



Report on an unannounced inspection of

HMP Northumberland

by HM Chief Inspector of Prisons

22–23 August and 5–8 September 2022



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Introduction

An amalgamation of the former Acklington and Castington prisons, HMP Northumberland is a large category C training and resettlement prison. Two years after the merger, in 2013, the prison's operation was contracted out to the private company, Sodexo. An expansive site comprising a range of different accommodation types, the prison holds in excess of 1300 adult men, a significant proportion of whom have been convicted of sexual offences.

This was our first inspection of Northumberland since 2017. We found outcomes for prisoners in our healthy prison tests of safety and respect to be reasonably good, a recognition in part that the prison is now safer than it was five years ago. At this visit, we were more concerned about the prison's ability to deliver its core purpose of providing men with training and resettlement services. Outcomes in purposeful activity were not sufficiently good, and in the provision of rehabilitation and resettlement they had deteriorated and were now assessed as poor.

Leaders had prioritised improvements in staff culture, and progress in this was reflected in our survey; most prisoners told us that they felt respected. However, improved supervision of prisoners and greater consistency in the approach staff adopted in their dealings with prisoners were also required to improve relationships between staff and prisoners. Furthermore, and in line with experience at many other establishments, staff shortages were posing significant problems for the prison, especially in the delivery of rehabilitation and release planning services. Formal consultation arrangements and systems for redress, such as the application and complaint procedures, were better managed than we often see. The promotion of equality had received little prioritisation, however, and consultation with prisoners from minority groups was limited, as was the use of data, meaning leaders were not well sighted on the support needs of these individuals.

The size and extent of the prison meant it was a challenge to supervise, yet the environment was well maintained, and fewer surveyed prisoners told us they felt unsafe compared to our last inspection. Violence had reduced significantly and most measures we consider when judging safety, such as use of force and segregation had also improved. An important exception was safeguarding. Over the past five years, six prisoners had taken their own lives, in itself a concerning figure and higher than at similar prisons. Yet despite this, the prisons approach to suicide and self-harm prevention was not robust. The complexity of the situation, however, is reflected in that over the same time period, incidents of self-harm had actually halved.

The quality of the daily regime did not meet the standards expected of a training prison. We found a quarter of prisoners locked up during the core working day with the shortfall of available activity places resulting in 19% of men being unemployed. Time out of cell varied greatly and could be as low as two hours a day for some. At weekends it was worse. Attendance at education and vocational training classes was also low and punctuality was poor. Added to this, classes were often cancelled. Ofsted judged the overall effectiveness of provision as 'requires improvement', their second lowest assessment.

The prison had similarly lost its way with respect to rehabilitation, which had stalled following the pandemic. Leaders knew what needed to be done, although progress was slow, and their plans might have been better informed by the more effective use of data. Staff shortages were impacting delivery and many prisoners expressed frustration at, or a lack of confidence in, their ability to achieve their sentence plan targets. Public protection arrangements or access to offending behaviour intervention were similarly inadequate, although release planning for those at the end of sentence was better.

Overall, we found Northumberland to be a settled and reasonably decent prison. Leaders were capable and visible and had analysed the prison's strengths and weaknesses adequately. However, staff shortages, attrition and levels of absenteeism were a concern, and some staff suggested to us that they felt their well-being had been neglected. Defining and delivering the prison's core rehabilitative mission and ensuring the entire staff complement were committed to this endeavour were the main messages of this inspection.

Charlie Taylor

HM Chief Inspector of Prisons

October 2022

What needs to improve at HMP Northumberland

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

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

Priority concerns

1. **The prison was designated as a training and resettlement site, but leaders were not delivering a wide enough range or number of purposeful activities or rehabilitative interventions to meet prisoners' needs.**
2. **The rate of self-inflicted deaths remained high and was higher than at most comparable prisons.**
3. **Leaders had not sufficiently prioritised equality and diversity and did not pay sufficient attention to the experiences of prisoners with protected and minority characteristics.**
4. **Too many prisoners were locked in cell for most of the day.**
5. **Serious shortcomings in offender management work undermined prisoners' rehabilitation.**
6. **There were significant weaknesses in public protection work, including poor oversight of some high-risk prisoners who were due to be released.**

Key concerns

7. **Staff shortages, including amongst health care workers, officers and offender managers, were negatively affecting outcomes for prisoners.**
8. **Governance of the use of force was weak.** Officers rarely used body-worn video cameras during use of force incidents, which limited leaders' oversight.
9. **Support for prisoners at risk of self-harm was not sufficiently proactive or robust.**
10. **Not enough dental clinics were provided, which had led to excessive waiting times for routine appointments.**

11. **Attendance and punctuality in education and vocational training were not good enough.**
12. **There was no provision for the substantial number of prisoners who required support in English and mathematics or for those with a learning difficulty or disability.**

About HMP Northumberland

Task of the prison/establishment

A category C resettlement, training and working prison for men.

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 1,335

Baseline certified normal capacity: 1,368

In-use certified normal capacity: 1,328

Operational capacity: 1,348

Population of the prison

- 1,920 new prisoners received each year (about 160 per month).
- 38 foreign national prisoners representing 2.8%.
- 5% of prisoners from black and minority ethnic backgrounds.
- 99 prisoners released into the community each month.
- 461 prisoners receiving support for substance misuse representing about 34%.
- On average, 125 prisoners referred for mental health assessment each month.

Prison status and key providers

Private: Sodexo

Physical health provider: Spectrum Community Health CIC

Mental health provider: Tees, Esk and Wear Valleys NHS Foundation Trust

Substance misuse treatment provider: Spectrum Community Health CIC (clinical), Humankind (non-clinical)

Prison education framework provider: Novus

Escort contractor: GEOAmey

Prison group

North East

Brief history

HMP Northumberland was created following the merger of HMP Acklington and HMP/YOI Castington in October 2011. It became part of the contracted prison sector on 1 December 2013 and occupies a large site.

Short description of residential units

The prison is divided into 16 houseblocks:

- 1 – General population (capacity 58)
- 2 – General population (capacity 60)
- 3 – Early days centre, general population (capacity 60)
- 4 – Substance-free living, general population (capacity 60)
- 5 – General population (capacity 120)
- 6 – Closed
- 7 – General population (capacity 120)
- 8 – General population (capacity 84)
- 9 – General population (capacity 240)

- 10 – Vulnerable population (capacity 40)
- 11 – Early days centre, vulnerable population (capacity 110)
- 12 – Substance-free living, vulnerable population (capacity 112)
- 13 – Vulnerable population (capacity 112)
- 14 – Older prisoner unit, vulnerable population (capacity 112)
- 15 – Gateway to Recovery programme unit, general population (capacity 40)
- 16 – Enhanced prisoners and those likely to progress to category D status, general population (capacity 20).

Name of director and date in post

Samantha Pariser, April 2019

Changes of director since the last inspection

Nick Leader, May 2017 – April 2019

Prison group director

Tony Simpson

Independent Monitoring Board chair

Lesley Craig

Date of last inspection

19 July – 4 August 2017

Section 1 Summary of key findings

- 1.1 We last inspected HMP Northumberland in 2017 and made 71 recommendations, five of which were about areas of key concern. The prison fully accepted 67 of the recommendations and partially (or subject to resources) accepted three. It rejected one of the recommendations.
- 1.2 In September 2020, during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. We made six recommendations about areas of key concern.
- 1.3 Section 8 contains a full list of recommendations made at the last full inspection and scrutiny visit and the progress against them.

Progress on key concerns and recommendations from the full inspection

- 1.4 Our last inspection of HMP Northumberland took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders (see Glossary), we believe that it is important to follow up on recommendations about areas of key concern to help leaders to continue to drive improvement.
- 1.5 At our last full inspection, we made five recommendations about key concerns. At this inspection we found that four of those recommendations had been achieved and one had not been achieved. Both recommendations made in the area of safety had been achieved, as had both recommendations made in respect. However, the one recommendation made in purposeful activity had not been achieved. For a full summary of the recommendations achieved, partially achieved and not achieved, please see Section 8.

Progress on recommendations from the scrutiny visit

- 1.6 During the pandemic we made a scrutiny visit to HMP Northumberland. Scrutiny visits (SVs) focused on individual establishments and how they were recovering from the challenges of the COVID-19 pandemic. They were shorter than full inspections and looked at key areas based on our existing human rights-based *Expectations*. For more information on SVs, visit <https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/>.
- 1.7 At the SV we made some recommendations about areas of key concern. As part of this inspection, we have followed up those recommendations to help assess the continued necessity and proportionality of measures taken in response to COVID-19, how well

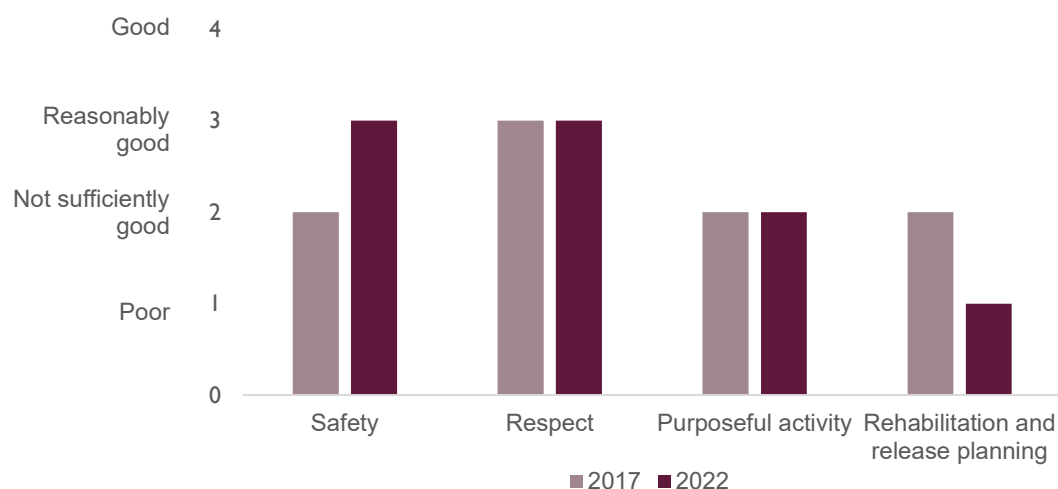
the prison is returning to a constructive rehabilitative regime, and to provide transparency about the prison's recovery from COVID-19.

- 1.8 We made six recommendations about areas of key concern. At this inspection we found that four of the recommendations had been achieved, one had not been achieved and one was no longer relevant.

Outcomes for prisoners

- 1.9 We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.10 At this inspection of HMP Northumberland, we found that outcomes for prisoners had stayed the same in two healthy prison areas, improved in one and declined in one.
- 1.11 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and Probation (HMPPS) National Framework for prison regimes and services.

Figure 1: HMP Northumberland healthy prison outcomes 2017 and 2022



Safety

At the last inspection of Northumberland in 2017 we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection we found that outcomes for prisoners were now reasonably good.

- 1.12 Most prisoners said they felt safe on their first night and 91% said they had been treated respectfully. Induction officers interviewed new arrivals to identify potential vulnerabilities, although these interviews were not sufficiently confidential. Unit staff conducted hourly welfare

checks on prisoners during their first night. The induction programme involved enthusiastic and well-trained Insiders (prisoners who introduce new arrivals to prison life), but time out of cell (see Glossary) on the early days houseblocks was poor for many.

- 1.13 Levels of violence had declined considerably, and rates were lower than at most other category C prisons. In our survey, fewer prisoners than at our last inspection reported feeling unsafe at the time of our inspection. Investigations into violent incidents were timely and oversight had improved. Support for prisoners at risk from violence was reasonably good, but the role of houseblock 2 was not yet fully developed, and we could not find evidence of pathways out of the unit, which left many prisoners staying there for a long time with no clear reintegration plan. Consultation with prisoners about incentives had led to the introduction of an innovative reward card for good behaviour.
- 1.14 The number of times force had been used against prisoners was lower than at our last inspection. Governance had been weak until very recently, and officers still rarely used body-worn video cameras (BWVCs), which limited the amount of oversight leaders and managers could have. Even when BWVCs were used, recordings were often incomplete. The use of segregation had decreased significantly, but the unit was sometimes used to manage intoxicated prisoners requiring significant medical supervision, which staff in the unit were not trained to provide.
- 1.15 Drugs and alcohol remained key threats to safety and, in our survey, far more prisoners than in similar prisons said they were easy to get hold of. There was a good flow of intelligence, which enabled leaders to identify other emerging threats. Security arrangements were generally proportionate, but strip-searching prisoners being released was not justified.
- 1.16 There had been six self-inflicted deaths in the previous five years, which was high when compared to similar prisons. Recorded rates of self-harm had, however, halved since our last inspection, but there was still an insufficient focus on tackling the causes. Assessment, care in custody and teamwork (ACCT) documents for prisoners at risk of suicide or self-harm were poor and prisoners we spoke to said they did not feel supported. Too many ACCTs were closed without the underlying reasons for self-harm having been addressed.
- 1.17 Prisoners could call a safer custody telephone hotline, but Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were not used often enough. There were few other opportunities for prisoners at risk of self-harm to get meaningful therapeutic support.

Respect

At the last inspection of Northumberland in 2017 we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection we found that outcomes for prisoners remained reasonably good.

- 1.18 We saw many respectful interactions between prisoners and staff, but we also came across instances where officers were not using their authority appropriately, which undermined the positive culture that leaders wanted to achieve.
- 1.19 Living conditions had improved since our last inspection and most prisoners continued to live in single cells. There were continued efforts to keep houseblocks clean and well maintained and most cells were reasonably well equipped. Our survey showed prisoners were more positive about access to most basic amenities than at the last inspection and compared with other similar prisons.
- 1.20 Prisoners' views about the food were generally negative and complaints during our visit often related to cold or overcooked meals. In our survey, prisoners were more positive about the shop than those in similar prisons. However, price rises and the lack of availability of some popular items were raised repeatedly in complaints.
- 1.21 Consultation with prisoners was good. In our survey, prisoners were positive about the applications process and some aspects of the complaints procedure.
- 1.22 The promotion of equality was not prioritised. The work was insufficiently resourced and did not have a meaningful strategic direction. Leaders did not focus well enough on the experiences of prisoners with protected and minority characteristics and there was a lack of ongoing support for most. However, support for some older prisoners on one houseblock was good. Professional interpretation services were hardly ever used for prisoners whose first language was not English, which left some feeling isolated.
- 1.23 Despite gaps in the chaplaincy, 90% of prisoners responding to our survey said they could take part in religious services. However, there was a lack of faith-based classes.
- 1.24 The shortage of health care staff was a concern. Even if fully staffed, there would not have been sufficient capacity to meet prisoners' needs. The absence of 24-hour health care made it difficult for the prison to manage intoxicated men who had taken illicit substances.
- 1.25 Although clinical risks were understood and being managed, some aspects of governance, such as for complaints and incidents had stalled, although they were now being prioritised. Waiting times for primary care clinics, including access to the GP, were reasonable,

except for prisoners with long-term conditions. Despite staff shortages, substance misuse services were delivering good support. Medicines management had improved significantly since our last inspection, but administration arrangements sometimes led to delays in prisoners' attendance at purposeful activity. Waiting times for routine dental care were excessive.

Purposeful activity

At the last inspection of Northumberland in 2017 we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection we found that outcomes for prisoners remained not sufficiently good.

- 1.26 Staff shortages led to some regime curtailments. We found 26% of prisoners locked in their cell during the core working day which was too high for a training prison. About a fifth of the population were unemployed, experiencing a poor regime and getting only two hours a day out of their cell. Those in purposeful activity had a better experience, with about seven hours a day out of their cell. Prisoners could access the gym at least once a week and library use was good, but the range of other recreational and social activities was too limited.
- 1.27 Ofsted judged that the quality of education, skills and work activity as 'required improvement'. There were too few places, attendance in education and vocational training was too low and punctuality at education classes needed to improve.
- 1.28 Leaders and managers had a clear ambition to establish links with employers to create jobs that prisoners would be able to sustain on release.
- 1.29 Achievement rates were high, but too many prisoners were waiting for initial and ongoing advice and guidance. Not enough prisoners had received an assessment of their English or mathematics skills or were interviewed so a personal learning plan could be developed. A high proportion of prisoners had very low skills levels in English and mathematics, but their needs were not being met.
- 1.30 Too many education classes were cancelled because of curtailments to the prison regime and the lack of education staff. The recently introduced education contract specified reductions in the provision, which made it difficult for leaders and managers to make sure that most prisoners were occupied full time.

Rehabilitation and release planning

At the last inspection of Northumberland in 2017 we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection we found that outcomes for prisoners were now poor.

- 1.31 More prisoners than at similar prisons were positive about family contact. NEPACS, a charity supporting people affected by imprisonment, provided families with valuable support and prisoners with individual help, but no parenting skills courses were offered.
- 1.32 The backlog of overdue initial assessments of prisoners' offending-related risks and needs had been reduced significantly and those completed were of reasonable quality. Much of the rehabilitative work had stalled during COVID-19 restrictions and recovery was slow. There were several prison offender manager (POM) vacancies, which were compounded by regular redeployment of others to operational duties on the wings. This meant caseloads were high, and POMs failed to provide prisoners with proactive support. Many of those convicted of sexual offences we spoke to were far more negative than others about the support staff gave them.
- 1.33 Work to protect the public from serious harm was poor. Phone call monitoring did not always take place or was delayed significantly, and we were not confident that risk information was always shared directly with POMs. The interdepartmental risk management meeting only took place on an ad hoc basis and failed to provide oversight of all high-risk prisoners due for release. Overall, risk management plans completed by community offender managers (COMs) were reasonable, but too little information was being exchanged between the prison and the COM about prisoners' risks before their release.
- 1.34 Categorisation review decisions were generally appropriate, but prisoners were not involved in the process or informed of the outcome. In the previous year, over 120 prisoners had been transferred to open conditions. However, others were not progressing as they had been unable to complete an accredited offending behaviour programme and evidence of other risk reduction work was not considered relevant.
- 1.35 Prisoners had too few opportunities to undertake offence-focused work. There were not enough places available on offending behaviour programmes and access to forensic psychological services was limited.
- 1.36 Most prisoners who were due for release said that someone was helping them prepare. The resettlement plans we reviewed were reasonably good. Despite significant staff shortages, the resettlement team was very proactive, stepping in, for example, to prevent high-risk prisoners from being released without accommodation. There were however, no reliable data on the number of prisoners being released without sustainable accommodation.

Notable positive practice

- 1.37 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- 1.38 Inspectors found three examples of notable positive practice during this inspection.
- 1.39 Every prisoner received a reward card that allowed them to earn stamps for good behaviour, which were then exchanged for a reward. A good range of rewards was on offer, which promoted good behaviour. (See paragraph 3.12.)
- 1.40 Rehabilitative adjudications enabled prisoners with substance misuse issues to receive a suspended sanction if they committed to work meaningfully with support services. Progress was assessed by a panel chaired by the drug strategy manager and involving substance misuse and prison staff. (See paragraph 3.15.)
- 1.41 Effective partnership working with Age UK provided good, tailored support for some older prisoners including specific gym sessions. (See paragraph 4.34.)

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The director provided dynamic leadership, which had led to improvements in some key aspects of safety and decency. However, the number of self-inflicted deaths remained frustratingly high, although this was recognised, the issue remaining a priority. Leaders needed to make sure they had a good understanding of the causes of self-harm, learning from reviews into life threatening incidents and committing to expanding and improving the quality of care provided beyond the use of the assessment, care in custody and teamwork processes. In addition, leaders needed to define clearer progress milestones and measures of success.
- 2.3 Leaders had largely lost sight of the core functions of a training and resettlement prison during the pandemic, and they had yet to recover fully this focus and purpose. They had not, for example, accurately identified weaknesses in offender management, which left the director unaware of the true extent of the failings and the risks posed.
- 2.4 Leaders were more aware of the need to improve staff culture, the director was leading by example, and taking robust action to address unacceptable behaviour. In addition, the senior leadership team had been strengthened. Despite this, our survey and discussions with staff suggested that well-being and morale were low. The leadership team had yet to gain the confidence of the full staff group and fully support their well-being.
- 2.5 The deputy director, who was from a probation leadership background, was extremely visible and well respected by staff and prisoners we spoke to. Staff described other leaders as less visible and many agreed that communication about the main priorities had not been effective.
- 2.6 The officer attrition rate was high at 10% over the previous six months and there had been an increased level of staff sickness. The impact of staff shortages was clear across many functions, including key working (see Glossary), supervision on some wings and, time out of cell (see Glossary), especially at weekends.
- 2.7 Some specialist functions also had too few staff. The health care team was not resourced to meet demand, and there was a significant number of vacant posts. There were soon to be vacancies in the small

safer custody team that could potentially undo some of the recent good work in improving safety across the prison.

- 2.8 One in five officers had less than two years in post. Leaders were providing new officers with support through coaching and mentoring, but in our survey few staff said they received regular line management oversight to improve their performance, promote accountability or support their well-being.
- 2.9 Leaders had not developed an equality and diversity team beyond nominating a leader for each protected characteristic. They worked well in partnership, however, with the User Voice forum (run by a charity fostering service user engagement) to promote consultation with prisoners through council meetings, which the director chaired and supported. Leaders acted on the consultation and had taken forward some changes.
- 2.10 The range of rehabilitative interventions and activities prioritised by leaders and managers was too limited to meet the needs of all prisoners or to deliver the prison's training and resettlement function.
- 2.11 Additional support had been allocated to promote prisoners' employment outcomes on release, for example, an advisory panel chaired by a local employer and an employment lead post had been established. However, Ofsted judged that the effectiveness of education, skills and work in the prison as 'required improvement'.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

- 3.1 The prisoner escort vans we saw were clean and free of graffiti and prisoners told us staff had treated them well. New arrivals received a rubdown search, and the use of the body scanner was based on intelligence, which had stopped a large number of illicit items entering the prison. More prisoners than at other similar prisons in our survey (89% compared to 81%) said they had been searched respectfully and far more (91% compared to 82%) felt they had been treated with respect in reception. Improvements to the reception area were due to take place imminently, which would further enhance the environment and prisoners' experience.
- 3.2 Prisoners received good support during their time in reception and more prisoners than in similar prisons (38% compared with 27%) said they had received help to deal with any immediate problems. All had received a health care screening. Induction staff interviewed new arrivals to identify other vulnerabilities, but the interviews were not held in a sufficiently private space. Despite this, staff treated prisoners' concerns with sensitivity and Insiders (prisoners who introduce new arrivals to prison life) spent time with them while they waited to complete reception processes, putting them at ease and giving them information about what would happen during their first few weeks.
- 3.3 After moving to either the main or vulnerable prisoner early days centre, most could have a shower and a hot meal before being locked up. Staff conducted hourly welfare checks during the prisoner's first night. In our survey, 87% of prisoners told us they felt safe on their first night, which was more than at similar prisons (78%).
- 3.4 The induction programme began on the following working day and involved enthusiastic and well-trained Insiders. Prisoners also met staff from a range of departments including education, the substance misuse service and the chaplaincy. In our survey, 80% of prisoners said they had received an induction and two thirds thought it covered everything they needed to know. After they had completed the induction programme, prisoners had a poor regime and could only spend two hours out of their cell each day. This was exacerbated by the lack of space across the prison, leaving some prisoners in the early

days centre for two or three weeks before they could move to another houseblock.

Managing behaviour

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

Encouraging positive behaviour

- 3.5 Levels of violence had declined considerably and were now lower than in other similar prisons. In the previous 12 months, there had been 93 assaults against prisoners, which was a reduction of 72% since our last inspection. Of these, 19 were considered serious. The number of assaults on staff had also decreased significantly with only one incident regarded as serious.
- 3.6 Prisoners' perceptions of safety had improved significantly. In our survey, only 12% of prisoners compared with 28% at our last inspection reported feeling unsafe at the time of this inspection. The prison had carried out its own annual safety surveys for the past three years, the most recent of which had revealed similar findings.
- 3.7 The management of violence reduction work had improved. Every incident was investigated, and action was taken as a result. Investigations were timely and reviewed at the weekly safety intervention meeting (SIM). Working relationships between the safer custody team and the supervising officers on the houseblocks were good.
- 3.8 The casework approach to supporting victims and managing perpetrators through challenge, support and intervention plans (CSIPs) (see Glossary) was in place and some good work was being undertaken. It was positive to see the plans used to support a range of prisoners and not just perpetrators.
- 3.9 Support for prisoners at risk of violence was reasonably good. There were dedicated landings for vulnerable prisoners, including a separate first night wing. CSIPs were used for prisoners refusing to leave their cell because of a threat of violence for reasons such as bullying for being in debt. They were monitored through the weekly SIM. We came across some good examples of swift action taken to support such prisoners. However, the use of violence reduction peer representatives was limited, and many house units did not have one.
- 3.10 Houseblock 2 was a unit for prisoners with poor coping skills, but most had been placed there because they were being threatened by other prisoners, often because of debt. The role of the unit was not yet fully developed, and we could not find evidence of pathways out of the unit,

which left many prisoners staying there for a long time with no clear reintegration plan.

- 3.11 Consultation with prisoners about the incentives scheme was good and had been used to make improvements. In our survey, 52% of respondents said that the incentives or rewards in the prison encouraged them to behave well, while 47% reported that they had been treated fairly through the scheme. The results were significantly better than at similar prisons (41% and 33% respectively).
- 3.12 The consultation had led to the introduction of an innovative reward card, which enabled prisoners to earn stamps for good behaviour that could be exchanged for a reward. While the initiative was still in its infancy, a good range of rewards was on offer, from an additional visit to extra time in the library and gym, and we saw prisoners enthused by this. (See paragraph 1.39.)

Adjudications

- 3.13 The number of adjudications had decreased significantly since last time. In the 12 months before this inspection, there had been a total of 1894 hearings. Our review of records indicated that hearings were prompt and adjudicating governors usually explored the underlying issues leading to a charge. Sanctions were fair and cases that had a lack of evidence or procedural errors were appropriately dismissed.
- 3.14 A large number of hearings (32%) were adjourned. While in some cases this was justifiable, for example, if a prisoner requested legal advice, other adjournments were unnecessary. Recent quality assurance checks had been introduced to oversee the process. Individual feedback was provided to reporting officers.
- 3.15 It was positive to see prisoners charged with misusing substances being offered rehabilitative adjudications. This enabled the adjudicator to offer a suspended sanction if the prisoner worked meaningfully with substance misuse services. Progress was assessed by a panel, chaired by the drug strategy manager and involving substance misuse and prison staff. (See paragraph 1.40.)

Use of force

- 3.16 Force had been used 216 times in the previous year, which was lower than at our last inspection, reflecting the reduction in violence and other antisocial behaviour. Nearly all incidents (93%) were spontaneous and unplanned and most (66%) led to full restraint, suggesting that staff were not routinely using all de-escalation techniques or low-level guiding holds to safeguard staff and prisoners.
- 3.17 Officers rarely used body-worn video cameras (BWVCs), which was unacceptable. Of the 216 incidents involving force, only 61 had BWVC footage, and even when they were used, recording often started after the incident had escalated and full restraint holds had been applied.

- 3.18 Governance of the use of force had been weak. Until July 2022, there had been no formal quality assurance to identify weaknesses. Prison staff or managers had not routinely reviewed incidents, accompanying paperwork or video footage, and little assurance had been provided that all force used was proportionate, necessary or justified. Quarterly use of force meetings had been held, but attendance was poor and footage was not reviewed.
- 3.19 Governance had improved since July 2022. The deputy director chaired a fortnightly meeting, which reviewed every incident, including paperwork and footage (when available), and there was better data collation at the quarterly meeting.
- 3.20 Special accommodation had not been used in the previous 12 months.

Segregation

- 3.21 The use of segregation had declined significantly since 2017. It had been used 300 times in the previous 12 months. Very few stayed in the unit for a long time with an average of five days in the past 12 months. Strip-searching was routine for all prisoners who were moved to the unit, with no individual risk assessment to determine whether it was necessary.
- 3.22 The unit was used to manage intoxicated prisoners requiring significant medical supervision. This was a concern as segregation staff were not sufficiently trained to support these prisoners. Paperwork also suggested that staff were making decisions about observation levels for the prisoners, which was not appropriate. (See paragraph 4.57.)
- 3.23 The unit was quiet and staff knew the prisoners well. The communal areas were in reasonable condition, although one of the two showers was in poor condition. Most of the cells were clean, but a few were dirty and run down. The exercise yard was in a wall-enclosed space.



Segregation exercise yard

- 3.24 The daily regime for prisoners was limited to about 30 minutes' exercise, a telephone call and a shower. Prisoners had too little to do while they spent almost all day locked up. It was positive that prisoners collected all their meals from the servery. One cell had been allocated as a 'timeout room' for long-staying prisoners. While this room was used infrequently, prisoners there could access a TV and DVD player.
- 3.25 Formal reviews were held regularly, but there was too little focus on drawing up comprehensive reintegration plans to address the reasons for segregation. When prisoners were ready for relocation, exit plans, considering the most suitable wing to relocate them to, were completed.

Security

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

- 3.26 Security arrangements were generally proportionate for a category C prison, although the routine strip-searching of prisoners being released in the community was excessive. Most prisoners moving around the site to planned activities were escorted by officers, although free flow (which allows prisoners to move around the prison unescorted) was in use on the vulnerable prisoner site.

- 3.27 The flow of intelligence from most areas of the prison into the security department was good and was processed promptly. This allowed leaders (see Glossary) to identify and develop a response to emerging threats, which were communicated clearly at well-attended weekly security meetings.
- 3.28 A range of steps had been taken since the last inspection to reduce the supply and use of illicit substances, including enhanced gate security and the employment of a dedicated drug strategy manager. Despite this, drugs and alcohol remained a key threat to safety. In our survey, far more prisoners than at similar prisons said that drugs and alcohol were easy to get hold of and 14% said they had developed a drug problem while at the prison compared with 8% at similar prisons. Random mandatory drug testing (MDT) had resumed a few months before this inspection, and 12.2% had tested positive for illicit substances, which provided leaders with data about the prevalence of the problem.
- 3.29 Leaders had an appropriate focus on responding to intelligence on drug and alcohol use. In the three months before the inspection, almost all targeted cell searches had been completed, and a small number of drug tests on prisoners suspected of using illicit substances had continued to take place throughout the pandemic. A body scanner, used on an intelligence-led basis on prisoners arriving from other establishments, had identified 35 items in the three months before the inspection.
- 3.30 Links with the police were good, and two intelligence officers worked closely with the prison-based security team. The one prisoner convicted under the Terrorism Act in the establishment was managed well, and inter-agency work was good. The prison was actively tackling staff corruption.

Safeguarding

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

Suicide and self-harm prevention

- 3.31 Recorded rates of self-harm had fallen by 52% since the last inspection. However, the number of self-inflicted deaths remained higher than at most other similar prisons with six suicides since our last inspection in 2017. The director had identified the prevention of self-inflicted deaths as her top priority. Some work to improve processes and awareness had been undertaken, but we found that care for prisoners in crisis and work to prevent self-harm remained limited. Despite the number of deaths, not all life-threatening acts of self-harm

had been investigated and completed investigations had not fully identified the lessons learnt or remedial action to be taken.

- 3.32 So far only four Prisons and Probation Ombudsman (PPO) reports had been published into the deaths. One report had identified significant weaknesses in the treatment of the individual and made several recommendations on the standard of assessment, care in custody and teamwork (ACCT) documents for prisoners at risk of suicide and self-harm. Leaders had tried to implement them through an action plan. They had rolled out training to all staff, increased the number of trained ACCT case coordinators and assessors and improved peer support for new prisoners (see paragraph 3.2). Despite these steps, we found significant weaknesses and an insufficient focus on addressing the causes of self-harm.
- 3.33 Data analysis was limited, and self-harm incidents were not routinely discussed at weekly operational safety meetings. Too often, staff we spoke to described managing individuals who had self-harmed as an administrative task, and individual ACCT documents rarely identified or showed adequate evidence of individual risk factors being addressed. Prisoners with experience of the ACCT process told us they did not feel well supported.
- 3.34 Prisoners could call a safer custody hotline or the Samaritans from their in-cell telephones if they were in crisis. When a prisoner had self-harmed, staff were quick to refer them for a mental health assessment, initiate ACCT processes or, in the most serious cases, place them on constant supervision. However, the range of support to prevent prisoners from experiencing a personal crisis was limited. The situation was exacerbated by too few purposeful activity places, too little time out of cell (see Glossary) to prevent boredom and frustration, and a limited range of social and recreational activities to help prisoners improve their well-being (see paragraphs 5.2 and 5.15). Leaders were taking action to improve access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). The three Listener suites were reopened during the inspection having not been used for well over a year.

Protection of adults at risk (see Glossary)

- 3.35 Unit staff had a limited understanding of adult safeguarding. There was very little awareness of the risks or procedures. This was a concern given the large number of vulnerable prisoners at the prison. A strategy had been published, but officers were not aware of it. It said that staff could report safeguarding concerns using a community concern form, but we did not see any of the forms and none of the staff we spoke to knew about them.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 Leaders (see Glossary) were focused on improving the culture between staff and prisoners and were making progress. In our survey, 77% of prisoners said most staff treated them with respect and interactions we observed were courteous. However, we also observed instances where staff were less constructive in their dealings with prisoners including a couple of examples of authority being used inappropriately.
- 4.2 In comparison to similar prisons, respondents to our survey were significantly more positive about key work (see Glossary). While sessions were taking place more frequently, the quality was variable (see paragraph 6.9). Staff understood what was required of them as key workers, but many told us that officer shortages prevented them from completing good sessions at the expected frequency.
- 4.3 The poor sightlines on some houseblocks made supervision difficult, but we often found staff congregating in offices while prisoners were unlocked, which meant oversight was limited. Low-level rule breaking, including vaping outside cells, went unchallenged.
- 4.4 Leaders were committed to using and developing peer support across the prison. There was a range of peer workers, including User Voice peers, who gathered views and represented others on the council (see paragraph 4.17), Insiders, prisoners who introduce new arrivals to prison life, and Shannon Trust mentors, who helped others with literacy. Most understood their role and prisoners knew them well, although greater visibility and better training and supervision of such mentors would allow for greater accountability and improve the service they are able to provide to others.

Daily life

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

Living conditions

- 4.5 Northumberland is a very large prison with a very varied mix of accommodation. Despite this, leaders had prioritised improving and maintaining the prison environment and we found that living conditions were reasonably good. In our survey, respondents were significantly more positive about access to basic amenities than at the last inspection and compared with those in similar prisons. The prison was not overcrowded, and most prisoners lived in single cells, which they appreciated. The relatively few double cells on houseblock 8 were of a suitable size and furnished adequately.
- 4.6 The expansive outside areas were pleasant and well-kept. All houseblocks had an area where prisoners could spend time in the open air. All had benches but basic exercise equipment installed shortly before the inspection was not yet useable. All houseblocks had large indoor association areas with reasonably well-maintained recreational equipment.



HB15 association area



HB11 exercise yard

- 4.7 Older house blocks were quite shabby, but efforts were made to keep them clean and well maintained. Most cells were clean and free of graffiti and offensive displays. They were furnished adequately, and prisoners repaired damaged items in the workshop on houseblock 12. Most toilets remained unscreened but had lids or covers. Many prisoners personalised and looked after their cells, but a minority of those we checked, particularly on houseblocks 2 and 5, were less well kept.
- 4.8 Communal showers were clean and private and 97% of prisoners responding to our survey said they could have a shower every day compared with 92% in similar prisons. Some told us, however, that they could not shower on return from work. All cells on houseblocks 8 and 10 and a small number of accessible cells elsewhere had separate in-cell showers, which were well maintained.
- 4.9 Cell bells received a prompt response and, in our survey, 44% of prisoners compared with 33% in similar prisons said it was usually answered within five minutes. Leaders maintained good oversight and investigated any cases that took longer to answer.
- 4.10 Prisoners could wear their own clothes and had at least weekly access to the wing laundry. In our survey, 81% of prisoners said they had enough clean clothes for the week compared with 71% in similar prisons. Prison issue clothing was available for those who needed it, although some supply issues were reported, particularly with work clothing and larger sizes.

Residential services

- 4.11 In our survey, only 35% of respondents said the food was good and 46% said they got enough to eat. Results from a recent prison survey were also negative. Prisoners' views about the food were the main subject of complaints during our inspection and many said meals were either cold or overcooked.
- 4.12 The main kitchen was clean and sufficiently equipped. Kitchen workers and wing-based servers had to complete levels 1 and 2 in food safety. Menus were varied and catered for a range of diets. Meals were still served slightly too early, and breakfast continued to be issued the day before it was due to be eaten.
- 4.13 Some serveries were worn and had damaged flooring, although they were kept clean. Daily supervision of the meal service was less effective – temperatures were not always taken, and halal tools were not always used. Some practices, such as decanting hot food onto cold trays, meant the food was served cold. Prisoners were still unable to eat together despite the lifting of COVID-19 restrictions.
- 4.14 Some prisoners had access to a good range of self-catering equipment, but most houseblocks only had basic items, such as a toaster and microwave, which was very limited and a missed opportunity for a population serving mainly long sentences.
- 4.15 Prisoners who responded to our survey were more positive about the shop compared to those in similar prisons – 69% said it sold everything they needed, compared with 58% in similar prisons. The list of products was adequate for most, but insufficient for some minority and protected groups. Popular items were repeatedly out of stock and price rises were a source of frustration and the subject of complaints during the inspection. Prisoners could wait up to 12 days for their first order, but additional reception packs were available to offset the impact of the delay.
- 4.16 A small range of catalogues was available, but prisoners could not always access the full range of products. They were charged an administration fee of 50p per order and one catalogue attracted a surcharge of 15%. The supplementary fees were unnecessary.

Prisoner consultation, applications and redress

- 4.17 Consultation with prisoners was primarily through the User Voice forum (run by a charity fostering service user engagement) and the prison council for which there was good leadership support. Since its reintroduction in early 2022, there had been good prisoner involvement with representatives on all but one houseblock. In our survey, 53% of respondents compared with 44% in similar prisons said they had been consulted and we found that consultation had led to a number of small changes for the wider population, including a wage rise to offset shop price increases.

- 4.18 In our survey, prisoners were far more positive about applications than respondents in similar prisons. Electronic kiosks were available on all houseblocks and allowed prisoners to take responsibility for themselves, for example, by booking visits, ordering food and shop items and making direct contact with prison departments.
- 4.19 An average of 300 complaints were made each month, which was high. The leadership team acknowledged the large number and had improved oversight, which included involving User Voice peer representatives to identify and address some of the issues.
- 4.20 Prisoners were more positive in our survey about how easy it was to make a complaint and the fairness of responses than those in similar prisons. Most complaints were now answered more appropriately – they were polite and addressed the issues raised. However, some responses concerning complaints about staff were defensive. The timeliness of responses had improved but remained an ongoing concern.
- 4.21 Data analysis for complaints was good and was presented to the leadership team and wider prison on a monthly basis. Action was taken to identify and address systemic issues, which had caused frustration and led to formal complaints, including some relating to reception processes.
- 4.22 The legal rights provision was adequate. Responses in our survey to questions on communicating with legal representatives and being able to attend legal visits easily were more positive than those in similar prisons. Arrangements met prisoners' needs. Video conferencing facilities in the offender management unit allowed prisoners to attend court hearings remotely. There was appropriate oversight of legal correspondence, which was not opened unless there was a good reason to do so. The range of legal texts in the library was very good and the librarian was helpful and arranged study time for prisoners.

Equality, diversity and faith

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

Strategic management

- 4.23 The promotion of equality had not been appropriately prioritised and was insufficiently resourced. One senior residential manager was responsible for equality and diversity across the prison. Each member of the senior leadership team took the lead on one protected characteristic, and, while some had additional support, they were

primarily responsible for carrying out work in their area. Progress was inconsistent and mostly insufficient.

- 4.24 Work lacked meaningful strategic direction, the equality strategy was generic and not informed by data and the action plan was out of date.
- 4.25 Equality meetings, chaired by the director, took place every two months and were well attended, but no prisoners were involved. There was a lack of peer workers and equality representatives. As a result, prisoners' experiences were little understood and peer support for those in minority groups was limited.
- 4.26 Data discussed at equality meetings was too narrow, analysis was limited, and leaders did not consider a wide range of indicators to investigate disproportionality. It was also unclear how data were used to drive change or measure success.
- 4.27 Discrimination incident reporting forms (DIRFs) were not readily available during the inspection. Prisoners we spoke to were not aware of DIRFs or the process. Only 40 DIRFs had been submitted in the previous 12 months, 14 of which had been submitted by staff. In the sample we reviewed not all DIRFs received a response, and the replies we found did not always reflect the more meaningful investigation that had taken place. The prison had begun to seek independent quality assurance from the Independent Monitoring Board.

Protected characteristics

- 4.28 Overall, support for prisoners from protected or minority groups was inadequate. As these prisoners did not make up a large proportion of the population, it was easy for their experiences to go unnoticed.
- 4.29 The prison held about 100 minority ethnic and Gypsy, Romany and Traveller prisoners. Those we spoke to told us they felt isolated. One prisoner said: 'In this prison, they cater to the majority and neglect the minorities'. Prisoners also told us the shop did not cater for their needs – they had not been consulted and basic items, such as an afro comb, were not on the shop list.
- 4.30 Support for the prison's 38 foreign nationals was limited. Those we spoke to said they were unsure what was happening with their foreign national status as there was a lack of advice available. There was no oversight of prisoners who used English as a second language or could not speak English. Professional interpretation services were hardly ever used, and many staff did not know how to use them. Information was often unavailable in languages other than English. We saw staff gesturing, using google translate or asking other prisoners to interpret, which was not appropriate. Prisoners told us they felt unheard.
- 4.31 The prison's data showed that 427 prisoners identified as disabled, 103 of whom were physically disabled. This group had not been routinely consulted. The prison had made efforts to make sure the prison was accessible for wheelchair users. However, we found gaps in the

provision, for example, there were wheelchair users without accessible cells and reasonable adjustments had not been made. Some prisoners who struggled with walking found it difficult to get across the site. Personal emergency evacuation plans were variable, and too many were not sufficiently detailed for them to be useful in an evacuation. Prisoners acted as buddies or health care assistants for their peers with mobility issues, but they received too little oversight from staff. (See paragraph 4.64.)

- 4.32 The prison had produced a neurodiversity guide for staff. While a speech and language nurse worked with a small number of individuals with neurodiverse needs, the provision was too limited.
- 4.33 Prisoners identifying as non-binary, gender fluid or transgender were consulted, but not regularly. Prisoners told us they had yet to see any changes as a result of consultation. During the inspection, it was difficult for prisoners to obtain makeup and women's clothing. Those who had attended the LGBTQ event the prison had organised appreciated being able to meet others and would have liked more opportunities to do this.
- 4.34 Twenty per cent of the population was 50 and over. Leaders had continued their effective partnership with Age UK, which arranged a range of activities tailored to the needs of older prisoners in houseblock 14. This included gym sessions and a weekly day centre where prisoners took part in a variety of recreational activities. However, older prisoners from the general population or in other vulnerable prisoner units were not able to access these opportunities.
- 4.35 There were 76 young adults but there had been no additional support or provision for this group. Young people's overrepresentation in a range of areas had not been acted on.
- 4.36 Our survey identified more veterans (21) than the prison had (13). The prison recognised the challenges around disclosure and had formed links with numerous outside organisations to increase provision for veteran prisoners. Support was provided on an individual basis.
- 4.37 Our survey had identified that prisoners with experience of local authority care were more negative about a range of areas than others. Only 42% of respondents who had experienced care said they felt as if they were treated as an individual compared with 69% of the rest of the population and far fewer said they had not experienced victimisation from staff. Leaders planned to introduce staff training to build awareness of this group, but there was no specific provision during the inspection.

Faith and religion

- 4.38 In our survey, 90% of prisoners said they could attend religious services. There had been some long-term chaplaincy vacancies for a number of faiths, but the team maintained services or used sessional chaplains where possible. The chaplaincy fulfilled its statutory duties

and provided pastoral care to prisoners, and 73% of prisoners in our survey said they could speak to a chaplain of their faith in private and felt their religious beliefs were respected.

- 4.39 There were two multifaith rooms, the bigger room was mostly used for services and was suitably equipped. There was also a purpose-built chapel, which was pleasant and well maintained.
- 4.40 There were no faith-based classes, but the Sycamore Tree victim awareness course was due to restart shortly. Junction 42, a faith-based charity, provided a range of creative activities for hard-to-reach prisoners, such as those who were unemployed. In addition to providing in-cell packs, Junction 42 also organised courses. (See also paragraphs 5.4 and 5.26.)

Health, well-being and social care

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

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

Strategy, clinical governance and partnerships

- 4.42 Partnership working with the prison was mostly positive, although communication could have been improved and we observed some tension between officers and health care practitioners.
- 4.43 The prison director attended the local clinical governance meeting, which held services to account. Other meetings, such as those for the North East Prison Cluster, were used to review clinical care, but local meetings were more ad hoc. However, arrangements for considering pressing health risks demonstrated a good grasp of clinical priorities.
- 4.44 Health care practitioners were on site every day, but not overnight. Interim health care leadership arrangements were unsettling for staff and patients. Combined with significant staffing pressure across all areas, this meant health care delivery could be at risk. Some aspects of governance had stalled earlier in the year, including training, incident reviews and complaints management, but they had recently been prioritised and good progress had been made. The acting head of health care and some clinical lead staff members were very new in post, but had made a difference to organising, motivating and supporting frontline practitioners, with most primary care vacancies now filled. However, in our view the commissioned staffing profiles were insufficient to meet the demand of such a large and complex

population. Nevertheless, we observed patients being treated respectfully by a team working flexibly and committed to providing good patient care.

- 4.45 Prisons and Probation Ombudsman recommendations into deaths in custody had received an appropriate response and lessons learned were shared through a monthly forum. Staff were trained and encouraged to report clinical incidents, although a recent backlog of management reviews had only recently been cleared.
- 4.46 Elements of mandatory training and professional development had been suspended. However, this shortfall was now being robustly addressed and essential life support skills and opportunities for professional supervision were prioritised.
- 4.47 Most prison officers had not received any first aid or basic life support training updates, which was a concern. We found that prisoners who appeared intoxicated and were not readily roused, were being housed in the segregation unit without round the clock health care support or documented medical advice. (See paragraph 3.22.)
- 4.48 Arrangements for responding to medical emergencies were effective, and equipment was appropriately maintained and regularly checked.
- 4.49 Clinical audits, including for infection prevention and control, were undertaken. Facilities in the health care department were clean and spacious and a sample showed patient records were reasonable.
- 4.50 Patients had to ask for complaint forms and, once completed, handed them back or placed them in the prison complaints box, which meant they were not confidential. Many patient complaints had not been addressed, which was a significant failing. However, although quality assurance needed to be developed, we saw evidence showing the management of health complaints had improved in the previous two months. This included undertaking face-to-face contact to seek a resolution. Responses we sampled had addressed and upheld concerns appropriately.

Promoting health and well-being

- 4.51 There was no prison-wide approach to health promotion, but we saw leaflets and posters about health care, including some generic health messages on houseblocks and in the health care department, but they were only in English. There were no health-specific peer mentors apart from in specialist houseblock 14 for older prisoners. Age-appropriate health care screenings were available, particularly on arrival at the prison, but uptake was poor.
- 4.52 Several outbreaks of COVID-19 had been managed appropriately with support from public health specialists. Uptake for immunisations for hepatitis B, measles, mumps and rubella, influenza, COVID-19 and other infections were not promoted well enough. Visiting specialists provided sexual health support, including access to barrier protection.

Primary care

- 4.53 Every patient received a health assessment in reception, which considered their urgent medical needs and referrals were made for appropriate support. If patients arrived at the prison late in the day, staff completed a first night safety screening rather than the full assessment. A more comprehensive secondary health screening took place, but it was not always completed within the required timescale.
- 4.54 Waiting times for most primary care services were reasonable, and nursing staff were providing many services on houseblocks, which reduced the need for prisoners to be escorted to the health care department. The waiting time for a routine GP appointment was nine days and an advanced nurse practitioner held clinics, which reduced waits further. However, primary care staffing was very precarious – nursing staff were covering medicines administration three times a day on numerous houseblocks in addition to seeing patients.
- 4.55 There was pressure on the GP service, with little extra capacity available to manage any increase in demand. Some routine services had extended waits due to staff shortages, such as reviews for those with long-term conditions. A range of visiting professionals supplemented the primary care provision, such as an optician, podiatrist and physiotherapist. The waiting times for these services were short.
- 4.56 Patients requested appointments through the electronic kiosk. Some complained that they did not always receive sufficient notice of appointments, which led to non-attendance. The provider was aware of this issue and was working with the prison to find a solution.
- 4.57 Nursing provision was on site from 7.30am to 7.30pm Monday to Thursday with slightly reduced hours on a Friday and at a weekend. The NHS 111 service was used if medical assistance was required out of hours. There was also out of hours clinical contact with either a GP or an Advanced Nursing Practitioner, provided by Spectrum, which prison staff could use.
- 4.58 Patients with long-term conditions, such as diabetes, were screened on arrival and provided with any medicines they required. However, there was a long waiting list for routine reviews. Recruitment was ongoing to provide additional support and make sure prisoners' urgent needs were prioritised. The long-term conditions lead staff member worked with patients to provide them with personalised guidance on how to manage their own care.
- 4.59 Six escorts per day were provided for external hospital appointments and only a small number of appointments were cancelled, mainly by the hospital. The central log of hospital appointments was not fully updated, however administrative staff kept in regular contact with hospitals to make sure patients received an appointment date when referrals were made.

- 4.60 Patients were seen before their release by the reception nurse who gave them any medicines they required. Referrals were made to external health care services to make sure they received continuity of care.

Social care

- 4.61 There was no memorandum of understanding between the prison, the health provider and the local authority, but partners met regularly to discuss service provision.
- 4.62 No patients were receiving a social care package (see Glossary). As health care was not available day and night, seven days a week, any prisoners needing that kind of provision was transferred to a nearby prison inpatient unit. All prisoners not meeting the threshold for personal care were placed on a social care register and monitored in case their situation deteriorated. Multi-agency complex case meetings, which included the local authority and palliative care social workers, met regularly to discuss the most vulnerable prisoners.
- 4.63 Assessments were mostly carried out in a timely manner, but there was no monitoring mechanism to make sure prisoners faced no delays for assessments or in accessing equipment.
- 4.64 Peer workers (known as health care assistants or buddies) supported some prisoners with non-personal care needs but did not receive training or oversight to make sure they understood their responsibilities, which posed a potential safeguarding risk. Four peer workers, we spoke to, had supported men with some personal care, which was inappropriate.
- 4.65 Equipment and aids were obtained either through the physiotherapist or occupational therapy service. The local authority social worker and prison and health care staff supported prisoners with ongoing social care needs before their transfer or release.

Mental health care

- 4.66 In our survey, 65% of prisoners said they had a mental health problem, 42% of whom said they had received help. A range of interventions and support was delivered between Monday and Friday.
- 4.67 Significant vacancies in all areas resulted in gaps in the service and long waits for some therapies. Prisoners experiencing acute distress and standard assessments were prioritised. A duty worker attended all initial assessment, care in custody and teamwork (ACCT) reviews for those at risk of suicide or self-harm. Another practitioner triaged new referrals and completed full assessments within three to five working days, enabling support to be targeted towards those most at need. Mental health workers met every day to prioritise workloads and a weekly multidisciplinary team oversaw all activity. The team included the newly appointed service manager, visiting psychiatrist and

advanced nurse practitioner, the latter being able to prescribe medication for patients on the caseload.

- 4.68 Prisoners were screened on arrival and referred to the team if required. The local reception prison (HMP Durham) offered advice about prisoners' ongoing care needs.
- 4.69 About 150 prisoners received support. Interventions included guided self-help, one-to-one work, including access to counselling services, a small range of psychological therapies, tailored work for older prisoners on houseblock 14, and some limited group work. A full-time speech and language therapist ably supported prisoners with coping difficulties due to neurodevelopmental problems.
- 4.70 Thirty-two patients with a severe and enduring mental illness were being well supported through the care programme approach (a framework that assesses and supports those with a mental illness).
- 4.71 Several new staff were due to take up post, including psychologists, specialist therapists and mental health nurses to fill therapy gaps and address waiting lists, but the current position was untenable.
- 4.72 Mandatory training and professional supervision were delivered and overseen by good governance arrangements. Clinical records were thorough and there were examples of clear assessment and care planning. Staff from the mental health provider could not directly report incidents and relied on senior managers to input data. This created risks, which needed resolution.
- 4.73 Pre-release planning was appropriate, and patients prescribed anti-psychotic medication received regular physical health monitoring. Six patients in the previous six months had required a transfer to hospital under the Mental Health Act, all of whom had faced long waits before being moved, affecting their treatment and potential recovery, which was unacceptable.

Substance misuse treatment

- 4.74 The drug and alcohol service provided clinical treatment and psychosocial support for patients with addiction problems, but significant staff shortages persisted.
- 4.75 There was an up-to-date drug strategy, with strong partnership working between the substance misuse team and the prison, including regular meetings to identify and address concerns.
- 4.76 Most prisoners arriving at the prison on opiate substitution treatment (OST) were stabilised and did not require detoxification. All were seen by the clinical team to review their current treatment plan. Two hundred and seventy prisoners were on OST, which usually only involved methadone, providing no flexibility. Staff were trained in the use of Buvidal, (a slow-release opiate substitute injection) which could be continued for prisoners arriving on this medication.

- 4.77 There was only one non-medical nurse prescriber (NMP) to oversee prescribing, who was required on occasion to support general medicine administration. This meant they dispensed and prescribed medicines (which should be avoided), affecting their heavy workload. There was little resilience in the team in the absence of the NMP, but support was provided by a regional NMP and advanced nurse practitioner in the primary care team. Some 13-week reviews were delayed, but staff had reduced waiting times significantly in the previous year.
- 4.78 All newly arrived prisoners were seen by the psychosocial team. Support was currently provided to 470 prisoners. The offer included harm minimisation advice, self-directed help, including through the use of workbooks, one-to-one work, group sessions and pre-release support. Caseloads were high, which affected some aspects of service delivery. However, patients receiving treatment and/or preparing for release were prioritised. Targeted work was carried out in areas of the prison where illicit drug use was identified.
- 4.79 Staff were competent, but some new members had not benefited from an updated induction package. Mutual aid groups, such as Alcoholics Anonymous and Narcotics Anonymous, had still not been reintroduced. Prisoners requiring more intensive interventions could undertake a recovery-focused treatment programme in unit 15 (a stand-alone drug recovery unit). Peer mentors were in place, but there were not enough of them to provide a full service.
- 4.80 Pre-release planning was well coordinated and there were strong community links to make sure support was maintained after release. A new family worker was able to support prisoners on a one-to-one basis to identify their additional needs. Treatment and training in naloxone (a drug that prevents an opiate overdose) was offered on an opt-out basis.

Medicines optimisation and pharmacy services

- 4.81 Medicines were supplied in-house and their management was led by a full-time pharmacist. Nurses administered medicines on houseblocks, with occasional support from pharmacy technicians.
- 4.82 Prescribing and administration was recorded on SystmOne (the electronic clinical information system). Approximately 60% of prisoners were prescribed medicines in possession through an agreed policy. In-possession risk assessments were routinely completed at reception and recorded on SystmOne. Risk assessments were generally reviewed after six months, or after a change in circumstances, which nurses reviewed promptly if concerns about misuse arose.
- 4.83 Medicines that were not in possession were administered three times a day on all houseblocks. Arrangements did not always coincide with regime requirements leading to frustration when prisoners were late for activities (see paragraphs 5.2 and 5.25). Prisoners were required to show ID before they received their medicines, and prison officers supervised administration well. Secure cell storage for medicines was

not universally available, although a programme was underway to introduce this on all houseblocks.

- 4.84 The prescribing of high-risk, abusable and tradeable medicines was monitored, and work had been undertaken to reduce such prescribing where appropriate. However, the use of mirtazapine (used to treat depression) had steadily increased since 2019, despite staff concerns that it was being misused. The drug and therapeutics meetings had considered misuse, but limited action had been taken.
- 4.85 A suitable stock of medicines was available to treat minor ailments without a prescription and prisoners had access to some medication through the shop, for example paracetamol. Prisoners could book an appointment via the electronic kiosk system to speak to the pharmacist.
- 4.86 An out-of-hours policy listed a suitable range of common emergency medicines. The pharmacy team was alerted when the stock had been accessed, but reconciliation of out-of-hours use did not occur routinely. Medicines were transferred securely around the prison in locked containers, most commonly by the health care porter, while prisoners were in their cells.
- 4.87 Errors were recorded and reviewed. Written procedures and protocols were in place. They included local amendments specific to the prison, which were not recorded or kept with the rest of the documented procedures for easy reference. There were well-attended, regular prison medicines and therapeutics meetings, chaired by the pharmacist. Controlled drug management was generally robust.
- 4.88 The provision of medicines for people being transferred or released was appropriate.

Dental services and oral health

- 4.89 There were very long waits for routine dental appointments, with 374 patients on the waiting list. The longest waiting time was one year and 17 weeks. There were plans for additional sessions to be provided to reduce the backlog. A dental nurse regularly triaged new applications and those already on the waiting list to make sure patients with urgent needs were prioritised. Patients were not always being given sufficient notice of an appointment, which added to the long waiting lists.
- 4.90 Infection control practice was well-embedded, and the dental suite was clean and well organised. Regular checks of critical equipment, such as the x-ray, were carried out, and staff had access to personal protective equipment. Staff received appropriate training and regular supervision, and complaints received a prompt response.

Section 5 Purposeful activity

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

Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in activities which support their rehabilitation.

- 5.1 During our roll checks, we found 26% of prisoners locked in their cell during the core working day, which was too high for a training prison.
- 5.2 Prisoners' experience of time out of cell varied depending on their employment status. There were about 235 unemployed prisoners, which was too many and they were only unlocked for two hours a day. Prisoners attending education or work were unlocked for seven hours during the core day. If their activity was cancelled, they had the same regime as an unemployed prisoner. Those we spoke to told us that the regime was inconsistent and often resulted in less time out than scheduled. During our inspection, we saw operational challenges affecting unlocking times, for example, delays with medication dispensing (see paragraph 4.83). On Fridays there was no evening association and most prisoners in activities worked for only half the day.
- 5.3 The regime at weekends was poor and most prisoners had only two hours out of their cell every day. Staff shortages led to some regime curtailments, but data we received showed they were infrequent and managed well (although see also paragraph 5.16).
- 5.4 Junction 42, a charity working mainly in the North East of England provided a good range of activities for those who were unemployed or harder to reach (see also paragraph 4.40). Other social activities were limited. A range of equipment for recreation were available to prisoners and were well used, but they could not use the exercise equipment in yards (see paragraph 4.6).
- 5.5 Prisoners could visit the gym at least once a week and up to three times if employed. There had been some curtailments to gym sessions, but two more gym instructors had been recruited to help deliver the provision.
- 5.6 There were three gyms in the prison, including a sports hall, weights rooms and cardiovascular equipment. There were no outdoor spaces despite the size of the site. Much of the gym equipment was worn and in need of replacement, and some equipment was out of use.

- 5.7 No accredited courses were delivered through the gym and there were not enough gym staff with suitable qualifications to expand the number of courses.
- 5.8 The Twinning Project, in conjunction with Newcastle United Football Club, provided a coaching qualification for a small number of prisoners. A further course was due to start shortly.
- 5.9 There were two libraries, which were well used. In our survey, 48% of prisoners said they could visit it at least once a week, which was better than in similar prisons (33%). Our survey also found that 79% of prisoners thought the library had a wide enough range of material to cater for them, compared with 56% in similar prisons. The libraries could only accommodate up to 15 prisoners at a time, which limited its role as a community hub.
- 5.10 The libraries promoted literacy through Shannon Trust mentors (who deliver a reading programme), the Six Book Challenge and a remote book club. They were beginning to reintroduce Storybook Dads (where prisoners could record videos of themselves reading a story to send to their children).

Education, skills and work activities



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

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

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

Overall effectiveness: Requires improvement.

Quality of education: Requires improvement.

Behaviour and attitudes: Require improvement.

Personal development: Good.

Leadership and management: Require improvement.

- 5.12 Leaders (see Glossary) and managers had a clear ambition to establish better links with employers to create jobs that prisoners would be able to sustain on release. An advisory board had been established, with key influencers on the board, including prison leaders.
- 5.13 Leaders and managers had designed a curriculum that was matched closely to the skills shortages in the Northeast, where many prisoners were released. Prisoners could study courses, such as business start-up, construction crafts and hospitality and catering that directly linked to local employment opportunities. They could also develop their English, mathematics, and information, communication and technology skills. Leaders and managers had changed some of the courses available to align more closely with employers' needs. For example, they had replaced the professional cooking course with food preparation and production at level 2 as this responded more directly to existing job opportunities and the skills that employers required. Prisoners nearing the end of their sentence had access to a basic railway track maintenance course that led to employment opportunities. Café 16, run by the Oswin Project charity, trained prisoners in catering, baking, cleaning and front of house operations, and offered employment on release to several prisoners.
- 5.14 The curriculum was broad and provided a variety of work that reflected the different stages of prisoners' sentences. In education, leaders and managers accredited individual units of specific courses for prisoners serving short sentences. Prisoners could achieve elements of a course within the prison and carry on studying towards the whole qualification on release or transfer. Non-accredited units of study provided those reluctant to engage in education with the opportunity to study without the pressure of an examination. During COVID-19, significantly more prisoners elected to complete units of study that were introduced to replace classroom sessions. Leaders and managers had decided to continue this approach due to its success.
- 5.15 Leaders and managers had identified accurately the areas in education, training and work that they need to improve. Quality improvement group meetings were well attended and managed and led to improvements in the provision. Leaders had recently introduced a new pay policy which was equitable and did not discourage prisoners from attending education.
- 5.16 There were not enough activity spaces for the population, and too many prisoners were unemployed. Too many education classes were cancelled because of prison regime issues, education staffing vacancies, annual leave or ill health. Some staff cover was provided, but not enough to meet the demand. The prison had recently made changes to the commissioning intent for education, reducing the educational activity calendar by eight weeks. This placed further pressure on leaders and managers' ability to make sure that the

majority of prisoners were occupied full time. Education managers had plans to review the curriculum to provide prisoners with activities in the reduced contract year, but they were at a very early stage of development and, therefore, had not yet had any impact.

- 5.17 The allocations process was not fully informed by the prisoners' needs and, therefore, the choice of activity was often not sequenced appropriately. Too many prisoners had not received an assessment of their English or mathematics skills, or their learning difficulty or disability and a high proportion of had very low skills levels in English and mathematics. Prisoners were placed on business courses before their skills needs in English had been addressed, which the prisoners themselves recognised was limiting their progress. All vocational provision was offered at level 2, and some prisoners struggled with the curriculum content and found it difficult to complete written assignments because of their low-level skills in English and mathematics.
- 5.18 Teachers and trainers were appropriately qualified and experienced. On the business course, catering and in some prison work, teachers, trainers and instructors had expert knowledge and experience, which they used to good effect to motivate and inspire prisoners and develop their knowledge and skills. Prisoners on vocational courses completed a skills assessment of their starting points, and trainers used this information well to set their individual improvement targets. They reviewed them regularly and supported prisoners to make good progress.
- 5.19 On full-time courses, teachers used assessment effectively to check prisoners' learning and identify areas for improvement. On the business course, the subject content was challenging, and prisoners quickly became proficient in applying their knowledge and technical vocabulary to new concepts as a result of the feedback that they received. In catering, feedback helped to develop prisoners' skills well. However, in English, the teachers' assessment and feedback on in-cell workbooks did not provide enough information on how prisoners could improve.
- 5.20 Prisoners valued the skills they gained and knew what they needed to do to progress in their education, training and employment goals. In vocational training, some prisoners wanted to start their own business on release and were keen to progress onto business start-up and bookkeeping courses. Prisoners in industries developed valuable work-based skills, including an awareness of the importance of good attendance and punctuality, as well as teamwork and communication. Prisoners worked hard and supported each other. Those in engineering and horticulture developed high-level skills, but they were not accredited.
- 5.21 Qualification achievement rates for the prisoners who completed their course in time were high. However, too many prisoners studying accredited units in English made slow progress and were not encouraged to develop their skills at a sufficiently rapid rate. Some prisoners were several months behind their target date for completing the courses and achieving their qualifications.

- 5.22 Prisoners benefited from a calm and orderly learning environment that supported them to participate well in their activities. They settled quickly into their learning. They were positive, motivated and eager to learn. They worked diligently and kept on task well. They appreciated the return to face-to-face learning after the restrictions imposed by the pandemic.
- 5.23 Staff knew prisoners well and set clear expectations for behaviour. Prisoners showed respect for each other and for staff. Prisoners signed agreements during induction that detailed the expectations for their conduct and behaviour. They were supportive of each other and helpful to staff.
- 5.24 Prisoners felt safe in education, skills and work activities. Classrooms were inclusive, and any form of bullying, harassment or discrimination was not tolerated. They knew that they could ask for and would receive help and that staff would be responsive should problems occur. Prisoners worked safely and followed safety instructions well, washing hands and putting on appropriate personal protective equipment where required.
- 5.25 In education and vocational training, attendance was too low. Punctuality was poor with prisoners arriving over an hour late due to other competing activities, such as the dispensing of medication on houseblocks in the mornings or attendance at meetings (see paragraph 4.83). As a result, learning was disrupted, and prisoners were not progressing as quickly as they could. In catering, practical cooking in the morning was constantly disrupted and had to be adapted due to late arrivals. Attendance at work and in industries was good.
- 5.26 A faith-based organisation Junction 42 provided very effective support to unemployed and the hardest-to-reach prisoners (see paragraph 4.40). They were encouraged to participate in group activities that included art, creative writing and music. For many prisoners, these activities had a significant impact on their ability to acknowledge and understand the impact of their negative behaviour and contributed positively to their rehabilitation, socialisation and participation in regime activities.
- 5.27 Too many prisoners had not had interviews with information, advice and guidance (IAG) staff so they could develop a personal learning plan that identified the skills they needed to improve and to inform and prioritise their learning. During COVID-19 and local lockdowns, access to prisoners and staffing issues had limited contact with prisoners. Staff were in the process of attempting to catch up with these assessments and had prioritised those with short sentences. More recently, staff conducted initial IAG sessions for new prisoners in the residential units and followed them up with a more in-depth interview as part of their induction, where a learning plan was completed for each prisoner.
- 5.28 Prisoners received good support to develop their work skills in preparation for release. Employability coaches provided personalised support to help prisoners recognise their strengths and areas for

development. For example, prisoners with anxiety were supported carefully to improve their confidence and to identify career paths based on their existing skills.

- 5.29 Prisoners benefited from helpful careers advice and guidance towards the end of their sentences to help them to enter employment. They received help with compiling a curriculum vitae and with job applications, and advice on training options and what jobs they could realistically apply for.
- 5.30 Staff reinforced the values of tolerance and respect with prisoners during work and education by modelling appropriate behaviour. Prisoners readily agreed to a set of ground rules containing the expected standards of behaviour, including respect for others and the tolerance of everyone's diverse needs. However, staff did not proactively promote them to deepen prisoners' understanding of diversity further.

Section 6 Rehabilitation and release planning

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

Children and families and contact with the outside world

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

- 6.1 In our survey, 56% of prisoners said that staff had encouraged them to keep in touch with family and friends compared with 23% in similar prisons. Leaders (see Glossary) had introduced a post to improve the coordination of work to promote family ties, but the person appointed had since left. Workers from NEPACS (a charity supporting people affected by imprisonment) provided families with valuable support and prisoners with individual assistance, for example, helping to re-establish relationships and arranging final contact visits with children. NEPACS staff were not yet involved in the induction programme for new arrivals.
- 6.2 The substance misuse team also had a family worker who provided prisoners on their caseload with additional support. There were no parenting skills courses and the Heading Home course, which had provided support with relationships and managing expectations before release, had not yet resumed.
- 6.3 Social visits were slow to recover from COVID-19 restrictions, but their availability and capacity were now being increased again. Family days were to restart a few weeks after our inspection. Prisoners had in-cell telephones and access to video calls, which promoted contact with family and friends.
- 6.4 All prisoners were eligible for two social visits a month, with an additional visit available for those on the highest level of the incentives scheme. The visits hall had been refurbished, the environment had been improved and there was more privacy. All the visitors we spoke to said staff treated them well. We were told that significant investment in the visitors' centre just outside the prison had provided a much-improved environment, although many of the lockers to store property were broken.

Reducing risk, rehabilitation and progression

Expected outcomes: Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

- 6.5 Many of the prisoners were serving long sentences and, as in many category C prisons, much of the work to support their rehabilitation had stalled during COVID-19 restrictions. Although leaders recognised the need to recover their focus, progress was very slow, and the self-assessment report did not accurately reflect many of the weaknesses we found, particularly in offender management. Oversight was limited as the reducing reoffending strategy did not reflect the needs of the population and there was no action plan setting out targets for improvement.
- 6.6 The work of the offender management unit (OMU) should be at the heart of a category C training and resettlement prison, with all staff understanding and contributing to the work it does. Yet at this inspection we found the OMU's role was not well understood across the prison and many prisoners we spoke to did not value it. Prisoners and staff (including key workers, officers and the resettlement team) described their frustrations over the fact that, despite repeated efforts, they were unable to get a response to their queries from the OMU. There were no drop-in surgeries and offender managers did not adhere to a minimum frequency of contact with prisoners when they were meant to be promoting progression opportunities and providing prisoners with meaningful support.
- 6.7 Prison offender managers (POMs) were not involved in the induction programme for new prisoners and often simply sent an introductory letter outlining generic targets, but this was no replacement for direct contact from the outset. A shortage of prison- and probation-employed POMs meant caseloads were high for those in post, which was exacerbated by prison-employed POMs being redeployed to operational duties on the wings. The offender management function had become reactive, focusing on completing tasks rather than demonstrating a commitment to progression and rehabilitation. For example, in some of the cases we looked at the prisoner did not have any recorded face-to-face contact with their POM despite having been at the prison for more than a year. Some POMs described spending most of their time meeting deadlines for time-bound tasks instead of actively working with prisoners to help them address their offending behaviour or prepare for release.
- 6.8 Probation-employed POMs had regular line management supervision, but we were concerned that prison-employed POMs had had little if any supervision and were unclear about their line management arrangements. Some thought they lacked training for the role and felt

overwhelmed by the range of tasks, which required specialist skills and knowledge.

- 6.9 Some of the prisoners we spoke to complained that they had had little if any dedicated time with their key worker. While some of the written records showed that the session had been structured and meaningful, others suggested only a brief conversation, often in passing. Links between key work and that of the offender manager were not well developed which further undermined this work.
- 6.10 Most prisoners had an up-to-date assessment of their risks and needs. Most of those we reviewed had been completed by a community offender manager (COM) and were reasonable. The backlog of overdue initial assessments had been reduced significantly since our previous inspection, although during the inspection, there were still more than 60 prisoners who did not have a sentence plan to work towards. Even when a plan had been completed, the prisoner did not always know about it because of the lack of contact with their POM. In our survey, only 51% said they had a plan and, of those, only 58% said someone was helping them meet their targets. Prisoners convicted of sexual offences were far more negative, in our survey, only a 34% said staff were helping them achieve their targets, which was much worse compared to those in the rest of the establishment (73%). Prisoners we spoke to described how difficult it was to get to see their POM.
- 6.11 Almost half of the prisoners awarded home detention curfew had been released after their eligibility date, mainly because of delays in the probation service completing checks on addresses. Release on temporary licence was not yet available.

Public protection

- 6.12 Arrangements to protect the public from harm were poor. Despite our recommendation in 2017, phone calls were not always monitored or monitoring only started after a significant delay. At the time of the inspection, it was taking almost four months for it to be approved, and we found examples of some prisoners serving short sentences being released before monitoring had started. In other cases, the delay meant vital risk information might have been missed.
- 6.13 Once monitoring started, records indicated that staff knew what they should be listening out for. They reported concerns by submitting an intelligence report to the security department, but we were not confident that the information was always shared directly with POMs who were responsible for reviewing and managing prisoners' risks.
- 6.14 The interdepartmental risk management meeting (IRMM) was only convened on an ad-hoc basis to discuss individual prisoners whom the POM had identified as being of concern. This meant it did not meet regularly enough to assess the risk levels of individual prisoners or provide oversight of the release of high-risk prisoners. Given the lack of information exchange with POMs and their lack of contact with prisoners it was not surprising that only 13 prisoners had been

discussed in the previous year. There were no arrangements to confirm that appropriate risk management measures were in place in the community for all high-risk prisoners before their release.

- 6.15 The standard of risk management plans completed by the COM was reasonable, but multi-agency public protection arrangement (MAPPA) management levels were not always discussed or confirmed well enough ahead of release. We found instances where too little information had been exchanged between the POM and the COM about prisoners' ongoing risk of harm. In one case, we had to intervene to make sure that the community-based probation officer was aware of a prisoner's concerning behaviour so they could take action to manage the risks on release.

Categorisation and transfers

- 6.16 Categorisation reviews were timely, but prisoners were not able to participate, nor were they always informed of the outcome, which was poor practice.
- 6.17 Decisions were generally appropriate, but some prisoners were not recommended for open conditions as they had not completed an accredited offending behaviour programme. Decisions denying a prisoner category D status were not always based on a POM's consideration of whether other work they had undertaken, such as mentoring or purposeful activity, demonstrated a reduction in their risks.
- 6.18 Once approved for open conditions, transfers happened promptly. Over 120 prisoners had been transferred to open conditions in the previous year.

Interventions

Expected outcomes: Prisoners are able to access interventions designed to promote successful rehabilitation.

- 6.19 The limited opportunities to undertake offence-focused work, along with the lack of contact with POMs, meant that some prisoners were unable to complete risk reduction work before their release or their appearance in front of a parole board.
- 6.20 There was no forensic psychology team on site. Leaders had to request support from the regional team, but OMU managers told us that some of the requests had been declined and there had been few individually tailored interventions in the previous two years. This particularly affected prisoners serving an indeterminate sentence for public protection who were many years over their sentence tariff date and were struggling to demonstrate how they had progressed.
- 6.21 Probation-employed POMs told us they did not have enough time to complete structured one-to-one offending behaviour work. Managers

told us that prison-employed POMs were reluctant to issue workbooks to prisoners in case they were subsequently asked, for example, by the parole board, for an assessment of whether a prisoner's completion of the workbook had reduced their risk.

- 6.22 The prison offered three accredited programmes and leaders were trying to secure an intervention for the large number of prisoners convicted of an offence related to domestic violence. Staff shortages had delayed the delivery of programmes, which meant some prisoners had been released without completing the intervention they required. In most of the cases we examined, prisoners had not been able to access the programmes they needed either because of the lack of spaces available at the prison or the failure to transfer them to a prison where the specific programme was provided.
- 6.23 The substance misuse team offered a good range of help to support prisoners' recovery from drug and alcohol addiction. The Sycamore Tree victim awareness course had not yet resumed (see paragraph 4.40).
- 6.24 Work to support prisoners to gain employment on release was developing well, and an advisory board had been established. It had enabled 34 men since April 2022 to get sustainable work. Prisoners approaching release could receive careers advice, including assistance with preparing a CV and help with job applications. Staff were available off site to give prisoners advice on benefits before their release.
- 6.25 In our survey, 58% of those due for release needed support in finding accommodation, 58% of whom said they were receiving help. Survey responses to questions about other resettlement needs also showed some gaps in support, for example only 33% of those needing help with their finances were getting it. There was no money management course and not all requests to open bank accounts had been resolved before the prisoner's release.

Release planning

Expected outcomes: The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

- 6.26 The demand for release planning was high and many of those released would have presented a high risk of harm to others. In our survey, most of the small number of prisoners due for release in the following three months said that somebody was helping them to prepare and in most of the cases we examined, there had been a handover from the POM to the COM. This was often conducted through a three-way meeting, and the prisoners we interviewed valued the chance to meet their COM for the first time. However, following the handover, the POM often took a back seat, making little contact with the prisoner to keep them informed about the release plan or proposed licence conditions. As a

result, some prisoners only knew about the conditions of their licence on the day of their release. (See paragraphs 6.12 to 6.15.)

- 6.27 The quality of resettlement release plans we reviewed was reasonably good. The resettlement team was commissioned to provide support to low- and medium-risk of harm prisoners. However, despite significant staff shortages, they often helped to prevent high-risk prisoners from being released without accommodation to go to, when the COM had been unable to find a place for them to live. However, there were no reliable data to show how many prisoners were being released into sustainable accommodation overall.
- 6.28 Prisoners and their families used the visitors' centre as a meeting place, where they could obtain support on the day of release. The range of practical help available was good – it included facilities for charging mobile phones and access to spare clothing and a toiletry pack.

Section 7 Summary of priority and key concerns

The following is a list of the priority and key concerns in this report.

Priority concerns

1. **The prison was designated as a training and resettlement site, but leaders were not delivering a wide enough range or number purposeful activities or rehabilitative interventions to meet prisoners' needs.**
2. **The rate of self-inflicted deaths remained high and was higher than at most comparable prisons.**
3. **Leaders had not sufficiently prioritised equality and diversity and did not pay attention to the experiences of prisoners with protected and minority characteristics.**
4. **Too many prisoners were locked in cell for most of the day.**
5. **Serious shortcomings in offender management work undermined prisoners' rehabilitation.**
6. **There were significant weaknesses in public protection work, including poor oversight of some high-risk prisoners who were due to be released.**

Key concerns

7. **Staff shortages, including amongst health care workers, officers and offender managers, were negatively affecting outcomes for prisoners.**
8. **Governance of the use of force was weak.** Officers rarely used body-worn video cameras during use of force incidents, which limited leaders' oversight.
9. **Support for prisoners at risk of self-harm was not sufficiently proactive or robust.**
10. **Not enough dental clinics were provided, which had led to excessive waiting times for routine appointments.**
11. **Attendance and punctuality in education and vocational training were not good enough.**

12. **There was no provision for the substantial number of prisoners who required support in English and mathematics or for those with a learning difficulty or disability.**

Section 8 Progress on recommendations from the last full inspection and scrutiny visit reports

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2017, there were weaknesses in important elements of early days work. Too many prisoners felt unsafe. Good initiatives to address the high levels of violence were not yet fully effective. Management of prisoners subject to ACCT monitoring was weak. Security procedures were not effective in reducing the widespread availability of drugs. Peer support and enhanced units encouraged good behaviour but the incentives and earned privileges (IEP) scheme was generally underused. Too many adjudications were dismissed or not proceeded with. The segregation environment was poor although stays were short. Use of force was high but most was low level. Substance misuse services were good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

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

Achieved

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

Achieved

Recommendations

Prisoners on planned transfers to Northumberland should receive written information about the prison beforehand.

Not achieved

First night cells should be clean and properly equipped for new arrivals.

Achieved

Induction arrangements and oversight should be improved to ensure that new arrivals are provided with appropriate staff and peer support before they are locked up on their first night. Prisoners should receive all elements of the induction programme.

Achieved

Action should be taken to understand prisoners' poor perception of their safety and to reduce the high levels of violence.

Achieved

The investigation of violent incidents should be completed in a timely manner.

Achieved

Procedures to support the victims and challenge the perpetrators of violence should be strengthened and communicated effectively to all staff.

Achieved

The regime for prisoners located on house block 2 and plans for their reintegration should be improved.

Not achieved

Prisoners on constant watch should be provided with an adequate regime.

Not achieved

Prisoners should have timely access to Listeners at any time in well maintained Listener suites.

Not achieved

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

Achieved

Consideration should be given to the use of free flow to planned activities.

Not achieved

An appointment system should be introduced to allow risk assessed prisoners to move to appointments outside main movement times without staff escort.

Not achieved

Prisoners placed on closed visits should be subject to regular review and decisions to keep them on closed visits should be determined by up-to-date intelligence.

Not achieved

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

Achieved

IEP should be used as an alternative to adjudications for more minor infringements of the rules.

Achieved

The quality of adjudication records and quality assurance should be improved.
Not achieved

Planned interventions should be recorded and reviewed by a senior manager to identify areas of concern and lessons learned.
Not achieved

Oversight and governance of the use of force should be improved.
Not achieved

The regime and environment in the segregation unit should be improved.
Not achieved

Prisoners subject to ACCT monitoring should only be segregated under exceptional circumstances. These should be clearly documented, endorsed by a senior manager and reviewed when appropriate.
Achieved

Targets at segregation review boards should be specific, measurable and achievable and appropriate to the needs of the individual.
Not achieved

A comprehensive needs analysis should inform the drug and alcohol strategy to ensure that service developments are responsive to emerging trends.
Achieved

The drug strategy should be developed to reduce the supply of and demand for illicit drugs.
Achieved

Clinical substance misuse services should be sufficiently resourced to offer a more flexible range of treatment options and to provide recovery focussed and integrated treatment reviews. Joint working with mental health services should be formalised and improved.
Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, standards on residential units ranged from good to poor. Some house blocks were dirty and poorly equipped. Access to showers and association were good. There were positive relationships between staff and prisoners. Supervision and management of prisoners were poor in some areas. Prisoner consultation was very good. Food was reasonable. Equality work was underdeveloped but progressing. The chaplaincy provided a basic service. Prisoners lacked confidence in the complaints system. Health services were reasonable but there were serious concerns about medicine management. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

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

Achieved

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

Achieved

Recommendations

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

Achieved

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

Partially achieved

Consistent and effective provision should be made to address equality issues comprehensively. This should be informed by analysis of data and should include clear accountability for each protected characteristic.

Not achieved

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

Not achieved

The needs of prisoners with disabilities should be met through a consistent and well-organised support system, including peer support, across the establishment.

Partially achieved

Learning from the achievements of house block 14 should be spread across the establishment in a prison-wide approach to provision for older prisoners.

Not achieved

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

Achieved

A formal and documented quality assurance procedure for complaints should be introduced.

Achieved

All complaints alleging staff misconduct should be investigated thoroughly.

Partially achieved

Nursing resources should be reviewed to ensure that they can deliver commissioned primary care services effectively and sustainably.

Not achieved

Nurses should be able to access professional supervision including one-to-one support.

Achieved

Prisoners should have timely access to podiatry services.

Achieved

The movement, storage and reconciliation of medicines should be undertaken safely.

Achieved

The in-possession policy and in-possession risk assessment arrangements should be updated and implemented to ensure that they provide contemporary guidance for prescribers. They should reflect both individual and drug risk and should support the safe management of medicines.

Achieved

Officers should supervise the administration of medicines to reduce the risk of diversion and to facilitate confidential treatments.

Achieved

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

Not achieved

The service model, staffing, skills mix and therapeutic approaches should be reviewed in response to the health needs assessment and changing prison population.

Achieved

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

Not achieved

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

Not achieved

All prisoners should have access to toasters and microwaves.

Achieved

There should be proper staff supervision at meal service, and prisoners serving food should wear appropriate protective clothing.

Partially achieved

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

Not achieved

Purposeful activity

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

At the last inspection, in 2017, time out of cell was not good enough for a prison of this category. Managers had not given enough attention to punctuality and attendance in education. Progress to improve learning and skills had been slow. The quality and quantity of activity places had improved significantly but there were still not enough places for every prisoner. The allocation process was not driven by the sentence plan. Behaviour in activities was good and prisoners developed good work skills. Achievement rates in most education and vocational training qualifications were high. Library and PE provision was basic. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

There should be sufficient activity places to ensure that all prisoners are purposefully engaged during the core day. Attendance at education and vocational training classes should be improved.

Not achieved

Recommendations

Prisoners who work on their wings should be kept purposefully occupied throughout the working day.

Not achieved

Leaders and managers should improve the allocations procedures so that they reflect prisoners' sentence plans and resettlement goals. The sequencing of activities should be improved so that prisoners can develop and apply the skills and knowledge that they gain successfully.

Partially achieved

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

Partially achieved

Learners' attendance and punctuality to education should be improved.

Not achieved

The prison should introduce the new education and training portfolios into all work activities and use these to recognise and record the work-related skills and behaviour that prisoners develop.

Achieved

Achievement rates should be improved in qualifications that are offered.

Achieved

Procedures should be improved for monitoring library use and identifying and promoting the service to non-users.

Partially achieved

Effective procedures should be in place to monitor stock loss.

Achieved

Links between the education department and the library should be strengthened so that the library stock better reflects prisoners' learning needs.

Achieved

Accredited PE qualifications should be offered to prisoners.

Not achieved

The leaking roof in the gym sports hall should be repaired.

Achieved

Data on PE attendance and the activities undertaken by prisoners should be analysed to improve the promotion of facilities to non-users and encourage more prisoners to engage in cardiovascular exercises.

Not achieved

The time prisoners have to wait for remedial PE should be reduced.

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 2017, the prison had a strategy and policy to manage resettlement but there were weaknesses in offender management and the OASys (offender assessment system) backlog hindered the ability to assess and meet need fully. Contact with offender supervisors was prioritised for those with the highest risk, including preparation for parole hearings. Too many prisoners were past their home detention curfew (HDC) eligibility date and release on temporary licence (ROTL) was not used. The management of public protection was weak and created risk. Reintegration planning often started too late to meet prisoners' resettlement needs. Not enough prisoners were released to work or training. Work with families and offending behaviour programmes were strengths. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Recommendations

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

Not achieved

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

Not achieved

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

Not achieved

Public protection monitoring should be started immediately to protect victims.

Not achieved

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

Not achieved

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

Achieved

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

Partially achieved

Recommendations from the scrutiny visit

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

Disciplinary action should only be taken in line with established policies and procedures, and should be subject to proper oversight.

Achieved

All prisoners should have access to a daily shower.

Achieved

Prisoners should have more than an hour a day out of their cell to give them access to constructive activity, including opportunities to engage with staff and peers.

Achieved

The prison should take measures as soon as possible to encourage more families and significant others to attend social visits, including longer visits, weekend sessions, facilities for children and refreshments.

Achieved

The prison should implement communications monitoring for all relevant new arrivals promptly to ensure that risks are managed appropriately and the public are protected.

Not achieved

The director should work with Northumbria Community Rehabilitation Company and resettlement agencies to enable effective and timely release planning to be safely resumed, including direct contact with each prisoner.

No longer relevant

Appendix I About our inspections and reports

His 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.

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Rehabilitation and release planning

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

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

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

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

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

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

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

This report

This report provides 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 and conditions for men in prisons* (Version 5, 2017) (available on our website at <https://www.justiceinspectorates.gov.uk/hmiprisoners/our-expectations/prison-expectations/>). Section 7 summarises the areas of concern

from the inspection. Section 8 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy chief inspector
Sandra Fieldhouse	Team leader
Sumayyah Hassam	Inspector
Lindsay Jones	Inspector
Sally Lester	Inspector
David Owens	Inspector
Kellie Reeve	Inspector
Nadia Syed	Inspector
Charlotte Betts	Researcher
Helen Downham	Researcher
Helen Ranns	Researcher
Nisha Waller	Researcher
Reanna Walton	Researcher
Stephen Eley	Lead health and social care inspector
Dawn Angwin	Health and social care inspector
Chris Barnes	Pharmacist
Helen Jackson	Pharmacist
Mark Griffiths	Care Quality Commission inspector
Matthew Tedstone	Care Quality Commission inspector
Mary Devane	Ofsted inspector
David Everett	Ofsted inspector
Sheila Willis	Ofsted inspector
Jonny Wright	Ofsted inspector

Appendix II Glossary

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

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Key worker scheme

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

Leader

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

Offender management in custody (OMiC)

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

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Social care package

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

Time out of cell

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

Appendix III Care Quality Commission Requirement Notice



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

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

Provider

Spectrum Community Health C.I.C.

Location

HMP Northumberland

Location ID

1-183173152

Regulated activities

Treatment of disease, disorder, or injury and Diagnostic and screening procedures.

Action we have told the provider to take

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

Regulation 18 (1)

Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.

How the regulation was not being met

There were insufficient numbers of staff deployed to meet patients' needs, in particular:

- Primary care staff had to administer medicines on multiple houseblocks which took a significant amount of time, as well as seeing patients either on houseblocks or in healthcare. There weren't always sufficient numbers of primary care staff available which meant clinical substance misuse staff assisted with medicines administration which impacted on their core work. Staff spoken with told us they felt pressured most days.
- There was insufficient staff capacity to manage long-term condition reviews, which were mostly carried out by one part-time staff member. This had led to a long waiting list for routine reviews.
- Staffing levels impacted on second reception screening and these were not always carried out within the required timescale.
- There was pressure on the GP service with no extra capacity to manage any increased demand. The majority of GP sessions were provided by one GP.
- Staffing levels within the administrative support team had reduced which affected their ability to support clinical staff.
- Staffing issues meant that complaints and incident investigations had been paused for a two month period due to the interim Head of Healthcare and service leads supporting with patient care. Whilst complaints and incident investigations had recently resumed, this had caused a backlog with the potential of significant complaints or incidents not being actioned in an appropriate time frame.

Appendix IV Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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