47%
4.8	Are your religious beliefs are respected?	63%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	69%	54%
4.10	Is it easy/very easy to attend religious services?	33%	39%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	60%	75%
5.3	Is it easy to make a complaint?	42%	55%
5.5	Have you ever been prevented from making a complaint when you wanted to?	33%	21%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	33%	19%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	54%	49%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	55%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	13%	6%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	77%	84%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	83%	74%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	33%	32%
7.4	Do staff normally speak to you most of the time/all of the time during association?	33%	27%
7.5	Do you have a personal officer?	66%	49%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	54%	40%
8.2	Do you feel unsafe now?	17%	21%
8.4	Have you been victimised by other prisoners here?	47%	32%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	17%	12%
8.5	Hit, kicked or assaulted you?	17%	9%

Key to tables

	Any percentage highlighted in green is significantly better	Indeterminate sentence prisoners	Determinate sentence prisoners
	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		
8.5	Sexually abused you?	4%	1%
8.5	Threatened or intimidated you?	23%	19%
8.5	Taken your canteen/property?	17%	9%
8.5	Victimised you because of medication?	13%	9%
8.5	Victimised you because of debt?	4%	7%
8.5	Victimised you because of drugs?	4%	7%
8.5	Victimised you because of your race or ethnic origin?	10%	3%
8.5	Victimised you because of your religion/religious beliefs?	4%	3%
8.5	Victimised you because of your nationality?	7%	2%
8.5	Victimised you because you were from a different part of the country?	20%	5%
8.5	Victimised you because you are from a traveller community?	0%	1%
8.5	Victimised you because of your sexual orientation?	7%	3%
8.5	Victimised you because of your age?	0%	3%
8.5	Victimised you because you have a disability?	4%	5%
8.5	Victimised you because you were new here?	7%	6%
8.5	Victimised you because of your offence/crime?	20%	7%
8.5	Victimised you because of gang related issues?	4%	3%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	47%	29%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	20%	13%
8.7	Hit, kicked or assaulted you?	10%	4%
8.7	Sexually abused you?	4%	1%
8.7	Threatened or intimidated you?	17%	11%
8.7	Victimised you because of medication?	13%	6%
8.7	Victimised you because of debt?	4%	5%
8.7	Victimised you because of drugs?	0%	4%
8.7	Victimised you because of your race or ethnic origin?	7%	4%
8.7	Victimised you because of your religion/religious beliefs?	0%	1%
8.7	Victimised you because of your nationality?	0%	3%
8.7	Victimised you because you were from a different part of the country?	10%	3%
8.7	Victimised you because you are from a traveller community?	4%	2%
8.7	Victimised you because of your sexual orientation?	0%	1%
8.7	Victimised you because of your age?	0%	3%
8.7	Victimised you because you have a disability?	7%	3%
8.7	Victimised you because you were new here?	0%	4%
8.7	Victimised you because of your offence/crime?	10%	5%
8.7	Victimised you because of gang related issues?	0%	1%

Key to tables

	Any percentage highlighted in green is significantly better	Indeterminate sentence prisoners	Determinate sentence prisoners
	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		
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	27%	35%
9.1	Is it easy/very easy to see the nurse?	61%	57%
9.1	Is it easy/very easy to see the dentist?	29%	17%
9.4	Are you currently taking medication?	67%	54%
9.6	Do you have any emotional well being or mental health problems?	40%	35%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	23%	26%
10.2	Did you have a problem with alcohol when you came into this prison?	13%	13%
10.3	Is it easy/very easy to get illegal drugs in this prison?	37%	48%
10.4	Is it easy/very easy to get alcohol in this prison?	33%	39%
10.5	Have you developed a problem with drugs since you have been in this prison?	17%	15%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	11%	14%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	25%	23%
11.1	Vocational or skills training?	22%	22%
11.1	Education (including basic skills)?	34%	35%
11.1	Offending Behaviour Programmes?	22%	12%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	64%	50%
11.2	Vocational or skills training?	18%	14%
11.2	Education (including basic skills)?	14%	23%
11.2	Offending Behaviour Programmes?	18%	11%
11.4	Do you go to the library at least once a week?	24%	36%
11.5	Does the library have a wide enough range of materials to meet your needs?	21%	42%
11.6	Do you go to the gym three or more times a week?	30%	31%
11.7	Do you go outside for exercise three or more times a week?	47%	47%
11.8	Do you go on association more than five times each week?	83%	82%
11.9	Do you spend ten or more hours out of your cell on a weekday?	17%	13%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	37%	31%
12.2	Have you had any problems with sending or receiving mail?	47%	45%
12.3	Have you had any problems getting access to the telephones?	20%	22%
12.4	Is it easy/ very easy for your friends and family to get here?	27%	31%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	97%	68%
13.10	Do you have a needs based custody plan?	20%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	13%	11%



Prisoner survey responses HMP Northumberland 2014

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

		Vulnerable prisoners	Non-vulnerable prisoners
	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		
Number of completed questionnaires returned		74	124
SECTION 1: General information			
1.2	Are you under 21 years of age?	0%	1%
1.3	Are you sentenced?	100%	98%
1.3	Are you on recall?	11%	6%
1.4	Is your sentence less than 12 months?	1%	4%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	17%	8%
1.5	Are you a foreign national?	3%	7%
1.6	Do you understand spoken English?	99%	98%
1.7	Do you understand written English?	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.)	7%	9%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	3%
1.1	Are you Muslim?	8%	4%
1.11	Are you homosexual/gay or bisexual?	15%	2%
1.12	Do you consider yourself to have a disability?	30%	19%
1.13	Are you a veteran (ex-armed services)?	6%	7%
1.14	Is this your first time in prison?	54%	28%
1.15	Do you have any children under the age of 18?	33%	59%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	52%	36%
2.5	Did you feel safe?	70%	78%
2.6	Were you treated well/very well by the escort staff?	77%	74%
2.7	Before you arrived here were you told that you were coming here?	59%	68%
2.8	When you first arrived here did your property arrive at the same time as you?	88%	80%
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	47%	50%
3.2	When you were searched in reception, was this carried out in a respectful way?	81%	84%
3.3	Were you treated well/very well in reception?	70%	76%
When you first arrived:			
3.4	Did you have any problems?	70%	58%
3.4	Did you have any problems with loss of property?	22%	19%
3.4	Did you have any housing problems?	10%	9%

Key to tables

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	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		
3.4	Did you have any problems contacting employers?	4%	2%
3.4	Did you have any problems contacting family?	24%	21%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	3%
3.4	Did you have any money worries?	15%	21%
3.4	Did you have any problems with feeling depressed or suicidal?	31%	17%
3.4	Did you have any physical health problems?	21%	12%
3.4	Did you have any mental health problems?	25%	13%
3.4	Did you have any problems with needing protection from other prisoners?	18%	3%
3.4	Did you have problems accessing phone numbers?	17%	15%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	60%	77%
3.6	A shower?	29%	31%
3.6	A free telephone call?	25%	61%
3.6	Something to eat?	48%	50%
3.6	PIN phone credit?	40%	62%
3.6	Toiletries/ basic items?	51%	39%
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	48%	56%
3.7	Someone from health services?	66%	72%
3.7	A Listener/Samaritans?	37%	15%
3.7	Prison shop/ canteen?	29%	25%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	50%	40%
3.8	Support was available for people feeling depressed or suicidal?	43%	33%
3.8	How to make routine requests?	50%	33%
3.8	Your entitlement to visits?	44%	29%
3.8	Health services?	61%	45%
3.8	The chaplaincy?	49%	47%
3.9	Did you feel safe on your first night here?	74%	83%
3.10	Have you been on an induction course?	93%	82%
3.12	Did you receive an education (skills for life) assessment?	72%	75%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	39%	46%
4.1	Attend legal visits?	47%	49%
4.1	Get bail information?	17%	21%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	45%	39%
4.3	Can you get legal books in the library?	39%	27%

Key to tables

		Vulnerable prisoners	Non-vulnerable prisoners
	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		
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	53%	55%
4.4	Are you normally able to have a shower every day?	94%	98%
4.4	Do you normally receive clean sheets every week?	68%	63%
4.4	Do you normally get cell cleaning materials every week?	52%	51%
4.4	Is your cell call bell normally answered within five minutes?	39%	35%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	60%	74%
4.4	Can you normally get your stored property, if you need to?	23%	14%
4.5	Is the food in this prison good/very good?	22%	27%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	53%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	62%	41%
4.8	Are your religious beliefs are respected?	58%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	64%	51%
4.10	Is it easy/very easy to attend religious services?	39%	38%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	81%	68%
5.3	Is it easy to make a complaint?	57%	51%
5.5	Have you ever been prevented from making a complaint when you wanted to?	26%	22%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	29%	18%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	56%	45%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	49%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	11%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	88%	80%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	81%	72%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	36%	31%
7.4	Do staff normally speak to you most of the time/all of the time during association?	32%	25%
7.5	Do you have a personal officer?	68%	43%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	41%	41%
8.2	Do you feel unsafe now?	23%	19%
8.4	Have you been victimised by other prisoners here?	38%	33%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	18%	9%
8.5	Hit, kicked or assaulted you?	14%	8%
8.5	Sexually abused you?	3%	1%
8.5	Threatened or intimidated you?	22%	18%

Key to tables

		Vulnerable prisoners	Non-vulnerable prisoners
	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		
8.5	Taken your canteen/property?	18%	6%
8.5	Victimised you because of medication?	15%	7%
8.5	Victimised you because of debt?	4%	8%
8.5	Victimised you because of drugs?	1%	10%
8.5	Victimised you because of your race or ethnic origin?	4%	4%
8.5	Victimised you because of your religion/religious beliefs?	3%	3%
8.5	Victimised you because of your nationality?	1%	3%
8.5	Victimised you because you were from a different part of the country?	9%	6%
8.5	Victimised you because you are from a traveller community?	0%	2%
8.5	Victimised you because of your sexual orientation?	8%	0%
8.5	Victimised you because of your age?	0%	3%
8.5	Victimised you because you have a disability?	1%	7%
8.5	Victimised you because you were new here?	9%	4%
8.5	Victimised you because of your offence/crime?	19%	3%
8.5	Victimised you because of gang related issues?	1%	4%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	32%	33%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	15%	13%
8.7	Hit, kicked or assaulted you?	4%	6%
8.7	Sexually abused you?	4%	0%
8.7	Threatened or intimidated you?	15%	10%
8.7	Victimised you because of medication?	6%	8%
8.7	Victimised you because of debt?	3%	7%
8.7	Victimised you because of drugs?	3%	4%
8.7	Victimised you because of your race or ethnic origin?	7%	3%
8.7	Victimised you because of your religion/religious beliefs?	1%	1%
8.7	Victimised you because of your nationality?	1%	3%
8.7	Victimised you because you were from a different part of the country?	6%	3%
8.7	Victimised you because you are from a traveller community?	3%	2%
8.7	Victimised you because of your sexual orientation?	3%	0%
8.7	Victimised you because of your age?	1%	3%
8.7	Victimised you because you have a disability?	3%	4%
8.7	Victimised you because you were new here?	4%	3%
8.7	Victimised you because of your offence/crime?	11%	3%
8.7	Victimised you because of gang related issues?	1%	0%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	34%	35%

Key to tables

		Vulnerable prisoners	Non-vulnerable prisoners
	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		
9.1	Is it easy/very easy to see the nurse?	66%	53%
9.1	Is it easy/very easy to see the dentist?	19%	19%
9.4	Are you currently taking medication?	70%	48%
9.6	Do you have any emotional well being or mental health problems?	41%	32%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	12%	33%
10.2	Did you have a problem with alcohol when you came into this prison?	11%	14%
10.3	Is it easy/very easy to get illegal drugs in this prison?	40%	49%
10.4	Is it easy/very easy to get alcohol in this prison?	36%	40%
10.5	Have you developed a problem with drugs since you have been in this prison?	7%	19%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	14%	13%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	41%	14%
11.1	Vocational or skills training?	41%	12%
11.1	Education (including basic skills)?	55%	24%
11.1	Offending Behaviour Programmes?	23%	8%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	60%	48%
11.2	Vocational or skills training?	10%	18%
11.2	Education (including basic skills)?	24%	20%
11.2	Offending Behaviour Programmes?	16%	10%
11.4	Do you go to the library at least once a week?	44%	29%
11.5	Does the library have a wide enough range of materials to meet your needs?	38%	39%
11.6	Do you go to the gym three or more times a week?	23%	35%
11.7	Do you go outside for exercise three or more times a week?	21%	63%
11.8	Do you go on association more than five times each week?	77%	85%
11.9	Do you spend ten or more hours out of your cell on a weekday?	8%	18%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	42%	26%
12.2	Have you had any problems with sending or receiving mail?	44%	46%
12.3	Have you had any problems getting access to the telephones?	21%	21%
12.4	Is it easy/ very easy for your friends and family to get here?	23%	34%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	88%	63%
13.10	Do you have a needs based custody plan?	9%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	12%	11%