Report on an unannounced inspection of

HMP Northumberland

by HM Chief Inspector of Prisons

27 August – 12 September 2025

Contents

Introduction

With scores of reasonably good across all four of our healthy prison assessments, this was a positive inspection of a well-run category C training and resettlement prison. Northumberland held a population of 1,223 men that included more than 400 prisoners convicted of a sexual offence.

The discovery of RAAC in the accommodation and in one of the education blocks had meant parts of the jail had been closed, with a large building project underway. This was also leading to refurbishment of five wings, which will ultimately improve living standards in a large proportion of the jail. Other parts of the prison – particularly those holding vulnerable prisoners – were showing their age, but leaders had made sure that wings were kept clean and men appreciated being housed predominantly in single cells.

The director and education leaders' focus on purposeful activity had led to some impressive provision and Ofsted noted some particularly good teaching in education and some of the workshops. Attendance was much better than most prisons, as was the amount of time spent out of cell for those who were in employment. It was good to see that the prison had also introduced free flow of men to activities, which was efficiently supervised by staff. Very few prisoners were released on temporary licence (ROTL) for work outside the prison and the jail should seek to expand this offer in the future. Men who had not yet been allocated to education or work had only 2.5 hours a day unlocked, and waits were too long. At the weekends prisoners were out of their cells for six hours, which was better than we usually see.

Generally good staff-prisoner relations made the atmosphere across the jail positive; this was also reflected in the amount of staff assaults, which was among the lowest in the country. Leaders had improved recruitment and a prison-led training package that continued throughout officers' first year had led to good levels of staff retention.

Disappointingly, there were not enough meaningful incentives to help prisoners behave well and many complained that, because there were not enough spaces on accredited programmes, they felt progression was limited. This may have also been the cause of the high level of drug taking at the jail, and although the number of positives in random testing was lower than most category C prisons, it was still much too high. Drugs were often the cause of violence between prisoners, which had increased significantly since our last inspection.

Although care for the most vulnerable was good, with creative ideas to help them to cope, support for the less severely needy prisoners was patchy. The prison was providing well for the many elderly men in the jail, but there was insufficient support for foreign national prisoners.

There had been a considerable improvement in the offender management unit (OMU) since our 2022 visit, with better organised support and good links with community services. Public protection monitoring of prisoners remained a concern, particularly since we had raised this at our last two inspections.

The prison had not done enough to make sure that prisoners were employed on release and levels were some of the lowest among similar jails. There is a national challenge for the prison service to engage with employers across the country to find work for men with convictions for sexual offences.

This was a positive inspection of a decent, productive jail and, if the effective and capable governor and her deputy remain in post, I am confident that there can be further improvements in all four of our healthy prison assessments at a future inspection.

Charlie Taylor
HM Chief Inspector of Prisons
October 2025

What needs to improve at HMP Northumberland

During this inspection we identified nine 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 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. **There were not enough incentives to motivate prisoners to behave well or opportunities for them to develop a sense of progression.**

2. **Support for those at risk of self-harm was too limited and leaders had not embedded learning from serious incidents.**

3. **Staff-prisoner relationships were not sufficiently meaningful.** Key work delivery was intermittent and did not support sentence progression. Staff were not present on landings, particularly during association periods.

4. **Leaders had not given sufficient priority to the promotion of fair treatment and inclusion.** Consultation, peer work and data analysis were not used well to understand the experiences of prisoners from minority groups.

5. **Leaders did not have sufficient oversight of industries and work to ensure that prisoners in lower-skilled workshops continued to make sustained progress in developing their knowledge and skills.**

6. **Offence-related monitoring of prisoners' mail and telephone calls was not robust.** Too often telephone monitoring was subject to lengthy delays and mail monitoring was not sufficiently rigorous**.**

Key concerns

7. **The availability of illicit drugs was linked to a significant increase in violence.**

8. **There were too few places available for offending behaviour programmes to meet demand.**

9. **The closure of the departure lounge meant that prisoners received limited practical support on the day of their release.** This contributed to prisoners' anxiety about attending their initial appointments in the community**.**

About HMP Northumberland

Task of the prison/establishment
Category C training and resettlement

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection
Prisoners held at the time of inspection: 1,223
Baseline certified normal capacity: 1,236
In-use certified normal capacity: 1,200
Operational capacity: 1,236

Population of the prison
- Around 168 new prisoners received each month
- 1% foreign national prisoners
- 4% of prisoners from black and minority ethnic backgrounds
- An average of 97 prisoners released into the community each month

Prison status (public or private) and key providers
Private Sodexo

Physical health provider: Spectrum Community Health CIC
Mental health provider: Tees, Esk & Wear Valleys NHS Foundation Trust
Substance misuse treatment provider: Waythrough
Dental health provider: Hyder Dental Group
Prison education framework provider: Novus
Escort contractor: GeoAmey

Prison group/Department
Contracted prisons

Prison Group Director
Jamie Bennett

Brief history
HMP Northumberland was created following a 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. A number of buildings are currently closed following the discovery of reinforced autoclaved aerated concrete (RAAC).

Short description of residential units
- 1 – closed due to RAAC (58 beds)
- 2 – general population prisoners with additional vulnerabilities (60 beds)
- 3 – closed due to RAAC (60 beds)
- 4 – closed due to RAAC (60 beds)
- 5 – induction wing for new general population arrivals (88 beds)
- 7 – general population (120 beds)
- 8 – enhanced wing for general population prisoners (72 beds)
- 9 – general population (240 beds)

- 10 – older prisoners and higher health care need prisoners convicted of sexual offences (PCoSOs) (40 beds)
- 11 – induction wing for the PCoSO population (110 beds)
- 12 – drug-free (ISFL) unit for the PCoSO population (112 beds)
- 13 – PCoSO population (112 beds)
- 14 – PCoSO older and retired prisoners' unit (112 beds)
- 15 – Gateway drug recovery unit (40 beds)
- 16 – general population unit for trusted 'red band' prisoners and those progressing to release on temporary license or open conditions (16 beds)
- Alnwick House – enhanced PCoSO wing (60 beds)

Name of director and date in post
Vicky Robinson, June 2023

Changes of director since the last inspection
Samantha Pariser, April 2019 – June 2023

Independent Monitoring Board chair
Cathy Robinson

Date of last inspection
August/September 2022

Section 1 Summary of key findings

Outcomes for prisoners

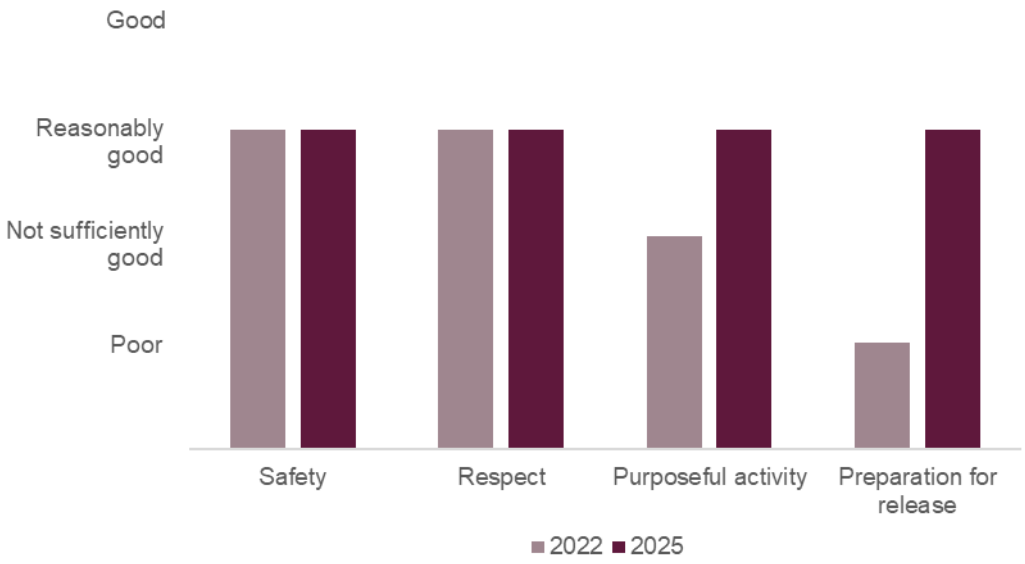
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.2 At this inspection of HMP Northumberland, we found that outcomes for prisoners were:

- reasonably good for safety
- reasonably good for respect
- reasonably good for purposeful activity
- reasonably good for preparation for release.

1.3 We last inspected HMP Northumberland in 2022. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Northumberland healthy prison outcomes 2022 and 2025



Progress on priority and key concerns from the last inspection

1.4 At our last inspection in 2022, we raised 12 concerns, six of which were priority concerns.

1.5 At this inspection we found that 10 of our concerns had been addressed and two had not been addressed. All of our concerns about purposeful activity and preparation for release had been addressed. For a full list of progress against the concerns, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

> Evidence of our expectations being met to deliver particularly good outcomes for prisoners, and/or particularly original or creative approaches to problem solving.

1.7 Inspectors found 10 examples of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

Examples of notable positive practice		
a)	Rehabilitative adjudications were robust and included a review of the work that prisoners had completed with substance misuse services.	See paragraph 3.17
b)	Guidance and materials were available for staff and prisoners giving examples of support that prisoners with neurodivergent needs might require to ensure equitable access to the regime.	See paragraph 4.32
c)	The introduction of three 'health zones', with a dedicated group of staff, had improved access to doctors and nurses.	See paragraph 4.42
d)	Health care managers had established excellent working relationships with secondary care providers to improve appointments and assessments for more prisoners. A 'paracetamol pathway' ensured that prisoners were managed safely at the prison following a possible overdose.	See paragraphs 4.42 and 4.58
e)	Access to a wide range of psychological therapies had significantly improved following staff recruitment. Psychologists now advised at complex case ACCT reviews, providing invaluable support for the prison team.	See paragraphs 4.69 and 4.72
f)	Recovery workers' practice was observed as part of their supervision which enabled more targeted support and feedback.	See paragraph 4.78
g)	The provision of naloxone training and kits to prisoners' families was a positive initiative that helped improve prisoners' safety on release.	See paragraph 4.86
h)	The dental nurse ran regular oral health promotion clinics, giving valuable advice to prisoners.	See paragraph 4.104

i)	Community offender managers regularly visited the prison, which was beneficial in preparing high-risk prisoners for release.	See paragraph 6.12
j)	The pre-release team had taken responsibility for referring prisoners at risk of homelessness to local authorities which had improved the timeliness of referrals.	See paragraph 6.41

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 senior team had worked very effectively in response to considerable infrastructure challenges from reinforced autoclaved aerated concrete (RAAC) found across the extensive prison site.

2.3 Despite closure of key areas of the jail, leaders had driven improvements since our last inspection and had successfully developed the training and resettlement purpose of the prison. The main education building, three houseblocks, reception, a gym, prisoner property store and the chapel were among the buildings that had been closed following discovery of RAAC in the previous year. Leaders had acted swiftly and creatively to maintain the prison's operations, and repairs were now under way across the site.

2.4 The experienced director and deputy director provided thoughtful and capable leadership, and their honest self-assessment report was largely in line with our findings.

2.5 Leadership and staffing of the offender management unit had strengthened, and good partnerships with community probation and resettlement services were better preparing men for release. However, not enough prisoners were gaining employment on release and, despite concerns raised at the last two inspections, failings in offence related monitoring had still not been addressed.

2.6 Leaders had prioritised purposeful activity, although some workshops focused too heavily on income generation rather than vocational training. Most prisoners were attending full-time activities and Ofsted graded the overall effectiveness of education, skills and work provision as 'good'.

2.7 Leaders had not done enough to provide incentives to motivate prisoners to behave well or enough opportunities for them to develop a sense of progression.

2.8 Staff shortages across the prison had been addressed and retention of officers had improved. New officers were well supported in their initial year with a programme of continuous professional development. While leaders offered support for staff well-being and engagement, officers we spoke to reported low morale at work which required further exploration. Only 9% of frontline operational staff who responded to our

survey described morale at work as high or very high, and just 6% said that staff well-being was supported very or quite well.

2.9 The director had been robust in her approach to challenging inappropriate behaviour and was continuing efforts to support cultural change. 'Culture coaches' had been recruited to engage with colleagues and help embed desired behaviours.

2.10 Leaders had introduced a development programme for the large proportion of first line managers who were newly promoted and had plans to develop and strengthen the middle management team.

2.11 Partnership working was a strength, including with a range of external organisations, such as the Oswin Project that provided activities for prisoners both in the prison and on temporary release in the community. Prison and health care leaders had worked effectively together to provide a much-improved service.

2.12 Some senior leadership roles were too broad in scope, and the safety team was under-resourced. Use of data, for example to inform the safety strategy or action to promote fair treatment, was not sufficiently well developed.

2.13 Both the director and HMPPS contract managers spoke of a positive and collaborative relationship that aligned delivery with shared objectives without the need to rely solely on contractual enforcement.

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 newly refurbished reception area, which had been opened after RAAC (reinforced autoclaved aerated concrete) had been found in the previous building, created a positive first impression. Staff were welcoming, but holding rooms were bare, and we observed prisoners locked in them for more than two hours with little to do.

Reception

3.2 New arrivals were asked questions intended to identify potential vulnerability, but the process was repetitive and some prisoners were asked the same questions several times. Sensitive questions were not

always asked in private and the approach often lacked meaningful engagement with the individual.

3.3 When the prisoners convicted of sexual offences (PCoSOs) and general population prisoners arrived together, they had differing experiences in reception and the process became disorganised and prolonged. For example, the PCoSOs did not receive a private initial safety interview before being locked up.

3.4 Peer support was available from 'Insiders' (prisoners who introduce new arrivals to prison life). They met new arrivals in reception and, helpfully, were based on the induction wings. In our survey, 45% of prisoners said they had support from another prisoner on their first night which was significantly better than 33% in similar prisons. Insiders also contributed to the delivery of the induction programme.

3.5 There were two induction wings: one for the general population and one for PCoSOs. All new arrivals received a pack on reception which included items such as a kettle and bedding. In our survey, 80% of prisoners said they were offered toiletries on their first night compared to 62% in similar prisons. However, some cells for the general population on the induction unit were poorly prepared, lacking basic essentials such as pillows, and others contained graffiti or were not sufficiently clean. Conditions on the PCoSO unit were better.

Induction wing

3.6 The induction programme included contributions from a range of departments and, in our survey, 70% of prisoners said that the induction covered everything they needed to know compared to 60% in similar prisons. However, the scheduling of the rolling programme resulted in delays for some prisoners in receiving essential information about life at the prison.

3.7 Funds could be advanced to prisoners to purchase vapes and a very limited selection of groceries while in reception. They could re-order these after their first week which was a helpful interim measure, but this depended on them having sufficient funds. Some waited up to two weeks to receive their first canteen order.

3.8 The regime for new arrivals was poor: we observed some prisoners who waited up to 24 hours before being offered a shower. Following their induction, new arrivals were placed on the same regime as unemployed prisoners, which meant they were unlocked for just over two hours a day. In the sample that we reviewed, prisoners were allocated to purposeful activity within an average of three weeks of arrival.

Promoting positive 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

3.9 Levels of violence had increased significantly since the previous inspection by more than 80%. However, rates of assaults on both staff and prisoners remained below the average for similar prisons and there were fewer serious assaults. In our survey, 41% of prisoners said that they had felt unsafe at some point during their stay at the prison, although only 15% said they felt unsafe at the time of the inspection.

3.10 The overarching safety policy was too generic and did not draw on data specific to HMP Northumberland. This limited its effectiveness in driving reductions in violence. Safety meetings facilitated good individual case management, but there was no strategic oversight to address the rising level of violence. Leaders did not routinely conduct thorough investigations into serious assaults, nor did they analyse longer-term trends to inform preventative action.

3.11 All violent incidents were referred to the challenge, support and intervention plan (CSIP, see Glossary) process, and some other incidents were investigated. However, these investigations did not always result in effective action plans. Targets were often too generic and failed to address the underlying causes of violence. Leaders were aware of these shortcomings and had started coaching staff to improve the quality of planning and intervention.

3.12 Alnwick House and houseblock 16 provided enhanced prisoners with independent living arrangements, which supported positive behaviour. Prisoners on these units appreciated this opportunity to cook together. In contrast, the main enhanced unit for the general population (houseblock 8) lacked sufficient incentives. Prisoners told us that they saw little benefit in living on the unit and that it offered few advantages

over other wings. Many said there was little motivation to achieve enhanced status. Leaders had recently introduced celebration events and football competitions and were developing further enhancements, such as communal allotments and polytunnels. These initiatives were promising, but it was disappointing that more had not already been done to promote and reward positive behaviour.

House block 16, communal garden

3.13 There was a dedicated unit for prisoners vulnerable to debt or bullying, which helped to reduce the number of individuals self-isolating because they feared for their safety. Prisoners on these units generally had access to a regime comparable to the rest of the population. However, reintegration planning for these prisoners required further development to support transition back to the main residential units.

3.14 Release on temporary licence (ROTL, see Glossary) was available, but this valuable incentive had only been approved for a very small number of prisoners (see paragraph 6.36).

Adjudications

3.15 There had been 2,776 adjudications in the past year, which was a considerable increase since the previous inspection. Leaders attributed this to the inconsistent application of the incentives scheme to manage behaviour. In the sample we reviewed, we found some cases that could have been dealt with more appropriately as behaviour warnings.

3.16 The backlog of adjudications referred to the police was high, with some cases delayed to the point of dismissal.

3.17 We observed good use of rehabilitative adjudications, particularly in cases linked to substance misuse. A panel of staff reviewed these

cases to make sure that prisoners were meaningfully engaging with substance misuse services.

Use of force

3.18 Use of force had increased by 149% since the previous inspection, reflecting the rise in levels of violence. Despite this increase, the overall rate of force remained low compared to similar prisons. There had been 459 recorded incidents in the past year, but most were low level with 70% using escorting holds.

3.19 PAVA incapacitant spray had been drawn twice and used once in the past year, and a baton had been drawn once. In all cases reviewed, the use of these interventions was proportionate and justified. The deployment of PAVA had been effective in preventing serious harm to both staff and prisoners.

3.20 Governance of the use of force had improved since our last inspection. All use of force was triaged by an instructor to assess its necessity and identify learning opportunities. Leaders had fostered a culture of continuous improvement, with regular feedback to staff. Any concerns were identified promptly and addressed appropriately.

3.21 In the random sample of footage we reviewed, the use of force was proportionate and reasonable. Staff demonstrated calm, patient and professional behaviour in challenging situations, and we observed several examples of effective de-escalation. This approach was reflected in the continuing low level of full restraints.

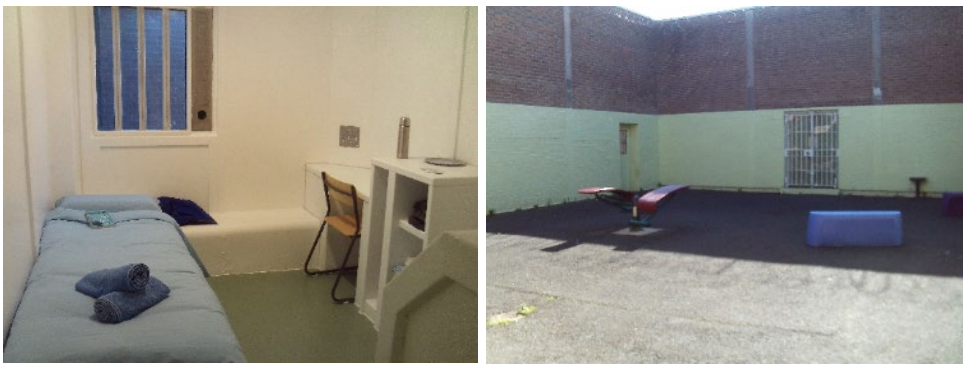
3.22 The use of body-worn cameras had increased but remained too low overall. Leaders reported recent technical issues, but these had now been resolved. Despite a prison-wide focus on improving the use of body-worn video, some incidents were still not captured.

3.23 Special accommodation was not routinely used and there was no designated cell for this purpose.

Segregation

3.24 There had been 447 uses of segregation in the previous 12 months, with an average stay of 8.8 days. This represented an increase in both the frequency and duration of segregation since the last inspection, although the figures remained broadly in line with those at comparable establishments.

3.25 The segregation unit was shabby and in need of refurbishment. A programme of improvements was under way, and the refurbished cells were of a high standard. The showers were clean and well maintained, but the exercise yard remained bare.



Refurbished segregation cell (left); and segregation unit exercise yard (right)

3.26 The regime offered to segregated prisoners was too limited. Prisoners were offered a shower, 30 minutes of outdoor exercise and one phone call a day. Access to time in the open air was further restricted when the unit accommodated more men, because there was only one exercise yard. There were no in-cell telephones and prisoners were required to use a single phone located on the landing, which hindered their ability to maintain contact with family and friends.

3.27 There was collaborative working between residential and safety staff to support reintegration of segregated prisoners, but reintegration planning remained underdeveloped.

3.28 The quality of documentation and defensible decisions for those supported by ACCT case management in segregation (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm) did not consistently demonstrate that individual risks had been adequately considered. In particular, there was insufficient detail to justify segregation as the only option for prisoners who posed a risk to themselves.

3.29 Interactions between staff and prisoners on the unit were positive. Prisoners reported respectful engagement with staff and our observations supported this view.

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.

3.30 Security arrangements were generally proportionate to the risks of a category C prison, particularly given the size of the site and the ongoing construction work. Leaders had recently introduced supervised movement of prisoners to activities across the prison, which supported prompt attendance at work and education and contributed positively to the ethos of a working prison.

3.31 The positive random mandatory drug testing (MDT) rate stood at around 20%. While this was lower than in comparable prisons, it remained too high. Leaders had identified drugs as the principal threat to safety and security, with clear links to bullying and violence.

3.32 Leaders demonstrated a good understanding of how drugs entered the prison and had worked with external agencies, including the police, to disrupt supply routes. These included the use of drones, visits and counterfeit legal mail.

3.33 The drug strategy had recently been revised to place greater emphasis on supporting recovery. Leaders were committed to promoting a rehabilitative culture and this was reflected in the use of rehabilitative adjudications (see paragraph 3.17) which focused on support rather than punishment.

3.34 The previous incentivised substance-free living unit (ISFL) had been closed because of the presence of RAAC. The drug strategy lead was working collaboratively with other leaders to reintroduce ISFL units for both the general population and PCoSOs. These units will aim to link with the well-established Gateway recovery unit and provide a clear pathway for addressing substance misuse (see paragraph 4.80).

The new Houseblock 12 ISFL unit

3.35 Security intelligence was well managed. Information was triaged promptly and fed into monthly security meetings, where appropriate objectives were agreed and disseminated.

3.36 There were low numbers of organised crime prisoners and extremists, and risks associated with these groups were well managed through strong inter-agency collaboration. The security team also reported effective partnerships to address 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

3.37 Since our last inspection in 2022, there had been three self-inflicted deaths and three non-natural deaths. Regional senior leaders reviewed learning from deaths in custody, but this was not effectively shared locally. Leaders had not yet sufficiently addressed all recommendations made by the Prison and Probation Ombudsman (PPO). While we were assured that clinical issues had been resolved (see paragraph 4.69), in two cases the PPO had identified that ACCT case management (see glossary) had ended prematurely, and we were not confident that this issue had been addressed well enough from the sample that we reviewed.

3.38 Leaders had investigated 10 incidents of serious self-harm, yet 53 incidents had required hospital attendance and we found missed opportunities for learning. Investigations lacked sufficient depth, and recommendations were not routinely thought through to make sure that emerging themes were addressed.

3.39 The overall rate of recorded self-harm had more than doubled since our last inspection, although it remained below the comparator. The range of interventions available to support prisoners struggling to cope was limited. However, most prisoners at risk of self-harming were engaged in purposeful activity, which was positive. The use of the alert intervention monitor (AIM) tool to screen emerging risk factors was a helpful initiative. Those highlighted as most vulnerable were discussed at the safety intervention meeting.

3.40 Prisoners at risk of suicide or self-harm were supported through the ACCT case management tool. In our survey, only 53% of prisoners who had been on an ACCT said they had felt cared for by staff. This was reflected in our discussions with men who felt that some staff were uncaring and sometimes dismissive. In more complex cases, we saw creative multidisciplinary and collaborative working; for example, one prisoner used red-coloured ice cubes as a coping strategy and an alternative to self-harming.

3.41 The prison had been issued with an improvement notice on ACCT quality by HMPPS contract managers and a staff member had been deployed to train and upskill their colleagues. In the sample that we reviewed, care plans were weak and did not address prisoners' underlying issues well enough. We also saw many ACCTs closed and

subsequently re-opened: during the previous two months, more than a third of ACCTs had had to be re-opened (see paragraph 3.37).

3.42 In our survey, 43% of prisoners said it was very or quite easy to speak to a Listener (prisoners trained by Samaritans to provide confidential, emotional support to fellow prisoners). Listeners told us that they were not well used. There were 18 trained Listeners among the PCoSO population, but only three were available to the general population. A peer support group for prolific self-harmers had been in place. Leaders reported that they had received positive feedback, but the group had been suspended while leaders built in appropriate oversight.

3.43 Leaders did not use data effectively to understand trends or inform their action plan, and safety meetings were not sufficiently focused on action. Although the rate of self-harm remained below the comparator, it had been on a steady upward trajectory. The safety strategy was generic and not specific to HMP Northumberland, nor did it consider the distinct needs of the general and PCoSO populations or the trends in the causes of self-harm.

Protection of adults at risk (see Glossary)

3.44 Leaders maintained links with the local safeguarding adults board and attended relevant meetings. The monthly safety meeting highlighted prisoners who were self-neglecting. However, some staff lacked confidence in identifying safeguarding cues and were unsure how to escalate concerns.

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 In our survey, 83% of prisoners said staff treated them with respect compared with 71% of prisoners in similar prisons. We observed particularly strong relationships with some civilian staff, including workshop instructors, teachers and health care professionals.

4.2 Leaders had worked to address staff culture and had made clear the expected standards. However, staff supervision on the residential units was limited and we saw too many officers congregating in offices and not visible enough on the landings, especially during association periods. Prisoners we spoke to described some of the prison officers as unhelpful and at times condescending.

4.3 In our survey, 86% of PCoSOs said they had a member of staff they could turn to with a problem compared to 68% in the general population. Relationships were stronger on PCoSO units and we observed more positive and proactive interactions.

4.4 The delivery of key work (see Glossary) was intermittent. Officers had caseloads of up to 12 prisoners, but they were not given dedicated time to carry out sessions. In the sample we reviewed, sessions were brief and lacked depth, with little evidence of staff motivating prisoners or supporting sentence progression. Quality assurance had not yet driven improvements (see paragraph 6.15).

4.5 Peer support was underdeveloped and not used to its full potential. A substantial number of prisoners held trusted red-band positions which enabled them to move freely around the site, but leaders had not developed a broad range of peer mentor roles. Oversight of existing roles such as Listeners, Insider induction peers and prisoner carers was inadequate. However, there were examples of strong and effective peer working, particularly in education and workshops and substance misuse services (see paragraphs 4.84 and 5.22).

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

4.6 Accommodation across the site was varied, reflecting the prison's history as two separate establishments. Leaders were managing significant structural challenges due to the presence of RAAC. At the time of our inspection, three wings were closed and a refurbishment programme was under way.

4.7 In our survey, prisoners were more positive than those in similar prisons about their living conditions, including the cleanliness of communal areas and access to showers and other essentials. Association areas had a reasonable range of equipment, although seating was limited.

PCoSO communal area

4.8 Some units, particularly those housing PCoSOs, were shabby and worn, but the overall environment remained decent due to the efforts of both staff and prisoners. However, on the units housing general population prisoners, some communal areas, such as cleaning cupboards and self-cook areas, had been neglected. This was reflected in our survey where PCoSOs responded more positively on various aspects of their living conditions.

4.9 Most prisoners lived in single cells, which was positive. Cells were generally well equipped, although many toilets were stained and some furniture was worn. Prisoners on houseblocks 8, 10 and Alnwick House benefited from in-cell showers.

House block 10 cell

4.10 Outdoor areas were well maintained despite ongoing construction. The grounds on the PCoSO side of the prison were attractive, although prisoners were restricted to the concrete exercise yards for their designated time in the fresh air.

Outdoor area

Residential services

4.11 In our survey, 52% of prisoners said that the food was good compared with 35% at the last inspection and 34% in other category C prisons.

4.12 Menus were varied and catered for a range of special diets. The kitchen was responsive to prisoner feedback and was due to launch a new menu in the coming weeks which had been devised through consultation with the prison council.

4.13 Staff and servery workers' understanding of religious and cultural requirements remained patchy and this had been identified as an area where further learning was required.

4.14 Overall, there were too few opportunities for prisoners to cook for themselves, with cooking equipment on most units limited to a couple of microwaves and an electric grill on each landing. Air fryers had been introduced on some standard units for a short period as a reward for keeping the units clean but had been withdrawn due to perceived safety and hygiene risks.

4.15 Some smaller and enhanced units contained more equipment, including fridges and freezers, and – as an incentive – offered prisoners a wider range of food to buy and cook for themselves, which was a very positive initiative. Those on houseblock 16 (a small enhanced unit for the general population) were provided with ingredients from the kitchens to cook and eat together.

Self-catering facilities

4.16 Some communal dining furniture had been introduced on a few units, but most prisoners were still unable to eat together out of their cells. On

houseblock 14, dining tables and chairs were provided but were not suitable for many of the older and disabled prisoners living there.

4.17 Prisoners could buy a suitable range of goods from the canteen, including a wide selection of fresh fruit and vegetables. Additional items were available to purchase separately from the main canteen list in response to consultation with prisoners from some minority groups.

4.18 It could take over a week for new arrivals to be able to order items from the canteen, which was too long and increased the risk of prisoners accruing debt.

Prisoner consultation, applications and redress

4.19 Consulting prisoners about decisions that affected their daily lives was an embedded principle at Northumberland. The prison council, facilitated by User Voice, had been involved in improvements such as the provision of self-catering equipment on enhanced units (see paragraph 4.15), increasing the pay for the lowest paid prison jobs, and new seating in health care waiting areas.

4.20 However, despite efforts to boost engagement and involvement, the general population were under-represented on the council, and not all prisoners knew about the positive changes that had resulted from the meetings.

4.21 Wing forums had recently been introduced to resolve lower-level residential issues. However, these were not yet well embedded or sufficiently focused on action.

4.22 Electronic kiosks remained an effective and popular way for prisoners to take responsibility for managing aspects of their daily life, such as making menu choices, canteen orders, contacting prison departments and booking visits. Prisoners we spoke to were very positive about how quickly they received responses from most departments and, in our survey, more than at other category C prisons said that applications were dealt with fairly and on time.

4.23 Complaints were managed well, with robust procedures in place to make sure that prisoners had easy access to complaint forms and that they received responses on time.

Fair treatment and inclusion

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), or those who may be at risk of discrimination or unequal treatment, 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.

4.24 Leaders had tried to create an inclusive culture centred on helping individuals to participate fully in prison life. For example, a variety of work and education opportunities were available to suit prisoners of varying ages, abilities and aspirations. In our survey, prisoners from minority groups reported similarly to other prisoners, and we did not find widespread evidence of comparatively poorer outcomes for these groups.

4.25 Leaders in many areas acknowledged the need to improve staff and prisoner awareness of different cultures and the support needs of different groups. Staff we spoke to demonstrated an openness and willingness to learn.

4.26 However, formal structures to identify discrimination or promote fair treatment and inclusion were weak in many areas. Consultation, peer work and data analysis were not always used well to help leaders understand prisoners' experiences or drive improvement.

4.27 While it was disappointing to see a lack of overall progress in this area after raising it as a priority concern at our last inspection, there had been some recent attempts to drive improvement. Leaders had sought advice and guidance from HMPPS and had produced a needs analysis which identified gaps in provision for each protected characteristic group. An action plan to address these gaps had been developed. Committed and motivated leaders in some areas had made good provision for some groups, but not all senior leaders had taken sufficient responsibility for their allocated area.

4.28 Support for elderly and disabled prisoners was generally good. Most lived on houseblocks 10 and 14, where they were unlocked for most of the day and had access to a broader range of recreational activities than we saw elsewhere. This included board games, quizzes and outdoor games on houseblock 10, as well as weekly visits from AgeUK.

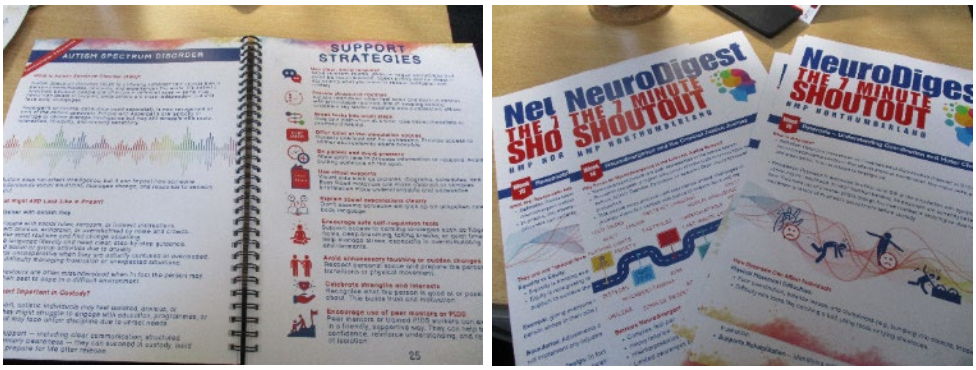
Cooking class on house block 10

4.29 These prisoners also received support from peer workers who helped them with basic daily tasks such as getting their meals and going to and from activities. Peer workers were not trained for the role at the time of our inspection, although plans were in place to address this. We also identified some elderly prisoners receiving support from peer workers to operate the shower, which was not appropriate.

4.30 Those who needed adaptations generally received them promptly, including wheelchairs and walking frames, or workplace adjustments to allow them to remain meaningfully occupied off the wing.

4.31 Transgender prisoners were supported well by respectful and effective joint working between the senior leader with oversight of this group and a prisoner peer worker. A weekly support morning fostered a sense of community and mutual support.

4.32 Very promising work had been carried out to support neurodivergent prisoners by raising awareness among staff. There was a commendable focus on encouraging conversations with prisoners about what they needed. Helpful examples of specific support strategies were also available that staff in workshops, education or on the wings could adopt to ensure fair access for this large cohort of prisoners.



Neurodiversity support materials

4.33 There was no specific provision for foreign nationals, which was a notable omission, and there was no named manager with oversight of this group. Telephone interpretation was not used to converse with prisoners who did not speak good levels of English, even in key meetings such as with health care. There were too few foreign language books in the library even for the very small population of foreign nationals. English language classes for those who did not speak English were, however, extremely popular and effective.

Faith and religion

4.34 Despite the temporary closure of the main chapel because of RAAC, facilities for communal worship were good. Two small multi-faith rooms were suitably furnished and equipped, with sufficient capacity for the relatively small proportion of the population who wished to attend

religious services. Fair access for PCoSOs and the general population had been assured.

Multi-faith room

4.35 Most major faith groups were represented in the chaplaincy, and it was positive that faith-based classes and groups had been reintroduced.

4.36 The chaplaincy had good links with faith-based and other community organisations that worked in the prison, such as Junction42 and the Oswin Project.

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.

4.37 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

4.38 Spectrum Community Health CIC provided health care, subcontracting mental health and psychosocial addictions services. Oversight of the services was effectively underpinned by strong partnership working, informed by a focused commissioner health needs assessment.

4.39 In our survey, respondents were more positive about the health services than at the last inspection.

4.40 Health services were well led and effective. Staff were visible, accessible and respectful with patients.

4.41 Unlike at the last inspection, there were few staff vacancies with no use of agency nurses, which was a considerable improvement. The majority of staff were up to date with mandatory training and supervision. Spectrum's investment in staff development and in new roles was evident, for example in staff studying at a higher level and the effective deployment of four non-medical prescribers.

4.42 There was tangible change in the prison as a result of learning from feedback following adverse events, audits, patient complaints and consultation meetings. For example, in response to many aspects of access to services, three zones for health care had been established with a group of dedicated staff. This had improved access to nurses and doctors, enhanced clinicians' knowledge of their patients and increased patient satisfaction. A 'paracetamol pathway' had been introduced as a result of which prisoners who said they had taken an overdose of paracetamol remained at the prison. Blood tests were promptly despatched to the laboratory and observations on the patient were heightened while awaiting the results. Treatment was administered in discussion with the hospital emergency department, if necessary. Both these initiatives had improved the safety of patients and reduced reliance on escorts out of the prison.

4.43 The health centre was clean and suitably equipped with enough consulting and treatment rooms. The clinical function of some rooms had been curtailed by RAAC, but this had been mitigated by good management. Wing-based health facilities and medicines administration rooms were of variable standard and several needed redecorating and air-conditioning.

4.44 Recent infection prevention and control audits were good, although we observed some taps developing limescale staining, exposed pipework and damaged walls.

4.45 Medical emergencies, especially code blues (life-threatening events), were not uncommon. Sufficient officers were trained in CPR and a Spectrum resuscitation kit was strategically placed and regularly checked. Spectrum staff were well trained to manage emergencies, and the ambulance service responded promptly despite the rural location.

4.46 Spectrum received around 20 patient complaints or concerns a month, usually about medicines, and seven compliments. Responses to complaints were timely and appropriate. Patients were suitably safeguarded by Spectrum, which shared information with partners as necessary.

Promoting health and well-being

4.47 There was no whole-prison approach to promoting well-being, although there was an appetite to develop a partnership approach with the prison. This work was in its infancy.

4.48 Health partners followed a programme of national health campaigns, providing some health promotion information, including on world suicide prevention day. The health care centre waiting areas displayed some health and well-being information, but this required improvement.

4.49 No leaflets were available in different languages or in easy-read text, although these could be printed if required. There were no peer workers to assist in promoting health.

4.50 Patients had access to clinics for disease prevention, including blood-borne viruses. Preventative screening programmes were offered, such as retinal screening, bowel screening and NHS health checks. There were no delays in receiving treatment. Age-related vaccinations took place, including measles, mumps, rubella, influenza, COVID 19 and shingles.

4.51 Visiting sexual health specialists delivered fortnightly clinics and the Hepatitis C Trust provided ongoing support to patients. Condoms could be requested confidentially by patients from health care.

4.52 There was an effective policy to prevent the spread of communicable diseases, supported by advice from the UK Health Security Agency.

Primary care and inpatient services

4.53 Spectrum delivered primary care services with nursing staff available seven days a week, from Monday to Thursday from 7.30am to 7.30pm, and Friday to Sunday from 7.30am to 5.30pm.

4.54 A registered nurse saw all new arrivals and conducted initial health screenings to identify immediate health care needs or long-term medical conditions and made the necessary referrals. The reception screen and secondary comprehensive assessment were completed within the required timescales, as were all medicine reconciliations.

4.55 Patients had better access than at the last inspection to a wider range of primary care services, delivered by skilled health professionals, including GPs, advanced nurse practitioner and nurses. Patients with long-term conditions, such as diabetes and asthma, received care from a dedicated team and were managed well. Patients had access to podiatry, physiotherapy and optometry and waiting times were reasonable.

4.56 Patients could request an appointment via the prison kiosk system. A well-resourced administration team managed all clinical appointments effectively. Applications were clinically triaged each day, which was good. Waiting times for most health services were minimal and staff followed up those patients who did not attend.

4.57 Patient referrals to secondary care services were monitored closely, as approximately 31% of external appointments were cancelled for prison operational reasons. However, we were assured that appointments were quickly rearranged, to minimise the impact for patients.

4.58 Managers had established excellent working relationships with local secondary care providers to establish pathways for more prison-based appointments, resulting in timely assessments of larger cohorts of patients. This included a single point of contact with Northumbria Healthcare NHS Foundation Trust to streamline all communication regarding appointments and reduce failures to attend. In addition, a monthly meeting was held with the public health lead for the Trust to monitor failures to attend and identify opportunities for improvement. This reduced the need for individual appointments and, more importantly, improved health outcomes for patients. For example, 21 patients had recently attended their fibro-scan appointments in the prison, which had reduced their waiting times.

4.59 Health care records demonstrated that patients received regular, appropriate and good-quality health care interventions. The use of the recall function in SystmOne (electronic clinical records) resulted in patients being recalled for follow-up care and annual health checks. Where required, patients had a suitable care plan outlining the care and support they needed, and how it would be provided.

4.60 Patients with palliative and end-of-life needs received person-centred care enhanced by engagement with the Macmillan nurse.

4.61 Patients received relevant pre-release assessments and interventions and were supported to register with community health services.

Social care

4.62 A suitable memorandum of understanding between the prison, Spectrum and local authority identified key roles and responsibilities in the delivery of social care.

4.63 On arrival at the prison, men with social support needs were identified and received appropriate assessment, care packages (see Glossary) and adaptations where required. There were no delays in providing care following referral to the local authority. At the time of the inspection there were no care packages in place.

4.64 Vigilance for social care needs was ongoing, for example some older adults received regular welfare checks, and prisoners could summon assistance in an emergency through electronic aids.

4.65 Adequate governance and oversight arrangements were in place to manage social care referrals, although health staff were not aware of prison referrals made directly to the local authority, which was a gap. The regular complex case meeting was functional, but there was limited evidence of social care discussions at the local delivery board.

4.66 Prison buddies were available to support men with social care needs. Buddies were not formally recruited, trained or risk assessed, but credible plans were in place to address this (see paragraph 4.29).

Mental health

4.67 The integrated mental health team (IMHT) delivered an effective and personalised service to patients. The services were highly responsive with a skilled range of clinicians who provided interventions and therapies.

4.68 The IMHT efficiently triaged routine referrals from health care within the expected timeframes, and there was adequate oversight and management of mental health referrals from other prison departments such as education and workshops, kitchens, gym and wing staff. Patients were also encouraged to self-refer via the kiosks.

4.69 Psychological services were very good, led by a principal clinical psychologist. Referrals to the psychologists and Talking Therapies team came from a range of sources and were promptly addressed. The psychologists advised on complex cases at ACCT meetings, providing invaluable support for the prison team (see paragraph 3.37).

4.70 Two consultant psychiatrists supported the IMHT and delivered a weekly clinic. Waiting times were low and prisoners on the waiting list were reviewed at the weekly multidisciplinary team meeting and reprioritised if necessary.

4.71 The nurse consultant had oversight of the IMHT and supported the psychiatric clinics. She assessed and treated needs arising from neurodiversity, including ADHD (attention deficit hyperactivity disorder), which widened access to care for those patients. Patients with dual diagnosis were recognised, and a formal pathway for joint care with Waythrough was in development.

4.72 IMHT gave patients access to a wide range of therapies, including coping and daily living skills, sleep hygiene, mindfulness, trauma and relaxation groups. Therapies were offered according to need and were open to all, which was good. Registered mental health nurses (RMNs) provided appropriate long-term care for patients with enduring mental illnesses.

4.73 Clinical record keeping was good and mental state and risk assessments were carried out in a timely manner. Notably, care plans were patient centred and up to date. We saw examples of personalised care plans containing useful detail and insight into the patients' care needs and goals.

4.74 Patients under the care programme approach (mental health services for individuals diagnosed with a critical or enduring illness) had comprehensive packages of care and liaison, and were managed by RMNs, reflecting care in the community.

4.75 In the last 12 months, three patients had been accepted for transfer to a mental health hospital, one of whom had waited 20 weeks. This was unacceptable and could have led to further deterioration in his mental health.

Support and treatment for prisoners with addictions and those who misuse substances

4.76 The prison drug strategy contained apposite elements of demand reduction and treatment provided by Waythrough and Spectrum services. The two providers worked effectively to provide collaborative care for patients.

4.77 Waythrough saw all new prisoners – around 120 a month – who were offered appropriate support and harm minimisation advice. There was open referral and many prisoners referred themselves. The response was quick; triage occurred on the next working day and assessment began within five working days.

4.78 Between 450 and 500 clients made use of Waythrough services and some recovery workers had very large caseloads, which were carefully managed. Staff were well supervised, including practice observation by the supervisor, which enabled more targeted support. Recruitment of new recovery workers was in hand and had started to deliver results.

4.79 There was an ample range of high quality in-cell workbooks, motivational one-to-one support and an extensive array of recovery group activities such as SMART Recovery and the innovative Breaking Free (online). Bespoke groups ran on several houseblocks.

4.80 Gateway recovery unit offered intensive group work to 40 clients, with understanding officers. Within the six-month programme, clients could deal with their addictions and start to develop pro-social coping strategies. Clients told us they were fortunate to be there and could identify how they had developed insight into their addiction, although they were concerned about how they would cope on return to the houseblocks. An independent substance-free living unit was to open after the inspection.

4.81 A lead recovery worker worked alongside the offender management unit (OMU) to make sure that the families of clients were engaged in their recovery. This included training family members to use nasal nyxoid (see paragraph 4.86), which had saved lives.

4.82 At the time of our inspection, 207 patients were receiving opiate substitution therapy from Spectrum, 51 of whom were prescribed long-acting buprenorphine by injection, which was a remarkably large number. Spectrum and Waythrough undertook joint 13-week reviews of patients. Practices were evidence based.

4.83 The clinical records of both teams were integrated in SystmOne. Recovery and treatment plans contained goals agreed with the individual, which was essential.

4.84 Eleven busy peer mentors supported clients in recovery. They were appropriately selected from the Gateway programme and managed by a lead recovery worker. Valued Alcoholics Anonymous, Cocaine Anonymous and Narcotics Anonymous mutual aid groups were active in the prison and online.

4.85 Dedicated Waythrough staff worked with regional navigators (Reconnect workers) to make sure that clients leaving the prison accessed community care. A recovery worker was responsible for liaison with two community providers, together with counterparts in other prisons, which provided a web of shared information to support clients on release.

4.86 Spectrum provided medicines to take home as required and Waythrough trained and supplied clients and their families with naloxone (to reverse the effects of opiate overdose) and harm reduction advice to minimise risks after release. Training of family members in the use of nasal nyxoid in the Waythrough north-east prisons had led to four men being revived by family members following an overdose. This included one man whose family had been trained at HMP Northumberland.

Medicines optimisation and pharmacy services

4.87 Spectrum provided good, supply-led pharmacy services, delivered by a highly skilled and experienced team who followed written procedures.

4.88 The full-time pharmacist was completing a prescribing qualification to enable more services to be offered, and a part-time prescribing pharmacist undertook some medicine reviews, but there were no pharmacist-led clinics. Team members undertook self-development training and attended health care team meetings to ensure effective communications.

4.89 The pharmacy team had successfully worked with the prison to ensure the timely delivery of medicines from the wholesalers. Medication was safely transported around the prison.

4.90 Houseblock medicines administration was supported by pharmacy technicians. This had increased the workload for their colleagues in pharmacy who worked well together to ensure a safe and timely supply of medicines.

4.91 Medicine queues were effectively managed by houseblock officers, with patient ID being mandatory. Plastic covers over medicines hatches required patients to shout when discussing their medical needs, making private conversations difficult.

4.92 All medicines were appropriately labelled and stored. Prescribing and administration of medicines were recorded on SystmOne. There were systems to identify patients who had not collected their medicines.

4.93 Patients with repeat prescriptions were advised to order their medicines seven days in advance, as expected in the community. Around 73% of

patients had all or some in-possession (IP) medicines and had completed risk assessments. These were formally repeated every six to 12 months and informally considered as medicines were dispensed.

4.94 Some IP medicines were supplied in compliance packs with the manufacturer's leaflets to help the patients take their medicines correctly and inform them about their medicines. Storage facilities were available in cells, pharmacy technicians supported random cell checks, and non-compliance resulted in a review of IP status.

4.95 There was out-of-hours provision of medicines and patient group directions (enable nurses to prescribe and administer prescription-only medicine) enabled administration. However, the cupboard storing these medicines also housed non-medicines, such as batteries. Patients could receive over-the-counter medication.

4.96 Following updated requirements for supplying valproate medicines, original packs were always supplied. The pharmacist was contacting all patients prescribed valproate to provide them with the updated guidance.

4.97 The pharmacy team kept records of medicines errors and identified opportunities to reduce risks. The pharmacist raised errors with the health care team to reinforce the importance of accurate record keeping.

4.98 Fridge temperatures were regularly checked and recorded. Controlled drugs were appropriately managed and securely stored, though regular balance checks of controlled drugs did not always occur. Medicines waste was correctly disposed of.

4.99 The pharmacy was usually given advance notice when patients were leaving the prison so that medicines could be arranged to take with them.

Dental services and oral health

4.100 NHS equivalent services were provided by a Hyder Dental Group dentist, therapist and nurse. Services were appreciated by patients.

4.101 Waiting times for dental services had been equivalent to the community, but more recently access to dentistry had become more challenging due to staff sickness and the impact of RAAC. Did-not-attend rates had increased and, at the time of the inspection, more than 100 patients were waiting up to 10 weeks for non-urgent treatment, which was disappointing. However, therapist and dental sessions had been increased and there were early signs of improvement.

4.102 Dental care records were on SystmOne and were suitably detailed.

4.103 The dental surgery was spacious and clean, although it did not have separate decontamination facilities. Infection prevention was of the required standard. Equipment was appropriately maintained and certificated. A second dental surgery on site was unused.

4.104 The therapist was concerned that the canteen list did not contain the most clinically effective oral hygiene items for purchase. Unusually, the dental nurse and a colleague ran regular dedicated oral health promotion clinics to address the most common dental needs, which was good. Advice included teeth brushing, gum hygiene, diet and the effects of sugar (which complemented the prison removing sugar from the canteen list). Each patient was given a bag of recommended dental items to use.

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 recreational and social activities which support their well-being and promote effective rehabilitation.

5.1 Most prisoners were allocated to full-time activity and could spend around 9.5 hours a day out of their cell during the week, including a period of early evening association. Those on some enhanced units had more time out of cell, for example in Alnwick house they could be out of their cells for up to 13 hours in the day and on houseblock 16 prisoners were not locked up over the lunch period.

5.2 The relatively small number of unemployed prisoners who were refusing to work had a poor regime and were unlocked for only two hours 30 minutes a day.

5.3 Despite the reasonably good regime and high numbers allocated to activity (see paragraph 5.10), in our roll checks we found 21% of prisoners locked up during the core day, which was too high for a training prison. Many of these prisoners were new arrivals awaiting allocation to purposeful activity, or those who were not required at work that day. While retired prisoners were unlocked during work periods, those who were allocated to work but were not required that day, for example because the workshop instructor was absent, were locked up, which remained a source of frustration to prisoners.

5.4 The weekend regime was better than we usually see, with most prisoners spending 6.5 hours out of their cells. In our survey, prisoners responded much more positively about the weekend regime than those at other category C prisons.

5.5 There were two libraries, both of which offered a welcoming environment, and a wide range of materials, including audiobooks and games. In our survey, prisoners responded more positively about the library services than those at other category C prisons. However, staff shortages meant that only one library could be open at a time which, alongside capacity limits for each library, limited access and resulted in long waiting lists to attend. There was a good mobile delivery service which helped mitigate this.

VP library

5.6 The relatively small size of the libraries, along with restricted opening hours, limited the use of the library as a social or community hub (for example to host groups), but it was positive that sessions were still set aside to facilitate legal study and a reading group for emergent readers.

5.7 Gym facilities were reasonably good, with most prisoners able to attend at least twice a week, despite the temporary closure of one of the three gyms. Some gym equipment remained worn or broken, but leaders intended to replace it in a planned upgrade. All houseblocks also had a small fitness room containing cardiovascular equipment.

5.8 Prisoners could now undertake a range of qualifications in the gym, and outdoor sports and activities such as football, cricket and a weekly Park Run had been introduced since the last inspection, which was positive. A weekly joint staff and prisoner football match was a very popular new initiative.

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.

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

Overall effectiveness:	Good
Quality of education:	Good
Behaviour and attitudes:	Good
Personal development:	Good
Leadership and management:	Good.

5.10 Since the previous inspection, leaders had created a culture of purposeful activity. They ensured that there were sufficient full-time places for all eligible prisoners. Almost all prisoners consistently took part in full-time work, training or education. This had a positive influence on their behaviour, attitudes and morale.

5.11 Leaders had addressed the recommendations from the previous inspection fully. This included significantly improving attendance and punctuality, which were now consistently high. Following the introduction of a free-flow model of movement to education and work, prisoners were empowered to take more ownership of their engagement with learning and work, developing this crucial employment behaviour.

5.12 Senior leaders were well informed about the performance and quality of education, skills and work activities. They discussed attendance and punctuality in staff daily briefings, took part in quality improvement group meetings and visited classrooms and workshops. Leaders in education had implemented comprehensive quality procedures which linked to valuable professional development for teachers. However, in industries and work, although leaders visited workshops and spoke frequently to instructors and prisoners, they did not use the information gathered to ensure that the few workshops with low-skilled work developed prisoners' skills and behaviours effectively.

5.13 Leaders provided a curriculum which enabled prisoners to develop valuable knowledge and skills to prepare them for employment after release. This included vocational training in subjects such as barbering, customer service and enterprise for self-employment. Prisoners worked in workshops such as engineering and woodwork, and across the prison in catering and cleaning.

5.14 Leaders and managers allocated prisoners to education, training and work effectively. Most prisoners were allocated in a timely way into curriculum pathways that took into account their prior learning and skills, length of stay and career aspirations. The pay policy incentivised attending education and work.

5.15 Prisoners received a helpful induction into education, skills and work. Leaders had recently introduced peer-led induction sessions. Prisoners who were new to the prison learned from those who had been there for some time, including the merits of learning and working during their stay. Prisoners understood how to access the range of education, training and work available to them and most were allocated to curriculum pathways that were right for their growth and aspirations. For example, prisoners who aspired to progress into the catering and hospitality sector studied recognised industry qualifications while working in the prison kitchens or café to gain practical experience.

5.16 Novus provided the education and training in the prison. Experienced teachers and tutors planned the curriculum carefully to enable prisoners to develop their knowledge, skills and confidence over time. Leaders had taken the strategic decision to offer qualifications in units, meaning that more prisoners could gain accreditation for their learning, even when they became eligible for transfer to a category D prison or early release. Prisoners enjoyed taking part in teaching and assessment activities, which were of high quality and helped them to make rapid progress. Teachers and tutors assessed each prisoner's starting points accurately and used this information effectively to create highly personalised learning. Prisoners knew where they needed to focus to make progress. Prisoners took pride in their learning and were supported to develop their handwriting and the presentation of their work. Achievement in qualifications was high. Typically, prisoners achieved their English and mathematics qualifications on their first attempt, with many then progressing on to higher levels of study.

5.17 Instructors in skilled industries workshops, such as tailoring, market gardens and powder coating, planned the curriculum well. They skilfully planned individual prisoners' work to reflect their starting points and develop higher-level skills over time. In hospitality and catering, instructors had designed the curriculum effectively to integrate learning into the well-run production kitchen and staff bistro, and an impressive commercial café. Instructors used a range of effective assessment methods to identify where prisoners could develop their knowledge and skills, and prisoners recorded their progress and specific targets in helpful booklets. Prisoners took on additional roles in these workshops, such as quality assurance and supervision, to further develop useful employment skills.

5.18 A few industries workshops, where prisoners were making tea packs or recycling items for external contracts, had a less ambitious purpose. These workshops were suitable for prisoners who needed to learn fundamental employment skills, often where they had not experienced work before. This included working in teams, time management and building the stamina to work full time consistently. However, a few

prisoners, once they had developed these skills and were working productively, lacked opportunities to develop further skills.

5.19 Prisoners produced high-quality work and products. For example, in the production kitchen they made a range of high-quality pies, while developing in-depth knowledge about the ingredients including allergens. The houseblock working party supported the facilities department to carry out repairs and painting around the prison. Most wing cleaners were well trained and diligent in their work.

5.20 Leaders and managers ensured that prisoners' additional needs were identified quickly and appropriate support put in place. A dedicated neurodiversity manager had created support plans for a vast number of prisoners outlining the support they needed. Teachers, tutors and instructors used these, in combination with effective training, to help them structure activities and provide resources to help prisoners with additional needs to access education and be productive in work. In addition, the neurodiversity support manager supported many prisoners in one-to-one sessions to help address their needs, including getting the lights in their cells changed to reduce the electricity buzz. Several prisoners receiving this support demonstrated increased positive behaviour and they had begun to engage better in education and work.

5.21 Leaders had firmly established an effective reading strategy. Prisoners were assessed for their level of reading and a range of support was put in place for emerging readers. This included working with Shannon Trust mentors, frequent encouragement to practise reading and identification of previously unknown barriers such as dyslexia and poor eyesight. Prisoners receiving this support flourished. For example, they were able to read letters from their families and use reading to support their mental health in their cells. Leaders had also created a culture of reading for pleasure across the prison. This included well-stocked reading corners, pleasant libraries, book clubs and reading competitions. Prison staff, teachers and instructors had completed useful phonics training and were encouraged to read themselves and talk with prisoners about the books they were reading.

5.22 Valued and well-trained peer mentors were deployed very well throughout education, skills and work. They understood their roles clearly, including to promote reading, and worked well with teachers, tutors and instructors. They were encouraged to use their initiative, for example creating resources to support emerging readers. In education, they were highly effective in supporting prisoners who had previously been reluctant to engage with learning in classrooms.

5.23 Prisoners were motivated to learn and work. In many workshops, such as market gardens, tailoring and powder coating, prisoners demonstrated real enthusiasm and interest in their work. They were given demanding targets and determinedly sought to rise to these challenges. In lessons, prisoners were enthusiastic and keen to learn, valuing the full-time education courses where they could develop their skills quickly.

5.24 Prisoners had access to a wide range of enrichment activities. This included several sports, musical clubs and creative pursuits. Leaders worked with external organisations to create further opportunities. For example, work with the 'Kielder Observatory' resulted in prisoners contributing to a book of poetry about astronomy and the night sky. However, leaders recognised that they did not have sufficient oversight of the enrichment offer to identify gaps or monitor levels of participation.

5.25 Staff provided prisoners with useful careers advice and guidance, with a focus on preparing them for employment after release. This included one-to-one discussions and personalised learning plans which were mostly used to guide prisoners' education and work in the prison. At the time of inspection, leaders had recently introduced new systems, such as support for job searches. However, these were yet to have an impact.

5.26 Leaders and managers worked with a wide range of employers and organisations to provide opportunities and employment advice for prisoners. This included working with national pub retailers to prepare for employment after release, and organisations that support people with criminal records into sustained employment in the region. Through these activities, prisoners benefited from a better understanding of the skills and behaviours needed to gain sustained employment after release, and increased confidence in the range of employment opportunities that were available to those with criminal records.

5.27 Leaders provided prisoners with access to the virtual campus (internet access to community education, training and employment opportunities for prisoners). Prisoners used it to research topics for their work in specific subjects, such as IT and business. Teachers in education used the virtual campus once a week to develop prisoners' digital skills.

5.28 Although very few prisoners were eligible to go out on release on temporary licence (ROTL, see Glossary), the few who did had excellent experiences. They received high-quality training and took on roles of responsibility and trust. These prisoners had secured employment through this process for them to start on their release.

Section 6 Preparation for release

Preparation for release is understood as a core function of the prison. 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 understands the importance of family ties to resettlement and reducing the risk of reoffending. The prison promotes and 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 Work on helping prisoners to build and maintain contact with families and the outside world had recently been revived, but some positive initiatives had yet to be fully embedded.

6.2 Seven visits sessions were held each week which provided sufficient access to in-person social visits. Prison leaders ensured that prisoners held in the general population and those on the PCoSO houseblocks received equitable access, which was positive.

6.3 Secure video calls (see Glossary) for social visits were reasonably well used, with around 120 calls each month. Video calls took place at the same time as in-person visits, which limited their potential for use outside typical working hours by prisoners whose friends or relatives would otherwise be unable to visit.

6.4 The visits hall was large, spacious and welcoming, with a well-equipped children's play area. A café bar served a reasonable range of drinks and food, although no hot food was available.


Visits hall (left), and visits play area (right)

6.5 The family service provider, Nepacs, staffed a visitor centre where visitors could wait to be called into the prison. Nepacs also had two family engagement workers on site who supported prisoners with issues such as legal arrangements for their children. Some prisoners who were supported by the drug and alcohol recovery team could also access parenting courses. The library supplied a selection of children's books which prisoners could read to their children, which was positive.

Children's books in the library

6.6 During the months before our inspection, prison leaders had restarted several positive initiatives, such as a regular 'community day' where prisoners not receiving visits could meet their peers and support organisations, together with 'Every Contact Matters' peer workers who supported prisoners with no contacts. Achievement day events had also been relaunched, when prisoners completing programmes and courses could invite family members to be present when they received certificates.

6.7 Prison leaders were conducting regular surveys of the population to understand their needs and inform the development of services. The strategic management of contact with families and the outside world was strong, with a well-developed action plan and evidence of positive cross-departmental working.

Reducing reoffending

Expected outcomes: Prisoners are helped to change behaviours that contribute to offending. Staff help prisoners to demonstrate their progress.

6.8 The strategic management of reducing reoffending had improved since our last inspection, despite some disruption caused by several changes in the leadership team in the previous year. The offender management unit (OMU) was functioning more effectively and a range of resources were available to help prisoners prepare for release.

6.9 The strategy for reducing reoffending was of reasonable quality and informed by an analysis of the population's needs. However, the associated action plan was underdeveloped.

6.10 The OMU was almost fully staffed, which had reduced prison offender manager (POM) caseloads to more manageable levels of between 40 and 60. In contrast to our last inspection, leaders were providing good supervision for POMs, with regular sessions where they could discuss their most complex cases with senior probation officers.

6.11 Overall, contact between prisoners and their POMs had improved markedly and was now reasonably regular, although we still found a minority of cases where prisoners had received little contact from the OMU. Most prisoners we spoke to knew their POMs and were positive about their relationships and the role of Northumberland as a rehabilitative establishment.

6.12 Prisoners benefited from good contact between their POMs and community offender managers (COMs). We saw numerous examples of COMs attending the prison for meetings with POMs and prisoners, which was very positive. Leaders and OMU staff had encouraged this practice, which was very beneficial in preparing high-risk prisoners for release.

6.13 Most prisoners had up-to-date sentence plans and leaders were providing good oversight of the quality of assessments. In the cases we reviewed in detail, sentence plans were generally of reasonable quality and we often saw prisoners demonstrating progression through meeting targets set out in their plan. However, in our survey, only 75% of prisoners who had a sentence plan said that they knew what their objectives were compared with 89% at similar prisons. This required further exploration.

6.14 OMU staff now hosted induction sessions for newly arrived prisoners, but too many prisoners waited too long for initial meetings with their POMs, often for up to a month.

6.15 Efforts had been made to improve the visibility of the OMU around the prison through drop-in sessions on residential units and workshops. This was positive, but key work was not contributing effectively to sentence planning. Although key work sessions were usually

reasonably regular, sessions we reviewed rarely demonstrated awareness of prisoners' targets or progression (see paragraph 4.4).

6.16 Around two-thirds of prisoners were serving long sentences and 7% were serving life. Work to support those men had recently improved, with prison staff delivering good, targeted work with individuals who were struggling to progress. Forums for those serving life sentences had recently restarted, but there was no dedicated accommodation for these prisoners.

6.17 Processes for calculating sentences were robust, with all prisoners arriving at the prison undergoing checks to make sure that their sentence dates were correct. Reviews of prisoners' security categorisation took place promptly and were generally of reasonable quality. Prisoners were not routinely involved in these reviews, however, which was disappointing. We saw examples of categorisation reviews triggered by changes in prisoners' circumstances, which was positive.

6.18 During the previous year, 162 prisoners had been transferred to open conditions following re-categorisation. At the time of our inspection, 31 prisoners were waiting for spaces to become available in open prisons so that they could transfer. This was a high number.

Public protection

Expected outcomes: Prisoners' risk of serious harm to others is managed effectively. Prisoners are helped to reduce high risk of harm behaviours.

6.19 Oversight of public protection measures had improved since our last inspection. Strategic oversight of public protection processes was provided by a public protection steering group, which was well attended by departmental leaders.

6.20 Around three-quarters of prisoners were subject to multi-agency public protection arrangements (MAPPA, see Glossary) because of their offence or risk level. MAPPA reports prepared by POMs to inform risk management on release were generally detailed and thorough.

6.21 All cases that we reviewed had risk management plans in place ahead of their release and were generally of reasonable quality.

6.22 The monthly interdepartmental risk management meeting (IRMM) ensured that all prisoners subject to MAPPA and high-risk individuals were discussed before their release, which was an improvement on the ad hoc approach at our last inspection. Actions arising from these meetings were appropriate, although outcomes were not regularly tracked. While attendance at the IRMM was reasonably good, some relevant departments did not routinely attend.

6.23 Three dedicated staff were responsible for screening newly arrived prisoners to identify potential risks to children and contact restrictions.

Initial screenings were undertaken reasonably promptly and POMs subsequently completed more in-depth assessments.

6.24 While prisoners identified as posing public protection risks were identified well, we were concerned that long-standing issues with offence-related phone and text monitoring had still not been resolved. We were not confident that processes for making sure that post-room staff were aware of prisoners undergoing offence-related mail monitoring were robust.

6.25 Most telephone monitoring was conducted by operational staff who had received no specific training for the role. Regular redeployments caused telephone monitoring to remain subject to lengthy delays. In one case we reviewed, it had taken two months for phone calls to be listened to.

Interventions and support

Expected outcomes: Prisoners are able to access support and interventions designed to reduce reoffending and promote effective resettlement.

6.26 At the time of our inspection, prison staff were preparing for the start of a new suite of offending behaviour programmes (OBPs) being rolled out across the prison estate. Prison staff had conducted a good needs assessment of the population to plan which programmes they would be providing over the coming year.

6.27 In advance of the launch of the new programmes, available spaces were far outweighed by the waiting list of prisoners identified as needing a programme. Prison staff were appropriately prioritising prisoners based on proximity to release or notable events such as parole hearings.

6.28 During the previous year, local data showed that 48 prisoners had completed an OBP. Schemes aimed at alleviating population pressures had affected completion rates as some prisoners had been released midway through a programme.

6.29 The prison now had an on-site forensic psychology function, which was positive, although their work was primarily directed by parole hearings, and they were not routinely conducting one-to-one work with complex prisoners.

6.30 Prison leaders had worked with community partners to implement several non-accredited programmes, with a focus on prisoners convicted of driving offences, arson and those at risk of homelessness. Few prisoners had completed these, however, as all non-accredited interventions had been suspended pending HMPPS approval.

6.31 Prisoners could access good, practical support ahead of their release, including applying for identification and opening a bank account. Prisoners who were being released to work which required them to

drive could apply for driving licences. A social enterprise provided prisoners with assistance in managing their finances while in custody. The Department for Work and Pensions had a team on site, offering advice on benefits and booking job centre appointments in the community for prisoners approaching release.

6.32 Two prisoner orderlies were employed by the employment hub to meet prisoners three months before release and find out what support they needed. However, they were not able to support prisoners held on houseblocks designated for PCoSOs, which was an omission.

6.33 The prison was building links with employers to help prisoners find work on release and held regular events for employers to visit the prison to speak to prisoners about potential opportunities. We saw examples of employers being invited to visit workshops relevant to their industries, such as engineering, which was positive. Prisoners could also receive support to develop their CVs through the employment hub.

The employment hub

6.34 Despite this, very few prisoners leaving Northumberland were in employment six weeks after their release. Employment support was also more limited for the sizeable PCoSO population; prison leaders had developed self-employment guidance for these prisoners but had struggled to find them other employment opportunities.

6.35 There were good interventions to support prisoners with substance misuse concerns, primarily focused on the Gateway recovery unit (see also paragraph 4.80).

6.36 A very small number of prisoners were accessing release on temporary licence (RoTL, see Glossary) to work in the community and maintain family ties, which was positive. Prisoners using these opportunities

were very positive about the experience, but RoTL was not available to the vast majority of prisoners.

Farm shop outside the prison

Returning to the community

Expected outcomes: Prisoners' specific reintegration needs are met through good multi-agency working to maximise the likelihood of successful resettlement on release.

6.37 An average of 97 men a month were released to the community. Around a fifth of these were released outside the prison's immediate resettlement area, which complicated efforts to find them suitable accommodation.

6.38 The pre-release team was working well to support prisoners approaching release and it was positive that the team engaged with higher-risk prisoners who were nominally the responsibility of COMs. However, we encountered some high-risk prisoners who were close to their release date and did not know what support they would receive.

6.39 The prison ran weekly, well-attended resettlement boards which brought together a range of support agencies and departments to co-ordinate the support provided to low- and medium-risk men approaching release, which was positive. Resettlement days had also been launched, providing prisoners approaching release with opportunities to meet support organisations.

6.40 Since our last inspection, the prison had employed a housing specialist who was making good use of data to analyse outcomes for prisoners

and implementing changes to improve processes for prisoners' release. We saw evidence of good, creative work to build links in the community, such as through visits to probation offices to identify how prison staff could support staff in the community.

6.41 The prison pre-release team had identified delays in COMs referring prisoners at risk of homelessness to the relevant local authority and had agreed to take on the 'duty to refer' function as part of their routine pre-release activities. Local data showed that prison staff were regularly referring these prisoners to local authorities eight weeks before their release date. This enabled better planning to reduce the risk of prisoners being released without accommodation to go to, while alleviating the burden on COMs.

6.42 Few prisoners were released with no accommodation identified for them, and it was notable that, over the previous 18 months, the number being released homeless had fallen substantially.

6.43 It was disappointing that the prison's departure lounge had closed, limiting the practical support available to prisoners on release. Prisoners could access a small supply of donated clothing in reception. Despite this, we saw positive cases where prisoners were receiving through-the-gate support from community organisations in the immediate days following their release.

Donated clothing in reception

Section 7 Progress on concerns from the last inspection

Concerns raised at the last inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2022, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Priority concern

The rate of self-inflicted deaths remained high and was higher than at most comparable prisons.
Addressed

Key concerns

Governance of the use of force was weak. Officers rarely used body-worn video cameras during use of force incidents, which limited leaders' oversight.
Addressed

Support for prisoners at risk of self-harm was not sufficiently proactive or robust.
Not addressed

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2022, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Priority concern

Leaders had not sufficiently prioritised equality and diversity and did not pay sufficient attention to the experiences of prisoners with protected and minority characteristics.
Not addressed

Key concerns

Staff shortages, including amongst health care workers, officers and offender managers, were negatively affecting outcomes for prisoners.
Addressed

Not enough dental clinics were provided, which had led to excessive waiting times for routine appointments.
Addressed

Purposeful activity

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

At the last inspection in 2022, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Priority concerns

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.
Addressed

Too many prisoners were locked in cell for most of the day.
Addressed

Key concerns

Attendance and punctuality in education and vocational training were not good enough.
Addressed

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.
Addressed

Preparation for release

Preparation for release is understood as a core function of the prison. 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.

At the last inspection in 2022, we found that outcomes for prisoners were poor against this healthy prison test.

Priority concerns

Serious shortcomings in offender management work undermined prisoners' rehabilitation.
Addressed

There were significant weaknesses in public protection work, including poor oversight of some high-risk prisoners who were due to be released.
Addressed

Appendix I About our inspections and reports

HM 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, 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.

Preparation for release
Preparation for release is understood as a core function of the prison. 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.

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 HM 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 concerns 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 outlines the priority and key concerns from the inspection and our judgements 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 6, 2023) (available on our website at Expectations – HM Inspectorate

of Prisons (justiceinspectorates.gov.uk)). Section 7 lists the concerns raised at the previous inspection and our assessment of whether they have been addressed.

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:

Charlie Taylor	Chief inspector
Sara Pennington	Team leader
Sumayyah Hassam	Inspector
Lindsay Jones	Inspector
Harriet Leaver	Inspector
Rick Wright	Inspector
Martyn Griffiths	Associate inspector
Helen Ranns	Researcher
Sam Rasor	Researcher
Phoebe Dobson	Researcher
Tareek Deacon	Researcher
Paul Tarbuck	Lead health and social care inspector
Gift Kapswara	Health and social care inspector
Helen Jackson	General Pharmaceutical Council inspector
Joe White	Care Quality Commission inspector
Karen Anderson	Ofsted inspector
Ian Frear	Ofsted inspector
Martin Ward	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.

ACCT
Assessment, Care in Custody and Teamwork – case management for prisoners at risk of suicide or self-harm.

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 sum 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.

Family days
Many prisons, in addition to social visits, arrange ‘family days’ throughout the year. These are usually open to all prisoners who have small children, grandchildren, or other young relatives.

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.

MAPPA

Multi-agency Public Protection Arrangements: the set of arrangements through which the police, probation and prison services work together with other agencies to manage the risks posed by violent, sexual and terrorism offenders living in the community, to protect the public.

Official prison video conferencing (OPVC)
Available in all prisons to enable remote court hearings, as well as official visits and meetings (including legal and probation visits). OPVC is not used for social visits.

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).

Secure social video calling
A system commissioned by HM Prison and Probation Service (HMPPS) to enable calls with friends and family. The system requires users to download an app to their phone or computer. Before a call can be booked, users must upload valid ID.

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).

Special purpose licence ROTL
Special purpose licence allows prisoners to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

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 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.

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

This publication is available for download at: Our reports – HM Inspectorate of Prisons (justiceinspectorates.gov.uk)

Printed and published by:
HM Inspectorate of Prisons
3rd floor
10 South Colonnade
Canary Wharf
London
E14 4PU
England