

Report on a scrutiny visit to

HMP Northumberland

by HM Chief Inspector of Prisons

8 and 15–16 September 2020

Crown copyright 2020

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

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

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

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

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

Contents

Glossary of terms	5
Introduction	7
Fact page	9
About this visit and report	11
Summary of key findings	13
Section 1. Safety	15
Section 2. Respect	19
Section 3. Purposeful activity	23
Section 4. Rehabilitation and release planning	25
Section 5. Appendices	29
Appendix I: Scrutiny visit team	29
Section 6. Further resources	31

Glossary of terms

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

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. Some prisons also use the CSIP framework to support victims of violence.

Email a prisoner

A scheme that allows families and friends of prisoners to send emails into the prison.

End of custody temporary release scheme

A national scheme through which risk-assessed prisoners, who are within two months of their release date, can be temporarily released from custody. See: <https://www.gov.uk/government/publications/covid-19-prison-releases> This scheme was paused in August 2020.

FFP3 masks

Filtering face piece (FFP) masks come in three respirator ratings: FFP1, FFP2 and FFP3. FFP3 offers the wearer the highest level of protection and is recommended for use during outbreaks of SARS, avian flu and coronavirus.

Home detention curfew (HDC)

Early release 'tagging' scheme.

Key worker scheme

The key worker scheme operates across the closed male estate, with prison officers managing around five to six prisoners on a one-to-one basis.

Naloxone

A drug to manage substance misuse overdose.

NEPACS

Formerly, North East Prisons After Care Society, a charity promoting the rehabilitation of offenders.

OASys

Offender assessment system. Assessment system for both prisons and probation, providing a framework for assessing the likelihood of reoffending and the risk of harm to others.

Personal protective equipment (PPE)

Safety equipment including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

Prison offender manager (POM)

Introduced along with core offender management as part of the Offender Management in Custody (OMiC) model.

Regime recovery plans

Local regime recovery management plans are part of the exceptional delivery model guidance on the principles that prisons must incorporate into a local plan for each element of regime delivery.

Reverse cohort unit (RCU)

Unit where newly-arrived prisoners are held in quarantine for 14 days.

Shielding

Those who have health conditions that make them vulnerable to infection are held for at least 12 weeks in a shielding unit.

Social/physical distancing

The practice of staying two metres apart from other individuals, recommended by Public Health England as a measure to reduce the transmission of COVID-19.

Special purpose licence ROTL (release on temporary 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.

Telemedicine

The practice of caring for patients remotely when the provider and patient are not physically present with each other.

Introduction

HMP Northumberland is a category C male prison with a strong emphasis on constructive employment. Over 1,300 prisoners are accommodated in 16 house blocks over a large area.

There was a prompt and active response by managers at the beginning of the COVID-19 restricted regime period. Because some other prisons in the region had suffered outbreaks, Northumberland had from the start of the period taken a considerable number of new receptions, and the provisions to cohort those arriving each day had been effective. On the advice of Public Health England (PHE), prisoners who needed to be isolated were kept on their existing house block to minimise risk of cross-infection, since the buildings were well spaced out.

There had been a stream of communication throughout the period, and good signage on precautions against the spread of infection. However, social distancing was largely confined to organised settings such as queues; there was relatively little of it when staff or prisoners were grouped together. The limited opening up of the regime had gone smoothly, although most prisoners had less time unlocked than in similar prisons at this stage. We were disappointed to find that a few prisoners who showed symptoms were locked in their cells 24 hours a day for up to eight days, without access to a shower or the open air, until a test result became available.

The amount of violence and self-harm had reduced during the COVID-19 period. This was in the context of reducing trends over recent years, which had continued through the first half of 2020, although self-harm had been rising in the last two months. The prison's regular pattern of meetings to review and plan actions on safety had been paused, but it had taken reasonable measures to flex disciplinary actions in response to the risk of infection, without harming safety and good order. It was a concern that a system of locking individuals in their cells for the whole day, in effect as a form of punishment, had grown without proper authorisation or oversight.

Prisoners generally spoke positively of staff attitudes and behaviour; however, in our survey, a third said that they had experienced intimidation from staff at some time, and those with disabilities were more likely to report this. For many, the short periods of unlock prevented much meaningful interaction. Regular key work (see Glossary of terms) sessions by wing staff had ceased, although members of the programmes team had been making regular contact by in-cell telephone with those who had specific risks or needs.

The residential areas were generally clean and in better condition than a few years ago. However, in a house block with several prisoners with mobility difficulties, the showers were not accessible; we met one prisoner who had not been able to shower since March, as a previous arrangement to shower in a neighbouring house block was not possible during this period.

Work on equality and diversity had in effect ceased, although there were well-formed plans to revive this work in the near future. The chaplaincy had done excellent work, maintaining face-to-face contact and support with prisoners throughout the establishment and providing faith resources.

The health care department had responded well to the pandemic situation, maintaining all essential processes in spite of staffing problems. The mental health team had continued a high level of service, including face-to-face work, as had the clinical substance misuse team, and the psychosocial substance misuse service was working creatively to maintain individual contact. Medicines management had improved, with some specific areas still needing attention.

About 30% of prisoners had jobs in the prison at the time of our visit, and some key workshops had continued to operate throughout this period, with the number increasing recently. However, most prisoners had only one hour a day out of their cell, in addition to collecting meals. This gave more limited time than at most similar prisons for basic activities, such as showering, exercising and using

the electronic kiosks to make requests. Those on the induction units often had only 30 minutes rather than an hour a day out of their cell.

The learning and skills function had been unusually active from the beginning of the restricted regime, providing individualised learning materials for those already enrolled in education. Education staff were now back in the establishment and enriching the offer further, although without any classes or face-to-face work. There was innovative use of incentives for prisoners to take part in a range of activities compatible with the restricted regime. Gym staff had begun to offer structured outdoor activities on a limited scale, and the library staff had made books available while the libraries themselves were closed.

Social visits had restarted promptly in July after the national go-ahead had been given, and the arrangements were satisfactory, but the take-up low. The prison did not use video calling for 'virtual' visits, which was attributed to deficiencies in broadband access. Legal visits had restarted more recently.

Offender management and sentence planning had continued at a reduced level, but their quality was reduced by the lack of face-to-face contact between the relevant staff and individual prisoners. The only exceptions were for the most urgent milestones, such as parole hearings. There were some backlogs, for example in recategorisation, and delays in transfers to open conditions.

There were some weaknesses in public protection processes; most seriously, the commencement of telephone and mail monitoring for those presenting specific risks was often delayed by days or even weeks at the time of our visit. One significant impact of COVID-19 for a training prison offering offending behaviour programmes was that none of these programmes or individual interventions had taken place, and there were no well-advanced preparations for bringing such work back on stream.

Although about 100 prisoners were released each month, there was too little attention to planning and support for release. In many cases, work to help prisoners plan was beginning much too close to the release date. Although clear data were hard to attain, a significant number of prisoners were not released to permanent and settled accommodation. No prisoner had been released under the available early release provision.

There was an air of positivity and confidence across many aspects of the prison's life and its management; many departments had risen to the challenges of the pandemic situation well. However, in some specific areas of work, management grip was lacking; and while the regime had in many respects moved forward, the prison still needed to seek out and pursue further opportunities to provide as full a regime as possible within the current restraints.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons
September 2020

Fact page

Task of the establishment

Category C working prison for adult males.

Certified normal accommodation and operational capacity (see Glossary of terms)

Prisoners held at the time of this visit: 1,310

Baseline certified normal capacity: 1,368

In-use certified normal capacity: 1,368

Operational capacity: 1,368

Prison status and key providers

Private - Sodexo

Physical health provider: Spectrum Community Health

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

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

Prison education framework provider: Novus

Community rehabilitation company (CRC): Northumbria CRC

Escort contractor: GEOAmev

Prison group

North East

Brief history

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

Short description of residential units

There are 16 house blocks, five holding vulnerable prisoners, including sex offenders. House blocks range from 40 to 240 beds and are of differing layouts and ages.

There are two induction house blocks (one for vulnerable prisoners), dedicated integrated drug treatment systems house blocks, a drug recovery house block, a drug-free house block, and an older vulnerable prisoner house block.

Name of director and date in post

Samantha Pariser, April 2019.

Independent Monitoring Board chair

Lesley Craig

Date of last inspection

July 2017

About this visit and report

- A1 Her Majesty's Inspectorate of Prisons (HMI Prisons) is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.
- A2 All visits carried out by HMI 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. HMI Prisons is one of several bodies making up the NPM in the UK.
- A3 During a standard, full inspection HMI Prisons reports against *Expectations*, the independent criteria against which we inspect outcomes for those detained. Inspection teams of up to 12 people are usually in establishments across two weeks, speaking to prisoners and staff, observing prison life and examining a large amount of documentation and evidence. The COVID-19 pandemic means that it is not currently possible to carry out inspections in the same way, both for health and safety reasons and because it would not be reasonable to expect places of detention to facilitate a full inspection, or to be assessed against our full set of *Expectations*, at this time.
- A4 HMI Prisons has therefore developed a COVID-19 methodology to enable it to carry out its ongoing, statutory duty to report on treatment and conditions in detention during the current challenging circumstances presented by COVID-19. The methodology has been developed together with health and safety guidance and in line with the principle of 'do no harm'. The methodology consists of three strands: analysis of laws, policies and practice introduced in places of detention in response to COVID-19 and their impact on treatment and conditions; seeking, collating and analysing information about treatment and conditions in places of detention to assess risks and identify potential problems in individual establishments or developing across establishment types; and undertaking scrutiny visits to establishments based on risk.
- A5 HMI Prisons first developed a 'short scrutiny visit' (SSV) model in April 2020 which involved two to three inspectors spending a single day in establishments. It was designed to minimise the burdens of inspection at a time of unprecedented operational challenge, and focused on a small number of issues which were essential to the safety, care and basic rights of those detained in the current circumstances. For more on our short scrutiny visits, see our website: <http://www.justiceinspectors.gov.uk/hmiprison/about-hmi-prison/covid-19/short-scrutiny-visits/>.
- A6 As restrictions in the community are eased, and establishments become more stable, we have expanded the breadth and depth of scrutiny through longer 'scrutiny visits' (SVs) which focus on individual establishments, as detailed here. The SV approach used in this report is designed for a prison system that is on the journey to recovery from the challenges of the COVID-19 pandemic, but recognises that it is not yet the right time to reintroduce full inspections. SVs provide transparency about the recovery from COVID-19 in places of detention and ensure that lessons can be learned quickly.
- A7 SVs critically assess the pace at which individual prisons re-establish constructive rehabilitative regimes. They examine the necessity and proportionality of measures taken in response to COVID-19, and the impact they are having on the treatment of and conditions

for prisoners during the recovery phase. SVs look at key areas based on a selection of our existing *Expectations*, which were chosen following a further human rights scoping exercise and consultation.

- A8 Each SV report includes an introduction, which will provide an overall narrative judgement about the progress towards recovery. The report includes a small number of key concerns and recommendations, and notable positive practice is reported when found. Reports include an assessment of progress made against recommendations at a previous SV, but there is no assessment of progress against recommendations made at a previous full inspection. Our main findings will be set out under each of our four healthy prison assessments.
- A9 SVs are carried out over two weeks, but will entail only three days on site. For more information about the methodology for our scrutiny visits, including which *Expectations* will be considered, see our website: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/>

Summary of key findings

Key concerns and recommendations

- S1 Key concerns and recommendations identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.
- S2 During this visit we identified some areas of key concern, and have made a small number of key recommendations for the prison to address.
- S3 **Key concern:** On some house blocks, prisoners who were considered to have behaved inappropriately were punished informally by not being allowed out of their cells for the regime on the following day. There was no prison-wide oversight or control of this practice, which constituted an unofficial punishment.
- Recommendation: Disciplinary action should only be taken in line with established policies and procedures, and should be subject to proper oversight.**
(To the director)
- S4 **Key concern:** The showers on the house block accommodating several prisoners with mobility difficulties were unsuitable for wheelchair users and not accessible. At least one prisoner had been unable to shower for more than seven months since the start of the restricted regime.
- Recommendation: All prisoners should have access to a daily shower.**
(To the director)
- S5 **Key concern:** Most prisoners had only an hour out of their cells on a typical day to complete domestic tasks, shower and spend time outdoors and, under the unlocking rota, some spent up to 27 hours at a time locked in their cell. Prisoners were left with very little time to engage with staff or peers, especially as the key worker sessions had only restarted for the most vulnerable prisoners. Time out of cell was below several other comparable prisons.
- Recommendation: Prisoners should have more than an hour a day out of their cell to give them access to constructive activity, including opportunities to engage with staff and peers.**
(To the director)
- S6 **Key concern:** The overall take-up of social visits was low, largely because of their very limited nature. Although some of the restrictions were unavoidable, the lack of any weekend visits, refreshments or play facilities and reduced time slots were gaps that the prison could explore further and address.
- Recommendation: The prison should take measures as soon as possible to encourage more families and significant others to attend social visits, including longer visits, weekend sessions, facilities for children and refreshments.**
(To the director)
- S7 **Key concern:** There were delays of about three weeks in activating monitoring for new arrivals presenting potential public protection risks, and an additional backlog of calls waiting to be checked.

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

(To the director)

- S8 **Key concern:** Resettlement planning continued to be undertaken remotely with no face-to-face contact between staff and prisoners. For nearly all prisoners, plans were developed too near to the date of release to be meaningful and effective.

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

(To the director)

Notable positive practice

- S9 We define notable positive practice as innovative practice 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.

- S10 Inspectors found the following examples of notable positive practice during this visit.

- The learning and skills department had been active since the beginning of the restricted regime in ensuring that prisoners already enrolled in education received weekly individualised in-cell learning packs from the education provider (see paragraph 3.5).
- The learning and skills department was piloting the 'Coracle Inside' trial project in which prisoners were allocated individual laptops to access learning material and word processing (see paragraph 3.5).
- Arrangements had been made for some remand prisoners who had arrived from HMP Durham without a completed pre-sentence report to call their court probation officer for free via their in-cell telephone so that the report could be ready for the sentencing court. The National Probation Service bore the cost of these calls, which were sometimes lengthy (see paragraph 4.11).

Section 1. Safety

In this section, we report mainly on leadership and management; arrival and early days; managing prisoner behaviour; and support for the most vulnerable prisoners, including those at risk of self-harm.

Leadership and management

- 1.1** Prison managers had responded promptly at the beginning of the COVID-19 period, including measures before the regime was restricted to keep the most vulnerable prisoners safely on their residential unit. There was frequent and close telephone liaison with other establishments locally and in the Sodexo group. There had been five confirmed cases among prisoners.
- 1.2** There had been a substantial flow of new receptions, averaging around 30 a week, from the beginning of the restricted regime in March 2020, partly to ease pressure on other establishments. These included many arrivals who had spent a short period at HMP Durham. This had been well managed.
- 1.3** Reverse cohort units (RCUs, see Glossary of terms) had been set up on two house blocks, and a third was used as an overflow. There was regular multidisciplinary management oversight to ensure that the 'bubble' cohort system for those arriving on the same day functioned properly. The main issue raised by prisoners on these units was the limited time out of their cell (see paragraph 1.10).
- 1.4** The prison had sustained good communication about the COVID-19 restrictions through regular community notices and messages to staff, but technical problems had prevented use of in-cell TVs to disseminate information to prisoners. Additional electronic prisoner information kiosks had been installed. In our prisoner survey, 86% said that they knew what the restrictions were, and 82% that the reasons had been explained; 70% agreed that the restrictions were needed, and 68% felt they had been kept safe from the virus. However, in our staff survey, most said that morale had declined during this period, and a third said that the prison was not supporting staff at all well.
- 1.5** There was signage in many places supporting social distancing, and we saw good distancing where there were queues, for example, among staff at the gate and prisoners in queues for meals and medication. However, distancing was not well maintained in informal settings, even in the prison staff key collection area next to the gate. In our staff survey, well over half of staff said that distancing from prisoners and from other staff was difficult, and many said it was impossible in residential areas.
- 1.6** There had been a sufficient supply of personal protective equipment (PPE, see Glossary of terms). Although supplies had to be tightly controlled in the early stages, they had improved through the Sodexo supply chain. Everyone entering the prison had their temperature tested.
- 1.7** The implementation of regime recovery management plans (see Glossary of terms) had progressed relatively smoothly, with early opening of key workshops and prompt reintroduction of social visits. There were plans to prepare for a move to the next stage of regime recovery, whenever that should happen. However, in our staff survey, 60% (including 78% of frontline operational staff) said that they were not aware of the prison's recovery plan.

Arrival and early days

- I.8** The prison received around 30 new arrivals a week. The reception area was clean and there was adequate space for social distancing if prisoners arrived in smaller groups. However, in the previous week as many as 10 prisoners had arrived at the same time, which led to overcrowding. Reception holding rooms were sparse, with little to occupy prisoners, and the toilets did not provide enough privacy.
- I.9** Initial interviews took place at the reception desk in an open area, which compromised confidentiality and inhibited the disclosure of relevant information. However, those showing signs of discomfort with this were offered an interview in a private room. There were no peer workers to provide support at reception. The prison's body scanner to detect illicit items was attached to a computer in a busy corridor, and any passer-by could see images left on the screen, which was inappropriate.
- I.10** Most new arrivals were transferred to one of two dedicated RCUs or a third overflow unit. The regime on the RCU was similar to that in the rest of the prison. Prisoners were given an hour a day out of cell to shower, use the information and application kiosk, and for exercise. Meals and medication were delivered to cell doors. Prisoners were unlocked with their cohort (others who had arrived at the prison on the same day). If there were more than four cohorts on a unit, the time out of cell was reduced and could be as little as 30 minutes, which was not long enough. (See key concern and recommendation S5.)
- I.11** Face-to-face induction took place but was limited in scope. Written induction information was provided but had not been updated to reflect the restricted regime. Some national guidance about restricted induction regimes in prisons during the COVID-19 period was also provided, but it did not contain specific information that would be most useful to new arrivals.
- I.12** Some prison workers had been transferred out of the RCUs to maximise space, which limited the peer support available. In both RCUs, a prison information desk (PID) worker had a role in the induction process to explain the use of the kiosk. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were only available on one of the RCUs. This was partly offset by the in-cell telephones, which could be used to contact the Samaritans.

Managing behaviour

- I.13** Violence between prisoners had been declining in the prison over the previous two years, and this had accelerated since the start of the restricted regime. In the four months leading up to the restrictions there had been an average of 21 incidents a month; in the following four months this had reduced to 10 incidents a month. Similarly, serious assaults had halved from an average of four to two a month. Violence against staff remained low but had not seen a similar reduction since the restrictions were put in place.
- I.14** In our survey, 20% of prisoners reported feeling unsafe. A third of all prisoners said that they had experienced bullying or victimisation by staff; however, 54% of those with disabilities, compared with 30% of those without, said that they had experienced this behaviour from staff.
- I.15** Monthly safer prison meetings, where violence data and trends were analysed and responses formulated, had been suspended in March and only resumed in August, which was too long a gap for such an important strategic meeting. The prison was using challenge, support and intervention plans (CSIPs, see Glossary of terms) for perpetrators and victims of violence.

The plans we reviewed were not always comprehensive, and often lacked information to inform decisions about progress. The prison had identified weaknesses in some of the plans, and had put in place enhanced guidance to staff and quality assurance measures as a result.

- I.16** In our survey, a quarter of prisoners said that they had access to drugs. The prison had prioritised this longstanding problem and was taking steps to reduce the supply of drugs. These included the use of drug dogs and a device (Rapiscan) to detect illicit substances concealed in incoming mail, and responding quickly to intelligence reports. These had resulted in an increase in successful finds in the prison.
- I.17** The use of force had been low before the restrictions and had remained around the same level since. There was some evidence of reasonable oversight, but the monthly use of force meeting was not well attended, and the minutes did not evidence thorough consideration and analysis of specific incidents and issues. For example, body-worn video camera footage was not routinely reviewed and nor was a sample of unplanned incidents.
- I.18** The segregation unit had been refurbished and was clean. The unit held few prisoners during our visit. Segregated prisoners had access to a daily shower, telephone call and exercise. Staff we spoke to were knowledgeable about their prisoners, and appeared friendly and approachable. The segregation documentation we reviewed was reasonable.
- I.19** The prison had introduced a dedicated manager to undertake most adjudications. Numbers were low at around five a day, and there was only a small backlog of cases awaiting a decision. To avoid moving prisoners around unnecessarily, most of the hearings took place on the house blocks rather than in the segregation unit. The prison had maintained quality assurance of the disciplinary process. Independent adjudications had resumed in June and were taking place by video link, which was working well.
- I.20** We found instances on several house blocks where prisoners who were considered to have behaved inappropriately (for example, taking too long in the shower) were wrongly subjected to informal punishment by not being allowed out of their cells for the regime on the following day. There was no prison-wide oversight or control of this practice. (See key concern and recommendation S3.)

Support for the most vulnerable, including those at risk of self-harm

- I.21** In our survey, 62% of prisoners said that they had mental health problems. Recorded self-harm had been reducing over the previous year and this trend had continued after the restricted regime had been imposed. There had been an average of 49 acts of self-harm a month in the five months before the restrictions, compared with a monthly average of 33 since. However, there was some evidence that self-harm had recently started to increase. The prison was already aware of this, and efforts were under way to analyse and address it.
- I.22** Since the implementation of the restricted regime, there had been three serious acts of self-harm and the prison had conducted learning reviews following each incident. The reviews were not thorough and did not give sufficient consideration to the lessons to be learned or remedial actions taken.
- I.23** There were systems to identify vulnerable prisoners and those at risk of self-harm. In the period before lockdown there had been an average of 49 prisoners a month on assessment, care in custody and teamwork (ACCT) case management for risk of suicide or self-harm, and around 38 prisoners a month since then. In our survey, 60% of those who had been on ACCT reported feeling cared for by staff. In the ACCT documentation we reviewed, initial

assessments were generally good, and case reviews were mostly multidisciplinary with input from the mental health team. However, we found several cases where ACCT documents had been closed soon after incidents of self-harm had taken place, which raised questions about whether risk was being well managed in those instances.

- I.24** Prisoners subject to ACCT were discussed at weekly safety intervention meetings, which had resumed at the end of May after being suspended in March. Due to social distancing requirements, there was reduced attendance at these meetings. However, there were good systems to ensure relevant communication of actions to staff throughout the prison.
- I.25** Since the start of the restricted regime, members of the programmes team had been undertaking weekly welfare telephone checks on prisoners identified as vulnerable: shielding prisoners, those sentenced under the Terrorism Act, those at risk of self-harm, and any prisoner due to be released within four weeks who was considered high or very high risk. It was unclear what support was offered to prisoners who failed to answer these calls.
- I.26** There were eight trained Listeners, but they were present on only five of the house blocks and were unable to visit other areas of the prison. They were not able to use the rooms set aside for them to speak to prisoners because of social distancing requirements.

Section 2. Respect

In this section, we report mainly on staff-prisoner relationships; living conditions; complaints, legal services, prisoner consultation, food and canteen; equality, diversity and faith; and health care.

Staff-prisoner relationships

- 2.1** In our survey, 78% of prisoners said that most staff treated them with respect, and we generally observed staff interacting with prisoners in a friendly manner. Prisoners told us that most staff were helpful, and in our survey, 75% said there was a staff member they could turn to if they had a problem. Staff engagement with prisoners varied across the house blocks; on some, the officers were visible on the wings making themselves available to prisoners, but on others we observed them sitting together in the wing office. A few staff and prisoners said that having smaller groups unlocked enabled better conversations between them, but interactions were limited due to the restricted regime; most prisoners were unlocked for only a short time each day, with the exception of those on the two residential units holding low risk prisoners, which were never locked.
- 2.2** Key worker sessions had been suspended at the start of the restricted regime and had not yet resumed except for the most vulnerable prisoners. Members of the programmes team were making regular contact with vulnerable prisoners (see paragraph 1.25), and prisoners who received these calls told us they found them useful. However, in our survey only 34% of prisoners said that a member of staff had spoken with them about how they were getting on in the past week.

Living conditions

- 2.3** There had been considerable refurbishment of residential areas in the previous three years, including new cell windows in two house blocks and electrical upgrades, but a few remained in poor condition and still required updating. Outdoor exercise yards were free of litter, but many appeared bleak with few decorative plants or benches, and none had any exercise equipment.
- 2.4** The living areas of the prison, including the communal areas, were clean and additional cleaning was taking place, although this varied across the house blocks. We did not see additional cleaning of the busy electronic touch-screen kiosks used by prisoners.
- 2.5** Communal showers were clean although some lacked privacy, and a few were impossible to keep clean because of ingrained dirt. Most prisoners had daily access to a shower, but only in the hour of unlock in which they had to do all out-of-cell tasks (see paragraph 3.3 and key concern and recommendation S5). The showers on the house block accommodating several prisoners with mobility difficulties were unsuitable for wheelchair users and not accessible. Some prisoners with mobility difficulties struggled to shower in the time allocated, and at least one prisoner had been unable to shower for more than seven months, as it was no longer possible for him to shower in a neighbouring house block. (See key concern and recommendation S4.)

Complaints, legal services, prisoner consultation and food and shop

- 2.6** Consultation with prisoners had continued to take place during the restricted regime. The prison had worked with User Voice to set up a free telephone number for prisoners to make suggestions and ideas. Some prisoners told us it was not always working, but there was evidence that the prison had responded positively to requests made and that changes had followed. These included allowing family and friends to send in hobby items, such as playing cards, art and crafts, and a radio, and an increase in the amount of vapes prisoners could purchase. It was positive that face-to-face consultation meetings had recently begun to take place with prisoners.
- 2.7** With the changes to the core day, the lunch and evening meals had been served at earlier times. Lunch had recently reverted back to the usual time, but evening meals continued to be served too early, at 4pm. Prisoners were given a supper item to mitigate this. Enhanced food packs of snack items were also provided three times a week, an increase since May from twice weekly.
- 2.8** In our survey, 68% of prisoners said the food was at least reasonable. Meal choices remained unchanged with a four-week rolling menu, and the kitchen catered for health, religious and cultural dietary needs. There had been some continuing difficulties in sourcing variety for kosher meals.
- 2.9** Prisoners continued to order from the prison shop as usual on the electronic kiosks, and the prison had changed prisoner pay from daily to weekly, recognising the limited time prisoners had to enter their order on the kiosks, and their pay was now credited a week in advance, giving them greater confidence to buy what they needed for long periods locked in their cell. All catalogue ordering had been suspended at the start of the restrictions, due to staff absence, and had only recently been reinstated. There was a backlog of orders and long waits, which was frustrating for prisoners who were spending so much time locked up.
- 2.10** There was an effective system for handling complaints and monitoring responses, and quality assurance of these had continued throughout the restrictions. The electronic kiosks were used for most applications, and 18 additional kiosks were due to be installed across the prison. Due to prisoners increased use of in-cell telephones during the restricted regime, there was a backlog of applications for telephone numbers to be added to their list of permitted numbers.

Equality, diversity and faith

- 2.11** There had been no equality governance meetings since the regime had been restricted, but the first meeting was scheduled to take place later in the month of our visit. The management of the department had recently been restructured to improve effective monitoring and action. There had been no monitoring of the impact of the restricted regime on protected groups, and no forums had taken place during this period; before this they had taken place sporadically. The recent changes had included allocation of specific protected groups to more senior staff than previously.
- 2.12** Provision for prisoners with disabilities was generally reasonable, but it was a concern that in our survey, 54% of disabled prisoners said they had been bullied or victimised by staff, compared with 30% of those without a disability. Some prisoners with disabilities told us that they felt unable to make complaints against staff for fear of being moved off their house block, and that without regular forums taking place they felt unsupported.

- 2.13** Despite the suspension of corporate worship and some staff shortages, the chaplaincy had remained active in the prison during the restricted regime and carried out excellent work. Faith and pastoral care continued face to face, and where this was not possible, the team used the in-cell telephones. Prisoners received weekly faith packs and information about the schedule of services on national prison radio, accessible on the TV in their cell, from the beginning of the restrictions. Volunteers from Junction 42 (a local charity supporting prisoners through rehabilitation and faith-related projects) continued to provide support from the wider community by sending in packs for prisoners. Religious festivals continued to be celebrated, including Ramadan and Eid. Prisoners had been supported to watch live-streamed funeral services of close relatives, and more recently had been able to attend them again in person.

Health care

- 2.14** There was evidence of effective partnership working between the health team, the prison, Public Health England (PHE) and NHS England in managing the risks around COVID-19. Partnership board meetings had been paused since March 2020, but were restarting in the week of our visit.
- 2.15** There were an outbreak control plan and contingency arrangements to ensure that health care continued to be delivered, and consistent supplies of PPE were available. Emergency response bags had been updated in line with current guidance, but no health care staff had been fit-tested for FFP3 masks (see Glossary of terms), which created risks.
- 2.16** Prisoner applications for primary care were triaged by senior clinical staff and same-day GP appointments were available for urgent cases. Despite some vacancies and absences, the team was delivering timely access to health care for prisoners. Staff we spoke to valued the 'virtual' daily handover that had been introduced to aid communication, and there were promising advanced plans to provide prisoners with wing-based video consultations.
- 2.17** Patient clinical records indicated that new arrivals continued to receive a comprehensive health screening, and there was good health care oversight of those on the RCU and those who were shielding. Waiting lists had expanded during lockdown and services were working hard to reduce these.
- 2.18** External hospital appointments, where not cancelled by the hospital, continued to be facilitated, including urgent and emergency appointments. More routine appointments were now being offered, and there had been an increase in the use of telemedicine.
- 2.19** Mental health services were responsive and providing face-to-face support, including access to psychological therapies. The team were attending all initial ACCT reviews, and patients had direct access to them using their in-cell telephones. The team had developed comprehensive mental health resource kits containing advice and resources for use by wing custody officers.
- 2.20** There were 293 prisoners on reducing or maintenance doses of methadone, the only opiate substitution treatment available, and they received regular clinical reviews. Psychosocial groups had been cancelled but psychosocial support had been maintained using in-cell work and telephone support. There were well-developed plans to resume group support once the regime allowed. Work on harm minimisation and relapse prevention was undertaken with prisoners before their release.
- 2.21** Medicines had continued to be administered from hatches on the wings. The queues we observed were well-managed and allowed social distancing. In-possession medicine risk

assessments were reviewed regularly, but oversight of medicines used out of hours required strengthening, as there was no audit of use and some medicines were not labelled properly.

- 2.22** No prisoners were in receipt of a social care package. Some were being supported by prisoner Buddies, but the prison had no formal oversight arrangements for them.
- 2.23** Dental services had been on site throughout the restricted regime, triaging urgent cases and liaising with the dentist and GP for any required pain relief or antibiotics. The national POA concern about prison officer response was preventing the service from offering treatments, which was causing the 33-week waiting time to continue to rise.
- 2.24** Health services had continued to provide pre-release checks, take-home medicines, harm-minimisation advice and naloxone as necessary to prisoners on release.

Section 3. Purposeful activity

In this section we report mainly on time out of cell; access to the open air; provision of activities; participation in education; and access to library resources and physical exercise.

- 3.1** In our survey, 43% of prisoners reported spending less than an hour a day out of their cell. For the majority of prisoners who were not attending work, the regime remained poor. Time out of cell for on-wing domestic activities and association had not increased beyond an hour per day, with the exception of two enhanced-level house blocks whose occupants were never locked in their cells. This was an increase from June when only 30 minutes a day had been allocated, but remained less than most similar prisons at this stage of the national recovery strategy.
- 3.2** Each house block had a rota in which small groups of around 15 prisoners were unlocked together. This ensured that prisoners were unlocked at different times of the day, but it also resulted in them spending up to 27 hours locked in their cell at times, except to be unlocked to collect meals.
- 3.3** Prisoners had to use their unlock time to shower and complete domestic tasks, including using the electronic kiosk to make applications, select meals and order from the prison shop, as well as spend time outdoors. Many prisoners we spoke to felt one hour was not enough and were frustrated that the time had not been increased. (See key concern and recommendation S5.)
- 3.4** The prison had been able to keep some workshops open during the COVID-19 restrictions, supplying essential items to other prisons and the NHS. Prisoners in the tailoring workshop were making disposable surgical gowns, PPE and face masks, and this work had recently expanded with an additional textiles workshop set up. The prison was continuing to increase the number of prisoners employed, with around 30% in some form of employment at the time of our visit.
- 3.5** The learning and skills department had been active since the beginning of the restricted regime in ensuring that prisoners already enrolled in education received weekly individualised in-cell learning packs from the education provider. Education staff had recently returned to the prison but were still unable to offer face-to-face or classroom learning. Despite this, applications had opened for education, including the Open University, and prisoners were being allocated to courses that were standardised and marked. A group of eight prisoners on a low-risk house block were trialling 'Coracle Inside' secure education laptops as a pilot at the time of our visit. These featured educational games, learning and word-processing activities.
- 3.6** There had been creative approaches to engage prisoners in activities during the restricted regime with competitions, quizzes and prizes handed out for participation. Prisoners were also encouraged to nominate peers for a 'community spirit award'. A range of in-cell activity and distraction packs were freely available on the house blocks, and a weekly TV guide had been produced. However, there was little provision for those who did not speak English.
- 3.7** The two libraries had remained closed during the restrictions, but each house block had a selection of books delivered weekly that were freely available to prisoners. More recently, prisoners could order specific books using the electronic kiosk.
- 3.8** In our survey, 89% of prisoners said they could exercise outside every day. Exercise yards did not contain any fitness equipment, but we saw some prisoners adapting their own circuit-type exercises during their time unlocked. The gyms remained closed for indoor use, but in-

cell exercise sheets were available and PE instructors had recently begun to offer fortnightly 30-minute outdoor exercise sessions. Many prisoners told us it was not enough.

Section 4. Rehabilitation and release planning

In this section, we report mainly on contact with children and families; sentence progression and risk management; and release planning.

Contact with children and families

- 4.1** The prompt reintroduction of social visits on 22 July had been managed well, and the social-distancing arrangements in the visits hall were satisfactory. Visits were now offered on weekdays only, and prisoners could have one visit a month. The overall visits capacity had reduced to about a third of what it was previously, and the two-hour timeslots had been reduced to just one hour. We were told that before the restrictions only about 60% of prisoners used their entitlement to visits, and initial take-up of the reintroduced visits was still low; there had been only 549 visits since the end of July, about one-third of the capacity.
- 4.2** Both prisoners and staff told us that many prisoners and their families had not booked visits because of the restrictions and limitations placed on them, such as the shorter timeslots, lack of weekend visits, no refreshments provision and the ban of any physical contact. Some prisoners told us the lack of play facilities and the expectation that young children would remain seated for the duration of the visit was challenging, and because of this, their families had made the difficult decision not to bring their children at all. (See key concern and recommendation S6.)
- 4.3** Legal visits had recommenced during the week of our visit.
- 4.4** Nearly all prisoners had in-cell telephones, which helped in maintaining family contact. Prisoners welcomed the additional weekly £5 telephone credit and the significant reduction in call costs of over 50%, which was a greater reduction than in some other establishments.
- 4.5** It was disappointing that video calling was still not in operation, especially with the low take-up of in-person visits. We were told this was due to deficiencies in internet broadband access, and that options to upgrade functionality were being explored.
- 4.6** Prisoners could receive and reply to correspondence from their families via the 'Email a prisoner' scheme, and about 60-100 emails a day were received. In our survey, 38% of prisoners said they had problems with sending or receiving mail. Correspondence staff were sometimes redeployed to other duties, causing some delays in prisoners receiving their incoming mail.
- 4.7** NEPACS (formerly North East Prisons After Care Society) had been working remotely during the restrictions and provided some limited telephone advice for families, answering questions and queries. Face-to-face contact with families in the visitors' centre had now resumed, and staff were providing a valuable service in greeting families and offering practical help and support.

Sentence progression and risk management

- 4.8** About two-thirds of prisoners were rated as presenting a high risk of serious harm to others and were serving long sentences of four years or more. About 10% of the population were

serving indeterminate sentences, and nearly a third were prisoners convicted of sexual offences.

- 4.9** In our survey, only 37% of prisoners who knew about their sentence plan said that staff were helping them to achieve it. Since the start of the restricted regime, prisoners had not received any regular contact from prison offender managers (POMs) to actively support them in their sentence and drive progression. Nearly all face-to-face contact had ceased, and for most prisoners there were no immediate plans to resume their challenge, support and supervision. Contact was triggered by milestone events, such as upcoming parole hearings, home detention curfew (HDC) and recategorisation reviews.
- 4.10** At the time of our visit, only about two-thirds of all OASys assessments and sentence plans had been reviewed in the last 12 months. Nearly all prisoners had an OASys assessment, and about 40% had been reviewed since the beginning of the restrictions. However, the lack of any face-to-face engagement with prisoners potentially undermined the quality of plans and assessments undertaken during this time.
- 4.11** Some prisoners had arrived from HMP Durham very soon after being remanded into custody and before the completion of a pre-sentence report. Arrangements had been made for these prisoners to call their court probation officer for free via their in-cell telephone so that the report could be ready for the sentencing court. The National Probation Service (NPS) bore the cost of these calls, which sometimes took as long as two hours.
- 4.12** Recategorisation reviews had continued to take place, and were mostly timely. It was positive that progressive transfers had also continued, and 88 prisoners had been moved to category D prisons in the previous six months. However, at the time of our visit, 32 prisoners were still awaiting transfer, with the longest wait being of nearly 11 months.
- 4.13** During the restricted regime, 96 prisoners had been released on HDC. At the time of our visit, seven prisoners had been held beyond their eligibility date, mainly due to lack of suitable accommodation or prompt responses from NPS community offender managers.
- 4.14** The interdepartmental risk management meeting focused only on release planning for prisoners under multi-agency public protection arrangements (MAPPA) higher risk levels to share information and hand over management of these cases to community offender managers: it was timely and effective for that purpose. While there were processes to ensure that prisoners' MAPPA levels were set in sufficient time before release, the lack of regular, multidisciplinary oversight of wider public protection arrangements was a gap.
- 4.15** Offender management unit staff managed the prompt screening and identification of new arrivals who required telephone and mail monitoring. However, there were delays of about three weeks in activating such monitoring, and an additional eight-day backlog of calls waiting to be listened to. At the time of our visit, 33 prisoners were subject to mail and telephone monitoring, but many more were waiting to be activated. It could therefore take a month after their arrival for a prisoner's communications to be monitored, and during this time, the prison did not know what these prisoners had been saying or the risk they posed. (See key concern and recommendation S7.)
- 4.16** Prisoners subject to child contact restrictions were not reviewed annually to determine if these were still necessary or relevant, for example if the child had since turned 18.
- 4.17** Before the COVID-19 restrictions, the prison had run a range of offending behaviour programmes. Since then, delivery of all programmes and one-to-one work had been suspended, which directly affected some prisoners' ability to progress in their sentence. Preparations had only recently started to identify the updated needs of the population, and to work through the backlog of outstanding assessments and reviews.

Release planning

- 4.18** Northumberland released about 100 prisoners a month. In our survey, only 41% of prisoners who expected to be released within the next three months said that someone was helping them to prepare for release.
- 4.19** Northumbria Community Rehabilitation Company (CRC) staff had mostly remained on site during the restricted regime but, along with Shelter and Jobcentre Plus staff, were still not providing any face-to-face contact with prisoners.
- 4.20** Individual resettlement plans were not being initiated 12 weeks before release, as required. Nearly all the resettlement plans that were in place were developed far too late for them to be meaningful and effective; the average was between three and four weeks before release. (See key concern and recommendation S8.)
- 4.21** CRC staff told us they were working on a reduced staffing capacity, and had only limited access to telephones to call prisoners in their cells to involve them in the development of their own resettlement plans. Although efforts to engage with prisoners by telephone were evident, this was not an adequate substitute for face-to-face contact.
- 4.22** There had been efforts to meet prisoners' housing needs on release. However, about 3% of all prisoners released in the previous five months and known to the CRC and Shelter as having accommodation needs were released with no fixed accommodation. About 14% of prisoners were released into emergency accommodation, including bed and breakfast and hostels, which was a concern in high risk of harm cases.
- 4.23** The 'departure lounge' in the visitors' centre that had provided useful support to those being released had been suspended since the end of March. Staff gave prisoners being released face coverings and discharge packs, including COVID-19-specific information, but some of this was out of date. Health care staff saw all prisoners being released and the CRC provided mobile telephones where needed, which were delivered to the address of their first presenting appointment; 33 mobile telephones had been issued since the end of March.
- 4.24** No prisoners had been released under the end of custody temporary release or special purpose licence ROTL (release on temporary licence) (see Glossary of terms) schemes, even though 188 prisoners had been considered.

Section 5. Appendices

Appendix I: Scrutiny visit team

Peter Clarke	Chief Inspector
Martin Kettle	Team leader
Hayley Edwards	Inspector
Ian Macfadyen	Inspector
Tamara Pattinson	Inspector
Jade Richards	Inspector
Chris Rush	Inspector
Donna Ward	Inspector
Shaun Thomson	Health care inspector
Charlotte Betts	Researcher
Alec Martin	Researcher
Helen Ranns	Researcher
Joe Simmonds	Researcher

Section 6. Further resources

Some further resources that should be read alongside this report have been published with it on the HMI Prisons website. For this report, these are:

Prisoner survey methodology and results

A representative survey of prisoners is carried out at the start of the scrutiny visit, the results of which contribute to our evidence base for the visit. A document with information about the methodology, the survey and the results, and comparisons between the results for different groups are published alongside the report on our website.

Staff survey methodology and results

A survey of staff is carried out at the start of every scrutiny visit, the results of which contribute to the evidence base for the visit. A document with information about the methodology, the survey and the results are published alongside the report on our website.