

Report on an unannounced inspection of

HMP Durham

by HM Chief Inspector of Prisons

3–14 October 2016

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:



Crown copyright 2017

This publication 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: <http://www.justiceinspectorates.gov.uk/hmiprisons/>

Printed and published by:
Her Majesty's Inspectorate of Prisons
Victory House
6th floor
30–34 Kingsway
London
WC2B 6EX
England

Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	19
Section 2. Respect	29
Section 3. Purposeful activity	43
Section 4. Resettlement	51
Section 5. Summary of recommendations and good practice	59
Section 6. Appendices	65
Appendix I: Inspection team	65
Appendix II: Progress on recommendations from the last report	67
Appendix III: Prison population profile	75
Appendix IV: Summary of prisoner questionnaires and interviews	79

Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectors.gov.uk/hmiprisons/about-our-inspections/>

Introduction

HMP Durham is a city-centre, local prison that dates from the early 19th century. Serving courts in the North East and Cumbria, it holds just under 1000 adult and young adult male prisoners in aged and overcrowded accommodation. Nearly half of those held were remanded or serving short sentences, although every circumstance, age and status of prisoner was represented. At this front-line institution accepting new prisoners from the streets, the high levels of need amongst the population were clearly evident and a significant challenge. During our inspection we were told of plans to designate Durham as a reception prison with the principal purpose of holding remanded and unsentenced prisoners.

At previous inspections, and at this inspection, we have acknowledged the many positive features of the work done at this prison. We have, however, also criticised the slow pace of progress and improvement at Durham. This remained the case. The prison was still not safe enough and was still not sufficiently respectful. Outcomes in work, learning and skills, and in the prison's delivery of resettlement had deteriorated.

In our survey there was evidence to suggest more prisoners now felt unsafe at the prison than during previous inspections. Levels of violence remained broadly unchanged and most incidents were low level. Policies were in place to try to reduce violence, although their effectiveness varied. Four prisoners had taken their own lives since we last inspected (and we were informed of a further tragic death the week following our inspection). The prison seemed to be trying to learn lessons from these recent tragedies and, although improvements could be made, those we spoke to in crisis indicated they felt cared for. A backdrop to concerns over safety was the clear evidence that illicit drugs were readily available in the prison. Just under half of prisoners told us in our survey that this was the case.

A significant omission at Durham remained the generally poor quality and tardiness of reception, first night and induction arrangements. Mitigated only by some quite good peer support, the practice we observed was inconsistent and often poor. This is a criticism we have made before, and was a major risk in a prison with a responsibility for receiving those new to custody. Putting right the way prisoners are received into the prison and how their needs are met is the subject of one of our main recommendations.

A further concern, which is also the subject of a main recommendation, was the threefold increase in the use of force. Levels were now higher than at similar institutions and we were not confident that all instances were properly accounted for or, in some instances, justified.

Communal areas in the prison were worn but reasonably clean, while cells were often overcrowded, dirty and not properly equipped. Overall, staff-prisoner relationships were improving and we observed both commendable interaction and care by many staff but also too much disinterest and lack of care by others. The promotion of equality remained unfocused and weak. The provision of health care was reasonable, with some excellent mental health interventions.

During this inspection we found well-developed plans to increase the availability of appropriate activity, education and work in preparation for the prison's proposed redesignation as a reception establishment, but during our visits too much of the existing provision was unavailable and was insufficient to meet the needs of the population. Added to this, too few attended what was available and not enough was done to promote the importance of learning and work. During the working day we found 47% of prisoners locked in their cells. Our colleagues in Ofsted judged the overall effectiveness of provision in Durham as 'requiring improvement'.

Work to support resettlement also needed improvement. The provision overall lacked integration and too much was applied inconsistently. Many prisoners were transferred on from the prison without a completed assessment of their offender risks and too few were actively engaged in the meaningful planning of their sentences. Support for reintegration into the community was better but again there was evidence to suggest prisoners were not fully engaged. Support for families remained a strength.

Overall this is a disappointing report. The prison had many strengths, not least a strong local identity and generally friendly staff, but the culture was not as constructive or purposeful as it should have been. It was striking how little had changed since our last inspection, with a passivity, even complacency, about what was needed to take the prison forward. Plans to redefine the prison's role and purpose arguably provide an opportunity to develop greater momentum towards improvement.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

January 2017

Fact page

Task of the establishment

Category B local establishment for adult and young male prisoners

Prison status (public or private, with name of contractor if private)

Public

Region/Department

North East

Number held

938 (4 October 2016)

Certified normal accommodation

595

Operational capacity

996

Date of last full inspection

December 2013

Brief history

The prison opened in 1819 and was rebuilt in 1881. It has primarily been a local prison and now holds adult males over 21 and young adults, who are sentenced, convicted and remand prisoners from Tyneside, Durham and Cumbria courts.

Short description of residential units

A wing – remand, convicted and sentenced prisoners. Short and long term

B wing – landings 2,3,4 full-time workers. Landing I vulnerable prisoners attached to C wing

C wing – vulnerable prisoner wing

D wing – integrated drug treatment wing

E wing – integrated drug treatment wing

F wing – first night centre and induction unit

I wing – drug recovery unit

G wing – separation and care unit

M wing - health care inpatients

Name of governor

Tim Allen

Escort contractor

GeoAmey

Health service commissioner and providers

Commissioner: NHS England (North East and Cumbria)

Providers: G4S (nursing and administration)
Spectrum (pharmacy and GP),
Tees Esk and Wear Valleys NHS Foundation Trust (mental health)
Rethink (depression and anxiety services)
MIND (counselling)

Burgess and Hyder (dental services)
Lifeline (non-clinical substance misuse)

Learning and skills providers

Novus

Independent Monitoring Board chair

Sarah Pearce

Community rehabilitation companies (CRCs)

Durham and Tees Valley and Northumbria

About this inspection and report

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

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

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

Safety	prisoners, particularly the most vulnerable, are held safely
Respect	prisoners are treated with respect for their human dignity
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them
Resettlement	prisoners are prepared for their release into the community and effectively helped to reduce the likelihood of reoffending.

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and IV respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix V of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

Safety

S1 *Inconsistent care was provided to new prisoners and the early days' experience for some was poor. The level of assaults had reduced but the challenging antisocial behaviour (CAB) system did little to address antisocial behaviour. Vulnerable prisoners were inappropriately located with mainstream prisoners on induction and felt unsafe. Too many prisoners generally felt unsafe. Lessons from previous self-inflicted deaths were being learned and care for prisoners in crisis was good. There had, however, been four self-inflicted deaths since the last inspection (and we were informed of a further self-inflicted death the week after we left). Security was broadly proportionate. The availability of drugs was widespread despite a focus on supply reduction. The segregation unit was used appropriately, but the use of special accommodation was a concern. Use of force was high and governance was insufficiently robust. Substance misuse services were very good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S2 *At the last inspection in 2013, we found that outcomes for prisoners in HMP Durham were not sufficiently good against this healthy prison test. We made 26 recommendations in the area of safety. At this follow-up inspection we found that 10 of the recommendations had been achieved, six had been partially achieved and 10 had not been achieved.*

S3 A significant number of prisoners arriving at Durham were new to prison or had complex needs. Many prisoners experienced long waits in court and in reception. Reception staff were welcoming and processes were thorough. Not all risk assessments were carried out in private and all prisoners were still being strip-searched. The care provided on the first night was inconsistent and in some cases poor. Too many prisoners were locked up without basic entitlements such as a flask or a pillow. There were no overnight welfare checks for new arrivals and fewer prisoners than the comparator said they felt safe on their first night. Sex offenders were inappropriately located with mainstream prisoners on the induction unit and experienced victimisation and isolation. The induction programme was basic and prisoners spent too long locked in cells. Peer support work was a significant strength.

S4 The number of assaults was lower than at our last inspection but the number of fights was higher. Most violent incidents were relatively low level. In our survey, more prisoners than at the last inspection and in similar prisons said they felt unsafe. Investigations into violent incidents were reasonably good but the challenging antisocial behaviour (CAB) system did not adequately address violent behaviour or support victims. Sex offenders and other vulnerable offenders did not feel safe until they got to C wing and B1.

S5 There had been four self-inflicted deaths since the last inspection and a further death the week after we left. Many of the Prisons and Probation Ombudsman's recommendations were being addressed. The number of ACCTs² was higher than in similar prisons but incidents of self-harm were lower. Prisoners we spoke to who were in crisis said that the care they received from staff was good. The quality of the documentation had improved and most ACCT reviews were multidisciplinary. Care plans were completed but post-closure reviews were sometimes late. Listeners³ received good support from the local Samaritans

² Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

³ Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

and were valued by prisoners and staff. In our survey, more prisoners than at the last inspection said they could access a Listener when they wanted to.

- S6 Security was generally proportionate but too many prisoners were routinely strip-searched. Productive security and stability meetings were well attended and there was now a more strategic approach to a significant drug problem. The mandatory drug testing positive rate was over target and new psychoactive substances⁴ remained a significant issue.
- S7 Not all prisoners understood the incentives and earned privileges scheme and remand prisoners were given inappropriate warnings for refusing to go to work. There were positive early signs that alternative means of motivating good behaviour were being adopted, such as mediation and restorative justice.
- S8 A relatively low number of adjudications were processed and those that we sampled were dealt with appropriately. The quality of records varied but the quality assurance procedure had identified this. The segregation unit was bright and spacious and communal areas were clean. Cells were spacious but inadequately furnished. Work had begun to soften the appearance of the grim exercise yard but the regime consisted only of basic entitlements. Staff on the unit demonstrated good knowledge of the prisoners in their care, and we observed some good interactions. Durations of stay were short and the numbers located there were relatively low.
- S9 The use of force was higher than at other local prisons. We were not confident that governance arrangements were sufficiently robust. We referred some video footage to the deputy governor which showed that some staff had appeared to use more than the minimum necessary force and some aggressive swearing. There was inadequate recorded justification for the use of special accommodation in a number of cases and supervision and accountability were poor.
- S10 The drug and alcohol recovery team (DART) offered a comprehensive approach to psychosocial treatments, with good practice in engaging families to provide support. The DART and clinical teams had been integrated, and the management of substance misuse prisoners had improved with the introduction of regular access to specialists in dual diagnosis.

⁴ New psychoactive substances: new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects.

Respect

*S11 Conditions in most cells were poor and the lack of clean laundry and basic provisions was unacceptable. Communal areas were clean and most outside areas were well looked after. There was little confidence in the applications system. Relationships had improved and many staff were approachable and caring, but some were not. Peer support was a real strength. Equality and diversity work was weak and again too little had been done to manage younger offenders. The chaplaincy was well integrated and provided a valuable service. Complaints were managed well. Despite the function of the prison, not enough legal support was available to prisoners. Health services were reasonably good and mental health services remained excellent. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S12 At the last inspection in 2013, we found that outcomes for prisoners in HMP Durham were not sufficiently good against this healthy prison test. We made 26 recommendations in the area of respect.⁵ At this follow-up inspection we found that three of the recommendations had been achieved, six had been partially achieved and 17 had not been achieved.

S13 Communal areas on most wings were clean and in adequate condition. Cells were cramped with not enough furniture and unscreened toilets. Some were dirty with inappropriate pictures on walls and widespread graffiti. Basic items such as clean prison clothing and bedding were not provided consistently. More prisoners than at the previous inspection had access to a daily shower. The shower facilities were clean but lacked privacy and were poorly ventilated. Too many cell bells were left unanswered for long periods. The applications system was inefficient, there were frustrating delays in the process and responses were not quality assured. There had been efforts to make outside areas attractive.

S14 Staff-prisoner relationships had improved since our last inspection, but in our survey remained worse than the comparator. We observed some very good interactions. Prisoners spoke highly of approachable, caring staff from all disciplines but some described a small number of uncaring officers. We observed examples of this. It was commendable that a number of prisoners had been given trusted positions and provided valuable support to their peers. Peer information desk (PID) workers were an integral part of prison life, although some of their tasks should have been undertaken by staff. Consultation meetings with PID workers showed some good collegiate working.

S15 In our survey, only 17% of prisoners said that the food was good and they told us that they were dissatisfied with the quality and quantity. Meals were served too early and small breakfast packs were served with the evening meal the day before they were to be eaten.

S16 The strategic management of equality work was weak. There was not enough action planning and limited consultation with prisoners in protected groups. The equality action team was unfocused and had not discussed data from the equality monitoring tool. It was of great concern that there had been no response to well over a third of discrimination incident report forms, most of which concerned offensive racist behaviour. There was good support for prisoners with the most significant disabilities, but some low-level need was not met. There was still too little done to support and manage younger prisoners. Faith provision was good, the chaplaincy was well integrated into the regime and links with community organisations were good. Pastoral support was strong.

⁵ This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

- S17 In our survey, only 18% of prisoners said that complaints were dealt with quickly. Most responses that we examined were respectful, relevant and timely. Quality assurance arrangements were good.
- S18 Limited legal support was provided and in our survey only 27% of prisoners said that it was easy to communicate with their solicitor.
- S19 Primary care services were reasonably good despite staff shortages and high levels of need. Access to secondary care, including visiting specialists, was very good. The inpatient unit provided compassionate care, although the regime was inadequate. Pharmacy services were satisfactory but the governance of medications on the units was weak. Dental services were generally good, but waiting times were too long. Support for the high number of prisoners with mental health problems remained excellent. Prisoners continued to experience excessive delays transferring to community mental health facilities.
- S20 The Care Quality Commission found there were no breaches of the relevant regulations.

Purposeful activity

S21 *Too many prisoners were locked up or not purposefully occupied during the core day. There was some slippage in the published regime but whole wing shutdowns were rare and most prisoners benefited from some time out of cell in the morning and afternoon. The leadership and management of learning and skills required improvement and not enough was done to ensure prisoners attended their activities. There were not enough activity spaces and vulnerable prisoners had limited access to purposeful work. The quality of teaching and training was good and achievement was high on most courses. Prisoners behaved well in sessions. Library provision was good. PE provision and health promotion were good for most prisoners. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S22 *At the last inspection in 2013, we found that outcomes for prisoners in HMP Durham were reasonably good against this healthy prison test. We made 10 recommendations in the area of purposeful activity. At this follow-up inspection we found that five of the recommendations had been achieved, two had been partially achieved, two had not been achieved and one was no longer relevant.*

- S23 Time out of cell was good for prisoners working full time but less so for others, and it was poor at weekends. Prisoners on basic level could have as little as an hour a day out of cell. A normal and predictable regime was generally sustained but regime slippage was having an impact. During our spot checks, 47% of prisoners were locked in their cells and only 29% were engaged in activities off their wing.
- S24 Managers engaged effectively with a good range of partners to prepare prisoners for their next steps in learning and work. However, managers and residential staff did not do enough to ensure that prisoners attended education and training activities. Appropriate plans were in place to improve provision, including the introduction of work-based academies, but there was not enough detail on timescales or measures of success.
- S25 There were not enough activity places for all prisoners, although plans were in place to increase them. Prisoners not required for individual sessions were not always given alternative purposeful activities to fill their time appropriately. The main population could engage in a good range of activities, although wing workers were not kept fully occupied. Vulnerable prisoners had access to a limited range of activities.

- S26 Teachers and instructors were skilful in planning and delivering suitable activities for prisoners' different abilities. Teachers were imaginative and creative in engaging prisoners, enabling them to develop knowledge and skills. Specific targets were set for them and they made good progress. Staff used community volunteers and additional learning support very effectively for English and mathematics.
- S27 Attendance was too low in education and vocational classes and punctuality was poor in a few sessions. Most prisoners behaved well and respectfully towards their teachers, instructors and peers. Prisoners felt safe in education and training and work settings. They developed an understanding of concepts such as democracy and tolerance and the importance of the skills and behaviour that employers require.
- S28 Prisoners engaged in work and vocational training developed good levels of skill and produced work of a good standard. Achievement rates on most education and vocational training qualifications were high but low on a few construction qualifications and functional English at level 2.
- S29 Access to the library was good and the participation of prisoners was higher than at comparator prisons. A good range of stock met need and there were effective links with education.
- S30 PE provided a number of activities suitable to prisoners' needs with an appropriate range of vocational training courses. Facilities for team sports and games were inadequate, and outdoor sports facilities were poor. There was strong promotion of healthy lifestyles. PE staff collected data on gym use but received no analysis to enable them to monitor use by groups of prisoners and improve provision.

Resettlement

S31 *Resettlement lacked integration. Uniformed offender supervisors were regularly cross-deployed and unable to manage the high-risk prisoners on their caseload effectively. The quality of offender management had deteriorated overall. Too many prisoners were transferred without a completed offender assessment system (OASys) assessment and many that were completed were of poor quality. The high number of public protection cases were managed well. Pathway work was generally good, although prisoners were negative about the help they received to reintegrate into the community. Work with children and families continued to be a real strength. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S32 *At the last inspection in 2013, we found that outcomes for prisoners in HMP Durham were reasonably good against this healthy prison test. We made 10 recommendations in the area of resettlement. At this follow-up inspection we found that four of the recommendations had been achieved, one had been partially achieved and five had not been achieved.*

S33 The resettlement and offender management strategies were appropriate but improved integration and clarification of roles were needed. The introduction of the two community rehabilitation company (CRC) resettlement teams had been managed reasonably well. However, considerable variations in the operating models of the two services resulted in prisoners from different parts of the country experiencing different levels of service. Offender management had an appropriate mix of staff but many uniformed offender supervisors, responsible for high-risk cases, were regularly redeployed. This affected the continuity and quality of provision significantly.

- S34 Too many prisoners were transferred from Durham before the completion of an OASys. We judged only half the cases that we reviewed to be of an adequate standard. In our survey, fewer prisoners than at comparable prisons said they had been involved in their sentence plan and this was broadly reflected in our findings. Although the quality of offender management work was too variable, we found examples of excellent casework. Probation staff provided informal mentoring and support to offender supervisors, but there was no longer formal supervision to ensure consistency of work.
- S35 Public protection arrangements were robust. Systems were well managed despite the substantial rise in cases since the last inspection. The number of indeterminate prisoners had risen and there were problems in progressing them to more appropriate establishments.
- S36 There were considerable variations in the quality of reintegration planning. Although we saw well organised examples with clear and appropriately integrated plans, others were missing or incomplete less than a week before release. Fewer prisoners than at comparable prisons believed that someone had helped them prepare for release or felt they had done something to reduce their likelihood of reoffending.
- S37 All prisoners were offered support with accommodation which was broadly appropriate, although in some cases there was not enough time to offer more than a referral to homeless support in the community. Both CRC teams offered a reasonable range of advice on the management of debt.
- S38 National Careers Service provision for prisoners released into the community was good, as were the links to education services at other prisons. An appropriate pre-release employment training programme was in place with good use of the virtual campus⁶.
- S39 Arrangements for continuity of care on release were adequate for primary care, but excellent for mental health. Care for prisoners with palliative and end-of-life needs was very good. Through-the-gate support for those with substance misuse and alcohol problems was also good, with some innovative pre-release practice.
- S40 The visitors' centre was a good facility and visitors we spoke to valued the support offered by staff and volunteers. The visits experience was generally positive for prisoners and visitors, but there were some weaknesses in the visits telephone booking line and sessions did not always start at the published time. NEPACS⁷ offered good family services, including fathers' and children's visit sessions and a homework club.
- S41 There were no offending behaviour programmes, even though some prisoners remained at Durham for long periods. Despite the fact that over a third of prisoners had identified markers for domestic violence, there was no work to challenge their attitudes and behaviour.

Main concerns and recommendations

- S42 Concern: Prisoners were poorly treated during their early days in the prison. Reception staff did not always interview newly arrived prisoners in private, which might have inhibited prisoners from fully disclosing risk information. Staff provided inconsistent and sometimes poor care to prisoners on their first night. Many were locked up in dirty cells without basic entitlements. Few prisoners in our survey felt safe on their first night and staff did not check

⁶ Internet access for prisoners to community education, training and employment opportunities.

⁷ (Formerly, North East Prisons After Care Society), charity promoting the rehabilitation of offenders.

on them during the night. Sex offenders were held on the same first night unit as mainstream prisoners, with many too scared to come out of their cells.

Recommendation: Prisoners should feel and be safe during their early days in prison. Risk assessment interviews in reception should take place in private. First night staff should provide better supervision, care and support for newly arrived prisoners and first night cells should be clean and properly prepared. Vulnerable prisoners should not be routinely accommodated with mainstream prisoners on the first night unit.

- S43 Concern: The use of force was higher than at other local prisons and our last inspection. Some planned incidents were not recorded properly on hand-held cameras. Some officers swore at prisoners and in two incidents an officer may have punched a prisoner. Governance of use of force was weak. Managers did not routinely view video footage to learn lessons. Justification for holding prisoners in special accommodation was often lacking and we were not confident that prisoners were held there for the minimum time necessary.

Recommendation: The governance of and accountability for the use of force, including special accommodation, planned interventions and all associated issues, should be improved. (Repeated recommendation S43)

- S44 Concern: Cells were cramped with not enough furniture and unscreened toilets. Some were dirty with inappropriate pictures on walls and widespread graffiti. Basic items such as clean prison clothing and bedding were not provided consistently.

Recommendation: All cells should be appropriately furnished and toilets should be adequately screened. Prisoners who display inappropriate pictures and graffiti should be challenged and the offending material should be removed. All prisoners should be able to access basic items for daily living, including sufficient clean clothing and bedding on a weekly basis.

- S45 Concern: Too many prisoners were locked in their cells during the day - almost half during the roll checks we undertook during the inspection. There were not enough activity places to keep all prisoners purposefully occupied. Managers and residential staff did not do enough to ensure that prisoners attended the education and training activities available.

Recommendation: All prisoners should have sufficient time out of their cell to participate in purposeful activity, association and time in the fresh air. There should be enough activity places to occupy prisoners purposefully. Managers and residential staff should do more to ensure that all convicted prisoners engage in learning, skills and work activities.

- S46 Concern: The work of the two community rehabilitation companies (CRCs) and the offender management unit was not integrated well enough. The CRCs provided different levels of service to prisoners depending on where they lived.

Recommendation: The roles and responsibilities of CRC resettlement staff and offender management staff should be clarified. They should provide a consistent, integrated approach to managing prisoners' sentences and progress back into the community.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1 Many prisoners continued to experience long waits in court cells before their journey to the prison.
- I.2 In our survey, most prisoners said they felt safe on escort vehicles but vans that we inspected were not clean enough and did not have any food on board. In our survey, only 23% of prisoners who spent more than two hours in the van were offered something to eat or drink against the comparator of 40%. Some journeys were short, but since the last inspection an increase in court areas covered by the prison had resulted in more prisoners travelling longer distances and spending more than three hours on escort vehicles.

Recommendation

- I.3 **Prisoners who spend more than two hours on an escort vehicle should be offered food and drink.**

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

- I.4 In our survey, significantly more prisoners than at the last inspection and at comparator prisons said they arrived feeling depressed or suicidal and/or had mental health problems. Over a third of respondents said it was their first time in prison.
- I.5 Reception staff were welcoming and interacted positively with new arrivals. The reception area was clean and orderlies provided good support to newly arrived prisoners. Reception procedures had improved since the last inspection and waiting times for many prisoners had reduced. However, some were still waiting too long and we saw some prisoners waiting up to three hours in reception after a long day in court. Risk assessments were thorough but not all were completed in private. We observed sensitive risk questions asked in the presence of other prisoners, which was inappropriate. All prisoners continued to be strip-searched on arrival with no intelligence that it was necessary. This was disproportionate (see main recommendation S42).
- I.6 Some prisoners moved to the first night unit quickly, only to be locked in a room with no toilet facilities for some hours. We were not confident that all prisoners received essential first night support. Those who arrived from the courts after 7pm were not routinely offered a private meeting on the first night unit with an officer or peer worker to share any concerns before being locked in their cell for the night. Four new receptions, who had never been in prison before, arrived on the unit after 8.30pm with insufficient clothes and bedding. They

were accommodated in cells which were not properly prepared; two had no pillow or flask to make a hot drink. They had no access to a peer support worker before being locked in. Staff on the first night unit did not carry out overnight welfare checks on new arrivals, which was inappropriate for a population with complex needs. In our survey, fewer prisoners than the comparator and the last inspection said they felt safe on their first night (see main recommendation S42).

- I.7** Sex offenders were routinely housed alongside mainstream prisoners on the first night unit to receive their induction. During the inspection, 30 vulnerable prisoners who had completed their induction remained on the first night unit while waiting for a space on the vulnerable prisoner unit. They spent most of their time locked in their cells. Too many vulnerable prisoners said they had been intimidated or threatened by other prisoners on the unit. Delays in allocating their accommodation were caused by limited availability of spaces on the vulnerable prisoner wings. In our survey, more vulnerable than mainstream prisoners said they had felt unsafe at some time (see main recommendation S42).
- I.8** The induction programme was in two parts and prisoners could only move from the first night unit once they had completed it. The first part included an interview on arrival with a peer information desk (PID) worker to complete a questionnaire and the second part consisted of a formal presentation delivered by a peer worker. We were unable to assess the effectiveness of the induction programme as the formal presentation was cancelled twice during the inspection. Delays in the delivery of the induction programme resulted in too many prisoners remaining on the first night unit for longer than necessary (see main recommendation S42).
- I.9** The support provided by the peer supporters was a real strength and was valued by prisoners.

Recommendations

- I.10** **First day processes should be expeditious to avoid unnecessary time locked in holding rooms in reception and on the first night unit.**
- I.11** **A comprehensive induction programme should be delivered promptly to enable prisoners to move on from the unit without delay.**

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

- I.12** The number of assaults was lower than at our last inspection but the number of fights was higher. During the previous six months, there had been eight assaults on staff, 21 assaults on prisoners and 45 fights. Most of these incidents were relatively low level.
- I.13** Too many prisoners felt unsafe. In our survey, more prisoners than at our last inspection and the comparator said they currently felt unsafe. Sixty per cent of prisoners said they had felt unsafe at some time in the prison against the comparator of 49% and 37% at the previous inspection. The prison had not conducted a survey of prisoners to understand these perceptions.

- I.14** The violence reduction policy was underpinned by an action plan. The safer custody team recorded violent incidents accurately and investigations into the incidents were reasonably good. Violent and antisocial behaviour was managed through the incentives and earned privileges (IEP) scheme (see section on incentives and earned privileges), disciplinary procedures (see section on disciplinary procedures), wing movements, prisoner transfers and the challenging antisocial behaviour (CAB) system. The CAB system still failed to address violent behaviour adequately. All violent prisoners were placed on the basic level of the IEP scheme. During the previous six months, all but one prisoner in 85 cases went to the second stage of the CAB system⁸. Staff gave perpetrators objectives but these were not tailored to the individual and many were copied between CAB booklets. Wing officers made some good observational entries but in some booklets there were none at all.
- I.15** There was little formal support for victims of violence. During the previous six months, only nine CAB stage two booklets had been opened for victims of violence, compared with 85 for perpetrators. Restorative justice and mediation work to encourage good behaviour and prevent conflict was promising but in its infancy. Two trained officers had used it to resolve two conflicts between prisoners.
- I.16** Sex offenders did not feel safe on the induction unit living with mainstream prisoners (see paragraph I.7). Many were too scared to leave their cells. In our survey, 83% of vulnerable prisoners said that they had felt unsafe in the past against 55% on other wings. However, they felt safer on their dedicated accommodation (C wing and B1 landing) and only 18% of vulnerable prisoners said that they currently felt unsafe compared with 32% of other prisoners.

Recommendations

- I.17 Interventions for perpetrators and support for the victims of violence should be developed and be more effective in making the prison safer.**
- I.18 The safer custody team should survey prisoners' perceptions of safety and the findings should inform the response to violence and bullying.**

Self-harm and suicide prevention

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- I.19** There had been four self-inflicted deaths since the previous inspection (and a further death the week after we had left). Most of the recommendations made by the Prisons and Probation Ombudsman had been addressed, but there was little evidence of follow-up to ensure that actions were sustained. There was no safer custody policy and the safer prisons meeting which should have taken place bi-monthly had last met in July 2016.
- I.20** During the previous six months, 386 ACCT⁹ documents had been opened which was higher than in similar prisons. At the start of the inspection, 25 prisoners were being monitored on

⁸ Stage one was for 'violent and antisocial behaviour of a minor level'; stage two for 'severe acts of violent and antisocial behaviour or multiple acts of moderate violent and antisocial behaviour'. Both stages involved monitoring.

⁹ Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

an open ACCT. Most ACCT case management documents were opened during the early days in custody. There had been 94 incidents of self-harm in the previous six months, fewer than at the last inspection and similar prisons. Twenty-four men had been managed on constant supervision in the previous six months.

- I.21** Most prisoners we spoke to who were subject to ACCT procedures were positive about their care and said they valued the regular contact and support from staff.
- I.22** The quality of ACCT documents was improving but too many still lacked attention to detail. Personal factors and significant events which might have been a trigger to self-harm were identified in only some cases, and too many documents did not include next-of-kin information. Reviews were multidisciplinary and care maps were completed in sufficient detail. Observational entries did not always record mood or interaction with staff but some included examples of positive engagement and regular contact. Too many post-closure reviews were incomplete or late, which was unsatisfactory. The quality assurance procedure to monitor the completion of ACCT documentation was not adequate and managers did not carry out sufficient checks.
- I.23** At the time of the inspection, there were 14 trained Listeners.¹⁰ They received good support from the local Samaritans and were valued by prisoners and staff. In our survey, more prisoners than at the last inspection said they could access a Listener when they wanted to.

Recommendations

- I.24 Safer prisons meetings should take place regularly and frequently to analyse incidents and monitor actions to reduce self-harm and self-inflicted deaths.**
- I.25 Quality assurance procedures to monitor and improve the completion of ACCT documentation should be carried out regularly.**

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.¹¹

- I.26** The procedure for identifying risk when prisoners arrived in reception was good. An additional weekly check was carried out by the safer custody team to identify prisoners at risk of harm from others and appropriate interventions were put in place to support them. The weekly meeting to discuss prisoners at risk or in crisis was a good new initiative, but it was too early to assess its effectiveness.
- I.27** A new safeguarding policy had been put in place since the last inspection but links with the safeguarding adults board had not improved and were underdeveloped. There had been no referrals to social services in the previous six months.

¹⁰ Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners

¹¹ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

Recommendation

- I.28 The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.**

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

- I.29** Security arrangements were generally proportionate but too many prisoners were routinely strip-searched. All prisoners relocated to the separation and care unit (see paragraph I.52) and those arriving in reception (see paragraph I.5) were strip-searched. Ten per cent of prisoners leaving visits were also strip-searched. Cells were only searched if intelligence indicated a need and these searches often yielded results.
- I.30** Twenty-three prisoners were on closed visits, which was a high number. Not all were on closed visits for matters relating to the trafficking of unauthorised items on visits, which was disproportionate. A similar number of visitors were banned from visiting the prison. These restrictions were reviewed each month.
- I.31** There was a good flow of intelligence reports into the department and these were processed quickly with appropriate actions taken.
- I.32** Weekly stability and monthly security meetings were productive and well attended. Relationships with the police were good and there were successful prosecutions for offences committed in the prison, for example a two-and-a-half-year sentence for assaulting a supervising officer.
- I.33** The biggest security threat to the prison was the supply of drugs, especially psychoactive substances, and this was impacting on prisoner safety. Organised criminal networks and extremists also posed threats. The security team had taken a number of successful steps to reduce these threats, including analysing intelligence reports, target searching of cells and prisoners, placing prisoners on closed visits, banning visitors and working with the local police.
- I.34** In our survey, 47% of prisoners said it was easy to get illegal drugs and 28% alcohol against respective comparators of 40% and 18%. Implementation of the supply reduction strategy was monitored at security and drug strategy meetings.
- I.35** The mandatory drug testing (MDT) suite was generally clean but the prisoners' hand-washing sink was grubby. MDT testing was occasionally affected by the cross deployment of staff, but most targets were met. The average positive random MDT rate for the six months from April 2016 was 14.22% against a target of 12%. Monthly figures ranged from 6.1% to 23%; in months with peak numbers over 20 suspicion tests were carried out, although only five or six had been carried out in some months. Suspicion testing yielded between 33% to 45% positive results, better than at our last inspection.
- I.36** The main drugs detected by testing were cannabis and unprescribed buprenorphine (a strong analgesic).

- I.37** Prisoners told us that new psychoactive substances¹² (NPS) were freely available. There was a strategy to reduce the supply of NPS and there were regular drug finds. About 38 clinical incidents a month involved prisoners suspected of being under the influence of NPS. A new test for NPS had been introduced three weeks before our inspection, with two positive results to date.

Recommendations

- I.38** **Prisoners should only be strip-searched on the basis of intelligence or specific suspicion.** (Repeated recommendation I.47)
- I.39** **Closed visits should only be applied when there is evidence of the trafficking unauthorised items in to visits.** (Repeated recommendation I.48)

Incentives and earned privileges¹³

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

- I.40** The IEP scheme was not an effective motivational tool. Twenty-two percent of prisoners were on the enhanced level of the IEP scheme, 39% on standard, 34% on entry and 5% on basic. There was no local guidance about the scheme and in our survey a fifth of prisoners did not know what the IEP scheme was.
- I.41** There was no local policy on incentives and earned privileges and the prison service instruction was used instead. Some officers used the scheme inappropriately; for example, some unconvicted prisoners were warned that they could be downgraded for not working, which was incorrect.
- I.42** The prison robustly downgraded prisoners to basic level following a single serious incident, usually involving violence or psychoactive substances. Prisoners downgraded for the latter were placed on closed visits for a minimum of two months. Prisoners could appeal IEP decisions through the complaints procedure, but this rarely happened.
- I.43** There were positive early signs that alternative means of motivating good behaviour were being adopted, such as mediation and restorative justice.

Recommendation

- I.44** **All prisoners should understand the purpose of the incentives and earned privileges scheme, what they can expect on each level and how to appeal IEP decisions. Staff should not give unconvicted prisoners IEP warnings for choosing not to work.**

¹² New psychoactive substances: new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects.

¹³ In the previous report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

Discipline

Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

Disciplinary procedures

- I.45** There had been 826 adjudications during the previous six months, fewer than similar prisons. Prisoners attending hearings were given enough time to consult their legal adviser if they wished. The adjudication forms which we sampled indicated that most were dealt with appropriately. However, the quality of records was variable, some forms had no signatures and others gave little information about the charge or the hearing. These anomalies were identified by the quality assurance procedures and the recent introduction of an electronic records system was designed to improve quality.

The use of force

- I.46** Force had been used 189 times during the previous six months, more than at other local prisons and three times more than at our last inspection. Staff had drawn batons 10 times during this period.
- I.47** Use of force paperwork was detailed and indicated that use of force had been justified. Most prisoners involved in incidents were transferred to the segregation unit. Not all planned incidents were recorded properly, with many recorded on body-worn cameras which were not an adequate substitute for hand-held cameras.
- I.48** Video recordings showed that force was used appropriately in most cases. However, less severe levels of restraint could have been used in some incidents and de-escalation opportunities were occasionally missed. Some officers swore aggressively at prisoners and in two incidents officers appeared to have punched prisoners. We referred the latter to the deputy governor. Many officers wore balaclavas, which was unnecessary.
- I.49** The governance of use of force arrangements was not robust enough. Managers did not routinely view video footage to learn lessons. Reviews of segregation and use of force took place quarterly, which was not frequent enough.
- I.50** Special accommodation procedures had been used 11 times in the previous six months. The longest case involved a prisoner held in an unfurnished cell on the health care unit for three days nine hours. Justification for using this extreme form of custody was often lacking. Health care and independent monitoring board members rarely met the prisoner in special accommodation and prisoners were not observed at least five times an hour to reflect Prison Service guidance. We were not confident that prisoners were held in special accommodation for the minimum time necessary. (See main recommendation S43)

Segregation

- I.51** The segregation unit was bright, spacious and clean. It contained two tiers of 28 cells, three of which accommodated the unit orderlies. Cells were clean and relatively large, but many occupied cells had no table or cupboard, despite them being available in the prison. There had been efforts to make the outside area more welcoming but the exercise yards remained

barren and grim. Plans were in progress to install 'outdoor gym' equipment in some of the yards, which was a positive initiative.

- I.52** During the previous six months, 389 prisoners had been segregated, significantly more than in similar prisons. Two-hundred-and-fourteen of these prisoners were segregated awaiting their adjudication hearing and most stays were relatively short; the unit was rarely full. Prisoners were still routinely strip-searched on arrival at the unit, irrespective of their risk level.
- I.53** Prisoners collected their meals from the servery. They continued to have very little to occupy them and the daily regime consisted principally of a telephone call, exercise period and a shower. Prisoners could choose books from the segregation unit stock and ask for in-cell activity packs to pass the time. With the exception of the orderlies, prisoners did not have a television in their cell and, at the time of the inspection, only one prisoner had a radio. Education did not visit the unit, and reintegration planning remained poor. Unit staff demonstrated good knowledge of the prisoners in their care, and we observed some good interactions.
- I.54** The segregation review board documentation which we sampled indicated that boards were not very well attended by a multidisciplinary team. The quality of documentation was variable, and there was still a lack of meaningful targets and reintegration plans.

Recommendations

- I.55 Strip-searching of newly segregated prisoners should be based on risk assessment and should not be carried out routinely.**
- I.56 Segregated prisoners should be offered more regime activities and better reintegration plans.**

Substance misuse

Expected outcomes:

Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

- I.57** An integrated drug strategy had been introduced since our previous inspection, with an assertive approach to raising prisoners' awareness of the dangers of NPS. The drug and alcohol recovery service had improved with integrated clinical and psychosocial practitioners all sharing access to SystemOne.
- I.58** There were specialist clinicians in substance misuse with a dedicated GP, nurses and a visiting psychiatric clinical specialist. Each professional worked for a different provider, which made governance complex and slow. Despite repeated attempts at recruitment, there were chronic staff shortages in the nursing team compounded by nurses spending much time administering medicines. A registered nurse was available to offer 24-hour monitoring and support to prisoners undergoing detoxification. At the time of the inspection, 24 were undergoing detoxification from drugs and 27 from alcohol. However, the shortage of nurses meant that prisoners with higher levels of emotional need and mental health problems were not offered the appropriate level of support.
- I.59** There were 213 patients receiving methadone, with 80% (179) on maintenance doses compared to 10% in 2014, which reflected the increased remand function and changing

population at the prison. Subutex (buprenorphine) was not available, contrary to national guidance.

- I.60** Psychosocial provision was very good and clinical reviews were well attended with exemplary prisoner involvement. The drug and alcohol recovery team (DART) offered an extensive range of appropriate educational and treatment options, many delivered over a few days to suit the requirements of remand prisoners. Forty-five per cent of prisoners (428) were in contact with the DART, similar to 2014. Good peer support was available to prisoners, and visiting supporters from Alcoholics Anonymous and Narcotics Anonymous offered valuable help in prison and after release. In our survey, 71% of prisoners said they found the support helpful.
- I.61** A longer-term 12 steps programme was offered to 17 residents on I wing. Officers were trained to support the programme, but staffing issues impacted on their regular availability.

Recommendation

- I.62** **Opiate substitution prescribing should be flexible, based on individual need and should conform to national guidelines.** (Repeated recommendation I.87)

Section 2. Respect

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1 Most cells designed for one prisoner were occupied by two. They were cramped, and some were dirty and in need of redecoration. There were many inappropriate pictures on walls and graffiti was widespread. Most cells only contained one chair and no lockable cupboards. Prisoners throughout the prison, and particularly A wing, had to improvise curtains with sheets. Most prisoners had to eat their meals in their cells by an unscreened shared toilet, which was unacceptable.
- 2.2 In our survey, only 44% of respondents said they had access to clean clothes and only 38% access to clean sheets each week against respective comparators of 49% and 65%. There had been consistent shortages of clothing and bedding and prisoners reported that in July 2016 they had not been given a change of clothes for three weeks. Clothing, sheets and towels were in poor condition.
- 2.3 In our survey, only 36% of respondents said they could get cell cleaning materials every week against the comparator of 50%. However, prisoners we spoke to reported reasonable access to these materials.
- 2.4 Communal areas in most wings were clean and, given their age, in good condition. A wing was in poor condition, with dilapidated flooring and a build up of rubbish in basement areas. Some association equipment was in a poor state of repair in a number of wings.
- 2.5 Communal showers were clean, but poorly ventilated and lacking privacy. In our survey, more respondents than at our previous inspection said they could have a shower every day.
- 2.6 Efforts had been made to improve the appearance of outside areas. Flower beds in many areas were attractive but litter diminished the overall appearance.
- 2.7 Only 19% of respondents in our survey said that their cell bell was answered within five minutes. This was not being monitored, but electronic records indicated that, while many bells were responded to quickly, there were also unacceptable delays of up to 27 minutes.
- 2.8 Only 43% of prisoners in our survey said applications were dealt with fairly and 18% said they were dealt with quickly (within seven days) against the comparator of 32%. There was no quality assurance of responses. We found some applications that had taken over a week to be forwarded for response and others which had been sent to the wrong department.
- 2.9 In our survey, only 12% of respondents against the comparator of 20% said that they could normally access their stored property and it was evident that the inefficient application system was contributing to the problem.
- 2.10 Mail was processed quickly by correspondence staff. Although there were enough telephones, not all were working. There was evidence of delay in the processing of PIN phone requests because of the inefficient application system which would have affected prisoners' ability to contact their family.

Recommendations

- 2.11** Cells should be decorated and equipped to a good standard and provide a decent environment with sufficient space for the prisoners accommodated there.
- 2.12** Prisoners should have weekly access to clothes and bedding of reasonable quality.
- 2.13** There should be effective management and oversight of the applications system to ensure prisoners receive prompt, helpful responses to their requests.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.

- 2.14** Our survey suggested that staff-prisoner relationships had improved since our last inspection, but were worse than in similar prisons.
- 2.15** We observed some very good interactions, particularly with prisoners in crisis, including by staff on night duty. Prisoners spoke highly of approachable and caring staff from all disciplines, including education and chaplaincy. Some, however, described a small number of uncaring officers which was confirmed by our observations.
- 2.16** The personal officer scheme had lapsed and records in electronic case notes were largely functional and did not describe routine interactions in any detail.
- 2.17** It was commendable that a number of prisoners had been given trusted positions and provided valuable support to their peers. Peer information desk (PID) workers were an integral part of prison life, although some of their tasks should have been undertaken by staff, such as handling applications and prisoners' mail. Consultation meetings with PID workers showed some good collegiate working.
- 2.18** Prisoner consultation was facilitated through a weekly meeting with the PID workers. The meeting that we observed showed cooperative discussion to identify and solve problems. However, minutes of meetings demonstrated the failure of the prison to address systemic problems, such as kit shortages and delays in repairing laundry equipment, which PID workers found frustrating.

Recommendation

- 2.19** Staff should provide proactive support for prisoners' welfare and practical needs, with a focus on their progression and the provision of decent living conditions.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic¹⁴ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

Strategic management

- 2.20** The strategic management of equality work was weak. The equality action plan contained few actions: only one action had been added in the previous three months and a number had been outstanding for a long time.
- 2.21** The equality action team met every two months. Meetings were poorly attended by staff, but prisoner representatives did attend. Meetings lacked focus and there was very little discussion on prisoners in some protected groups, and none on foreign nationals and gay prisoners. Data from the equality monitoring tool were not discussed. Although the data were largely positive, they indicated disproportionate outcomes for young adults across most areas measured.
- 2.22** Most day-to-day work was undertaken by a diversity officer. He had other duties and could devote about 30 hours a week to the equality role. Nine prisoner equality representatives covered all but one wing. Those we spoke to said they felt well supported and that the diversity officer was responsive to issues they raised.
- 2.23** There was little effective consultation with prisoners in most protected groups. Forums were scheduled only for black and minority ethnic prisoners, young adults and older prisoners, but many did not take place or were ineffective.
- 2.24** During the previous six months, 22 discrimination incident report forms (DIRFs) had been submitted by prisoners. DIRFs that had been dealt with were handled adequately but nine had not been responded to at all and many were long overdue, four for over three months. It was of great concern that the prison was so dilatory in its response to DIRFs, most of which concerned use of racist language.
- 2.25** Religious events had been celebrated throughout the year. Activities had been organised for Holocaust Memorial Day but the promotion of diversity events was limited to notice board displays.

Recommendation

- 2.26** **There should be a strategic focus on equality work, supported by effective action planning, consultation and monitoring. There should be a prompt response to adverse monitoring data and DIRFs.**

¹⁴ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protected characteristics

- 2.27** Six percent of the population was from a black and minority ethnic background and 4.5% were Muslim. There had been some consultation with Muslim prisoners, but very little with other prisoners from a black and minority ethnic background. Data from the equality monitoring tool showed no disproportionate treatment of Muslim prisoners or those from a black and minority ethnic background, or in the areas measured.
- 2.28** Minutes of consultation meetings indicated ongoing issues with the service of halal food and we were not confident that these had been resolved (see paragraph 2.104).
- 2.29** There had been no recent forums or consultation with Gypsy/Roma/Traveller prisoners. Our survey suggested that about 50 prisoners were from this background, while the establishment was only aware of six. The low number of prisoners disclosing that they were Gypsy/Roma/Traveller had been noted repeatedly in equality action team minutes, but no actions had been proposed to address the problem.
- 2.30** There was not enough support for foreign national prisoners. At the time of the inspection, there were 60 foreign national prisoners and seven immigration detainees. The diversity officer acted as a foreign national coordinator and liaison point between prisoners and the Home Office. We were told that new prisoners were met individually, but in some cases that we looked at there was no record of such meetings. There was no forum or consultation with this group.
- 2.31** The Home Office held a monthly surgery for foreign national prisoners. However, this was no substitute for access to independent legal advice which was poor, even for detainees with particularly complex cases.
- 2.32** Our survey suggested about 28 prisoners did not speak English. We met few staff who had used telephone interpreting and we were told that 'Google Translate' was being used instead. Use of professional telephone interpreting was not monitored and there was no central list of prisoners who did not speak English. We found little translated information on the prison for this group.
- 2.33** Some immigration detainees had been held for far too long, including one for two years. In some cases, prisoners were only told shortly before the end of their sentence that they were going to be detained.
- 2.34** Our survey suggested a population of about 350 prisoners with disabilities, while the prison had a record of only 231. For 10% of prisoners, there was no record of whether they had a disability.
- 2.35** In our survey, prisoners with disabilities reported a worse experience than other prisoners in several areas, particularly safety. Data from the equality monitoring tool showed no disproportionate treatment of prisoners in this group, although safety was not covered. There had been little effective consultation with this group.
- 2.36** Emergency arrangements for prisoners with disabilities were inadequate. A central record indicated that eight prisoners had a personal emergency evacuation plan. We could not locate any plans on the wings and a number of staff we spoke to were unaware of prisoners who would require help. Not all prisoners who would require assistance were included in the central record.
- 2.37** There were no wing support plans and no paid carer scheme. Informal arrangements were in place for some prisoners, but there was not enough oversight of this. There was some

evidence of low-level unmet need, and the design of the prison, with many stairs, meant that some prisoners with disabilities had less access than others to regime activities. However, we found some examples of good support for prisoners with the most significant disabilities.

- 2.38** There were 87 prisoners over 50 and seven over 70. Little specific provision was made for this group and consultation had been poor. We found retired prisoners, and others who were unfit to work because of a disability, locked in their cell during the core day.
- 2.39** There had not been enough consultation with prisoners under 20, of whom there were 67 at the time of the inspection. Equality monitoring tool data showed disproportionate treatment of young adults in the adjudication system and incentives and earned privileges scheme. Other data showed disproportionate use of force against this group. No work had been done to understand the impact of maturity on behaviour and progression. There was little dedicated provision for young adults and no strategy for their management.
- 2.40** Our survey suggested a population of 37 gay/bisexual prisoners, while the prison was only aware of seven. There was little provision for this group.
- 2.41** There had been some good work with veterans, but this was largely in abeyance at the time of the inspection.

Recommendations

- 2.42 All prisoners in protected groups should be identified and the perspectives of prisoners in each protected group should be considered and their needs met.**
- 2.43 A central list of prisoners who do not speak English should be maintained and use of telephone interpreting should be monitored, to improve oversight of support for this group.**
- 2.44 There should be effective evacuation and wing support planning for prisoners with disabilities.**
- 2.45 There should be a strategy and action plan for the management of young adults which takes account of consultation and monitoring data.**

Faith and religious activity

Expected outcomes:

All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and resettlement.

- 2.46** Faith provision was good. There was a full-time managing chaplain and the chaplaincy covered all main religions. Although fewer prisoners than the comparator said they felt their religion was respected, they reported much better access to chaplains than elsewhere.
- 2.47** Prisoners had good access to corporate worship and a range of classes. Prisoners from the segregation unit could attend corporate worship subject to risk assessment.
- 2.48** In our survey, vulnerable prisoners were significantly more positive than other prisoners in Durham about respect for their religion and speaking to a faith leader in private if they

wanted to. Some vulnerable prisoners attended corporate worship and classes with the mainstream population, but we spoke to a number who were afraid to attend.

- 2.49** Chaplaincy staff were visible around the prison and worked well with wing staff. We observed wing staff making good use of the team to provide additional support for prisoners who needed it. The managing chaplain was a member of the senior management team and his attendance at meetings such as the security and equality action team was positive.
- 2.50** Pastoral support was good and we saw some good examples of support provided to prisoners in crisis.
- 2.51** The chaplaincy did not see all prisoners before release, focusing mainly on those with whom the team had engaged. There were some particularly good links with community faith and other groups.

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 2.52** During the previous six months, 725 complaints had been made, significantly fewer than in similar prisons. Key areas for complaint were property and finance. Complaint forms were readily available on the wings and complaints were logged electronically and regularly analysed for trends and concerns.
- 2.53** In our survey, 47% of prisoners said that it was easy to make a complaint. We found that most responses were respectful, relevant and timely, although complaints against staff needed more thorough investigation. Complaints were regularly and appropriately quality assured, highlighting inappropriate or inadequate responses and proposing alternatives.

Recommendation

- 2.54** **Quality assurance measures should be better communicated to prisoners, to demonstrate that complaints are answered within the required timeframe. The lack of confidence in the system expressed in the survey should be explored.**

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

- 2.55** There was no provision for legal advice and, in our survey, only 27% of respondents against the comparator of 36% said that it was easy to communicate with their solicitor. This was a concerning omission considering Durham's function as a remand prison.
- 2.56** The legal visits area contained 10 rooms and was well maintained. Visits consisted of morning and afternoon sessions, Mondays to Fridays, and twice a week in the evening. The video link was well used, and the library stocked up-to-date legal books.

- 2.57** In our survey, only 41% of prisoners said that their legal mail was respected against 48% at the last inspection. In the last six months, three letters had been opened in error, and these cases were appropriately documented.

Recommendation

- 2.58** **Trained legal officers should be reintroduced to provide advice to prisoners on legal matters.**

Health services

Expected outcomes:

Prisoners are cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive elsewhere in the community.

- 2.59** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹⁵ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.

Governance arrangements

- 2.60** The CQC found there were no breaches of the relevant regulations.
- 2.61** There had been seven health and substance misuse service providers since April 2015, with no lead provider, which created complex and disparate governance and delivery. Joint working between the providers, commissioners and prison was generally effective and improving. Regular joint strategic meetings were reasonably well attended and addressed all essential areas. Planning for the prison's change of function was progressing well and included a new needs assessment. Learning from prisoner feedback, adverse incidents and complaints informed service improvement. Clinical audits were not sufficiently regular or comprehensive to be effective.
- 2.62** Experienced nurse managers provided effective clinical leadership. Separate daily meetings of managers and clinicians from most providers supported effective communication. Significant staff shortages in the primary health care team had adversely affected service delivery, including nurse-led clinics for lifelong conditions and substance misuse, but this was being resolved. The team had a rich skill mix. Staff shortages in the GP service had led to inconsistency and an over-reliance on locums. However, this was improving and one regular part-time GP provided significant stability.
- 2.63** Most prisoners we spoke to were positive about the quality of services and staff attitudes, but some were critical of waiting times and prescribing practices.
- 2.64** The interactions between health care staff and prisoners that we observed were very good. Health staff were in date with identified mandatory training. No regular patient handling training was delivered despite the team managing immobile patients. This was addressed

¹⁵ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

during the inspection. Mental health staff had regular clinical supervision, although primary care nurses relied on informal, undocumented support. GPs received regular update sessions.

- 2.65** Many of the health policies needed review to bring them up to date and/or relevant to the establishment. There were few joint provider policies in areas where responsibilities overlapped, including medicines management and substance misuse, which increased the risk of ineffective practice.
- 2.66** The main health department provided an excellent clinical environment. However, prisoners continued to wait in the stark waiting rooms for long periods with nothing to occupy them. Vulnerable prisoners (B1 and C) had a separate waiting room, but regularly received verbal abuse from other prisoners when they walked to clinical rooms. As a result, some vulnerable prisoners said they would not attend the department. Clinical rooms on the units did not meet infection prevention and control standards because of non-compliant fixtures and inadequate cleaning.
- 2.67** Appropriate emergency equipment was held in each clinical room and checked regularly. However, emergency medication was not standardised across the units and we found several expired medications which staff indicated arose from confusion about which provider was responsible. This was addressed during the inspection. An adequate proportion of operational staff were first aid trained and there was a defibrillator in every unit office. Ambulances were called promptly for medical emergencies.
- 2.68** A comprehensive leaflet had been produced, but was not given to new arrivals nor was it accessible on the units. This was addressed during the inspection.
- 2.69** Prisoners knew how to complain through the separate confidential complaints system. During the six months to September 2016, 110 complaints had been received, about half the number reported at our last inspection. Medication remained the primary issue. Most responses that we sampled were timely and appropriate and all included the alternatives open to the complainant if he was unhappy with the response, which was commendable.
- 2.70** A health trainer provided effective leadership on health promotion activity, including an impressive smoking cessation service. There was very good access to immunisations, blood-borne virus testing, sexual health services, age sensitive community health screening campaigns and health checks for older prisoners.
- 2.71** Prisoners with social care needs were identified appropriately. Durham Council contracted G4S to complete assessments and provide social care for the North East prisons. Joint working between the prison, G4S and the council was good. Six prisoners had been assessed since April 2016 and two were receiving care packages at the time of the inspection. Access to aids and adaptations was good. Release planning, including liaison with the offender management unit and community rehabilitation companies, was effective.

Recommendations

- 2.72** **Effective governance procedures should be in place, including regular comprehensive audits, current clinical policies and clear lines of responsibility and accountability across all providers.**
- 2.73** **Vulnerable prisoners should be able to access clinical services without experiencing abuse and all prisoners should have access to diversionary activities while waiting in the main health department.**

Delivery of care (physical health)

- 2.74** In the first night centre, new arrivals received a comprehensive reception health screen from a nurse, including social care needs, and saw the GP if required. These screens sometimes occurred very late at night following delays in reception and late arrivals. Appropriate referrals were made. Secondary health screens were scheduled within seven days, but most prisoners did not attend and some health needs were not addressed.
- 2.75** Demand for services was high. Prisoners in our survey were more positive about access to GPs and nurses than the comparator and the previous inspection. Prisoners requested services by telephoning the health administration team, which gave them confidence that their issue was being addressed. An appropriate range of services was provided. Nursing staff were always on site and GPs had daily clinics Monday to Saturday. Waiting times for the GP were good, although waiting times for the podiatrist, optician and dentist were too long at up to 10 weeks. Non-attendance rates for most clinics were acceptable. The community out-of-hours GP service could access clinical records remotely, which improved continuity of care.
- 2.76** Nurse-led clinics for life-long conditions did not take place because of staff shortages, although a senior nurse ensured that necessary physical checks and referrals were carried out, which mitigated the risk. Prisoners with epilepsy saw a visiting specialist. Care planning and systems to monitor prisoners with complex health needs were not sufficiently robust. Electronic patient records were adequate but not all the care we saw provided was recorded.
- 2.77** Prisoners were only admitted to the six-bed inpatient unit on clinical grounds and received compassionate care in a good environment. Prisoners we spoke to were positive about the care they received and two had been allocated an independent advocate, which was excellent. However, the regime was poor. Often only one staff member was present which prevented exercise from being offered every day and there were no structured activities or interventions.
- 2.78** Prisoners had very good access to secondary health care services supported by Telehealth and an impressive range of visiting specialists, including neurology, x-ray and vascular surgery, with 209 completed appointments since April 2016. External health appointments were well managed and seldom cancelled.

Recommendations

- 2.79** Prisoners should receive a secondary health screen within 72 hours.
- 2.80** Prisoners should be able to access routine optician, podiatry and dentistry services within six weeks.
- 2.81** Prisoners on the inpatient unit should have access to a predictable regime and additional purposeful activities.
- 2.82** All health staff should know which prisoners have complex health needs and what care is required, supported by effective recorded care planning.

Good practice

- 2.83** *The broad range of visiting health specialists ensured that prisoners had timely access to secondary health services and reduced the need for external prison escorts.*

Pharmacy

- 2.84** The in-house pharmacy supplied Durham and another local prison. Medicines were correctly labelled and had patient information leaflets where appropriate. They were generally supplied promptly, although some delays occurred while community prescribing was confirmed. The pharmacy team had no input to wider medicines management by other health providers, including the storage of medicines on the units. The pharmacy ran a clinic for prisoners who were prescribed a blood thinner and prisoners could see the pharmacist for advice. There were no medicine use reviews.
- 2.85** Medicine storage in the pharmacy was secure and well organised, but on the units we found examples of poor practice including mixed batches of medicines, loose strips of medication and named patient medication from patients who had left the prison being used as 'stock' for other patients. Health staff could access an appropriate range of medicines out of hours, but not all use was recorded and replenishment systems were ineffective. The monitoring of refrigerator temperatures on the units was poor. There was no record of the cleaning and tube replacement of methadone administration pumps on the units and we observed inadequate rinsing of tubing on one unit.
- 2.86** There was no current in-possession medication policy. There was a comprehensive in-possession risk assessment tool on SystmOne (electronic case records), but it was not used consistently and the recorded rationale for decision making was unclear and sometimes inconsistent. Medicines were administered three times daily from wing treatment rooms and at night by nursing staff in prisoners' cells. Prisoners attending a prescribing clinic could receive in-possession medication from the pharmacy before they returned to their unit, which was good.
- 2.87** Nurses checked patients' identity carefully, although the supervision of consumption did not always ensure that medicine was swallowed. The supervision by officers of medication administration queues, including for methadone, was inadequate, which increased the opportunities for bullying and diversion. There was not enough patient confidentiality at the hatch.
- 2.88** Nurses could administer over-the-counter medicines, although this rarely happened on the units where stock levels were not maintained. Nurses could not administer any prescription medicines under a patient group direction¹⁶, which was a particular problem for prisoners experiencing withdrawal from drugs.
- 2.89** Prisoners being released or going to court received adequate supplies of medication, although this was often dispensed by nurses from the prisoner's own stock rather than from the pharmacy, which was poor practice.
- 2.90** Only three medicines and therapeutics meetings had been held in the previous 18 months and we were not confident that problems with the governance of medicines management were adequately identified and addressed at this forum.

¹⁶ Authorise appropriate health care professionals to supply and administer prescription-only medicine.

Recommendations

- 2.91** Prisoners should receive in-possession medication following a consistent recorded risk assessment that is regularly reviewed and underpinned by a current joint policy.
- 2.92** Prison officers should consistently monitor and manage medication administration queues to reduce the opportunities for bullying and diversion and maintain patient confidentiality at the hatch.
- 2.93** Patient group directions should be introduced to enable the supply of more potent medication without a prescription, including symptomatic relief for drug and alcohol withdrawals.
- 2.94** The medicines and therapeutics committee should ensure that governance of medicines management throughout the prison consistently meets required patient safety and professional standards demonstrated by clear joint policies and audits.

Dentistry

- 2.95** Two dentist sessions a week, with dental therapist and oral education nurse sessions, delivered the full range of NHS dental services. Appointments were appropriately allocated based on clinical need, although waiting times for routine dental assessments were too long (see paragraph 2.75). Arrangements for emergencies were adequate. The dental facility was excellent and clinical governance, equipment maintenance and record-keeping were appropriate.

Delivery of care (mental health)

- 2.96** In our survey, 55% of prisoners said that they had current emotional wellbeing or mental health problems against the comparator of 42% and 45% at the last inspection, although the number of prisoners who reported being helped was similar to both. Joint working between the prison and mental health staff was very good. The mental health provider offered training for discipline staff, but the take-up by the prison was low.
- 2.97** The mental health provision remained excellent and was much better than we usually see. The integrated mental health team had a rich skill mix of nurses, psychiatrists, counsellors and psychological wellbeing practitioners, including a learning disability consultant. The team received about 180 referrals a month through the open referral system. The team supported about 130 patients, of whom about 20 had severe and enduring mental illness. The team were on site every day, offered emergency out-of-hours cover and offered excellent support to prisoners on ACCTs¹⁷.
- 2.98** There was effective communication with substance misuse and physical health care workers. Clinical records demonstrated that prisoners received effective therapeutic input, including the care planning approach for those with severe and enduring mental illness.
- 2.99** Most of the 13 patients transferred under the Mental Health Act since January 2016 had experienced excessive waits for transfer. The average time was 14 weeks, principally because

¹⁷ Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

of external issues, including bed availability. To mitigate this, a prison unit was being developed to provide prisoners with intermediate therapeutic care while awaiting transfer or on return from mental health facilities.

Recommendations

- 2.100 All operational staff should have regular mental health awareness training.**
- 2.101 Prisoners sectioned under the Mental Health Act should be transferred within the transfer timescale guidelines.** (Repeated recommendation 2.102)

Good practice

- 2.102** *The wide range of interventions and seven days a week service provided by the mental health team ensured that prisoners received a prompt, effective and comprehensive service.*

Catering

Expected outcomes:

Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

- 2.103** Prisoners were very negative about the quality of food. In our survey, only 17% against the comparator of 21% said that the food was good, and prisoners told us that they were dissatisfied with quality and quantity. Perceptions were significantly better among the over 50s, with 27% compared to 16% of the under 50s saying the food was good.
- 2.104** Food was served by orderlies in reasonably clean wing serveries, supervised by a wing officer and a kitchen supervisor. We were not confident that a strict separation of halal food was always maintained (see paragraph 2.28). Prisoners had to take their food tray to their small, cramped cells to eat. Meals were served too early and small breakfast packs were served with dinner, the evening before they were due to be eaten.
- 2.105** Prisoners chose their meal options daily from menus which catered for dietary and religious needs and were changed on a four-week cycle. Prisoners were regularly consulted about food and could propose changes through their peer food representative and by using the comment books on each wing. These were read and signed off regularly by one of the kitchen supervisors.
- 2.106** The kitchen was of a reasonable size and fairly clean, but the fabric of the building needed updating. A number of floor tiles were missing or damaged, and at the time of our inspection basic cooking equipment, including half the ovens, were not working.

Recommendations

- 2.107 Lunch should be served after midday and the evening meal after 5pm.**
- 2.108 Breakfast should be served on the day it is to be eaten.**

Purchases

Expected outcomes:

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

- 2.109** The canteen list offered a standard range of reasonably priced goods and, in our survey, 56% of prisoners said that the shop sold a wide enough range of goods to meet their needs against the comparator of 47% and 44% at the last inspection. Consultation was good.
- 2.110** Canteen purchases were distributed to prisoners on their wings once a week by the shop workers. The process was supervised by a member of staff and was orderly and well managed.
- 2.111** Newly arrived prisoners could receive an emergency reception pack on arrival, but they had to wait until the next canteen cut-off day (Wednesdays) before they could place their order.
- 2.112** Prisoners could order newspapers and magazines and, provided they had the funds, could place orders for goods from a small range of catalogues. Their order was subject to an administration fee.

Recommendations

- 2.113 Prisoners should be able to buy items from the shop within 24 hours of arrival.**
(Repeated recommendation 2.116)
- 2.114 Prisoners should not be charged an administration fee for catalogue shopping.**
(Repeated recommendation 2.117)

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.¹⁸

- 3.1** Time out of cell on weekdays was good for fully employed prisoners and they could expect a maximum of about nine hours a day. However, for prisoners not living on the full-time employment wing, time out of cell was about 6.5 hours and for vulnerable prisoners it was only 5.5 hours. This was compounded during the inspection by slippage in the regime. Many prisoners had just three hours out of cell at weekends, which was poor. Prisoners on the basic level of the incentives and earned privileges scheme could have as little as an hour out of cell, which was unacceptable.
- 3.2** Regime curtailments were rare, unlike similar prisons. In our survey, more prisoners than the comparator and the last inspection said they had association more than five times a week and went outside for exercise more than three times a week.
- 3.3** During our spot checks during the working day, we found a high average of 47% of the population locked in their cells. It was evident that delays in unlocking prisoners for exercise had contributed significantly to this problem. Only 29% of prisoners were off the wing in activities.

¹⁸ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Learning and skills and work activities

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

3.4 Ofsted¹⁹ made the following assessments about the learning and skills and work provision:

Overall effectiveness of learning and skills and work:	Requires improvement
<i>Achievements of prisoners engaged in learning and skills and work:</i>	Good
<i>Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:</i>	Good
<i>Personal development and behaviour:</i>	Requires improvement
<i>Leadership and management of learning and skills and work:</i>	Requires improvement

Management of learning and skills and work

3.5 The quality of learning and skills activities was good for prisoners who attended them. However, managers and residential staff across the prison did not do enough to promote the importance of learning, skills and work or ensure that prisoners attended their allocated activities. There were not enough activity places, attendance was low and prisoners allocated to work on their wings were not kept purposefully occupied by wing supervisors.

3.6 Prison managers who had direct responsibility for delivering learning and skills training worked effectively with the education provider Novus and the National Careers Service to provide activities that prepared prisoners well for their next steps in learning and work. The education and vocational training provision by Novus was good and managers maintained good links with other education managers in the North East prison cluster. They transferred promptly details of prisoners' levels of skill in English and mathematics, units of qualifications they had achieved and their learning support needs when they transferred to other prisons.

3.7 Prison staff and managers from Novus used observations of teaching and learning and performance management procedures effectively to improve provision and address underperformance by staff. The self-assessment of education provision by both Novus and the prison accurately identified areas for improvement, although measures of success or timescales of actions to address these areas were not given in sufficient detail.

¹⁹ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

Recommendation

- 3.8 Leaders and managers should ensure that all staff promote the importance of learning, skills and work and ensure that prisoners attend their allocated activities.**

Provision of activities

- 3.9** Managers had well developed plans to increase activity places and establish work-based academies in preparation for the prison's future role as a reception prison. However, at the time of the inspection, several activities such as bricklaying, plastering and maintenance operations had been suspended because of staff shortages and alterations to workshops to accommodate new activities. No substitute activities had been introduced which added further to the shortfall.
- 3.10** There were 16 full-time and 238 part-time education and vocational training places. Prisoners in the main population could follow a good range of accredited qualifications up to level 2 comprising functional skills in English, mathematics and information and communications technology (ICT), English for speakers of other languages (ESOL), art, business enterprise, business management, digital media, graphic design, painting and decorating, customer service, performing manufacturing operations and employability.
- 3.11** There were about 165 full-time places for prisoners to work as orderlies, mentors, in the kitchens, the warehouse, waste management, woodwork production and finishing, printing and horticulture. All these activities kept prisoners purposefully occupied and they had good opportunities to take accredited qualifications related to their work. About 140 prisoners were allocated to wing-based work but they were not provided with enough work to keep them fully occupied.
- 3.12** Vulnerable prisoners could engage in limited activities consisting of functional skills in English, mathematics and ICT, ESOL, art and business enterprise. All these activities took place on their wing.
- 3.13** During induction, prisoners received good information about the education, training and work available to them and were supported well to complete applications. For a large minority of prisoners, managers planned to combine part-time activities with gym sessions, health care appointments and other interventions to allow more to participate. This still resulted in a shortfall of activity places each half day. The policy of over-allocating ensured that, in principle, all prisoners who could participate in activities were allocated to them. However, despite more prisoners than could be accommodated being allocated to each activity, attendance was still too low in many activities. For the few that reached capacity, prisoners sent back to their wing as 'not required' were not given alternative activities to fill their time purposefully, even though they received full pay.

Recommendations

- 3.14 The range of activities available to vulnerable prisoners should be improved to include opportunities to engage in vocational training and prison work.**
- 3.15 The management and supervision of prisoners who work on the wings should be enhanced to ensure that they are kept fully occupied throughout the core day.**

Quality of provision

- 3.16** Enthusiastic and committed teachers and instructors planned and delivered suitable activities for the range of ability in classrooms and workshops, particularly in functional skills. Good teaching, learning and assessment enabled prisoners to make good progress towards the achievement of qualifications and to develop skills to a high standard. For example, prisoners with little or no previous experience of ICT were able to progress quickly from basic keyboard skills to designing power-point presentations.
- 3.17** Teachers were imaginative and creative in getting prisoners to engage in the development of their English and mathematical skills. For example, volunteers from a local army museum used First World War artefacts to stimulate creative writing and enable prisoners to prepare and deliver presentations. Prisoners developed their writing skills well in digital media through producing storyboards for cartoons. Community volunteers and additional learning support staff were effectively deployed by teachers and instructors to support prisoners with reading and mathematics.
- 3.18** Prisoners enjoyed working in the prison gardens. They rapidly learned to identify a wide range of plants and gained a clear understanding of the link between food production and healthy eating.
- 3.19** Most teachers and instructors set prisoners clear and specific targets in their individual learning plans. The targets enabled them to progress in the achievement of qualifications and to develop personal and employability skills, such as improvements in timekeeping and problem solving.
- 3.20** Clear written feedback to prisoners helped them to understand how to improve written assignments. Teachers and instructors routinely and accurately corrected spelling, punctuation and grammar in prisoners' written work.
- 3.21** Teachers and instructors were skilled in using directed and more open questioning for prisoners to develop knowledge and understanding of their subjects. Prisoners on a business enterprise course gained a better understanding of profit and loss accounts through well-directed questioning.
- 3.22** A few prisoners were frustrated at having to repeat the initial written assessments during induction of their previous attainments in English and mathematics when they joined education classes. Managers had recently changed the induction process, including implementing computerised initial assessments, which had improved the process significantly for new prisoners.

Personal development and behaviour

- 3.23** Attendance rates at most education and vocational training sessions were too low; too many prisoners remained on their wings and were not challenged sufficiently to develop good attitudes to learning and work. The large majority of prisoners who did attend education and training made good progress and developed good employment skills.
- 3.24** A third cohort of 10 prisoners had just enrolled on the 'Inside-Out' programme through the good partnership that managers had established with Durham University. Prisoners studied a module of a criminology degree alongside final-year undergraduates. Prisoners were challenged to reflect on their behaviour and the role of prisons in British society compared to other countries.

- 3.25** Prisoners had good attitudes in vocational training and recognised how their learning could help them after release. Standards of behaviour in workplaces and education were good. The large majority of prisoners were mindful of their peers and contributed to discussions in a controlled and meaningful way. They were respectful to staff.
- 3.26** Most prisoners had a good understanding of health and safety and safe working practices and applied these at work. However, instructors in a few workshops did not reinforce sufficiently well the use of appropriate personal protective equipment.
- 3.27** Learners on the painting and decorating course had a good understanding of how mathematics skills supported their work, for example in calculating surface areas to estimate the quantity of materials needed. Prisoners in employability sessions successfully linked their activities to wider employment opportunities.
- 3.28** Teachers and instructors were skilled and confident in promoting British values. Prisoners developed a good understanding of concepts such as democracy and tolerance through their activities.
- 3.29** Most prisoners were able to make informed choices about their next steps in seeking education, training and employment.

Recommendation

- 3.30** **Prisoners sent back to their wings when identified as not required for their allocated activity should be set linked research, reading or assignment work that keeps them occupied for the time they are being paid for and supports their personal development and employability skills.**

Education and vocational achievements

- 3.31** Most prisoners who attended and remained at the prison for the duration of their qualification achieved well. Achievement rates on most education and vocational training qualifications were high.
- 3.32** Achievement rates were too low in English functional skills at level 2 and in a few vocational qualifications in bricklaying, plastering and construction maintenance.
- 3.33** Prisoners who attended education, vocational training or work other than on the wings made good progress in improving their skills. Standards of prisoners' work in education were good. Prisoners on entry level qualifications quickly improved their skills in English and their written work was characterised by good levels of spelling, punctuation and grammar. Prisoners in the digital media workshop produced well-designed images for the prison print shop.
- 3.34** Prisoners engaged in vocational training and prison work produced high quality work, for example in the woodwork and finishing workshops prisoners quickly learned how to make a range of products to commercial standards.

Recommendations

- 3.35** Achievement rates should be improved on the few qualifications where they are too low.
- 3.36** Residential staff should challenge non-attendance and encourage participation in education and vocational training sessions.

Library

- 3.37** The library was open six days a week. The library service was good and supported well by the full-time manager and three part-time librarians. A good range of stock met prisoners' needs, including speakers of other languages. The library stock promoted healthy lifestyles and included materials to support the education department's plans to develop an enterprise culture. There were sufficient copies of mandatory legal texts.
- 3.38** Prisoners had good access to the library. Each wing had two scheduled visits a week. In our survey, 37% of prisoners said they used the library at least once a week against the comparator of 28% and 21% at the previous inspection. A group of prison officers had been trained to promote library use and engage with prisoners attending the library as well as escorting and supervising them. This was a good initiative. However, they were often re-allocated to other duties or to deal with incidents, and library visits were one of the first activities to be cancelled in these situations.
- 3.39** Library staff constantly monitored participation by different wings and groups of prisoners and regularly adapted the timetable to target under-represented groups. The library offered good initiatives that promoted reading, for example the six book challenge and visits from local authors.

Recommendation

- 3.40** Managers should minimise the instances of prison officers who have been trained to work with the library service being re-assigned to other duties so that the positive impact they have on prisoners' attitudes to reading is not diminished.

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

- 3.41** Prisoners had good access to PE. Full-time workers could use the gym up to seven times a week and part-time workers four times. The weekly programme of recreational PE met the needs of all groups of prisoners, including sessions for older prisoners and those requiring remedial exercise to support recovery from injury, or to manage long-term health conditions.
- 3.42** Prisoners had access to an adequate range of indoor facilities which included two gymnasia. Poor ventilation had led to damp in changing areas and showers which needed redecoration and re-tiling. The shower in the main gym required a modesty screen.

- 3.43** Both gymnasias were well equipped with cardiovascular and resistance machines but there was not enough space for team sports and activities. The external artificial pitch was in poor condition and littered with objects thrown from nearby wings. External changing facilities were very poor and there was no access to drinking water or lavatories.
- 3.44** A good range of relevant vocational courses were offered, with opportunities for prisoners to progress from entry level 3 to level 2.
- 3.45** PE staff completed detailed fitness assessments before carrying out gym inductions. Effective links with health care staff ensured that prisoners' rehabilitation needs were reflected in their fitness programmes. PE staff successfully promoted healthy lifestyles through a range of activities, including weight management programmes and smoking cessation sessions.
- 3.46** Our survey indicated that only about 27% of prisoners used the gym regularly. Staff had no data about the proportion of new arrivals who completed the gym induction. Data were collected and submitted on the use of the gym by different groups of prisoners, but PE staff neither carried out nor received the results of any analysis of these data to understand the reach of the service and to plan future improvements.

Recommendations

- 3.47** **Suitable facilities should be provided for a range of team sports and games to promote team working and reinforce the interpersonal skills development of prisoners.**
- 3.48** **Managers should make better use of available data to monitor the use of PE facilities by all groups of prisoners so that improvements to the service can be planned.**

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

Good planning ensures a seamless transition into the community.

- 4.1** Reoffending and offender management policies were up to date and covered appropriate aspects of the prison's resettlement strategy. However, there was no information about how departments should work together and there remained too little integration. For example, there was still little coordination between learning and skills and offender management on individual learning plans and sentence plans respectively.
- 4.2** A resettlement partnership group met weekly which was a good initiative, but it was frequently poorly attended. The reducing reoffending meeting was well attended but did not meet every two months as published. As a consequence, offender management and broader resettlement provision were not fully integrated.
- 4.3** The introduction of the through-the-gate resettlement model in 2015 had been managed reasonably well and two community rehabilitation companies (CRCs), Northumbria and Durham and Tees Valley, were based in the prison. However, although case work was divided between the two teams, there were considerable variations in the level of engagement and range of support provided. In short, a prisoner's home location could affect the level of service he received and there was no quality assurance procedure to ensure consistency. The boundaries of the roles of offender supervisor and CRC resettlement worker were unclear and we saw considerable variation.
- 4.4** The offender management unit (OMU) had an appropriate range of staff. However, despite uniformed officers being responsible for a number of high-risk offenders, they were usually only allocated to offender management work twice a month. This regular redeployment of staff, which we observed each day during the inspection, significantly affected the quality and continuity of service delivered to prisoners. In our survey, 31% of prisoners against the comparator of 45% said that they had done anything or anything had happened to them at Durham to make them less likely to reoffend in the future.
- 4.5** Since the last inspection, release on temporary licence (ROTL) had been introduced, although it was limited. Two prisoners had worked out in the previous six months, one in the visitors' centre and one in the coffee shop in the Durham gatehouse.

Recommendation

- 4.6** **There should be a 'whole prison' approach to reducing reoffending and resettlement planning, with staff from all departments taking an active role in assessing and implementing resettlement objectives.** (Repeated recommendation 4.7)

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved in drawing up and reviewing plans.

- 4.7** We looked in detail at 12 cases comprising six in and six out of scope for offender management. A further 23 cases were examined, in less detail, of prisoners due to be released within the following fortnight. We also spoke to a number of these prisoners and others whose cases were not reviewed.
- 4.8** At the time of the inspection there were only 28 prisoners without an offender assessment system (OASys) assessment or with one that was out of date. However, although no official record was kept, it was also apparent that many more had been transferred on to other establishments before an OASys could be drawn up or updated. This was clearly placing a burden on the receiving prisons.
- 4.9** All prisoners were seen for the completion of their basic custody screen on their first night. Although this was an efficient use of time, we were concerned about the quality of some of the assessments. They rarely included any public protection information and in many cases information from the initial interview contradicted information that was later provided to the CRC staff when they were completing resettlement plans.
- 4.10** All prisoners were allocated an offender supervisor but in practice supervisors had little contact with unsentenced prisoners. There were 403 prisoners (71% of the sentenced population) serving sentences of over 12 months, 54% of whom were assessed as high or very high risk of harm and 46% were assessed as low or medium risk of harm. In our survey, only 24% of the sentenced population said they had a named offender supervisor against the comparator of 30%.
- 4.11** Only six of the 12 cases that we looked at in detail had an OASys of sufficient quality which included an assessment of the likelihood of reoffending. One prisoner who had been at Durham for over 11 months had no OASys. Only six cases had an adequate risk of serious harm assessment. Ten cases had sentence plans which covered key factors associated with the likelihood of reoffending, but in only half the cases did we judge the prisoners to be fully engaged with those plans. In our survey, only 18% of sentenced prisoners said they had a sentence plan against the comparator of 32% and 43% at the last inspection, and only 35% against the comparator of 54% said they were involved in the development of their sentence plan.
- 4.12** Risk of serious harm screenings were generally efficient, although two cases had significant failings. In one case the community offender manager had not included a very serious assault on an officer at a previous prison leading to the move to Durham. In another, the offender supervisor had failed to include a conviction for a bladed article, which had attracted a further six-month consecutive sentence. Most cases did not have an adequate risk management plan and half the plans failed to deal adequately with the custodial phase of the sentence.
- 4.13** Contact between offender supervisors and prisoners varied considerably. At worst we found one prisoner with no recorded contacts with the offender supervisor in more than six months, while at the other extreme we found an outstanding example of good contact with seven detailed entries on P-NOMIS indicating purposeful contact over seven months. All other cases varied greatly with contact by offender supervisors frequently in passing while

undertaking wing duties. The prison had no policy on contact and offender supervisors used their judgement on what was appropriate, leading to variable experiences for prisoners.

- 4.14** There was little quality assurance of the work of offender supervisors and the frequency or effectiveness of contact and record keeping. Probation staff continued to receive professional supervision and casework reviews, but while this was given informally to band 4 offender supervisors by probation staff, it was no longer provided formally or consistently.
- 4.15** During the previous six months, 112 prisoners had been considered by the home detention curfew (HDC) board and 87 (78%) had been successful. Our review of cases considered by the board indicated that decisions were appropriate and well considered. However, it remained rare for successful prisoners to be released on HDC on or near their eligibility date. In an attempt to streamline the process and reduce delays, the administrative function of HDC had been appropriately centralised rather than managed by different administrative staff.

Recommendations

- 4.16 All departments working with a prisoner, including their personal officer, employment, training and education providers and drug and alcohol services, should attend sentence planning boards, or provide written contributions.**
(Repeated recommendation 4.23)
- 4.17 Quality assurance, professional and case work supervision should be available for all offender supervisors to support professional development and to ensure consistency of service to prisoners. The role of offender supervisors should be clarified and sufficient time allocated to undertake their work.**
- 4.18 Prisoners should not be transferred from Durham without an up-to-date and good quality offender assessment report.**
- 4.19 Offender supervision should be consistent and reflect the level of need presented by prisoners.**

Public protection

- 4.20** Arrangements for managing public protection were generally good. The department included two probation officers who took the lead in this work and mentored offender supervisors on issues linked to risk. The number of prisoners subject to child protection measures had increased significantly from 108 at the last inspection to 163. Almost 40% of the population (375) presented concerns associated with domestic violence and the frequency of interdepartmental risk management team meetings (IRMT) had increased to fortnightly. All MAPPA (multi-agency public protection arrangements) level two and three cases were also discussed at this meeting. Minutes of meetings indicated a good standard of case management and the quality of MAPPA F reports for community meetings was appropriate.

Categorisation

- 4.21** Categorisation reviews were timely and there was no backlog at the time of the inspection. In most cases categorisation was based on a standard algorithm and cases that we saw were appropriate. There were no formal offending behaviour programmes at Durham and there was rarely much information on risk of reoffending on which to base downgrading or

progressive moves. Nearly all prisoners were transferred to Northumberland or Holme House based on the location of a prisoner's home rather than his offending behaviour needs.

- 4.22** There were rarely delays in moving the small number of category D prisoners (28 at the time of the inspection) and good relationships had been established with Kirklevington Grange.

Indeterminate sentence prisoners

- 4.23** Since the last inspection, there had been a substantial increase in the number of indeterminate sentenced prisoners at Durham, from 18 in 2013 to 61. Such prisoners were no longer allocated to one offender supervisor but were shared across the team. In some cases, indeterminate prisoners had come to Durham for specific reasons, such as accumulated visits or to attend the 12-step drug programme. In others, there were sometimes difficulties moving prisoners to more appropriate establishments, particularly those in denial of sex offence convictions.
- 4.24** There were no specific facilities or resources for indeterminate sentenced prisoners, such as a lifer consultation group or lifer days.

Recommendation

- 4.25** **A clear strategy should be developed and implemented for managing indeterminate sentenced prisoners to ensure appropriate resources and support are available for their progression.**

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

- 4.26** About 100 prisoners were released each month. Northumbria CRC managed all CRC prisoners returning to that area and Durham and Tees Valley (DTVCR) managed prisoners returning to all other areas and those managed by the National Probation Service (NPS) (see paragraph 4.3). Northumbria CRC contracted Shelter to provide housing, finance, benefit and debt, and education, training and employment support, while DTVCR contracted the Wise group. The two CRCs offered slightly different services, for example, Northumbria CRC offered a debt management pack for prisoners while DTVCR worked directly with individuals. DTVCR instead of the responsible officer saw prisoners at the visitors' centre on the day of release to go through licence conditions, while Northumbria CRC did not.
- 4.27** The cases that we reviewed varied considerably in quality. We saw two excellent examples of multi-agency engagement, including one where the DTVCR worker had identified concerns missed by the offender supervisor and had facilitated a multi-agency pre-release meeting with mental health services. In a number of cases there was no resettlement plan or it was only updated within a week of release. In one case we were concerned that an appointment had been made by Shelter to see the prisoner about accommodation while notes on P-NOMIS indicated that approved premises had been arranged by his community offender manager.

- 4.28** In a number of cases managed by both CRCs the outcome of referrals to other services (mental health, drugs and alcohol) was unclear and we were not confident that this information was consistently shared with responsible officers at the time of release. In cases where prisoners were serving over 12 months the roles of the offender supervisor and the CRC were blurred. Offender supervisors told us that they got involved if the prisoner was to be managed by the NPS, yet CRC resettlement staff were not aware of this. In our survey, only 7% of prisoners against the comparator of 11% said that a member of staff had helped them to prepare for release. There was no quality assurance to ensure that prisoners were receiving a consistent and effective service, nor did the prison receive regular outcome data for this purpose.

Recommendation

- 4.29** **Quality assurance of resettlement provision should be developed in conjunction with the Northumbria and Durham and Tees Valley community rehabilitation companies to ensure consistency and effectiveness of service provision. Data on the outcomes should be monitored to evaluate the provision.**

Accommodation

- 4.30** One worker was employed by Shelter and three by the Wise group to provide a range of support for prisoners with accommodation needs. Both teams offered reasonable support to prisoners wishing and able to retain tenancies while in custody. There was more variation in finding new accommodation on release. Both teams worked only with men identified as 'no fixed abode' (NFA) on release but in too many cases prisoners were not being seen until their last few days in custody for such support, particularly those returning to Northumbria. In most of these cases, prisoners were merely signposted to support services on release and to homelessness units in the community. Outcome data on accommodation support were not being collected consistently. One worker estimated that they saw about 10 prisoners a month who were released NFA. It was disappointing that in our survey only 25% of prisoners said they knew who to speak to about accommodation support on release against the comparator of 32%.

Education, training and employment

- 4.31** The quality of the National Careers Service provided by CFBT was good. Managers and advisers worked closely with the education provider, Novus, to assess prisoners' education and training needs during induction and advise them on suitable education, training or work pathways. Advisers maintained good links with their counterparts at other prisons in the North East cluster, enabling prisoners to follow their education and skills action plans when they were transferred. Advisers continued to support prisoners on release to find work or access education and training in the community.
- 4.32** A good preparation for employment training programme was delivered by National Careers Service advisers and a charity provider, Communicators. Prisoners who attended received help to open bank accounts. They had good access to the virtual campus²⁰ and advisers provided effective support to enable prisoners to export work completed through the virtual campus to progress their training and employment plans on release. However, prisoners' attendance at this programme required improvement.

²⁰ Internet access for prisoners to community education, training and employment opportunities.

- 4.33** An increasing proportion of National Careers Service advisers' caseloads consisted of remand prisoners. When prisoners requested it, advisers contacted their existing employers so that remand prisoners who were released could return to employment.

Health care

- 4.34** Prisoners with physical care needs were not routinely seen by health staff before release or transfer, presenting a risk that health needs were not identified. A discharge summary was sent to the prisoner's GP, but those without a GP did not receive a summary. Discharge planning was good for men with complex physical health needs and mental health concerns.
- 4.35** A Macmillan nurse specialist for the North East prisons ensured timely access to support for prisoners with palliative and end-of-life needs. Effective care planning and care pathways ensured that these patients' needs were met.

Recommendation

- 4.36** **Discharge planning procedures should ensure that all prisoners receive effective pre-release health care planning to facilitate continuity of care after release.**

Drugs and alcohol

- 4.37** There was significant support for prisoners before release. A family worker had been introduced in 2015. This innovative approach helped prisoners to remain in contact with their families. Key family members were involved in treatment by motivating positive change during family events and meetings.

Finance, benefit and debt

- 4.38** The Wise group and Shelter staff offered support to prisoners on debt and financial management and liaised with community resettlement staff to continue work on release as necessary. Prisoners could open bank accounts with the Prince Bishop's community bank and there were good links to Job Centre Plus staff to begin the process of benefit claims before release. At the time of the inspection, there were no money management courses, although Wise group staff were undertaking training to offer a course.

Children, families and contact with the outside world

- 4.39** The visitors' centre run by NEPACs²¹ opened six days a week and was clean and well equipped. The centre provided a welcoming space to families and friends and opened an hour before each visit for visitors to book in and prepare for the visit. Support for first-time visitors was particularly good and visitors were positive about the information and guidance they received from the team of staff in the centre. A cafe bar serving hot and cold refreshments was available to visitors before their visit.
- 4.40** Prisoners and visitors were largely positive about their experience of visits. The visits hall was large and bright and included a staffed play area and tea bar. The fixed seating in the hall

²¹ (Formerly, North East Prisons After Care Society), charity promoting the rehabilitation of offenders.

limited the number of visitors a prisoner could have. Seven sofas were allocated to enhanced prisoners only, which was not enough. All prisoners were required to wear prison issue clothing during their visit, which was unacceptable. The supervision by staff in the visits hall was unobtrusive and the searching of visitors was carried out sensitively.

- 4.41** Visits could be booked online, by telephone and in person at the visitors' centre. Visitors spoke of difficulties contacting the local visits telephone booking line. There was no system to hold a waiting call and the line was frequently engaged for up to 45 minutes. When we called the booking line, it was engaged. The system for calling visitors from the visitors' centre to the visits hall was inefficient and affected the length of a visit. Visitors entered the hall in groups of 10, causing delays in the start time of some visits.
- 4.42** The range of interventions offered by NEPACs to help prisoners maintain or re-establish contact with their children and families was good and had increased since the last inspection. Seven themed family days had taken place in the last year and, in the previous six months, 51 children and 33 families had attended. Access to family days was not restricted to enhanced prisoners and the number of applications was managed well. A weekly fathers' and children's visit took place in the visits hall where prisoners could spend time with their younger children in play and educational activities. A weekly homework club provided a structured intervention for older children who were encouraged to bring in schoolwork to complete with their father. Twelve prisoners could attend each session and in the last five months 117 fathers and 190 children had attended the father and child visit, and 105 fathers and 170 children the homework club. Allocations to these interventions were managed well and the number of available places met need. A through-the-gate worker and family support worker had been recruited by NEPACs since the last inspection. They offered one-to-one support to prisoners and their families during their sentence and just before release.

Recommendation

- 4.43 Visits should start on time and the visits booking telephone system should be capable of accommodating the number of visitors calling.**

Attitudes, thinking and behaviour

- 4.44** No nationally accredited offending behaviour programmes were offered and little or no individual work was undertaken by the offender management department. The drug and alcohol team offered a good range of support programmes. At the time of the inspection, 39 prisoners had been held at Durham for more than a year and five for more than two years. Most of these prisoners were sex offenders in denial of their offence and it was difficult to progress them. Nevertheless, reducing their risk of harm was not being achieved while they remained at Durham.
- 4.45** Almost 40% of the population had identified association with domestic violence. It was disappointing that little was being done directly to address this trend or indirectly to raise staff awareness.

Recommendations

- 4.46 Short interventions such as in-cell work or one-to-one modules should be provided to address the offending behaviour of prisoners remaining at Durham for extended periods.**
- 4.47 A strategy should be developed and implemented to address the issues presented by prisoners associated with domestic violence.**

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Main recommendations

To the governor

- 5.1** Prisoners should feel and be safe during their early days in prison. Risk assessment interviews in reception should take place in private. First night staff should provide better supervision, care and support for newly arrived prisoners and first night cells should be clean and properly prepared. Vulnerable prisoners should not be routinely accommodated with mainstream prisoners on the first night unit. (S42)
- 5.2** The governance of and accountability for the use of force, including special accommodation, planned interventions and all associated issues, should be improved. (S43, repeated recommendation S43)
- 5.3** All cells should be appropriately furnished and toilets should be adequately screened. Prisoners who display inappropriate pictures and graffiti should be challenged and the offending material should be removed. All prisoners should be able to access basic items for daily living, including sufficient clean clothing and bedding on a weekly basis. (S44)
- 5.4** All prisoners should have sufficient time out of their cell to participate in purposeful activity, association and time in the fresh air. There should be enough activity places to occupy prisoners purposefully. Managers and residential staff should do more to ensure that all convicted prisoners engage in learning, skills and work activities. (S45)
- 5.5** The roles and responsibilities of CRC resettlement staff and offender management staff should be clarified. They should provide a consistent, integrated approach to managing prisoners' sentences and progress back into the community. (S46)

Recommendations

To the governor

Courts, escort and transfers

- 5.6** Prisoners who spend more than two hours on an escort vehicle should be offered food and drink. (1.3)

Early days in custody

- 5.7** First day processes should be expeditious to avoid unnecessary time locked in holding rooms in reception and on the first night unit. (1.10)
- 5.8** A comprehensive induction programme should be delivered promptly to enable prisoners to move on from the unit without delay. (1.11)

Bullying and violence reduction

- 5.9** Interventions for perpetrators and support for the victims of violence should be developed and be more effective in making the prison safer. (1.17)
- 5.10** The safer custody team should survey prisoners' perceptions of safety and the findings should inform the response to violence and bullying. (1.18)

Self-harm and suicide prevention

- 5.11** Safer prisons meetings should take place regularly and frequently to analyse incidents and monitor actions to reduce self-harm and self-inflicted deaths. (1.24)
- 5.12** Quality assurance procedures to monitor and improve the completion of ACCT documentation should be carried out regularly. (1.25)

Safeguarding

- 5.13** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.28)

Security

- 5.14** Prisoners should only be strip-searched on the basis of intelligence or specific suspicion. (1.38, repeated recommendation 1.47)
- 5.15** Closed visits should only be applied when there is evidence of the trafficking unauthorised items in to visits. (1.39, repeated recommendation 1.48)

Incentives and earned privileges

- 5.16** All prisoners should understand the purpose of the incentives and earned privileges scheme, what they can expect on each level and how to appeal IEP decisions. Staff should not give unconvicted prisoners IEP warnings for choosing not to work. (1.44)

Discipline

- 5.17** Strip-searching of newly segregated prisoners should be based on risk assessment and should not be carried out routinely. (1.55)
- 5.18** Segregated prisoners should be offered more regime activities and better reintegration plans. (1.56)

Substance misuse

- 5.19** Opiate substitution prescribing should be flexible, based on individual need and should conform to national guidelines. (1.62, repeated recommendation 1.87)

Residential units

- 5.20** Cells should be decorated and equipped to a good standard and provide a decent environment with sufficient space for the prisoners accommodated there. (2.11)

- 5.21** Prisoners should have weekly access to clothes and bedding of reasonable quality. (2.12)
- 5.22** There should be effective management and oversight of the applications system to ensure prisoners receive prompt, helpful responses to their requests. (2.13)

Staff-prisoner relationships

- 5.23** Staff should provide proactive support for prisoners' welfare and practical needs, with a focus on their progression and the provision of decent living conditions. (2.19)

Equality and diversity

- 5.24** There should be a strategic focus on equality work, supported by effective action planning, consultation and monitoring. There should be a prompt response to adverse monitoring data and DIRFs. (2.26)
- 5.25** All prisoners in protected groups should be identified and the perspectives of prisoners in each protected group should be considered and their needs met. (2.42)
- 5.26** A central list of prisoners who do not speak English should be maintained and use of telephone interpreting should be monitored, to improve oversight of support for this group. (2.43)
- 5.27** There should be effective evacuation and wing support planning for prisoners with disabilities. (2.44)
- 5.28** There should be a strategy and action plan for the management of young adults which takes account of consultation and monitoring data. (2.45)

Complaints

- 5.29** Quality assurance measures should be better communicated to prisoners, to demonstrate that complaints are answered within the required timeframe. The lack of confidence in the system expressed in the survey should be explored. (2.54)

Legal rights

- 5.30** Trained legal officers should be reintroduced to provide advice to prisoners on legal matters. (2.58)

Health services

- 5.31** Effective governance procedures should be in place, including regular comprehensive audits, current clinical policies and clear lines of responsibility and accountability across all providers. (2.72)
- 5.32** Vulnerable prisoners should be able to access clinical services without experiencing abuse and all prisoners should have access to diversionary activities while waiting in the main health department. (2.73)
- 5.33** Prisoners should receive a secondary health screen within 72 hours. (2.79)

- 5.34** Prisoners should be able to access routine optician, podiatry and dentistry services within six weeks. (2.80)
- 5.35** Prisoners on the inpatient unit should have access to a predictable regime and additional purposeful activities. (2.81)
- 5.36** All health staff should know which prisoners have complex health needs and what care is required, supported by effective recorded care planning. (2.82)
- 5.37** Prisoners should receive in-possession medication following a consistent recorded risk assessment that is regularly reviewed and underpinned by a current joint policy. (2.91)
- 5.38** Prison officers should consistently monitor and manage medication administration queues to reduce the opportunities for bullying and diversion and maintain patient confidentiality at the hatch. (2.92)
- 5.39** Patient group directions should be introduced to enable the supply of more potent medication without a prescription, including symptomatic relief for drug and alcohol withdrawals. (2.93)
- 5.40** The medicines and therapeutics committee should ensure that governance of medicines management throughout the prison consistently meets required patient safety and professional standards demonstrated by clear joint policies and audits. (2.94)
- 5.41** All operational staff should have regular mental health awareness training. (2.100)
- 5.42** Prisoners sectioned under the Mental Health Act should be transferred within the transfer timescale guidelines. (2.101, repeated recommendation 2.102)

Catering

- 5.43** Lunch should be served after midday and the evening meal after 5pm. (2.107)
- 5.44** Breakfast should be served on the day it is to be eaten. (2.108)

Purchases

- 5.45** Prisoners should be able to buy items from the shop within 24 hours of arrival. (2.113, repeated recommendation 2.116)
- 5.46** Prisoners should not be charged an administration fee for catalogue shopping. (2.114, repeated recommendation 2.117)

Learning and skills and work activities

- 5.47** Leaders and managers should ensure that all staff promote the importance of learning, skills and work and ensure that prisoners attend their allocated activities. (3.8)
- 5.48** The range of activities available to vulnerable prisoners should be improved to include opportunities to engage in vocational training and prison work. (3.14)
- 5.49** The management and supervision of prisoners who work on the wings should be enhanced to ensure that they are kept fully occupied throughout the core day. (3.15)

- 5.50** Prisoners sent back to their wings when identified as not required for their allocated activity should be set linked research, reading or assignment work that keeps them occupied for the time they are being paid for and supports their personal development and employability skills. (3.30)
- 5.51** Achievement rates should be improved on the few qualifications where they are too low. (3.35)
- 5.52** Residential staff should challenge non-attendance and encourage participation in education and vocational training sessions. (3.36)
- 5.53** Managers should minimise the instances of prison officers who have been trained to work with the library service being re-assigned to other duties so that the positive impact they have on prisoners' attitudes to reading is not diminished. (3.40)

Physical education and healthy living

- 5.54** Suitable facilities should be provided for a range of team sports and games to promote team working and reinforce the interpersonal skills development of prisoners. (3.47)
- 5.55** Managers should make better use of available data to monitor the use of PE facilities by all groups of prisoners so that improvements to the service can be planned. (3.48)

Strategic management of resettlement

- 5.56** There should be a 'whole prison' approach to reducing reoffending and resettlement planning, with staff from all departments taking an active role in assessing and implementing resettlement objectives. (4.6, repeated recommendation 4.7)

Offender management and planning

- 5.57** All departments working with a prisoner, including their personal officer, employment, training and education providers and drug and alcohol services, should attend sentence planning boards, or provide written contributions. (4.16, repeated recommendation 4.23)
- 5.58** Quality assurance, professional and case work supervision should be available for all offender supervisors to support professional development and to ensure consistency of service to prisoners. The role of offender supervisors should be clarified and sufficient time allocated to undertake their work. (4.17)
- 5.59** Prisoners should not be transferred from Durham without an up-to-date and good quality offender assessment report. (4.18)
- 5.60** Offender supervision should be consistent and reflect the level of need presented by prisoners. (4.19)
- 5.61** A clear strategy should be developed and implemented for managing indeterminate sentenced prisoners to ensure appropriate resources and support are available for their progression. (4.25)

Reintegration planning

- 5.62** Quality assurance of resettlement provision should be developed in conjunction with the Northumbria and Durham and Tees Valley community rehabilitation companies to ensure consistency and effectiveness of service provision. Data on the outcomes should be monitored to evaluate the provision. (4.29)
- 5.63** Discharge planning procedures should ensure that all prisoners receive effective pre-release health care planning to facilitate continuity of care after release. (4.36)
- 5.64** Visits should start on time and the visits booking telephone system should be capable of accommodating the number of visitors calling. (4.43)
- 5.65** Short interventions such as in-cell work or one-to-one modules should be provided to address the offending behaviour of prisoners remaining at Durham for extended periods. (4.46)
- 5.66** A strategy should be developed and implemented to address the issues presented by prisoners associated with domestic violence. (4.47)

Examples of good practice

- 5.67** The broad range of visiting health specialists ensured that prisoners had timely access to secondary health services and reduced the need for external prison escorts. (2.83)
- 5.68** The wide range of interventions and seven days a week service provided by the mental health team ensured that prisoners received a prompt, effective and comprehensive service. (2.102)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Deborah Butler	Team leader
Colin Carroll	Inspector
Fionnuala Gordon	Inspector
Keith McInnis	Inspector
Deri Hughes-Roberts	Inspector
Sharon Shalev	Inspector
Joe Simmonds	Researcher
Catherine Shaw	Researcher
Anna Fenton	Researcher
Ellis Cowling	Researcher
Paul Tarbuck	Substance misuse inspector
Majella Pearce	Health services inspector
Sue Melvin	Pharmacist
Huw Jenkins	Care Quality Commission inspector
Malcolm Fraser	Ofsted inspector
Gerard McGrath	Ofsted inspector
Charles Searle	Ofsted inspector
Martyn Griffith	Offender management inspector
Iolo Madoc-Jones	Offender management inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2013, early days arrangements were ineffective and at times uncaring. There were too many violent incidents and we found some evidence of under-reporting. Self-harm had reduced significantly but arrangements to support prisoners in crisis were inadequate. Security was not wholly proportionate and there were many deficiencies across the range of disciplinary procedures. The drugs reduction strategy showed signs of success and psychosocial treatment provision had improved, but illegal drugs were still a significant concern and alcohol was an increasing problem. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Comprehensive first night risk assessments should always be completed on the day of arrival. New arrivals should receive a shower and sufficient funds to make a telephone call on their first night and should be located in designated, well prepared cells. Handover arrangements and care for new arrivals should be improved. (S41)

Not achieved

The governance of and accountability for the use of force, including special accommodation, planned interventions and all associated issues, should be improved. (S43)

Not achieved (Recommendation repeated, S43)

Recommendations

Person escort records should be completed fully and prisoners should be transferred to prison shortly after the conclusion of their court appearance. (1.4)

Not achieved

Prisoners should arrive at the prison before 7pm. (1.5)

Not achieved

Prisoners should spend less time in reception. (1.17)

Not achieved

The content and delivery of induction and monitoring of attendance should be improved and all prisoners should be kept purposefully engaged until allocated to activities. (1.18)

Not achieved

The violence reduction strategy should be reviewed, based on an analysis of patterns of violence and a prisoner survey. Monitoring should be improved and interventions for perpetrators and support for victims of violence should be enhanced. (1.25)

Partially achieved

The collection, collation and analysis of data on violent and antisocial behaviour should be improved to facilitate the management of violence and antisocial behaviour. Action should be taken to address identified concerns. (1.26)

Partially achieved

Death in custody action plans should be reviewed regularly and actions addressed. (1.34)

Partially achieved

The quality of ACCT case management documents and support for prisoners in crisis should be improved and prisoners subject to ACCT should only be located in the segregation unit in exceptional circumstances. (1.35)

Achieved

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.40)

Not achieved

Prisoners should only be strip- or squat-searched on the basis of intelligence or specific suspicion. (1.47)

Not achieved (Recommendation repeated, 1.38)

Closed visits should only be applied when there is evidence of the trafficking of unauthorised items in to visits. (1.48)

Not achieved (Recommendation repeated, 1.39)

An up-to-date supply reduction strategy should be developed and integrated into the wider strategic response to drugs and alcohol. (1.49)

Achieved

The mandatory drug testing programme should be adequately resourced to undertake target testing within the required timescale. (1.50)

Achieved

The role of A5 landing and the basic regime should be reviewed to ensure that the regime is legitimate and fair and that there are multidisciplinary input and clear individual plans to help prisoners return to the standard level. (1.58)

Achieved

All disciplinary charges should be fully investigated and reasons given for decisions. The quality assurance of adjudication records should be improved. (1.62)

Achieved

Analysis of data for disciplinary procedures, use of force and segregation should be improved and used more effectively to reduce the number of adjudications and the throughput in the segregation unit. (1.63)

Partially achieved

The exercise yards and showers in the segregation unit should be improved. (1.76)

Achieved

The regime in the segregation unit should be improved, including daily access to both showers and telephone calls. (I.77)

Achieved

Segregation review documentation should be timely and comprehensive, including meaningful targets and reintegration plans for longer-term residents. (I.78)

Partially achieved

Opiate substitution prescribing should be flexible, based on individual need and should conform to national guidelines. (I.87)

Not achieved (Recommendation repeated, I.62)

The clinical drugs team should be further integrated with the drug and alcohol recovery team to improve outcomes for prisoners. (I.88)

Achieved

Discipline staff working on recovery and therapeutic wings should be selected for the role and should be given additional training to facilitate a recovery-focused environment. (I.89)

Achieved

Joint working between the clinical substance misuse and the mental health in-reach teams should be developed, and a dual diagnosis service should be introduced for prisoners with mental health and substance-related problems. (I.90)

Achieved

The drug strategy document should be updated, contain performance measures and development targets, and be informed by a population needs analysis. (I.91)

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2013, accommodation and communal areas were generally clean but most cells were very small compared to what we normally see, and lacked privacy. Many prisoners felt disrespected by staff. Some staff demonstrated a lack of support for prisoners, while others were proactive and caring, particularly non-uniformed staff. Formal arrangements to support equality and diversity work had deteriorated. Support for older prisoners was good but provision for young adults was lacking and staff were not aware of the needs of some prisoners with disabilities. Health services were good and mental health provision was very good. Complaints were not always answered appropriately. With the exception of vulnerable prisoners, most prisoners were dissatisfied with food. Faith provision was good and the chaplaincy was well integrated into the prison regime. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

There should be a needs assessment of the young adult population, and a clear strategy developed for their overall management. (S42)

Not achieved

A strategy should be developed to promote and deliver positive staff-prisoner relationships and to ensure that prisoners feel supported and cared for. (S44)

Partially achieved

Recommendations

Cells designed to hold one prisoner should not be used to hold two. (2.10)

Not achieved

Cells should be decorated to a good standard, free of graffiti and offensive displays and adequately equipped. All toilets should be screened and deep cleaned. (2.11)

Not achieved

All prisoners should have weekly access to cell cleaning materials, clean prison clothes of an acceptable quality and clean sheets. (2.12)

Not achieved

Prisoners' mail and telephone PIN applications should be processed without delay. (2.13)

Partially achieved

Staff should address prisoners courteously, using their preferred names. (2.20)

Achieved

Personal officers should have regular and proactive interviews with prisoners that focus on their progression and resettlement needs, as well as welfare issues. (2.21)

Not achieved

NOMS should work with the Home Office to ensure that deportation action is taken well before the end of sentence, minimising the need for detention, while ensuring that foreign national prisoners receive independent immigration advice. (2.39)

Not achieved

There should be a strategic focus on equality and diversity supported by an effective action plan to ensure that the needs of all minority groups are met. (2.31)

Not achieved

SMART data should be monitored consistently and action taken if activity is found to be out of range. Minority groups not covered by SMART data should also be monitored. (2.32)

Not achieved

There should be systematic engagement with and support for minority group prisoners. This should include regular prisoner support forums. (2.40)

Not achieved

Welfare and immigration-related needs of foreign national prisoners should be systematically assessed and met. (2.41)

Not achieved

All prisoners who consider themselves to have disabilities should be identified and assessed. Where appropriate, they should be involved in developing care plans and deciding on reasonable adjustments. (2.42)

Not achieved

Residential staff should be aware of the individual needs of older prisoners and those with disabilities, particularly those requiring assistance during an emergency. (2.43)

Not achieved

Managers should ensure that the specific perspectives of gay and bisexual prisoners are considered and their needs are met. (2.44)

Not achieved

Prisoners should be consulted about their negative perceptions of the complaints process and good quality assurance should ensure that replies are polite and comprehensive. (2.53)

Partially achieved

Patients should not have to wait for excessive periods in the health centre before and following their appointments. (2.69)

Not achieved

Health service bed spaces should not form part of the prison's certified normal accommodation. (2.79)

Achieved

A complete pharmaceutical service should be provided to prisoners, including pharmacy-led clinics and medicine use reviews. (2.91)

Partially achieved

The health partnership board should ensure that patients' established patterns of prescribed medication are not interrupted at reception unless individual risk assessment indicates otherwise or until individual clinical reviews have taken place. (2.92)

Partially achieved

Patients sectioned under the Mental Health Act should be transferred within the transfer timescale guidelines. (2.102)

Not achieved (Recommendation repeated, 2.101)

All uniformed officers should receive mental health awareness training. (2.103)

Partially achieved

There should be effective managerial oversight of wing serving procedures. (2.110)

Achieved

Prisoners should be able to buy items from the shop within 24 hours of arrival. (2.116)

Not achieved (Recommendation repeated, 2.113)

Prisoners should not be charged an administration fee for catalogue shopping. (2.117)

Not achieved (Recommendation repeated, 2.114)

Purposeful activity

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

At the last inspection in 2013, fully employed prisoners had reasonable time out of cell but the published core day was not being delivered and we found too many prisoners locked up during the working day. There was a lack of activity places but the prison paid good attention to education and employment and the allocation of prisoners to activities had improved. Education and vocational training provision was good and peer workers were used effectively to support learning. Achievements for most activities were good. Provision for vulnerable prisoners was inadequate. The library was a good facility and most prisoners had easy access. PE provision appeared to be adequate but was very limited during our inspection due to building work. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

All prisoners should have more opportunities for time out of cell and one hour for outside exercise each day. (3.6)

Not achieved

The substantive plans for increasing the range of activities should be implemented promptly when funding becomes available in March 2014. (3.19)

Partially achieved

Further training and support should be given to teaching staff to ensure that they have the skills to manage effectively poor behaviour in education sessions. (3.28)

Achieved

Supervision mechanisms should be set up for mentors once they have completed their programme. (3.29)

No longer relevant

Data should be analysed on the number of accredited units achieved, the timescales and the number of prisoners who achieve full vocational qualifications to inform curriculum development. (3.35)

Achieved

Movement to and from activities, particularly in afternoon sessions, should be improved to prevent excessive delays that reduce learning time and to improve punctuality. (3.36)

Not achieved

Arrangements for prisoners to use the library should be reviewed, to facilitate visits of varying duration. (3.40)

Achieved

There should be a trolley service of books to F wing until F wing vulnerable prisoners have the same access to the library as other wings. (3.41)

Achieved

The PE facilities should be brought back to full use as a matter of urgency and planned developments should be implemented so that all prisoners have the opportunity for recreational PE and remedial support. (3.46)

Achieved

The poor condition of the sports hall, including the toilets and showers, should be improved to a good standard. (3.47)

Partially achieved

Resettlement

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

At the last inspection in 2013, the strategies for resettlement and offender management were not fully integrated. Sentence planning and public protection arrangements were developing well but access to programmes was limited, particularly for a few category B prisoners who were unable to progress. Staff supervision and case work management were good. Resettlement pathway provision was generally good and some work on accommodation, finance and debt was very good. Children and families support was generally good but the visits experience was spoiled by delays in visitors gaining access to the prison. Positive initiatives such as father and child homework in visits and the drug and alcohol support service for families were appreciated by prisoners. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

There should be a 'whole prison' approach to reducing reoffending and resettlement planning, with staff from all departments taking an active role in assessing and implementing resettlement objectives. (4.7)

Not achieved (Recommendation repeated, 4.6)

The reducing reoffending strategy, action plan and needs analysis should be updated annually. (4.8)

Achieved

All prisoners, including those on remand, should be subject to custody or sentence planning and this should be applied consistently. (4.21)

Achieved

Offender supervision should be consistent and should reflect the level of need presented by prisoners at Durham. (4.22)

Not achieved

All departments working with a prisoner, including their personal officer, employment, training and education providers and drug and alcohol services, should attend sentence planning boards, or provide written contributions. (4.23)

Not achieved (Recommendation repeated, 4.16)

The offending behaviour needs of those not transferred from Durham or returning there at the end of their sentences should be met, and this should be reflected in the needs analysis and effectively monitored. (4.24)

Not achieved

All prisoners should be reviewed before their release against their identified need and, where necessary, appropriate arrangements should be made before their discharge. Reviews should be informed by previous assessments and sentence or custody plans. If prisoners are subject to post-release licence supervision, plans identified by pathway providers should be shared with offender supervisors. (4.35)

Partially achieved

Suitable private interview space should be provided for accommodation staff. (4.40)

Achieved

Prisoners should be assisted to open a bank account. (4.48)

Achieved

All prisoners should be able to receive at least one visit a week, there should be no upper limit on the number of visits for unconvicted prisoners, and visits should last for the advertised duration. (4.57)

Not achieved

Appendix III: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	34	414	47.1
Recall	5	126	13.8
Convicted unsentenced	10	122	13.9
Remand	18	212	24.2
Civil prisoners	0	2	0.2
Detainees	0	7	0.7
other	0	1	0.1
Total	67	884	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	32	355	40.7
Less than six months	2	104	11.1
six months to less than 12 months	4	51	5.8
12 months to less than 2 years	13	64	8.1
2 years to less than 4 years	13	111	13
4 years to less than 10 years	3	90	9.8
10 years and over (not life)	0	48	5.0
ISPP (indeterminate sentence for public protection)	0	32	6.4
Life	0	29	3.0
Total	67	884	100

Age	Number of prisoners	%
Please state minimum age here: 18		
Under 21 years	67	7.0
21 years to 29 years	331	34.8
30 years to 39 years	332	34.9
40 years to 49 years	134	14.1
50 years to 59 years	59	6.2
60 years to 69 years	21	2.2
70 plus years	7	0.7
Please state maximum age here: 87		
Total	951	100

Nationality	18–20 yr olds	21 and over	%
British	62	829	93.7
Foreign nationals	5	55	6.3
Total	67	884	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	32	421	47.6
Uncategorised sentenced	1	5	0.6
Category A	0	0	0
Category B	0	59	6.2
Category C	1	372	39.2
Category D	0	21	2.2
Other (YOI CLOSED)	33	6	4.1
Total	67	884	100

Ethnicity	18–20 yr olds	21 and over	%
White	3	23	2.7
British	60	789	89.3
Irish	0	9	0.9
Gypsy/Irish Traveller	0	6	0.6
Other white	0	0	0
Mixed			
White and black Caribbean	1	2	0.3
White and black African	0	2	0.2
White and Asian	0	1	0.1
Other mixed	0	2	0.2
Asian or Asian British			
Indian	0	6	0.6
Pakistani	0	8	0.8
Bangladeshi	1	6	0.7
Chinese	0	1	0.1
Other Asian	0	11	1.2
Black or black British			
Caribbean	0	3	0.3
African	1	4	0.5
Other black	0	4	0.4
Other ethnic group	1	4	0.5
Arab	0	1	0.1
Other ethnic group			
Not stated	0	2	0.2
Total	67	884	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	0	0
Church of England	4	192	20.6
Roman Catholic	12	141	16.1
Other Christian denominations	8	88	10.1
Muslim	1	41	4.4
Sikh	0	1	0.1
Hindu	0	1	0.1
Buddhist	1	11	1.3
Jewish	0	1	0.1
Other	0	7	0.7
No religion	41	401	46.5
Total	67	884	100

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)	0	25	
Total	0	25	

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	11	1.2	172	18.1
1 month to 3 months	11	1.2	168	17.7
3 months to six months	10	1.1	80	8.4
six months to 1 year	2	0.2	68	7.2
1 year to 2 years	1	0.1	34	3.6
2 years to 4 years	0	0	5	0.5
4 years or more	0	0	0	0
Total	35	3.7	529	55.5

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	0	0	0
Total	0	0	0

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	8	2.1	114	11.9
1 month to 3 months	15	3.9	133	14.0
3 months to six months	6	1.6	70	7.4
six months to 1 year	3	0.8	30	3.2
1 year to 2 years	0	0	8	0.8
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	32	3.4	355	37.3

Main offence	18–20 yr olds	21 and over	%
Violence against the person			
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded /holding warrant			
Total	Not recorded on Nomis as a report		

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence base for the inspection.

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment²². Respondents were then randomly selected from a P-NOMIS prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 3 October 2016 the prisoner population at HMP Durham was 931. Using the method described above, questionnaires were distributed to a sample of 214 prisoners.

We received a total of 193 completed questionnaires, a response rate of 90%. This included two questionnaires completed via interview. Seven respondents refused to complete a questionnaire and 14 questionnaires were not returned.

²² 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/unit	Number of completed survey returns
A	39
B	28
C and BI	32
D	36
E	24
F	27
I	4
Healthcare	1
Segregation unit	2

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Durham.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences²³ are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Durham in 2016 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 33 local prisons since April 2013.
- The current survey responses from HMP Durham in 2016 compared with the responses of prisoners surveyed at HMP Durham in 2013.
- A comparison within the 2016 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2016 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2016 survey between the responses of prisoners on VP wings (C and BI) and the rest of the establishment.

²³ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.01 which means that there is only a 1% likelihood that the difference is due to chance.

Survey summary

Section I: About you

Q1.1	How old are you?	
	<i>Under 21</i>	52 (31%)
	<i>21 - 29</i>	60 (36%)
	<i>30 - 39</i>	38 (23%)
	<i>40 - 49</i>	14 (8%)
	<i>50 - 59</i>	2 (1%)
	<i>60 - 69</i>	0 (0%)
	<i>70 and over</i>	0 (0%)
Q1.2	Are you sentenced?	
	<i>Yes</i>	152 (92%)
	<i>Yes - on recall</i>	14 (8%)
	<i>No - awaiting trial</i>	0 (0%)
	<i>No - awaiting sentence</i>	0 (0%)
	<i>No - awaiting deportation</i>	0 (0%)
Q1.3	How long is your sentence?	
	<i>Not sentenced</i>	0 (0%)
	<i>Less than 6 months</i>	5 (3%)
	<i>6 months to less than 1 year</i>	16 (10%)
	<i>1 year to less than 2 years</i>	41 (25%)
	<i>2 years to less than 4 years</i>	60 (37%)
	<i>4 years to less than 10 years</i>	37 (23%)
	<i>10 years or more</i>	3 (2%)
	<i>IPP (indeterminate sentence for public protection)</i>	0 (0%)
	<i>Life</i>	2 (1%)
Q1.4	Are you a foreign national (i.e. do not have UK citizenship)?	
	<i>Yes</i>	12 (7%)
	<i>No</i>	153 (93%)
Q1.5	Do you understand spoken English?	
	<i>Yes</i>	163 (99%)
	<i>No</i>	2 (1%)
Q1.6	Do you understand written English?	
	<i>Yes</i>	164 (99%)
	<i>No</i>	2 (1%)

Q1.7	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	140 (84%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	2 (1%)	<i>Asian or Asian British - other</i> 0 (0%)
	<i>White - other</i>	1 (1%)	<i>Mixed race - white and black Caribbean</i> 3 (2%)
	<i>Black or black British - Caribbean</i>	2 (1%)	<i>Mixed race - white and black African</i> 0 (0%)
	<i>Black or black British - African</i>	3 (2%)	<i>Mixed race - white and Asian</i> 1 (1%)
	<i>Black or black British - other</i>	1 (1%)	<i>Mixed race - other</i> 1 (1%)
	<i>Asian or Asian British - Indian</i>	0 (0%)	<i>Arab</i> 1 (1%)
	<i>Asian or Asian British - Pakistani</i>	6 (4%)	<i>Other ethnic group</i> 1 (1%)
	<i>Asian or Asian British - Bangladeshi</i>	4 (2%)	
Q1.8	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	<i>Yes</i>		4 (2%)
	<i>No</i>		158 (98%)
Q1.9	What is your religion?		
	<i>None</i>	66 (40%)	<i>Hindu</i> 0 (0%)
	<i>Church of England</i>	35 (21%)	<i>Jewish</i> 1 (1%)
	<i>Catholic</i>	39 (24%)	<i>Muslim</i> 15 (9%)
	<i>Protestant</i>	2 (1%)	<i>Sikh</i> 1 (1%)
	<i>Other Christian denomination</i>	1 (1%)	<i>Other</i> 4 (2%)
	<i>Buddhist</i>	0 (0%)	
Q1.10	How would you describe your sexual orientation?		
	<i>Heterosexual/ Straight</i>		163 (100%)
	<i>Homosexual/Gay</i>		0 (0%)
	<i>Bisexual</i>		0 (0%)
Q1.11	Do you consider yourself to have a disability (i.e do you need help with any long term physical, mental or learning needs)?		
	<i>Yes</i>		34 (21%)
	<i>No</i>		130 (79%)
Q1.12	Are you a veteran (ex-armed services)?		
	<i>Yes</i>		6 (4%)
	<i>No</i>		157 (96%)
Q1.13	Is this your first time in prison?		
	<i>Yes</i>		65 (39%)
	<i>No</i>		100 (61%)
Q1.14	Do you have children under the age of 18?		
	<i>Yes</i>		68 (41%)
	<i>No</i>		96 (59%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?	
	<i>Less than 2 hours</i>	131 (78%)
	<i>2 hours or longer</i>	28 (17%)
	<i>Don't remember</i>	8 (5%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	131 (79%)
	Yes	20 (12%)
	No	14 (8%)
	Don't remember	1 (1%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	131 (79%)
	Yes	3 (2%)
	No	28 (17%)
	Don't remember	4 (2%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	81 (49%)
	No	69 (42%)
	Don't remember	15 (9%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	129 (78%)
	No	31 (19%)
	Don't remember	5 (3%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	45 (27%)
	Well	72 (43%)
	Neither	35 (21%)
	Badly	7 (4%)
	Very badly	5 (3%)
	Don't remember	2 (1%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	Yes, someone told me	110 (66%)
	Yes, I received written information	2 (1%)
	No, I was not told anything	51 (31%)
	Don't remember	3 (2%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	138 (84%)
	No	23 (14%)
	Don't remember	3 (2%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	57 (35%)
	<i>2 hours or longer</i>	99 (61%)
	Don't remember	5 (3%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	136 (86%)
	No	16 (10%)
	Don't remember	7 (4%)

Q3.3	Overall, how were you treated in reception?		
	<i>Very well</i>		38 (24%)
	<i>Well</i>		78 (48%)
	<i>Neither</i>		30 (19%)
	<i>Badly</i>		12 (7%)
	<i>Very badly</i>		2 (1%)
	<i>Don't remember</i>		1 (1%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	<i>Loss of property</i>	30 (21%)	<i>Physical health</i> 18 (13%)
	<i>Housing problems</i>	22 (15%)	<i>Mental health</i> 38 (26%)
	<i>Contacting employers</i>	1 (1%)	<i>Needing protection from other prisoners</i> 3 (2%)
	<i>Contacting family</i>	21 (15%)	<i>Getting phone numbers</i> 15 (10%)
	<i>Childcare</i>	1 (1%)	<i>Other</i> 5 (3%)
	<i>Money worries</i>	19 (13%)	<i>Did not have any problems</i> 60 (42%)
	<i>Feeling depressed or suicidal</i>	23 (16%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	<i>Yes</i>		38 (26%)
	<i>No</i>		50 (34%)
	<i>Did not have any problems</i>		60 (41%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	<i>Tobacco</i>		148 (94%)
	<i>A shower</i>		48 (30%)
	<i>A free telephone call</i>		69 (44%)
	<i>Something to eat</i>		99 (63%)
	<i>PIN phone credit</i>		88 (56%)
	<i>Toiletries/ basic items</i>		73 (46%)
	<i>Did not receive anything</i>		5 (3%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	<i>Chaplain</i>		94 (61%)
	<i>Someone from health services</i>		105 (69%)
	<i>A Listener/Samaritans</i>		71 (46%)
	<i>Prison shop/ canteen</i>		49 (32%)
	<i>Did not have access to any of these</i>		27 (18%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	<i>What was going to happen to you</i>		92 (60%)
	<i>What support was available for people feeling depressed or suicidal</i>		73 (48%)
	<i>How to make routine requests (applications)</i>		79 (52%)
	<i>Your entitlement to visits</i>		71 (46%)
	<i>Health services</i>		81 (53%)
	<i>Chaplaincy</i>		85 (56%)
	<i>Not offered any information</i>		37 (24%)

Q3.9	Did you feel safe on your first night here?	
	Yes	121 (78%)
	No	29 (19%)
	Don't remember	6 (4%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	15 (10%)
	Within the first week	126 (80%)
	More than a week	12 (8%)
	Don't remember	4 (3%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	15 (10%)
	Yes	95 (62%)
	No	33 (21%)
	Don't remember	11 (7%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment	22 (14%)
	Within the first week	93 (60%)
	More than a week	24 (15%)
	Don't remember	16 (10%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....					
		Very easy	Easy	Neither	Difficult	Very difficult N/A
	Communicate with your solicitor or legal representative?	16 (10%)	44 (28%)	28 (18%)	14 (9%)	23 (15%) 30 (19%)
	Attend legal visits?	14 (9%)	46 (31%)	31 (21%)	10 (7%)	12 (8%) 35 (24%)
	Get bail information?	5 (4%)	22 (15%)	37 (26%)	15 (11%)	21 (15%) 42 (30%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	Not had any letters					43 (28%)
	Yes					43 (28%)
	No					66 (43%)
Q4.3	Can you get legal books in the library?					
	Yes					38 (24%)
	No					19 (12%)
	Don't know					100 (64%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:					
		Yes	No	Don't know		
	Do you normally have enough clean, suitable clothes for the week?	76 (49%)	76 (49%)	2 (1%)		
	Are you normally able to have a shower every day?	128 (82%)	28 (18%)	1 (1%)		
	Do you normally receive clean sheets every week?	52 (34%)	98 (63%)	5 (3%)		
	Do you normally get cell cleaning materials every week?	64(42%)	86 (56%)	3 (2%)		
	Is your cell call bell normally answered within five minutes?	26 (16%)	125 (79%)	7 (4%)		
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	88 (57%)	64 (42%)	2 (1%)		
	If you need to, can you normally get your stored property?	28 (18%)	74 (48%)	51(33%)		

Q4.5	What is the food like here?	
	<i>Very good</i>	1 (1%)
	<i>Good</i>	24 (15%)
	<i>Neither</i>	33 (21%)
	<i>Bad</i>	52 (33%)
	<i>Very bad</i>	49 (31%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/ don't know</i>	3 (2%)
	<i>Yes</i>	76 (48%)
	<i>No</i>	79 (50%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	<i>Yes</i>	74 (47%)
	<i>No</i>	27 (17%)
	<i>Don't know</i>	58 (36%)
Q4.8	Are your religious beliefs respected?	
	<i>Yes</i>	73 (46%)
	<i>No</i>	15 (9%)
	<i>Don't know/ N/A</i>	71 (45%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?	
	<i>Yes</i>	91 (58%)
	<i>No</i>	10 (6%)
	<i>Don't know/ N/A</i>	57 (36%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	30 (19%)
	<i>Very easy</i>	39 (25%)
	<i>Easy</i>	26 (16%)
	<i>Neither</i>	14 (9%)
	<i>Difficult</i>	10 (6%)
	<i>Very difficult</i>	5 (3%)
	<i>Don't know</i>	35 (22%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?				
	<i>Yes</i>	124 (78%)			
	<i>No</i>	21 (13%)			
	<i>Don't know</i>	13 (8%)			
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)				
		<table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;"><i>Not made one</i></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>	<i>Not made one</i>	Yes	No
<i>Not made one</i>	Yes	No			
	<i>Are applications dealt with fairly?</i>	<table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;">22 (14%)</td> <td style="text-align: center;">72 (46%)</td> <td style="text-align: center;">61 (39%)</td> </tr> </table>	22 (14%)	72 (46%)	61 (39%)
22 (14%)	72 (46%)	61 (39%)			
	<i>Are applications dealt with quickly (within seven days)?</i>	<table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;">22 (15%)</td> <td style="text-align: center;">55 (37%)</td> <td style="text-align: center;">72 (48%)</td> </tr> </table>	22 (15%)	55 (37%)	72 (48%)
22 (15%)	55 (37%)	72 (48%)			
Q5.3	Is it easy to make a complaint?				
	<i>Yes</i>	91 (59%)			
	<i>No</i>	28 (18%)			
	<i>Don't know</i>	35 (23%)			

Q5.4 Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)

	Not made one	Yes	No
Are complaints dealt with fairly?	61 (40%)	41 (27%)	50 (33%)
Are complaints dealt with quickly (within seven days)?	61 (40%)	34 (23%)	56 (37%)

Q5.5 Have you ever been prevented from making a complaint when you wanted to?

Yes	20 (13%)
No	137 (87%)

Q5.6 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

Don't know who they are	59 (38%)
Very easy	11 (7%)
Easy	24 (15%)
Neither	27 (17%)
Difficult	18 (11%)
Very difficult	18 (11%)

Section 6: Incentive and earned privileges scheme**Q6.1 Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)**

Don't know what the IEP scheme is	6 (4%)
Yes	73 (47%)
No	66 (42%)
Don't know	11 (7%)

Q6.2 Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)

Don't know what the IEP scheme is	6 (4%)
Yes	75 (48%)
No	62 (40%)
Don't know	12 (8%)

Q6.3 In the last six months have any members of staff physically restrained you (C&R)?

Yes	29 (19%)
No	127 (81%)

Q6.4 If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?

I have not been to segregation in the last 6 months	117 (75%)
Very well	3 (2%)
Well	10 (6%)
Neither	9 (6%)
Badly	8 (5%)
Very badly	10 (6%)

Section 7: Relationships with staff**Q7.1 Do most staff treat you with respect?**

Yes	120 (79%)
No	32 (21%)

Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	111 (73%)
	No	42 (27%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	46 (29%)
	No	110 (71%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	5 (3%)
	<i>Never</i>	32 (21%)
	<i>Rarely</i>	44 (28%)
	<i>Some of the time</i>	43 (28%)
	<i>Most of the time</i>	26 (17%)
	<i>All of the time</i>	5 (3%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	71 (46%)
	<i>In the first week</i>	34 (22%)
	<i>More than a week</i>	29 (19%)
	<i>Don't remember</i>	22 (14%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	71 (47%)
	<i>Very helpful</i>	23 (15%)
	<i>Helpful</i>	23 (15%)
	<i>Neither</i>	17 (11%)
	<i>Not very helpful</i>	7 (5%)
	<i>Not at all helpful</i>	10 (7%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?			
	Yes	57 (36%)		
	No	100 (64%)		
Q8.2	Do you feel unsafe now?			
	Yes	31 (20%)		
	No	124 (80%)		
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)			
	<i>Never felt unsafe</i>	100 (65%)	<i>At meal times</i>	17 (11%)
	<i>Everywhere</i>	20 (13%)	<i>At health services</i>	7 (5%)
	<i>Segregation unit</i>	2 (1%)	<i>Visits area</i>	9 (6%)
	<i>Association areas</i>	19 (12%)	<i>In wing showers</i>	13 (8%)
	<i>Reception area</i>	0 (0%)	<i>In gym showers</i>	5 (3%)
	<i>At the gym</i>	8 (5%)	<i>In corridors/stairwells</i>	15 (10%)
	<i>In an exercise yard</i>	16 (10%)	<i>On your landing/wing</i>	21 (14%)
	<i>At work</i>	15 (10%)	<i>In your cell</i>	15 (10%)
	<i>During movement</i>	19 (12%)	<i>At religious services</i>	3 (2%)
	<i>At education</i>	8 (5%)		

Q8.4	Have you been victimised by other prisoners here?	
	Yes	30 (19%)
	No	127 (81%)
Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	13 (8%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	13 (8%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	20 (13%)
	<i>Having your canteen/property taken</i>	14 (9%)
	<i>Medication</i>	6 (4%)
	<i>Debt</i>	14 (9%)
	<i>Drugs</i>	12 (8%)
	<i>Your race or ethnic origin</i>	2 (1%)
	<i>Your religion/religious beliefs</i>	1 (1%)
	<i>Your nationality</i>	2 (1%)
	<i>You are from a different part of the country than others</i>	2 (1%)
	<i>You are from a traveller community</i>	0 (0%)
	<i>Your sexual orientation</i>	0 (0%)
	<i>Your age</i>	0 (0%)
	<i>You have a disability</i>	3 (2%)
	<i>You were new here</i>	12 (8%)
	<i>Your offence/ crime</i>	1 (1%)
	<i>Gang related issues</i>	7 (4%)
Q8.6	Have you been victimised by staff here?	
	Yes	33 (21%)
	No	121 (79%)
Q8.7	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	16 (10%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	8 (5%)
	<i>Sexual abuse</i>	2 (1%)
	<i>Feeling threatened or intimidated</i>	14 (9%)
	<i>Medication</i>	9 (6%)
	<i>Debt</i>	4 (3%)
	<i>Drugs</i>	5 (3%)
	<i>Your race or ethnic origin</i>	4 (3%)
	<i>Your religion/religious beliefs</i>	5 (3%)
	<i>Your nationality</i>	2 (1%)
	<i>You are from a different part of the country than others</i>	3 (2%)
	<i>You are from a traveller community</i>	0 (0%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	2 (1%)
	<i>You have a disability</i>	3 (2%)
	<i>You were new here</i>	4 (3%)
	<i>Your offence/ crime</i>	2 (2%)
	<i>Gang related issues</i>	4 (3%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	107 (72%)
	Yes	15 (10%)
	No	26 (18%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?:						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	26 (18%)	13 (9%)	37 (25%)	16 (11%)	39 (27%)	16 (11%)
	The nurse	21 (14%)	27 (19%)	54 (37%)	13 (9%)	21 (14%)	9 (6%)
	The dentist	27 (18%)	8 (5%)	25 (17%)	13 (9%)	40 (27%)	33 (23%)
Q9.2	What do you think of the quality of the health service from the following people?:						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	32 (21%)	23 (15%)	47 (31%)	17 (11%)	19 (13%)	12 (8%)
	The nurse	26 (17%)	37 (24%)	51 (33%)	16 (10%)	15 (10%)	8 (5%)
	The dentist	52 (35%)	28 (19%)	31 (21%)	18 (12%)	11 (7%)	10 (7%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						20 (13%)
	<i>Very good</i>						20 (13%)
	<i>Good</i>						54 (36%)
	<i>Neither</i>						26 (17%)
	<i>Bad</i>						17 (11%)
	<i>Very bad</i>						14 (9%)
Q9.4	Are you currently taking medication?						
	Yes						76 (49%)
	No						79 (51%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?						
	<i>Not taking medication</i>						79 (51%)
	<i>Yes, all my meds</i>						46 (30%)
	<i>Yes, some of my meds</i>						13 (8%)
	<i>No</i>						16 (10%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						61 (40%)
	No						93 (60%)
Q9.7	Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?						
	<i>Do not have any emotional or mental health problems</i>						93 (62%)
	Yes						36 (24%)
	No						22 (15%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	57 (37%)
	No	97 (63%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	26 (17%)
	No	128 (83%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	59 (39%)
	Easy	15 (10%)
	Neither	10 (7%)
	Difficult	4 (3%)
	Very difficult	9 (6%)
	Don't know	54 (36%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	13 (9%)
	Easy	21 (14%)
	Neither	17 (11%)
	Difficult	6 (4%)
	Very difficult	19 (13%)
	Don't know	75 (50%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	24 (16%)
	No	129 (84%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	13 (8%)
	No	141 (92%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	90 (61%)
	Yes	31 (21%)
	No	26 (18%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?	
	<i>Did not / do not have an alcohol problem</i>	128 (84%)
	Yes	14 (9%)
	No	11 (7%)
Q10.9	Was the support or help you received, while in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	111 (77%)
	Yes	28 (19%)
	No	6 (4%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	15 (10%)	35 (23%)	53 (34%)	18 (12%)	21 (14%)	13 (8%)
	Vocational or skills training	18 (12%)	33 (22%)	49 (33%)	21 (14%)	18 (12%)	9 (6%)
	Education (including basic skills)	13 (9%)	43 (29%)	60 (41%)	17 (11%)	10 (7%)	5 (3%)
	Offending behaviour programmes	40 (27%)	19 (13%)	31 (21%)	28 (19%)	14 (10%)	15 (10%)

Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)				
	<i>Not involved in any of these</i>				26 (17%)
	Prison job				91 (60%)
	Vocational or skills training				26 (17%)
	Education (including basic skills)				32 (21%)
	Offending behaviour programmes				15 (10%)
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?				
		<i>Not been involved</i>	Yes	No	Don't know
	Prison job	19 (15%)	62 (48%)	28 (22%)	21 (16%)
	Vocational or skills training	26 (24%)	44 (41%)	18 (17%)	20 (19%)
	Education (including basic skills)	23 (21%)	49 (45%)	16 (15%)	20 (19%)
	Offending behaviour programmes	36 (35%)	34 (33%)	16 (16%)	17 (17%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				29 (19%)
	Never				46 (30%)
	Less than once a week				26 (17%)
	About once a week				46 (30%)
	More than once a week				5 (3%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				62 (41%)
	Yes				46 (30%)
	No				45 (29%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				34 (22%)
	0				22 (14%)
	1 to 2				30 (20%)
	3 to 5				48 (31%)
	More than 5				19 (12%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				9 (6%)
	0				10 (7%)
	1 to 2				30 (20%)
	3 to 5				39 (25%)
	More than 5				65 (42%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				3 (2%)
	0				6 (4%)
	1 to 2				16 (10%)
	3 to 5				78 (51%)
	More than 5				50 (33%)

Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)	
	<i>Less than 2 hours</i>	30 (20%)
	<i>2 to less than 4 hours</i>	33 (22%)
	<i>4 to less than 6 hours</i>	42 (28%)
	<i>6 to less than 8 hours</i>	22 (15%)
	<i>8 to less than 10 hours</i>	6 (4%)
	<i>10 hours or more</i>	3 (2%)
	<i>Don't know</i>	15 (10%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	57 (37%)
	No	96 (63%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	60 (39%)
	No	94 (61%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	31 (20%)
	No	123 (80%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	22 (14%)
	<i>Very easy</i>	34 (22%)
	<i>Easy</i>	42 (27%)
	<i>Neither</i>	14 (9%)
	<i>Difficult</i>	24 (15%)
	<i>Very difficult</i>	16 (10%)
	<i>Don't know</i>	3 (2%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	0 (0%)
	Yes	108 (70%)
	No	47 (30%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	<i>Not sentenced/NA</i>	47 (31%)
	<i>No contact</i>	62 (40%)
	<i>Letter</i>	16 (10%)
	<i>Phone</i>	17 (11%)
	<i>Visit</i>	30 (19%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	84 (58%)
	No	62 (42%)

Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	Yes	67 (45%)
	No	83 (55%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/not sentenced</i>	83 (55%)
	<i>Very involved</i>	23 (15%)
	<i>Involved</i>	17 (11%)
	<i>Neither</i>	5 (3%)
	<i>Not very involved</i>	16 (11%)
	<i>Not at all involved</i>	8 (5%)
Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)	
	<i>Do not have a sentence plan/not sentenced</i>	83 (55%)
	<i>Nobody</i>	37 (25%)
	<i>Offender supervisor</i>	19 (13%)
	<i>Offender manager</i>	17 (11%)
	<i>Named/ personal officer</i>	9 (6%)
	<i>Staff from other departments</i>	7 (5%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/not sentenced</i>	83 (55%)
	Yes	42 (28%)
	No	10 (7%)
	<i>Don't know</i>	16 (11%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/not sentenced</i>	83 (54%)
	Yes	14 (9%)
	No	34 (22%)
	<i>Don't know</i>	24 (15%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/not sentenced</i>	83 (53%)
	Yes	25 (16%)
	No	25 (16%)
	<i>Don't know</i>	24 (15%)
Q13.10	Do you have a needs based custody plan?	
	Yes	8 (5%)
	No	76 (49%)
	<i>Don't know</i>	71 (46%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	19 (12%)
	No	135 (88%)

**Q13.12 Do you know of anyone in this prison who can help you with the following on release?:
(Please tick all that apply to you.)**

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	41 (29%)	34 (24%)	68 (48%)
Accommodation	43 (30%)	37 (26%)	63 (44%)
Benefits	44 (31%)	35 (25%)	63 (44%)
Finances	40 (30%)	26 (19%)	69 (51%)
Education	42 (31%)	32 (24%)	61 (45%)
Drugs and alcohol	51 (39%)	31 (23%)	50 (38%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

<i>Not sentenced</i>	0 (0%)
<i>Yes</i>	66 (43%)
<i>No</i>	87 (57%)

Main comparator and comparator to last time



Prisoner survey responses HMP Durham 2016

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		HMP Durham 2016	Local prisons comparator	HMP Durham 2016	HMP Durham 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		193	6,085	193	188
SECTION 1: General information					
1.2	Are you under 21 years of age?	8%	6%	8%	7%
1.3	Are you sentenced?	59%	68%	59%	58%
1.3	Are you on recall?	10%	10%	10%	5%
1.4	Is your sentence less than 12 months?	19%	20%	19%	17%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	3%	2%	0%
1.5	Are you a foreign national?	9%	13%	9%	5%
1.6	Do you understand spoken English?	97%	97%	97%	99%
1.7	Do you understand written English?	96%	96%	96%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	6%	25%	6%	3%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	5%	5%	6%
1.1	Are you Muslim?	2%	13%	2%	2%
1.11	Are you homosexual/gay or bisexual?	4%	3%	4%	1%
1.12	Do you consider yourself to have a disability?	38%	26%	38%	28%
1.13	Are you a veteran (ex-armed services)?	5%	6%	5%	4%
1.14	Is this your first time in prison?	38%	33%	38%	24%
1.15	Do you have any children under the age of 18?	51%	53%	51%	61%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	20%	23%	20%	19%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	23%	40%	23%	19%
2.3	Were you offered a toilet break?	12%	8%	12%	2%
2.4	Was the van clean?	58%	57%	58%	59%
2.5	Did you feel safe?	72%	74%	72%	67%
2.6	Were you treated well/very well by the escort staff?	66%	67%	66%	66%
2.7	Before you arrived here were you told that you were coming here?	72%	63%	72%	64%
2.7	Before you arrived here did you receive any written information about coming here?	3%	3%	3%	3%
2.8	When you first arrived here did your property arrive at the same time as you?	87%	78%	87%	86%

Main comparator and comparator to last time

Key to tables

		HMP Durham 2016	Local prisons comparator	HMP Durham 2016	HMP Durham 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	52%	40%	52%	25%
3.2	When you were searched in reception, was this carried out in a respectful way?	74%	77%	74%	73%
3.3	Were you treated well/very well in reception?	62%	61%	62%	57%
	When you first arrived:				
3.4	Did you have any problems?	86%	77%	86%	78%
3.4	Did you have any problems with loss of property?	15%	16%	15%	11%
3.4	Did you have any housing problems?	22%	23%	22%	20%
3.4	Did you have any problems contacting employers?	4%	6%	4%	6%
3.4	Did you have any problems contacting family?	39%	35%	39%	39%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	3%	2%	3%
3.4	Did you have any money worries?	29%	24%	29%	25%
3.4	Did you have any problems with feeling depressed or suicidal?	34%	24%	34%	26%
3.4	Did you have any physical health problems?	16%	18%	16%	22%
3.4	Did you have any mental health problems?	41%	26%	41%	24%
3.4	Did you have any problems with needing protection from other prisoners?	15%	9%	15%	7%
3.4	Did you have problems accessing phone numbers?	36%	32%	36%	36%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	31%	31%	31%	21%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	14%	76%	14%	79%
3.6	A shower?	20%	28%	20%	55%
3.6	A free telephone call?	22%	54%	22%	26%
3.6	Something to eat?	60%	70%	60%	73%
3.6	PIN phone credit?	65%	50%	65%	73%
3.6	Toiletries/ basic items?	56%	57%	56%	61%

Key to tables

Main comparator and comparator to last time

	Any percentage highlighted in green is significantly better	HMP Durham 2016	Local prisons comparator	HMP Durham 2016	HMP Durham 2013
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	48%	45%	48%	46%
3.7	Someone from health services?	63%	66%	63%	60%
3.7	A Listener/Samaritans?	34%	30%	34%	32%
3.7	Prison shop/ canteen?	17%	21%	17%	17%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	39%	41%	39%	30%
3.8	Support was available for people feeling depressed or suicidal?	30%	36%	30%	27%
3.8	How to make routine requests?	36%	34%	36%	26%
3.8	Your entitlement to visits?	34%	33%	34%	33%
3.8	Health services?	50%	43%	50%	39%
3.8	The chaplaincy?	43%	39%	43%	37%
3.9	Did you feel safe on your first night here?	62%	68%	62%	66%
3.10	Have you been on an induction course?	79%	74%	79%	73%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	42%	49%	42%	34%
3.12	Did you receive an education (skills for life) assessment?	83%	74%	83%	81%
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	27%	36%	27%	28%
4.1	Attend legal visits?	47%	50%	47%	53%
4.1	Get bail information?	18%	16%	18%	15%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	41%	41%	41%	48%
4.3	Can you get legal books in the library?	41%	35%	41%	36%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	44%	49%	44%	48%
4.4	Are you normally able to have a shower every day?	78%	74%	78%	70%
4.4	Do you normally receive clean sheets every week?	38%	65%	38%	82%
4.4	Do you normally get cell cleaning materials every week?	36%	50%	36%	34%
4.4	Is your cell call bell normally answered within five minutes?	19%	24%	19%	27%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	45%	56%	45%	54%
4.4	Can you normally get your stored property, if you need to?	12%	20%	12%	15%
4.5	Is the food in this prison good/very good?	17%	21%	17%	18%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	56%	47%	56%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	54%	53%	54%	45%
4.8	Are your religious beliefs are respected?	39%	48%	39%	36%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	58%	50%	58%	46%
4.10	Is it easy/very easy to attend religious services?	46%	43%	46%	42%

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better	HMP Durham 2016	Local prisons comparator	HMP Durham 2016	HMP Durham 2013
Any percentage highlighted in blue is significantly worse				
Any percentage highlighted in orange shows a significant difference in prisoners' background details				
Percentages which are not highlighted show there is no significant difference				
SECTION 5: Applications and complaints				
5.1 Is it easy to make an application?	72%	71%	72%	69%
For those who have made an application:				
5.2 Do you feel applications are dealt with fairly?	43%	47%	43%	43%
5.2 Do you feel applications are dealt with quickly (within seven days)?	18%	32%	18%	18%
5.3 Is it easy to make a complaint?	47%	48%	47%	43%
For those who have made a complaint:				
5.4 Do you feel complaints are dealt with fairly?	24%	27%	24%	25%
5.4 Do you feel complaints are dealt with quickly (within seven days)?	18%	22%	18%	15%
5.5 Have you ever been prevented from making a complaint when you wanted to?	22%	22%	22%	22%
5.6 Is it easy/very easy to see the Independent Monitoring Board?	10%	18%	10%	13%
SECTION 6: Incentives and earned privileges scheme				
6.1 Do you feel you have been treated fairly in your experience of the IEP scheme?	38%	39%	38%	40%
6.2 Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	39%	41%	36%
6.3 In the last six months have any members of staff physically restrained you (C&R)?	14%	10%	14%	11%
6.4 In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	30%	34%	30%	48%
SECTION 7: Relationships with staff				
7.1 Do most staff, in this prison, treat you with respect?	65%	72%	65%	59%
7.2 Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	60%	67%	60%	48%
7.3 Has a member of staff checked on you personally in the last week to see how you were getting on?	24%	27%	24%	19%
7.4 Do staff normally speak to you most of the time/all of the time during association?	14%	17%	14%	12%
7.5 Do you have a personal officer?	27%	34%	27%	21%
For those with a personal officer:				
7.6 Do you think your personal officer is helpful/very helpful?	49%	67%	49%	74%

Main comparator and comparator to last time

Key to tables

		HMP Durham 2016	Local prisons comparator	HMP Durham 2016	HMP Durham 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	60%	49%	60%	37%
8.2	Do you feel unsafe now?	29%	22%	29%	17%
8.4	Have you been victimised by other prisoners here?	37%	32%	37%	20%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	14%	13%	14%	8%
8.5	Hit, kicked or assaulted you?	14%	10%	14%	7%
8.5	Sexually abused you?	2%	2%	2%	1%
8.5	Threatened or intimidated you?	19%	17%	19%	13%
8.5	Taken your canteen/property?	5%	8%	5%	7%
8.5	Victimised you because of medication?	5%	5%	5%	7%
8.5	Victimised you because of debt?	4%	4%	4%	4%
8.5	Victimised you because of drugs?	6%	5%	6%	5%
8.5	Victimised you because of your race or ethnic origin?	6%	4%	6%	2%
8.5	Victimised you because of your religion/religious beliefs?	4%	4%	4%	1%
8.5	Victimised you because of your nationality?	4%	3%	4%	2%
8.5	Victimised you because you were from a different part of the country?	3%	4%	3%	3%
8.5	Victimised you because you are from a Traveller community?	1%	2%	1%	1%
8.5	Victimised you because of your sexual orientation?	1%	2%	1%	1%
8.5	Victimised you because of your age?	3%	3%	3%	1%
8.5	Victimised you because you have a disability?	7%	4%	7%	3%
8.5	Victimised you because you were new here?	8%	7%	8%	3%
8.5	Victimised you because of your offence/crime?	14%	6%	14%	5%
8.5	Victimised you because of gang related issues?	5%	6%	5%	4%

Main comparator and comparator to last time

Key to tables

		HMP Durham 2016	Local prisons comparator	HMP Durham 2016	HMP Durham 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	36%	33%	36%	33%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	15%	12%	15%	14%
8.7	Hit, kicked or assaulted you?	8%	6%	8%	7%
8.7	Sexually abused you?	1%	1%	1%	2%
8.7	Threatened or intimidated you?	20%	13%	20%	15%
8.7	Victimised you because of medication?	8%	6%	8%	11%
8.7	Victimised you because of debt?	1%	2%	1%	3%
8.7	Victimised you because of drugs?	4%	3%	4%	5%
8.7	Victimised you because of your race or ethnic origin?	2%	4%	2%	1%
8.7	Victimised you because of your religion/religious beliefs?	2%	4%	2%	1%
8.7	Victimised you because of your nationality?	1%	3%	1%	1%
8.7	Victimised you because you were from a different part of the country?	1%	3%	1%	5%
8.7	Victimised you because you are from a Traveller community?	0%	1%	0%	1%
8.7	Victimised you because of your sexual orientation?	0%	1%	0%	1%
8.7	Victimised you because of your age?	2%	2%	2%	3%
8.7	Victimised you because you have a disability?	4%	3%	4%	2%
8.7	Victimised you because you were new here?	5%	5%	5%	5%
8.7	Victimised you because of your offence/crime?	5%	5%	5%	4%
8.7	Victimised you because of gang related issues?	2%	3%	2%	1%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	32%	34%	32%	22%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Durham 2016	Local prisons comparator	HMP Durham 2016	HMP Durham 2013
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	34%	21%	34%	24%
9.1	Is it easy/very easy to see the nurse?	50%	42%	50%	37%
9.1	Is it easy/very easy to see the dentist?	15%	19%	15%	9%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	47%	40%	47%	31%
9.2	The nurse?	52%	50%	52%	38%
9.2	The dentist?	32%	29%	32%	28%
9.3	The overall quality of health services?	35%	35%	35%	26%
9.4	Are you currently taking medication?	58%	52%	58%	51%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	49%	58%	49%	47%
9.6	Do you have any emotional well being or mental health problems?	55%	42%	55%	45%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	41%	41%	41%	34%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	43%	33%	43%	44%
10.2	Did you have a problem with alcohol when you came into this prison?	29%	21%	29%	27%
10.3	Is it easy/very easy to get illegal drugs in this prison?	47%	40%	47%	40%
10.4	Is it easy/very easy to get alcohol in this prison?	28%	18%	28%	25%
10.5	Have you developed a problem with drugs since you have been in this prison?	10%	10%	10%	10%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	11%	8%	11%	9%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	79%	56%	79%	53%
10.8	Have you received any support or help with your alcohol problem while in this prison?	67%	54%	67%	42%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	71%	75%	71%	69%

Main comparator and comparator to last time

Key to tables

		HMP Durham 2016	Local prisons comparator	HMP Durham 2016	HMP Durham 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 11: Activities					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	32%	32%	32%	29%
11.1	Vocational or skills training?	41%	28%	41%	41%
11.1	Education (including basic skills)?	56%	44%	56%	55%
11.1	Offending behaviour programmes?	15%	17%	15%	18%
Are you currently involved in any of the following activities:					
11.2	A prison job?	41%	45%	41%	39%
11.2	Vocational or skills training?	9%	8%	9%	15%
11.2	Education (including basic skills)?	29%	23%	29%	30%
11.2	Offending behaviour programmes?	6%	7%	6%	6%
11.3	Have you had a job while in this prison?	69%	69%	69%	64%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	34%	39%	34%	49%
11.3	Have you been involved in vocational or skills training while in this prison?	62%	56%	62%	63%
For those who have had vocational or skills training while in this prison:					
11.3	Do you feel the vocational or skills training will help you on release?	26%	43%	26%	55%
11.3	Have you been involved in education while in this prison?	75%	66%	75%	69%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	40%	49%	40%	56%
11.3	Have you been involved in offending behaviour programmes while in this prison?	57%	53%	57%	53%
For those who have been involved in offending behaviour programmes while in this prison:					
11.3	Do you feel the offending behaviour programme(s) will help you on release?	30%	39%	30%	49%
11.4	Do you go to the library at least once a week?	37%	28%	37%	21%
11.5	Does the library have a wide enough range of materials to meet your needs?	39%	33%	39%	38%
11.6	Do you go to the gym three or more times a week?	27%	23%	27%	28%
11.7	Do you go outside for exercise three or more times a week?	47%	41%	47%	40%
11.8	Do you go on association more than five times each week?	68%	42%	68%	55%
11.9	Do you spend ten or more hours out of your cell on a weekday?	9%	9%	9%	12%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	24%	30%	24%	25%
12.2	Have you had any problems with sending or receiving mail?	45%	48%	45%	56%
12.3	Have you had any problems getting access to the telephones?	38%	34%	38%	45%
12.4	Is it easy/ very easy for your friends and family to get here?	27%	35%	27%	31%

Main comparator and comparator to last time

Key to tables

		HMP Durham 2016	Local prisons comparator	HMP Durham 2016	HMP Durham 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	55%	61%	55%	63%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	46%	44%	46%	36%
13.2	Contact by letter?	34%	27%	34%	29%
13.2	Contact by phone?	12%	13%	12%	8%
13.2	Contact by visit?	25%	35%	25%	52%
13.3	Do you have a named offender supervisor in this prison?	24%	30%	24%	22%
For those who are sentenced:					
13.4	Do you have a sentence plan?	18%	32%	18%	43%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	35%	54%	35%	51%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	42%	48%	42%	30%
13.6	Offender supervisor?	35%	31%	35%	46%
13.6	Offender manager?	48%	25%	48%	27%
13.6	Named/ personal officer?	23%	11%	23%	6%
13.6	Staff from other departments?	17%	18%	17%	11%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	35%	52%	35%	38%
13.8	Are there plans for you to achieve any of your targets in another prison?	29%	28%	29%	28%
13.9	Are there plans for you to achieve any of your targets in the community?	23%	31%	23%	24%
13.10	Do you have a needs based custody plan?	6%	7%	6%	3%
13.11	Do you feel that any member of staff has helped you to prepare for release?	7%	11%	7%	9%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	32%	25%	32%	27%
13.12	Accommodation?	25%	32%	25%	28%
13.12	Benefits?	31%	34%	31%	30%
13.12	Finances?	23%	21%	23%	23%
13.12	Education?	24%	26%	24%	26%
13.12	Drugs and alcohol?	49%	40%	49%	52%
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	31%	45%	31%	36%

Diversity Analysis



Key question responses (disability, age over 50) HMP Durham 2016

Prisoner survey responses (missing data has been excluded for each question). Please note: where there are apparently large differences which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Consider themselves to have a disability		Do not consider themselves to have a disability	
				Prisoners aged 50 and over	
				Prisoners under the age of 50	
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		71	118	26	166
1.3	Are you sentenced?	57%	61%	77%	56%
1.5	Are you a foreign national?	7%	10%	8%	9%
1.6	Do you understand spoken English?	97%	98%	100%	97%
1.7	Do you understand written English?	96%	96%	96%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	2%	9%	4%	7%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	3%	4%	5%
1.1	Are you Muslim?	0%	3%	0%	2%
1.12	Do you consider yourself to have a disability?			40%	37%
1.13	Are you a veteran (ex-armed services)?	4%	6%	12%	4%
1.14	Is this your first time in prison?	33%	40%	58%	35%
2.6	Were you treated well/very well by the escort staff?	64%	68%	77%	64%
2.7	Before you arrived here were you told that you were coming here?	76%	70%	77%	72%
3.2	When you were searched in reception, was this carried out in a respectful way?	69%	77%	92%	71%
3.3	Were you treated well/very well in reception?	55%	68%	77%	60%
3.4	Did you have any problems when you first arrived?	96%	81%	84%	86%
3.7	Did you have access to someone from health care when you first arrived here?	60%	64%	65%	63%
3.9	Did you feel safe on your first night here?	57%	64%	54%	63%
3.10	Have you been on an induction course?	67%	86%	88%	78%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	32%	26%	37%	26%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	41%	44%	73%	39%
4.4	Are you normally able to have a shower every day?	77%	79%	85%	76%
4.4	Is your cell call bell normally answered within five minutes?	13%	22%	23%	18%
4.5	Is the food in this prison good/very good?	18%	18%	27%	16%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	60%	53%	66%	55%
4.7	Are you able to speak to a Listener at any time, if you want to?	52%	56%	44%	55%
4.8	Do you feel your religious beliefs are respected?	42%	38%	58%	37%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	60%	56%	71%	55%
5.1	Is it easy to make an application?	68%	74%	80%	70%
5.3	Is it easy to make a complaint?	53%	42%	48%	46%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	38%	39%	52%	35%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	40%	32%	42%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	21%	10%	0%	16%
7.1	Do most staff, in this prison, treat you with respect?	62%	67%	77%	63%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	64%	58%	66%	59%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	15%	13%	12%	13%
7.4	Do you have a personal officer?	24%	29%	26%	26%
8.1	Have you ever felt unsafe here?	69%	56%	60%	61%
8.2	Do you feel unsafe now?	38%	24%	31%	29%
8.3	Have you been victimised by other prisoners?	50%	29%	40%	37%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	23%	18%	24%	19%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	5%	0%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	5%	0%	5%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	4%	4%	4%
8.5	Have you been victimised because of your age? (By prisoners)	6%	2%	16%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	18%	1%	16%	6%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	45%	32%	15%	40%
8.7	Have you ever felt threatened or intimidated by staff here?	22%	18%	11%	22%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	3%	0%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	2%	0%	2%
8.7	Have you been victimised because of your nationality? (By staff)	2%	1%	0%	1%
8.7	Have you been victimised because of your age? (By staff)	3%	1%	0%	2%
8.7	Have you been victimised because you have a disability? (By staff)	12%	0%	0%	5%
9.1	Is it easy/very easy to see the doctor?	25%	39%	42%	33%
9.1	Is it easy/ very easy to see the nurse?	45%	52%	57%	49%
9.4	Are you currently taking medication?	79%	47%	76%	56%
9.6	Do you feel you have any emotional well being/mental health issues?	81%	40%	28%	60%
10.3	Is it easy/very easy to get illegal drugs in this prison?	49%	47%	36%	49%
11.2	Are you currently working in the prison?	36%	44%	36%	41%
11.2	Are you currently undertaking vocational or skills training?	14%	7%	8%	9%
11.2	Are you currently in education (including basic skills)?	32%	27%	48%	26%
11.2	Are you currently taking part in an offending behaviour programme?	5%	7%	0%	7%
11.4	Do you go to the library at least once a week?	31%	40%	40%	36%
11.6	Do you go to the gym three or more times a week?	19%	32%	11%	29%
11.7	Do you go outside for exercise three or more times a week?	48%	46%	36%	49%
11.8	On average, do you go on association more than five times each week?	76%	63%	63%	68%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	10%	8%	12%	8%
12.2	Have you had any problems sending or receiving mail?	49%	42%	25%	48%
12.3	Have you had any problems getting access to the telephones?	42%	36%	24%	40%



Prisoner survey responses HMP Durham 2016 C and B1 Wings Comparator

Prisoner survey responses (missing data have been excluded for each question) Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		C and B1 wings	All other wings
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		32	158
SECTION 1: General information			
1.2	Are you under 21 years of age?	7%	9%
1.3	Are you sentenced?	62%	57%
1.3	Are you on recall?	3%	12%
1.4	Is your sentence less than 12 months?	7%	21%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	2%
1.5	Are you a foreign national?	7%	10%
1.6	Do you understand spoken English?	94%	98%
1.7	Do you understand written English?	94%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	7%	6%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	6%
1.1	Are you Muslim?	9%	1%
1.11	Are you homosexual/gay or bisexual?	3%	5%
1.12	Do you consider yourself to have a disability?	39%	37%
1.13	Are you a veteran (ex-armed services)?	3%	5%
1.14	Is this your first time in prison?	62%	33%
1.15	Do you have any children under the age of 18?	31%	55%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	19%	20%
2.5	Did you feel safe?	66%	73%
2.6	Were you treated well/very well by the escort staff?	75%	64%
2.7	Before you arrived here were you told that you were coming here?	69%	73%
2.8	When you first arrived here did your property arrive at the same time as you?	91%	87%

Key to tables

	Any percentage highlighted in green is significantly better	C and B1 wings	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	64%	49%
3.2	When you were searched in reception, was this carried out in a respectful way?	77%	73%
3.3	Were you treated well/very well in reception?	71%	60%
	When you first arrived:		
3.4	Did you have any problems?	90%	85%
3.4	Did you have any problems with loss of property?	13%	15%
3.4	Did you have any housing problems?	13%	23%
3.4	Did you have any problems contacting employers?	10%	3%
3.4	Did you have any problems contacting family?	40%	38%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	3%
3.4	Did you have any money worries?	33%	28%
3.4	Did you have any problems with feeling depressed or suicidal?	43%	31%
3.4	Did you have any physical health problems?	10%	16%
3.4	Did you have any mental health problems?	27%	44%
3.4	Did you have any problems with needing protection from other prisoners?	47%	9%
3.4	Did you have problems accessing phone numbers?	33%	36%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	30%	11%
3.6	A shower?	23%	19%
3.6	A free telephone call?	13%	23%
3.6	Something to eat?	57%	61%
3.6	PIN phone credit?	67%	64%
3.6	Toiletries/ basic items?	60%	56%

Key to tables

	Any percentage highlighted in green is significantly better	C and B1 wings	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	54%	47%
3.7	Someone from health services?	62%	63%
3.7	A Listener/Samaritans?	27%	35%
3.7	Prison shop/ canteen?	19%	16%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	31%	41%
3.8	Support was available for people feeling depressed or suicidal?	24%	32%
3.8	How to make routine requests?	34%	36%
3.8	Your entitlement to visits?	28%	34%
3.8	Health services?	48%	50%
3.8	The chaplaincy?	41%	44%
3.9	Did you feel safe on your first night here?	42%	66%
3.10	Have you been on an induction course?	81%	78%
3.12	Did you receive an education (skills for life) assessment?	93%	81%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	32%	26%
4.1	Attend legal visits?	49%	47%
4.1	Get bail information?	20%	18%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	33%	42%
4.3	Can you get legal books in the library?	52%	39%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	63%	41%
4.4	Are you normally able to have a shower every day?	74%	78%
4.4	Do you normally receive clean sheets every week?	57%	34%
4.4	Do you normally get cell cleaning materials every week?	57%	32%
4.4	Is your cell call bell normally answered within five minutes?	27%	17%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	39%	47%
4.4	Can you normally get your stored property, if you need to?	13%	12%
4.5	Is the food in this prison good/very good?	13%	19%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	57%
4.7	Are you able to speak to a Listener at any time, if you want to?	50%	56%
4.8	Are your religious beliefs are respected?	50%	37%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	74%	54%
4.10	Is it easy/very easy to attend religious services?	44%	46%

Key to tables

	Any percentage highlighted in green is significantly better	C and B1 wings	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	75%	70%
5.3	Is it easy to make a complaint?	50%	45%
5.5	Have you ever been prevented from making a complaint when you wanted to?	17%	23%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	16%	9%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	48%	36%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	40%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	15%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	64%	65%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	60%	60%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	17%	25%
7.4	Do staff normally speak to you most of the time/all of the time during association?	13%	14%
7.5	Do you have a personal officer?	33%	24%

Key to tables

	Any percentage highlighted in green is significantly better	C and B1 wings	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	83%	55%
8.2	Do you feel unsafe now?	18%	32%
8.4	Have you been victimised by other prisoners here?	69%	31%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	41%	9%
8.5	Hit, kicked or assaulted you?	31%	10%
8.5	Sexually abused you?	0%	2%
8.5	Threatened or intimidated you?	45%	15%
8.5	Taken your canteen/property?	7%	5%
8.5	Victimised you because of medication?	7%	5%
8.5	Victimised you because of debt?	7%	4%
8.5	Victimised you because of drugs?	7%	5%
8.5	Victimised you because of your race or ethnic origin?	7%	5%
8.5	Victimised you because of your religion/religious beliefs?	7%	3%
8.5	Victimised you because of your nationality?	7%	3%
8.5	Victimised you because you were from a different part of the country?	0%	3%
8.5	Victimised you because you are from a traveller community?	0%	1%
8.5	Victimised you because of your sexual orientation?	0%	1%
8.5	Victimised you because of your age?	7%	2%
8.5	Victimised you because you have a disability?	17%	5%
8.5	Victimised you because you were new here?	14%	7%
8.5	Victimised you because of your offence/crime?	55%	5%
8.5	Victimised you because of gang related issues?	10%	4%

Key to tables

	Any percentage highlighted in green is significantly better	C and B1 wings	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	32%	37%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	19%	13%
8.7	Hit, kicked or assaulted you?	7%	7%
8.7	Sexually abused you?	0%	1%
8.7	Threatened or intimidated you?	13%	21%
8.7	Victimised you because of medication?	3%	9%
8.7	Victimised you because of debt?	0%	1%
8.7	Victimised you because of drugs?	0%	5%
8.7	Victimised you because of your race or ethnic origin?	3%	1%
8.7	Victimised you because of your religion/religious beliefs?	3%	1%
8.7	Victimised you because of your nationality?	3%	1%
8.7	Victimised you because you were from a different part of the country?	0%	1%
8.7	Victimised you because you are from a traveller community?	0%	0%
8.7	Victimised you because of your sexual orientation?	0%	0%
8.7	Victimised you because of your age?	0%	2%
8.7	Victimised you because you have a disability?	7%	4%
8.7	Victimised you because you were new here?	3%	5%
8.7	Victimised you because of your offence/crime?	9%	4%
8.7	Victimised you because of gang related issues?	3%	1%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	55%	30%
9.1	Is it easy/very easy to see the nurse?	61%	47%
9.1	Is it easy/very easy to see the dentist?	30%	12%
9.4	Are you currently taking medication?	76%	54%
9.6	Do you have any emotional well being or mental health problems?	48%	56%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	23%	46%
10.2	Did you have a problem with alcohol when you came into this prison?	16%	32%
10.3	Is it easy/very easy to get illegal drugs in this prison?	34%	49%
10.4	Is it easy/very easy to get alcohol in this prison?	27%	27%
10.5	Have you developed a problem with drugs since you have been in this prison?	3%	11%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	17%	10%

Key to tables

	Any percentage highlighted in green is significantly better	C and B1 wings	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	20%	35%
11.1	Vocational or skills training?	42%	42%
11.1	Education (including basic skills)?	63%	54%
11.1	Offending Behaviour Programmes?	15%	15%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	23%	45%
11.2	Vocational or skills training?	7%	10%
11.2	Education (including basic skills)?	74%	19%
11.2	Offending Behaviour Programmes?	0%	7%
11.4	Do you go to the library at least once a week?	45%	36%
11.5	Does the library have a wide enough range of materials to meet your needs?	47%	37%
11.6	Do you go to the gym three or more times a week?	19%	29%
11.7	Do you go outside for exercise three or more times a week?	54%	45%
11.8	Do you go on association more than five times each week?	60%	69%
11.9	Do you spend ten or more hours out of your cell on a weekday?	10%	8%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	34%	23%
12.2	Have you had any problems with sending or receiving mail?	33%	46%
12.3	Have you had any problems getting access to the telephones?	37%	39%
12.4	Is it easy/ very easy for your friends and family to get here?	23%	27%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	38%	21%
13.10	Do you have a needs based custody plan?	7%	6%
13.11	Do you feel that any member of staff has helped you to prepare for release?	8%	7%