



Annual Report of the Independent Monitoring Board at HMP Northumberland

**For reporting year
1 January 2024 to 31 December 2024**

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Contents

| Introductory sections 1 – 3 | Page |
|-------------------------------------|-------------|
| 1. Statutory role of the IMB | 3 |
| 2. Description of the establishment | 4 |
| 3. Key points | 5 |
| Evidence sections 4 – 7 | |
| 4. Safety | 7 |
| 5. Fair and humane treatment | 11 |
| 6. Health and wellbeing | 13 |
| 7. Progression and resettlement | 16 |
| The work of the IMB | |
| Board statistics | 20 |
| Applications to the IMB | 20 |

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Introductory sections 1 – 3

1. Statutory role of the IMB

The Prison Act 1952 requires every prison to be monitored by an independent board appointed by the Secretary of State from members of the community in which the prison is situated.

Under the National Monitoring Framework agreed with ministers, the Board is required to:

- satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release
- inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has
- report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively, its members have right of access to every prisoner and every part of the prison and also to the prison's records.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that states designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The IMB is part of the United Kingdom's National Preventive Mechanism.

2. Description of the establishment

2.1 HMP Northumberland is situated in rural Northumberland some 30 miles north of Newcastle. The estate area is extensive, with some buildings being at least 40 years old. The location and distance from other prisons has an impact on prisoner transfers, including on transfers to outside services, such as hospitals offering specialist medical care.

2.2 The certified normal accommodation is currently 1,236 category C prisoners (for those considered low risk, unlikely to escape or re-offend, and capable of benefiting from rehabilitative initiatives) - this number accounts for a reduction of 112 prisoner places due to the safety risk from reinforced aerated autoclaved concrete (RAAC). The average population in December 2024 was 1213.¹ In December 2024, 1,109 prisoners classified themselves as White/British, 22 White, 12 Gypsy or Irish Traveller, 29 Asian/Asian British, 24 Black/Black British, 15 Mixed and 5 Other.

2.3 The prison comprises 16 residential blocks. There are six PCOSO (prisoners convicted of sexual offences) house blocks, a 40 place drug and alcohol recovery unit and 10 main blocks (one of these is an 18 place block where some men are able access release on temporary licence (ROTL), some of whom have category D status (the lowest level of security, which allows eligible prisoners to spend most of their day away from the prison on licence to carry out work, education or for other resettlement purposes). An additional 60 bed unit was completed during the year and is designated for prisoners convicted of sexual offences (PCOSOs).

2.4 The prison has been operated by Sodexo since 2013. The healthcare contract has been delivered by Spectrum since April 2020.

2.5 Services for prisoners nearing release are organised by the Probation Service. Volunteers and staff at the North East Prison After Care Society (NEPACS) continue to support prisoners' families.

2.6 During this year, problems were discovered with the reinforced autoclaved aerated concrete (RAAC) in various parts of the prison, including the education block, some workshops, the reception area and some house blocks. This has presented the prison with a significant challenge, which the Board consider the Director and her team have managed well.

¹ Figures included in this report are local management information. They reflect the prison's position at the time of reporting but may be subject to change following further validation and therefore may not always tally with Official Statistics later published by the Ministry of Justice.

3. Key points

3.1 Main findings

Safety

Whilst the Board recognises that the key risks to safety that affect prisons across the country are present in HMP Northumberland, such as security breaches, drone activity, drugs, violent incidents and self-harm, the levels are lower than comparable prisons. However, it is the case that the problems with RAAC have had a destabilising effect on the prison, resulting in some increases in violence and self-harm. The prison management has put in place actions to tackle these issues.

Fair and humane treatment

The prison has carried out a programme of improvements to house blocks and cells. The opening of the 60-bed unit for PCSOs in May has been very positive.

Health and wellbeing

The appointment of a head of healthcare has seen an improvement in the healthcare being delivered to prisoners. Healthcare is working much more effectively within the prison, with zone-based healthcare making it more accessible. Routine scans can now be carried out in the prison and there is a positive relationship with Northumbria Healthcare. However, the Board remains concerned about the inadequate mental health provision.

Progression and resettlement

Education was disrupted this year due to RAAC being found in the education block. This required education to be delivered on house blocks for a period, which was challenging. The prison worked hard to find accommodation to deliver education provision. Some workshops were also affected. The Board remains concerned over the inadequacy of the initial assessment and that the education and training provided may not adequately assist prisoners in obtaining work on release.

3.2 Main areas for development

TO THE MINISTER

What measures can be implemented to ensure mental health support is available within a reasonable timeframe to prisoners who require it?

TO THE PRISON SERVICE

What action can be taken to ensure any remaining RAAC issues are dealt with swiftly?

TO THE DIRECTOR

What are the plans to improve progression for prisoners so that they can move into work upon release?

3.3 Response to the last report

| | Main areas for development identified in 2023 | Progress since last report |
|-------------------------------|--|--|
| <i>TO THE MINISTER</i> | The lack of provision for prisoners with mental health should be addressed as a matter of urgency. | No real improvement in this area has been seen |
| <i>TO THE DIRECTOR</i> | The Board has been impressed with the new Director's ambitious plans from improving education and employment opportunities in the prison and we look forward to seeing how those become embedded over the next year. | Progress in this area has been hampered by RAAC being found in the education block and workshops. The Director has worked hard to put in place alternative arrangements and maintain and improve levels of engagement. |

Evidence sections 4 – 7

4. Safety

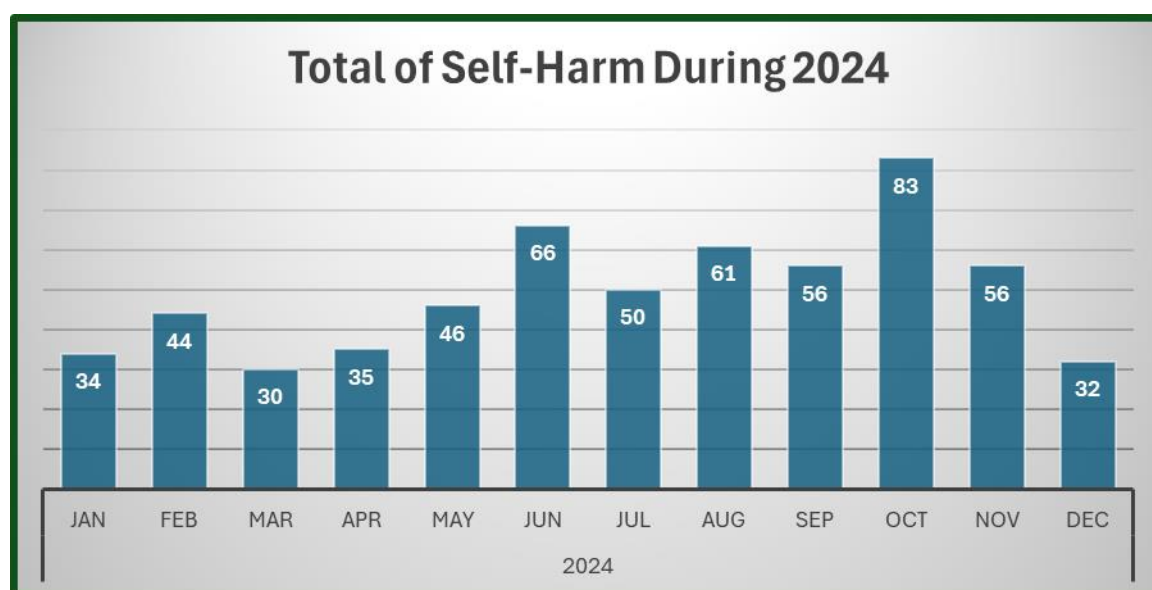
4.1 Reception and induction

The prison now has a new and more welcoming reception area, which was developed in response to the population changes and because the previous reception area was affected by RAAC.

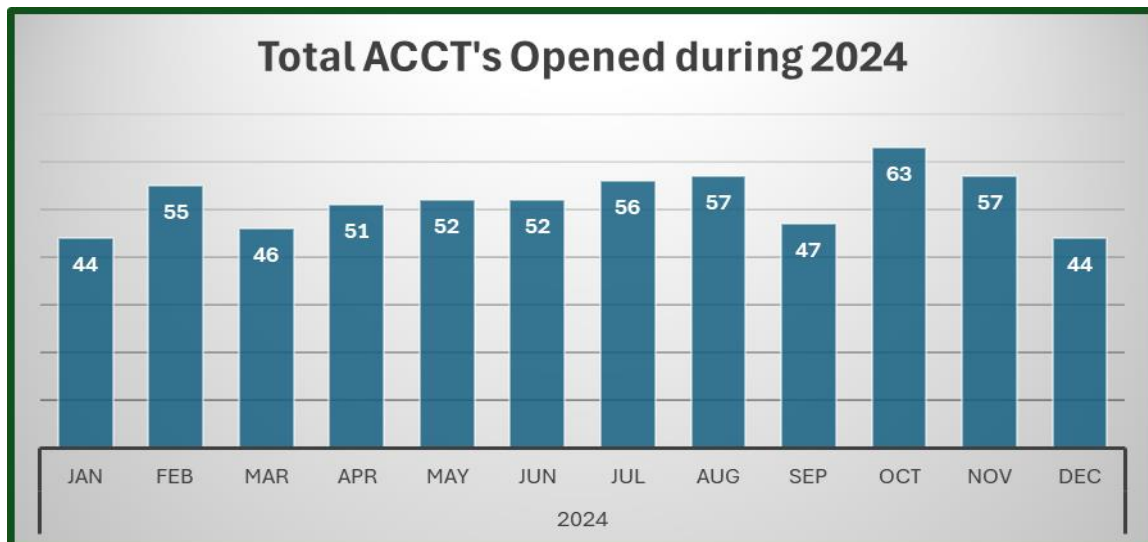
The prison has also made other improvements to the induction of new prisoners. The induction unit has been relocated from house block 9 to house block 5, allowing more prisoner spaces and in response to the reception relocation. The facilities on house block 5 are undergoing a refresh to improve the experience and space. Insiders (existing serving prisoners who are trusted to guide and support new inmates) have been relocated to improve the peer service.

A welcome centre is now open in the education annex; this will provide a broader programme of settlement and assessment, setting the tone for off-wing attendance at activities.

4.2 Suicide and self-harm, deaths in custody



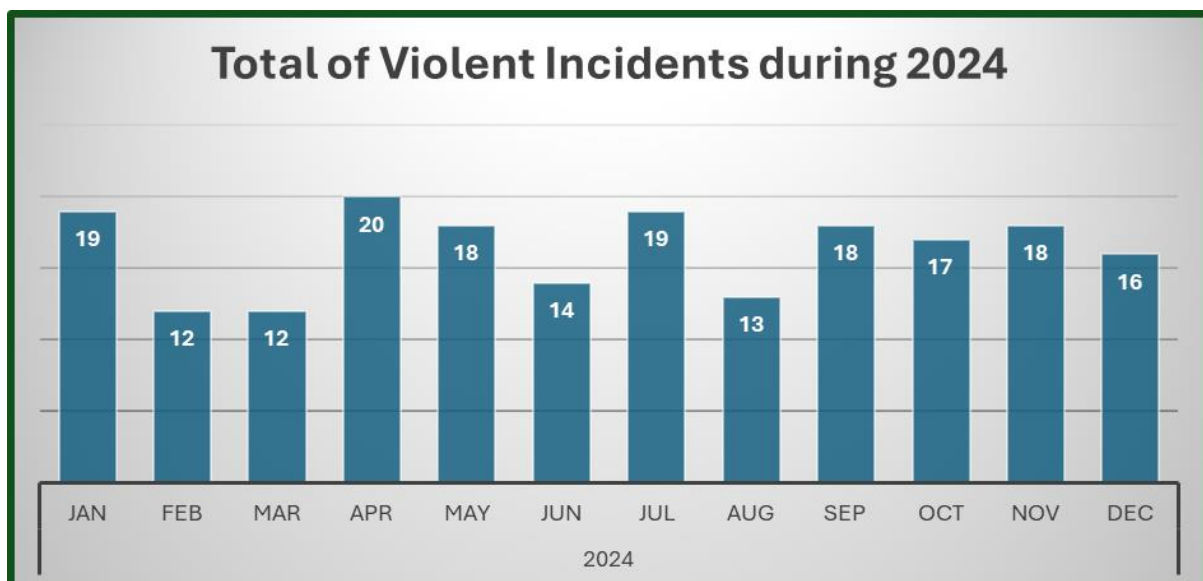
The Director informed the Board that the prison is aware of many of the reasons for why someone would self-harm; these included stress/frustration, medication and debt. However, towards the end of the year, it seems there was clear evidence of a linkage between self-harm incidents and prisoners who have been placed on basic incentives level after being found under the influence of illicit substances. The prison's drug strategy lead is coordinating work on this. There is also work being carried out to better improve staff-prisoner relationships. There was a notable spike in the number of incidents of self-harm in October (83), attributed by managers to uncertainty caused by possible relocations (mainly centred on house block 2) due to the effect of RAAC, but this reduced significantly in November.



ACCTs are assessment, care in custody and teamwork documents, used to support prisoners who are at risk of self-harm and suicide. Any ACCT document that has been open for four weeks will now be reviewed with the case manager to ensure effective care map and interventions are in place for the individual in crisis.

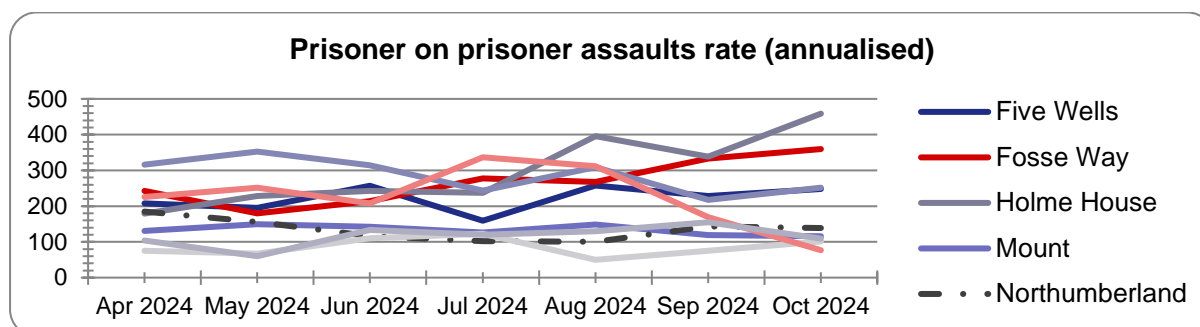
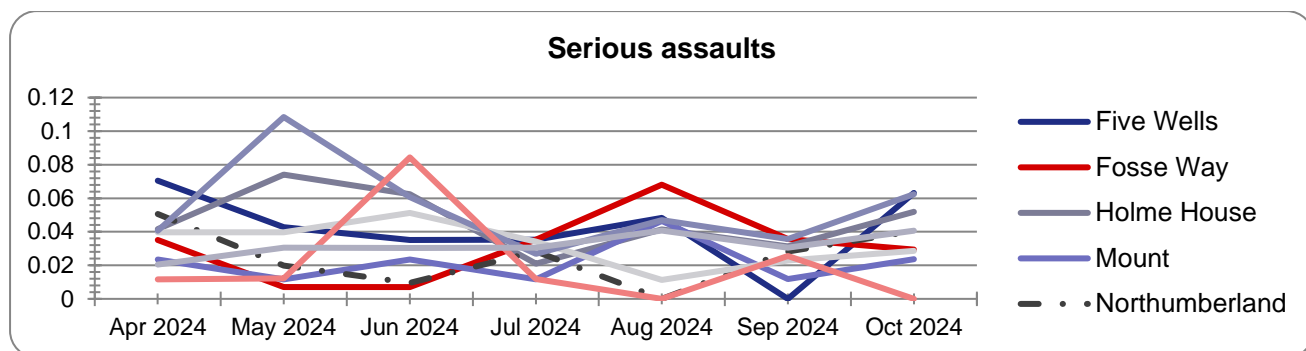
There were 10 deaths in custody during 2024, as compared with six last year. The cause of death in these cases has yet to be confirmed at inquest. Each death is being investigated by the Prisons and Probation Ombudsman.

4.3 Violence and violence reduction, self-isolation



Although the prison performs reasonably well when it is compared with similar establishments, in terms of violent incidents (see tables below), the prison management remains focussed on reducing violence.

Serious Prisoner on Prisoner Assaults



A senior manager is now embedded in Safer Custody (a team of staff in prisons who are responsible for managing the risks of people harming themselves or other people, or of being harmed by others) to bring increased managerial support across the prison to improve the assurance and analysis.

The main recorded driver, as given by the prison, of violence is debt related to drugs. The prison management team monitor this weekly to ensure that it is taking proactive steps to target reasons, hotspots and perpetrators, and a focused debt consultation with prisoners has commenced. User Voice (a charitable organisation created and operated by individuals who have lived experience of the prison and probation system) undertakes this work.

October saw an increase of prisoner-on-prisoner assaults, which managers also attributed to uncertainty due to the effect of RAAC.

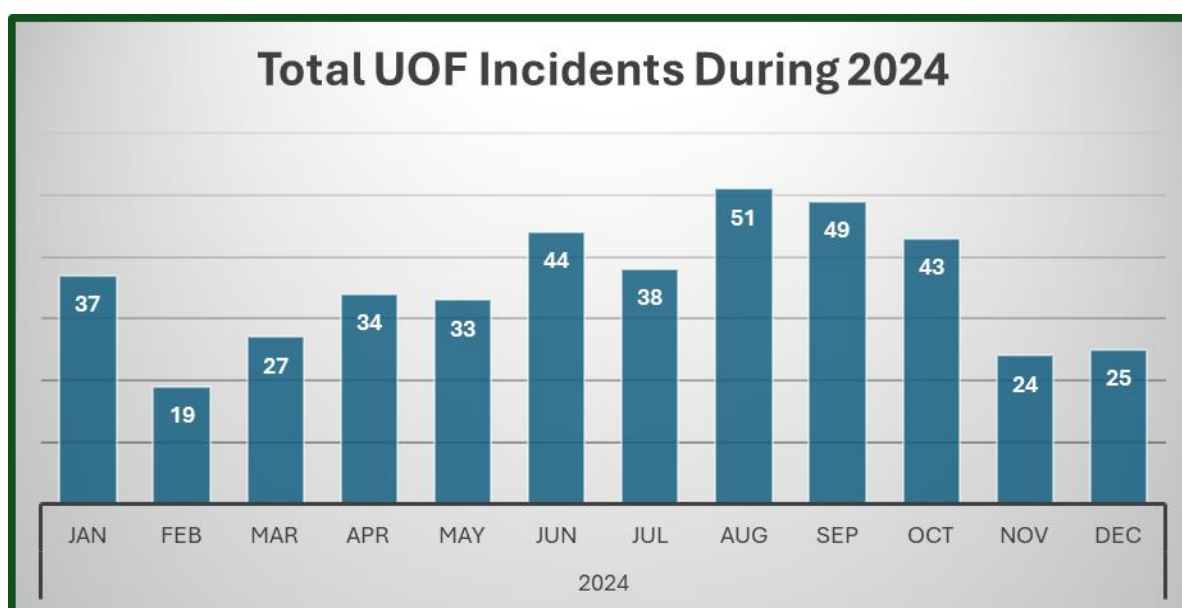
The prison has taken a number of other improvements and actions to reduce violence, including:

- Revised razor policy embedded.
- Mandatory drugs testing implemented for the case management of more complex prisoners.
- Proactive use of challenge support and interventions plans (used to support and manage prisoners who pose an increased risk of violence), rather than reactive.

The following initiatives are planned:

- Roll-out of individual care plans for those who are self-isolating to be implemented, to encourage reintegration.
- Introduction to self-harm and suicide prevention (SASH) training is planned to be rolled out across the establishment for staff.
- A plan to introduce safety mentors on wings.
- Promotion of the Listeners scheme (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and revamp of Listeners Suites with Prison Arts Foundation approval, awaiting delivery.

4.4 Use of force



Use of force has been higher this year than last.

4.5 Preventing illicit items

There have been some challenges this year, particularly in preventing drugs entering the prison. The prison lost use of a body scanner (located in a red RAAC area), which remained out of use for two months until it could be relocated to the new reception area. There was a significant rise in positive mandatory drug testing rates from May to June, as well as an increase in October.

The prison took positive actions in November 2023 to reduce the supply into the prison of illicit items, which included photocopying mail (to avoid the issue of drugs that can be soaked into paper and posted to prisoners), increased use of the body scanner, targeted operations on known hotspots and points of entry, among other activities. The prison started to see a positive trend of declining mandatory drugs testing rates as a result. This increased post RAAC, with the targeted operations and changes in management/action of intelligence resulting in a declining rate towards the end of 2024.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

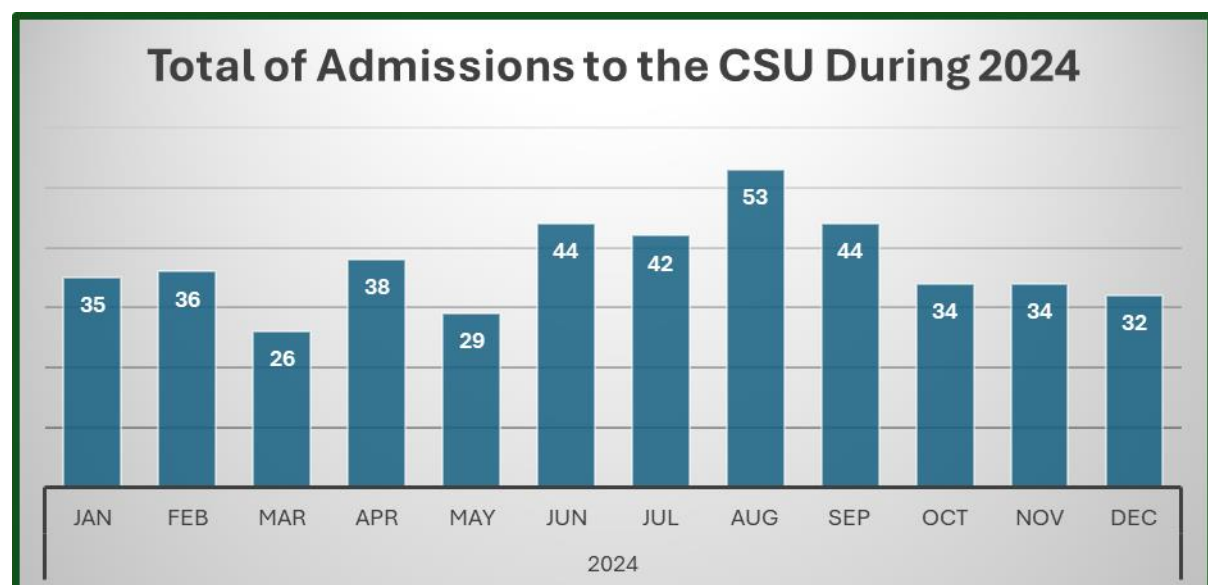
The prison recognised that a significant amount of prisoner accommodation and house block communal areas had become tired and were falling short of the standards expected. It embarked on a plan to improve the house block environment in 2024. The aim was to improve all house blocks. Prisoner work parties have been formed, trained, and directed to undertake the majority of the work; this will expand beyond localised parties to more skilled mobile parties. Cells have been repainted in a number of house blocks and the communal areas have been redecorated and refurbished. Shower upgrades are being carried out on a rolling basis. Outdoor fitness equipment has been installed in some of the exercise yards. One of the house blocks has been redesignated for older prisoners with higher levels of need.

On house block 16, which is for prisoners nearing the end of their sentence, prisoners are allowed to create their own menus, order supplies from the kitchen, and cook their own food; the kitchen on the house block had been upgraded to facilitate this. Overall, the Board has observed a real prisoner buy-in to the wing where they are proud to be on house block 16.

The construction of Alnwick House, a 60-bed unit designated for prisoners convicted of sexual offences (PCSOs) was completed on 12 April 2024 and the unit opened in early May. The unit houses enhanced only prisoners. The enhanced regime allows prisoners greater levels of freedom, due to good behaviour, and those prisoners who are housed there that the Board has spoken with are very positive about it.

The prison has also invested in improving furnishings in-cell. Every prisoner now has a duvet, rather than a blanket, and there have been improvements in cell furniture.

5.2 Segregation



The management of the care and separation unit (CSU), where prisoners are segregated, has changed this year to bring about some improvements. One of these improvements is the management of adjudications (disciplinary hearings when a prisoner is alleged to have broken prison rules). The Board was concerned about the

number of cancellations of adjudications, but this improved over the final months of the year.

From the Board's observations, the relationship between staff and prisoners in the CSU is generally good. There has been an increase in prisoners in CSU who have been re-categorised to B (those considered a risk to public safety but not categorised as a maximum-security threat) and are in the CSU to await transfer to a category B prison. Alongside this is the challenge presented by those prisoners with severe mental illness who cannot be managed on wings and are therefore held in segregated conditions until they can be transferred to a secure hospital in the community.

5.3 Staff and prisoner relationships, key workers

The Board generally observes that the relationship between staff and prisoners is positive, but recognised that the prison is working to further improve relationships between staff and prisoners. This should be helped by more stability in staffing.

5.4 Equality and diversity

Diversity equality and inclusion (DEI) meetings continue to take place quarterly. There are leads for each protected characteristic under the Equality Act.

There were 27 discrimination incident reporting forms (DIRFs) submitted in the reporting year. The Board has continued to review a sample of DIRFs this year. The majority of investigations were satisfactory, but the Board made a few observations in order to improve the quality of some investigations.

The prison has introduced a neurodiversity support manager role, alongside the prison employment lead role, which has significantly enhanced the support provided to prisoners with additional needs. The improved data collection and analysis now allow for more effective planning and tailoring of services to meet individual needs.

5.5 Faith and pastoral support

Faith and pastoral support has been affected this year by the fact that RAAC was found in the area of the chapel and it has not been usable since. A workshop to conduct faith-based provision has been made available for the faith team for use outside of core working hours. This is an old workshop from which the team has created a space for communal worship, but it remains uninspiring and not fit for purpose. This is impacting on the number of sessions and services available from the faith team, despite creative approaches. Attendance has also decreased at corporate worship sessions. The chaplaincy team continue to provide good support to prisoners.

5.6 Complaints

There were 3638 complaints in the reporting year, compared to 4041 last year.

5.7 Property

There were some problems with property during the year, since the property store was housed in an area affected by RAAC. This meant property had to be moved to another part of the prison, resulting in some delays in dealing with prisoners' property. The property store has been relocated.

6. Health and wellbeing

6.1 Healthcare general

During 2024, the Board's opportunities to observe the detail of events in healthcare was very limited. We note, however, that the level of applications (prisoners' written representations to the IMB) we receive remains low, although we always follow them up: our findings are often that a prisoner has not followed advice, declined follow-up support, or there has been a misunderstanding in communication. Our overall view, however, is that the standard and level of service prisoners receive is generally satisfactory.

We also note that neither locums (temporary substitutes) nor agency staff were used throughout the year, an important achievement, and that the high levels of staff in post have seen improvements in the quality of care afforded to patients.

Responsibility for funding hospital escorts and bed-watches sits with NHS England (NHSE) Health and Justice teams. Such activity can cause cost pressures and operational pressures on the prison, because of the routine need to provide escorts for patients during their time outside the prison. Patients often prefer to be treated at the prison, as on-site treatment does not require being handcuffed to prison officers and offers a more dignified approach.

The overall approach to delivering healthcare has been streamlined by dividing the estate into three sections, with a dedicated team for each one.

6.2 Physical healthcare

Earlier investments in recruiting a permanent full-time general practitioner (GP), a deputy head of healthcare and an advanced nurse practitioner have continued to support the levels of care. The groundwork of having a regular GP on site has continued: she has now been replaced by two part-time GPs, with greater flexibility. Amongst the developments we particularly applaud are:

- The increase of the pharmacy technician team to eight, enabling wing-based delivery of medication to be more streamlined
- The introduction of some clinics on house blocks, reducing the number of journeys prisoners must make across site
- The head of healthcare supporting increased access to MRI and other mobile diagnostics on site. This service has been commissioned by NHS England for several years. Previously, uptake was low at HMP Northumberland in comparison to other northeast sites.

We note that there has been some progression within the team, which is helping continuity of employment and opportunities for training and health education. Another significant step has been the development of closer working with Northumbria NHS Foundation Trust, with the aim of improving the effectiveness of prisoner care through better understanding on both sides. Initiatives such as consultant staff visiting the prison, for example, when a liver specialist saw 28 patients in one day, are making a difference. There are plans for the audiology and respiratory diseases teams to visit on a similar basis. Alongside this, wherever possible, outpatient appointments can be conducted on Zoom. The reduction in demands on staff needed for escort duties positively impacts time and money spent in these areas.

Whilst there may be a public perception that someone in prison can more easily obtain treatment for some conditions, there is a health sector wide recognition that prisoners are likely to have considerable health inequalities compared to those in the community. This means prisoners may need more services, or reduced waits, in order to achieve the same health outcomes. The Board is pleased to note that a prisoner in dental pain can be triaged the same day and receive both pain relief and antibiotics; waiting time for routine treatment is normally 6-8 weeks, as it is for physiotherapy and chiropody, through weekly clinics. The waiting time to see an optician is, however, 16 weeks.

The absence of 24-hour care provision makes it imperative that the management of long-term health conditions is effective: the creation of a long-term health conditions pathway is making a difference to approximately 400 prisoners with chronic health problems, ensuring that they are regularly reviewed and supported. In addition, the deputy head of healthcare has established a network with palliative care providers, enabling a place to be found for a prisoner who can no longer be cared for locally.

There is a big uptake of the weekly sexual health clinics, with no waiting list. On other preventive fronts, there is a continuous vaccination programme, achieving over 90% uptake for flu and covid, along with hepatitis A and B.

Underlying the efforts by Spectrum Community Health (a prison healthcare provider) staff is the improvement in the speed of GP records transfer. 90% are now received within two weeks.

6.3 Mental health

The mental health services have operated in business continuity due to recruitment issues. The Director has been in dialogue with Spectrum, commissioners, and the mental health provider to mitigate the risks and impact of the under-performance. Following concerns raised, there has been some progress. There are still some concerns relating to case coordination, but services such as psychology have significantly improved.

6.4 Time out of cell, regime

The prison made changes to the core day in October to try and ensure that prisoners could get to work and education on time and provide sufficient time for prisoners to get their medication. Residential staff commence their duties at 7.30am to allow prisoners who are attending work or education to be unlocked at 7.45am for medication. Prisoners then go to their activities between 8.30am and 8.45am to start at 9am. Activities finish at 11.35am and prisoners return to their house blocks for lunch. Those attending activities in the afternoon are unlocked at 1.40pm and commence activities at 2pm until 4.30pm. Evening association takes place between 5.30pm and 6.35pm. To incentivise purposeful activity, prisoners who choose not to engage remain in their cells during the day. The Board has sought assurances that the prison makes sufficient checks overnight to ensure the well-being of prisoners.

6.5 Drug and alcohol rehabilitation

Drug and alcohol services continue to be delivered through the drug and alcohol recovery team (DART), alongside the 40-place residential gateway unit to provide support to men who wish to deal with their drug addiction. At the time of writing, all these services are fully staffed and the caseload per worker has reduced to a

manageable 50 prisoners, taking into account the varying levels of support individuals may need, with a total DART caseload of about 500. In addition, a recovery navigator is in place, working with men up to six weeks before release and for a similar period when released into the community, when they can be at their most vulnerable.

Two key factors have presented additional challenges to the service during 2024: firstly, the discovery of RAAC, mentioned previously, meant the closure of the wing for prisoners who are free of drugs following a period on the gateway unit, which has affected the continuation of support for the prisoners concerned. Secondly, the early release scheme meant that some prisoners were released earlier than expected. This had implications for continuity of care; however, healthcare providers and the prison worked in partnership to ensure smooth transitions to community treatment, where required.

The dispensation of naloxone (a medication used to reverse or reduce the effects of opioids) to men on release continues at a high level; approximately 70% of prisoners were offered it, and within the prison its use is promoted to prisoners from when they arrive. Two naloxone kits are now available on each wing and in every workshop, and the roll-out of training staff to administer it progresses steadily. This is particularly important because of the increasing levels of spice (a chemical compound that mimics the effects of the active ingredient in cannabis), by far the drug of preference for 90% of prisoners) adulterated with either fentanyl or nitazenes (both strong synthetic opioids). Whilst naloxone is ineffective against spice, it can temporarily reverse the effects of opioids, which could save the life of a prisoner found unconscious and needing emergency hospital treatment. During 2024, nitazenes were detected once, on paper, but there is concern that it could increase.

Alongside this, the number of prisoners on Buvidal (a medicine used to treat dependence on opioid drugs) to help drug withdrawal, has increased to 50, although reductions in community services mean that continuation on release cannot be guaranteed. The number of men on methadone treatment has now reduced by almost 100 from last year's figure of 270. The possible use of Esprinor (a painkiller opioid), mentioned in our last year's report, has not been pursued following a pilot in one north east prison.

Against these continuing challenges, there are some positive aspects of the ongoing task of reducing the use and availability of drugs in prison. Heroin levels have reduced considerably and, although there are occasional bouts of hooch (alcohol illegally made in the prison) being brewed, this is also at a lower level. After a concerning rise in the levels of drugs detected during the autumn, the figures show a continuing reduction through November to the end of the year. We are also pleased to report that the appointment of a senior manager for the mental health service has contributed towards the development of a service for men with a dual diagnosis (both a mental health disorder and a substance use disorder), through the development of a joint pathway to diagnosis and treatment, in parallel with the more effective management of complex cases through a joint approach.

7. Progression and resettlement

7.1 Education, library

In the early part of the year, we were pleased to note an improvement in the use of technology on classrooms and hope this will continue to be developed.

We continue to observe excellent engagement in the hospitality class and were most impressed with the appropriateness of dress for the course. However, other classes do not appear as robust and useful in preparing men for the world of work on release.

Further improvements have been noted on the delivery of the TESOL (English language) class. We have noted that our concerns regarding mixing TESOL students with students with study basic skills have been addressed, and we are also pleased to see the use of a variety of translation devices in class. It was very pleasing to see all the students had either a bilingual dictionary or access to a form of translation.

A range of first languages are spoken in the TESOL class, including Romanian, Kurdish and Vietnamese.

We spoke with a Romanian student who had a good level of English and was able to identify speaking as the skill he found most difficult. He also identified why and said speaking opportunities in the class were not frequent. Students may be better prepared for release if greater focus was put on the more challenging skills of speaking and listening.

The Board's discussions with the career mentors, who are 'red bands' (trusted prisoners who provide peer support) established the main issue was that not enough men who struggle with reading and writing engaged with improving these skills. They also acknowledged the new Director was changing things, and they thought this a good thing.

In March, education on the main site was severely affected by the discovery of RAAC in the building. The prison responded creatively, providing as many opportunities as reasonably possible to continue education delivery. This meant sharing the facilities on the vulnerable prisoners' estate and splitting delivery into morning and afternoon delivery sessions. Additionally, in-cell learning, supported by tutors, aided learning.

By July, the majority of full-time classes had resumed, with the exception of barbering; in December this also resumed.

We look forward to monitoring the work of the collaborative team delivery in the 'Exit Service,' which is due for launch in January 2025.

Figures for those engaged in education:

| MONTH | ALLOCATED | ATTENDED |
|--------|-----------|----------|
| Jan-24 | 89.23% | 61.31% |
| Feb-24 | 89.35% | 59.79% |
| Mar-24 | 83.29% | 69.36% |
| Apr-24 | 73.07% | 65.43% |
| May-24 | 78.48% | 66.84% |
| Jun-24 | 78.08% | 67.12% |
| Jul-24 | 76.56% | 66.29% |
| Aug-24 | 87.05% | 62.93% |
| Sep-24 | 93.20% | 61.35% |
| Oct-24 | 90.15% | 65.07% |
| Nov-24 | 84.96% | 68.99% |
| Dec-24 | 86.81% | 65.68% |

7.2 Vocational training, work

The Board's observations on training and work are set against the backdrop of awareness that a criminal conviction can still be a barrier to gaining meaningful employment, despite the provisions of The Rehabilitation of Offenders Act 1974, and the gradual removal of the need for disclosure at the initial stage of application. A compounding factor is that, given the limited opportunities for employment during the last few years, beginning with the Covid-19 pandemic, a significant number of men arrive in prison without having had consistent experience in regular employment, and therefore may not have developed the routine and expectations typically associated with being part of a structured workplace..

Efforts to combat the challenges outlined in our previous report, especially attendance and punctuality, as well as refusal to work, have continued to exercise prison managers. We are encouraged by their robust pursuit of measures to strengthen the pay policy, improve the core day, with continuing adjustments to ensure that time is not lost through delays or prisoner movements. We note that at the time of writing, free-flow movements to work are about to begin, creating more flexibility for staff and placing more responsibility on prisoners themselves.

During the year, our visits to different workshops have identified commendable initiatives in offering a wider variety of relevant experience to prisoners willing to engage. Of particular note are:

- The Bicycle Repair and Recycling Shop, which also offers opportunities for engagement with the public

- The Tailors Workshop, seizing the opportunity of a small-scale contract for sock-knitting, as well as making cold-weather jackets for prisoners from recycled materials
- The initiative in the kitchens enabling prisoners to cater and cook for themselves on one small wing; on our visits to the kitchen, we have been impressed by the evident enjoyment of the prisoners working there and their pride in producing over 1200 acceptable meals a day for a variety of men
- The quality of work produced in the engineering workshop, especially now with its links to the powder coating workshop and a local engineering firm

Despite these significant moves, our overall concern is that in the majority workshops, the numbers who can be accommodated are quite small and the level of qualifications attainable is modest. Without significant investment and support from national level, this is unlikely to improve. We are also aware that restrictions on movement and activity for some prisoners on release preclude them from working and so destroy continuity of both work and learning during that period.

7.3 Resettlement planning

The prison has taken steps to improve release planning and preparation activities, to respond to the early release scheme implemented by the government in September and October 2024, including:

- Bespoke pre-release meetings that used a multi-disciplinary approach to risk management and pre-release planning for outside of the prison.
- Prison offender managers met with all prisoners being released within the week to ensure they were aware of their license conditions and reporting instructions.
- There was engagement with the local community safety teams via contact with the local criminal justice board. A senior leader also engaged with the local resilience forum.
- The departure lounge had a presence from the offender management unit for any signposting activities. This included providing some access to practical arrangements, such as ability to charge any mobile phones and signposting to transport on release.

At the end of last year, there were three prisoners on release on temporary licence (ROTL), which allows prisoners to be temporarily released into the community for specific purpose. All three had successful work placements. One of the prisoners was the first from the vulnerable prisoners estate to be granted ROTL. He has worked in the prison's bike repair shop and has become a skilled bike repairer.

7.4 Accommodation on release

In March 2024, the prison employed a strategic housing specialist, who is responsible for improving housing pathways upon release from custody. She has conducted monthly in-depth reports since May of this year. This includes information about negative outcomes so that the prison is able to identify gaps in provisions that it can target.

The target for housing secured upon release is currently 89.78% of prisoners. The prison has improved the housing position from 75.21% in March 2024 to 90.67% in June 2024. Progress continues to be made around accommodation.

The prison appointed a new head of reducing re-offending in September 2024. The resettlement boards commenced in November 2024 and the reducing re-offending meeting started again at the start of December. Accommodation will feature heavily in the reducing re-offending strategy and there is ongoing work with commissioned rehabilitative service providers (who work with people convicted of an offence or remanded to custody) to explore housing options.

| HMP Northumberland | | | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 |
|---------------------------------|-----------------------------------|-------------------------|---------------|---------------|---------------|---------------|---------------|
| CU150 Housing on release | Delivery Requirement - 90% | Eligible | 84 | 75 | 92 | 77 | 120 |
| | | Positive Outcome | 75 | 68 | 80 | 67 | 99 |
| | | % | 89.29% | 90.67% | 86.96% | 90.5% | 86.8% |

8. The work of the IMB

Board statistics

| | |
|--|-----|
| Recommended complement of Board members | 17 |
| Number of Board members at the start of the reporting period | 6 |
| Number of Board members at the end of the reporting period | 7 |
| Total number of visits to the establishment | 144 |

Applications to the IMB

| Code | Subject | Previous reporting year | Current reporting year |
|------|--|-------------------------|------------------------|
| A | Accommodation, including laundry, clothing, ablutions | 2 | 3 |
| B | Discipline, including adjudications, incentives scheme, sanctions | 5 | 3 |
| C | Equality | 2 | 1 |
| D | Purposeful activity, including education, work, training, time out of cell | 8 | 8 |
| E1 | Letters, visits, telephones, public protection, restrictions | 6 | 3 |
| E2 | Finance, including pay, private monies, spends | 7 | 4 |
| F | Food and kitchens | 2 | 7 |
| G | Health, including physical, mental, social care | 25 | 23 |
| H1 | Property within the establishment | 11 | 24 |
| H2 | Property during transfer or in another facility | 12 | 14 |
| H3 | Canteen, facility list, catalogues | 4 | 1 |
| I | Sentence management, including HDC, ROTL, parole, release dates, re-categorisation | 15 | 16 |
| J | Staff/prisoner concerns, including bullying | 29 | 32 |
| K | Transfers | 6 | 3 |
| L | Miscellaneous | N/A | N/A |
| | Total number of applications | 134 | 142 |



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