

Report on an unannounced full follow-up
inspection of

HMP Durham

12–16 October 2009

by HM Chief Inspector of Prisons

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Printed and published by:
Her Majesty's Inspectorate of Prisons
1st Floor, Ashley House
Monck Street
London SW1P 2BQ
England

HMP Durham

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Introduction

Durham is a large Victorian local prison, which came out of the high security estate some years ago so that it could concentrate on its function as a local prison for the north east and Cumbria. Its last inspection, in 2006, found that it was not fulfilling that function well enough, in relation to safety, activity and resettlement. This inspection found that there had been some improvements, particularly in resettlement work, but that there were still deficiencies in other key areas.

Since the last inspection, Durham had adopted the integrated drug treatment system (IDTS). This had caused some unanticipated problems. Over a quarter of prisoners were on IDTS, and receiving methadone. Methadone administration dominated the prison's regime, with insufficient administration points for the numbers involved. Additionally, administration problems meant that it was in practice impossible for those on IDTS to attend activities. Equally, it was difficult to move them on to local training prisons, whose capped numbers for IDTS had already been reached. In spite of IDTS, the availability of illicit drugs among the rest of the population was high, with nearly one in four prisoners testing positive, usually for Subutex. Both suspicion and frequent testing arrangements were weak or non-existent.

Other aspects of safety were also of concern. First night arrangements needed improvement, though induction was good. Overall management of violence reduction and suicide prevention had improved considerably, but it was not clear that residential staff were fully engaged in, and properly implementing, these procedures. Nevertheless, most prisoners – including vulnerable prisoners – felt safe. Though relationships in the segregation unit were good, the regime remained poor and many of our recommendations had not been implemented. Use of force was relatively high, and governance needed improvement.

Relationships between prisoners and staff were easygoing, but somewhat superficial. There was little evidence of staff proactivity in dealing with prisoners' issues and complaints, engaging with their needs, or actively supervising them during association or exercise. We found many staff in wing offices. Durham still had relatively generous staffing levels, and it was a pity that this had not been translated into more positive engagement with prisoners. Useful work had been done on race and disability, but many of the 92 foreign national prisoners were isolated and unsupported. Healthcare services were good, in particular the mental health services, though there was limited therapeutic support for inpatients.

There were not enough activity places, and those that existed were not effectively utilised. Only around two-thirds of work and education places were filled, and punctuality was poor. During a random check, we found almost half the population locked in during the working day. However, the quality of education and training was good, with a strong focus on employability.

A resettlement strategy, based on a needs analysis, was being developed. Offender management for those prisoners in scope was reasonably good, but there was no custody planning for the majority population of short-term and remanded prisoners. Arrangements for indeterminate-sentenced prisoners had improved. Most of the resettlement pathways were well developed, and work with families, under the family link unit, was particularly impressive.

Durham suffers from many of the problems of old, overcrowded local prisons. There is not enough for prisoners to do, and there are difficulties in managing a large transient population, from an area where substance misuse, particularly Subutex, is very high. It is commendable

that the prison was relatively safe and that its resettlement work had improved significantly. However, the arrangements for the high proportion of prisoners on IDTS were extremely unsatisfactory and potentially unsafe, and illicit drug use was very high. There is also work to be done to ensure that the generally positive relationships between staff and prisoners are translated into more proactive engagement – in supporting and supervising prisoners, getting them to activities, and assisting their resettlement.

Anne Owers
HM Chief Inspector of Prisons

January 2010

Fact page

Task of the establishment

Category B local establishment for adult male prisoners.

Area organisation

North East

Number held

12.10.09: 973

Certified normal accommodation

606

Operational capacity

1,011

Last inspection

Full inspection: September 2006

Brief history

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

Description of residential units

A, B and C wings	-	remand, convicted and sentenced prisoners both short- and long-term
D wing	-	integrated drug treatment system
E wing	-	first night centre and induction unit
F and I wings	-	remand and convicted prisoners
G wing	-	separation and care unit
M wing	-	healthcare inpatients

Healthy prison summary

Introduction

- HP1 All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:
- | | |
|----------------------------|---|
| Safety | prisoners, even 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 helped to reduce the likelihood of reoffending. |
- HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. 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.
- **performing well against this healthy prison test.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
 - **performing reasonably well against this healthy prison test.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns.
 - **not performing sufficiently well against this healthy prison test.**
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.
 - **performing poorly against this healthy prison test.**
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.
- HP3 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner focus groups, research analysis of prison data and observation. This enables a

reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

- HP4 At the last inspection in 2006, we found that Durham was not performing sufficiently well against the healthy prison test of safety. We made 37 recommendations, of which 11 had been achieved, seven had been partially achieved and 19 were not achieved. We have made 45 further recommendations.
- HP5 In 2006, we found that Durham was performing reasonably well against the healthy prison test of respect. We made 39 recommendations, of which 14 had been achieved, nine had been partially achieved and 16 were not achieved. We have made 68 further recommendations.
- HP6 In 2006, we found that Durham was not performing sufficiently well against the healthy prison test of purposeful activity. We made 17 recommendations, of which six had been achieved, six had been partially achieved, and five were not achieved. We have made 21 further recommendations.
- HP7 In 2006, we found that Durham was not performing sufficiently well against the healthy prison test of resettlement. We made 32 recommendations, of which seven had been achieved, 12 had been partially achieved, 12 were not achieved and one was not relevant. We have made 30 further recommendations.

Safety

- HP8 The management of prisoner admission and early days to custody was reasonable, although standards in first night cells were poor and first night assessments needed improvement. We were not assured that every prisoner received a full induction. Governance of safer custody was generally satisfactory, but many monitoring documents were poor and investigations into violence and bullying were often perfunctory. Relationships in the separation and care unit were good, but aspects of its regime and management needed improvement. There was significant use of force, but its governance was underdeveloped. Integrated drug treatment system (IDTS) procedures were safe but under pressure. Illicit drug use was very high, but arrangements to address its supply were underdeveloped. A significant number of prisoners sought sanctuary on E wing, but prisoners generally, including those who were vulnerable, said that they felt safe at Durham. On the basis of this full follow-up inspection, we considered that the establishment was still not performing sufficiently well against this healthy prison test.
- HP9 Prisoners had recently arrived at the prison after the normal closing time of 7.30pm, but this was not regular. Those arriving late were not always able to make a telephone call on their first night.
- HP10 The reception was very busy, with up to 100 prisoners a day passing through. Given this traffic, the area was commendably clean. There was little distraction for new arrivals in holding rooms, as most televisions were switched off and there was limited written information. Prisoners spent a significant time in reception, although the atmosphere was relaxed and prisoners said they were treated well. A Listener was

available in reception but he was not highly visible, and this service was not well promoted.

- HP11 All new arrivals were initially located on E wing. There were no designated first night cells, although staff were aware of prisoners spending their first night in Durham. Some cells were in a poor decorative state and lacked basic amenities, such as pillows. There was no Listener on the first night centre the week we inspected, but the wing had prisoner peer supporters. Prisoners received a first night interview, but in a number of cases we sampled neither reception nor first night staff had made written comments in initial assessments to provide assurance that potential vulnerabilities and risk factors were identified and responded to.
- HP12 The 72-hour rolling induction programme included access to counselling, assessment, referral, advice and throughcare service (CARATs), chaplaincy, bail information and housing staff, as well as a formal presentation and a resettlement needs interview. Prisoners were generally positive about induction arrangements, but there was some evidence of slippage in its delivery to all prisoners.
- HP13 The management of violence reduction and anti-bullying was satisfactory and was underpinned by a comprehensive violence reduction strategy and policy. Information was analysed and had been used to inform some new interventions to reduce violence and deal with bullying behaviour. The number of reported assaults and fights was not excessive, and prisoners said that they felt safe. In our prisoner survey, findings across a range of questions on perceptions of safety, victimisation and intimidation were consistently better than the comparators.¹ However, the quality of investigation into alleged incidents was poor, and not all information about suspected incidents, particularly those reported through security information reports (SIRs), was reported to the violence reduction coordinator. The number of prisoners on formal anti-bullying measures was disproportionately low for the amount of intelligence received.
- HP14 There was a comprehensive strategy on self-harm prevention, and a recently reviewed policy document, specific to Durham, was well promoted and understood by staff and prisoners. The multidisciplinary safer custody committee met monthly to monitor the consistent implementation of policy. The previous weaknesses in the implementation of action plans following deaths in custody had been addressed, and there were regular reports of progress against the recommendations, which were acted upon. However, the quality of assessment, care in custody and teamwork (ACCT) self-harm monitoring forms was inconsistent and many were poor. Care mapping required further development, attendance at case reviews was irregular, and written entries and observation forms did not indicate that staff always knew enough about prisoners' individual circumstances or needs. CCTV cells were used to support prisoners in crisis, but we were not assured that this intervention was reserved only for the most extreme cases. Four prisoners had taken their own lives recently at Durham, one the week before our arrival.

¹ The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments.

- HP15 The busy security department received on average 77 SIRs a week. The availability of illegal drugs was the most significant problem. In our survey, 44% of respondents against a comparator of 32%, said that it was easy to get illegal drugs in the prison. A fifth of all SIRs were drug related, and there had been a significant number of drug-related search finds. However, despite the drug problem, the majority of reasonable suspicion mandatory drug tests (MDT) had not been completed (see paragraph HP19). Overall, security arrangements were proportionate and did not negatively impact on the regime.
- HP16 Staff-prisoner relationships in the separation and care (segregation) unit (SACU) were good – it was one of the few places in the prison where prisoners were addressed by their first names. Wing file entries were very poor and failed to demonstrate much of the positive engagement by staff. Five of the cells were covered by CCTV, but the pictures were not pixilated in their coverage of the toilet, which raised concerns about privacy and decency. The regime in the unit was poor, and many of our previous recommendations had not been implemented. Prisoners could not routinely have a shower and a phone call on the same day, and there was no in-cell education. The unit continued to hold long-stay prisoners, including one prisoner with mental health issues. This was an inappropriate location for such prisoners.
- HP17 Adjudication procedures were well managed, and tariffs were in place and published to prisoners. On average, there were 54 adjudications a week. Hearings were conducted well, charges were fully investigated and requests for witnesses were dealt with correctly.
- HP18 There had been 146 use of force incidents since the start of 2009, of which 127 involved control and restraint, which was not excessive for the size and type of population. Use of force documentation was generally good, but planned removals were not always videoed and the storage of tapes from incidents needed to be improved. The special cell was used 28 times in 2008, which was high, but only nine times in the first 10 months of 2009. Reasons for the location in special accommodation, and the authority for the type of search and clothing permitted, was not always clear from the documentation, and monitoring entries did not always fully justify the length of time that prisoners were held there. The monitoring of use of force incidents and quality assurance of related documentation needed to be improved.
- HP19 Over a quarter of the prison population were on the integrated drug treatment system (IDTS) programme and receiving methadone. Shortages of IDTS staff and healthcare nurses meant that there was a constant struggle to keep up with the process of methadone administration. There were too few dispensaries and much of the prison's life appeared to revolve around the daily methadone administration queue. We had concerns about the prison's ability to cope with this rate of expansion, in spite of the large proportion on methadone. The MDT rate was very high at 22.3% for the six months to August 2009. In the previous six months, only 42 out of 273 suspicion test requests had been completed within the required 72-hour window. There was also no frequent testing programme for prisoners who tested positive on random tests.
- HP20 The 'non-collusive regime' for the management of potentially vulnerable prisoners remained in place. This meant that the prison did not formally recognise vulnerable prisoners and there was no designated vulnerable prisoner unit. However, not all vulnerable prisoners were fully integrated into mainstream units. Prisoners who said that they could not cope on mainstream wings because of debts, threats from other

prisoners or related drug issues used the induction unit as a place of safety. C wing similarly accommodated about 48% of all sex offenders. Staff informally referred prisoners to C wing if particular vulnerabilities were identified. The wing provided a safe environment, had not been stigmatised and had good relationships between staff and prisoners. Prisoners on C wing said that they felt safe, were treated with respect and could take part in a full regime.

Respect

- HP21 Environmental standards in communal and external areas were reasonably good, but some cells were poor, with no screening of toilets. Prisoners were positive about staff but expressed frustration at getting them to address their issues. Some personal officer work was weak. There was useful work on race and disability, but other aspects of diversity needed improvement. Little had been done for a significant group of Vietnamese prisoners. The quality of food was good. Many responses to prisoner complaints were not adequate. Health services were good. On the basis of this full follow-up inspection, we considered that the establishment was still performing reasonably well against this healthy prison test.
- HP22 External and communal areas were generally maintained to a good standard, but the quality of cells varied considerably. Some cells, particularly on D and E wings, were in a poor state and many lacked curtain screens for toilets – even though prisoners ate their meals in cell. Other cells were larger and had separate toilets. Arrangements for prisoners to wear their own clothes were good, though many chose not to. Access to prison clothing and kit was reasonable, but the quality was sometimes poor. Prisoners still had problems accessing telephones and showers on some wings, with too few facilities to use in the available time.
- HP23 The prison had a standard incentives and earned privileges (IEP) policy and procedure. The criteria to obtain enhanced status were restrictive and, given the large remand population, difficult for many to achieve. However, there were limited incentives on enhanced status. The basic regime was used rarely and applied for a pattern of poor behaviour, rather than a single incident. IEP reviews and processes were fair.
- HP24 Prisoners were generally positive about staff, but many found them unhelpful. It was clear that some staff made a real effort to support individual prisoners, but others appeared to avoid prisoners and had only superficial interest in them. Engagement during association and exercise sessions was limited.
- HP25 The application of the personal officer scheme was variable and inconsistent. We saw examples of good work, especially on C and F wings, but elsewhere the role was limited. In our survey, a significant number of respondents who had a personal officer said that they did not find the role helpful to them. With the prison's move to the P-NOMIS information technology system and the switch to electronic wing files, entries in files had become less frequent and more superficial.
- HP26 The kitchen and wing serveries were clean and well equipped. Consultative arrangements with prisoners were good, and the catering manager responded to comments in food comment books. The three-week menu cycle offered good variety,

with an opportunity for prisoners to have five portions of fruit or vegetables a day. However, meals were often served too early and there was no opportunity to dine communally.

- HP27 Prisoners could select from a wide range of items in the prison shop, which addressed the needs of prisoners from minority groups, although in our survey, prisoners were negative about the shop. There were good consultative arrangements. The introduction of P-NOMIS had caused difficulties in administration of prisoners' financial records, which had affected their ability to buy goods from the shop.
- HP28 There was no overarching diversity policy, and while some strands had separate policies others were not addressed. Monthly diversity and race equality action team (DREAT) meetings were reasonably well attended, and included prisoner representatives, but they focused on race and rarely addressed disability or age issues. There had been no work or action plan on sexual orientation or the effect of religious affiliation. Work on disability was better developed and there was a reasonably comprehensive policy. Older prisoners and those with disabilities were identified early on and their needs addressed, but individual action and evacuation plans were not always drawn up. About 53 prisoners were identified as having a disability, but our survey suggested this was an under-representation. There was a separate older prisoner action plan. The roles of wing foreign national and diversity officer representatives were diminished by the lack of training or clear job role.
- HP29 There were about 100 prisoners from a black and minority ethnic background. The race equality policy was out of date and included little that related to Durham. The associated action plan, however, was reasonably comprehensive. Ethnic monitoring was consistently evaluated and did not indicate any major areas of concern, although black and minority ethnic prisoners were under-represented in complaints during six of the last seven months, and this had not yet been evaluated. The number of racist incident complaints was low and the quality of investigations was reasonable, but there were few options for those found to have behaved inappropriately. Work on a programme for racially motivated prisoners was being progressed.
- HP30 The prison held 92 foreign national prisoners. The foreign nationals policy did not accurately describe what was available at Durham, and there was little information translated into foreign languages. Almost half the foreign nationals, 44, were Vietnamese. Most spoke no English and their regime was very limited. Many said that they felt isolated and unable to communicate effectively with staff. There was no specific forum for this group to help resolve their concerns. There were reasonable links with the UK Border Agency and frequent surgeries.
- HP31 There was a simple applications system that logged applications but failed to record follow up and completion. Prisoners lacked confidence in the applications system. The number of formal complaints was reasonable and showed that prisoners knew how to use the system. Replies to formal complaints were usually timely, but many were cursory and did not always address the issues. In one case we saw, a serious complaint against a member of staff had not been investigated properly. Legal services and bail information services were effective and accessible.
- HP32 There were four full-time chaplains, including a Muslim chaplain, and several part-time chaplains. The Buddhist chaplain was only available once a month, although there were currently many Buddhists among the Vietnamese population. There had

been some attempts to mitigate this gap through provision of faith CDs in Vietnamese. There was a Christian chapel and multi-faith room. As well as formal services, there were faith-based groups, including Islamic and Bible studies.

HP33 Health services were generally good. Primary care services offered a variety of clinics, including chronic disease, sexual health and vaccinations. However, there were some significant waits to see some health professionals. Despite daily GP clinics, the waiting time to see a GP was two weeks. The primary care health team was supported by visiting nurse specialists and allied health professionals. There was a good focus on older prisoners. The work to produce a cohesive palliative care policy was also good. Dental services had improved and the waiting time was less than a month. Mental health services were very good, and the mental health team generally met the complex needs of prisoners. The mental health coordinator worked closely with visiting specialist staff and had developed strong links with local secure units to ensure the smooth transfer of patients. There was very good administrative support, including structures to manage internal and external appointments. However, we had concerns about the administration of methadone, as the two main administration points on D wing were insufficient and prisoners had long waiting times.

Purposeful activity

HP34 There were not enough activity places for all the population. Attendance and punctuality at education and work were also very poor. The quality of education and vocational training was good with a strong focus on employability, and prisoners could gain useful qualifications and accreditation. Achievement of qualifications and the quality of teaching were good, as were initial assessment and induction in learning and skills. Access to recreational PE was satisfactory but there was no accredited work in the gym. Access to exercise was reasonable, but association, particularly in the evening, was very limited. Time out of cell was also very limited for many prisoners, and during a random check we found almost half the population locked in cell during the working part of the day. On the basis of this full follow-up inspection, we considered that the establishment was still not performing sufficiently well against this healthy prison test.

HP35 There were insufficient activity places for all prisoners. The available places were underused – only 66% of prisoners due to take part in workshops arrived for work, and only 71% of those in education attended classes. Punctuality was poor, and prisoners routinely arrived late for classes and activity and were collected early. There was good induction into education through the 'gateway' process, with a thorough initial assessment of literacy and numeracy needs. Allocation to activity was well informed, although few prisoners could access their first choice. IDTS prisoners were allocated to work but could not attend activities until their programme had been completed. The curriculum reflected the needs of prisoners, and the range of provision was satisfactory, despite too few courses on personal development. Achievement of education qualifications was good for those who attended.

HP36 Vocational training opportunities included woodwork, data processing, manufacturing, building skills, painting and decorating and British Institute of Cleaning Sciences. Prisoners achieved qualifications and the standard of their work was good. Instructional officers provided individual coaching, and there was a strong focus on

developing employability skills. The range of activities met the needs of prisoners. Individual learning plans were used, although some targets were not clear. There were about 192 work places, and some accredited courses to recognise work skills and support work. Links with employers had helped the development of accredited qualifications that met their needs.

- HP37 The library was a good resource, and its stock reflected the needs of the prison population. It had access to books in an extensive range of languages. A range of activities took place in the library to promote reading, but about one activity a week has been cancelled recently due to prison officer staff shortages. The library supported family visits well.
- HP38 Access to PE was satisfactory, and recreational and remedial PE were available. The sports hall had been refurbished, and an outdoor all-weather area had been provided. However, the shower and changing facilities in the sports hall and gym needed improvement. There was currently no vocational training in PE, although a range of courses were planned. There was a backlog of gym inductions.
- HP39 The prison reported a time out of cell figure of 7.2 hours a day against a target of 7.3 hours. However, the experience of prisoners varied greatly between wings, and the reported figure did not represent the typical experience. For the many part-time or unemployed prisoners, time out of cell would typically have been between one and 6.5 hours. Evening association was only available once or twice a week, and even fully employed prisoners would only be out of cell for just over seven hours. During a random roll check, we found 48% of the population locked in their cells, although association and exercise was provided during the main part of the day. There was also considerable slippage in the application of routines and too much staff discretion in how the timetable was interpreted.

Resettlement

HP40 The management of resettlement was satisfactory. There was no current strategy or needs analysis, although these were being developed. Lead officers had been identified for each resettlement pathway and were reviewing progress on it. Offender management for prisoners in scope was reasonably good, but there was no custody planning for the many remand and short-sentenced prisoners, despite reasonable initial assessment arrangements. The management of indeterminate-sentenced prisoners had improved, and the speed of allocation was reasonable. Work on most of the pathways was generally positive. Some aspects, notably the children and families pathway, were very good, but others required further development. On the basis of this full follow-up inspection, we considered that the establishment was now performing reasonably well against this healthy prison test.

- HP41 A draft resettlement strategy had been developed in September 2009. This was not based on a needs analysis, although one had recently been completed and was due to be published. Pathway lead officers were in place, with identified deputies, but they met separately to update pathway work. Quarterly resettlement policy committee meetings had a strong operational focus and reasonable attendance. However, they lacked strategic attention to trends or monitoring outcomes. The prison had appointed a voluntary and community sector links officer, but the role's remit lacked clarity,

especially as there was also a large probation team providing services usually within the remit of the voluntary and community sector. The prison had good links to prolific or priority offender (PPO) community programmes and the local criminal justice board and was able to evidence good oversight of PPO cases.

- HP42 Offender management procedures for those in scope were good. The offender management unit included observation, classification and allocation, public protection, head of reducing reoffending and OASys (offender assessment system) staff, which facilitated good communication. About 174 prisoners were in scope for phase two offender management and 15 in scope for phase three. There were 12 offender supervisors. Case management was generally good but cases were not always allocated swiftly. Prisoners on indeterminate sentences for public protection (IPP) and multi-agency public protection arrangements (MAPPA) cases were well managed, as were sentence planning boards. Work with offender managers was reasonably well developed.
- HP43 Remand and short-sentenced prisoners were assessed across resettlement pathways but did not have formal custody plans. OASYS arrangements were generally satisfactory with only a small backlog of assessments. Home detention curfew processes were in place, but many prisoners were allocated before consideration was completed. There was no use of release on temporary licence and there were some delays in initial categorisation and recategorisation.
- HP44 Public protection arrangements were satisfactory. All new cases that met public protection criteria were reviewed at a fortnightly meeting, with regular monthly meetings for MAPPA cases. Meetings were chaired by probation officers rather than managers. Notes were not routinely provided to offender managers in the community. MAPPA cases were highlighted for review six months before release. Staff prioritised attendance at MAPPA three meetings.
- HP45 Arrangements for the management of life-sentenced prisoners had improved since the last inspection, and most newly sentenced lifers were moved to stage one lifer prisons in a timely manner. A forum for indeterminate-sentenced prisoners had recently been held to address their concerns about sentence management.
- HP46 Accommodation services were provided by two staff who had received specialist training. They saw all new arrivals during induction and prioritised personal interviews with those with no fixed accommodation. All prisoners were seen eight weeks before their discharge, and the prison had improved links with several local authorities.
- HP47 The employer engagement centre was a hub for services linked to the employment, training and education pathway. Prisoners had support with CVs, job applications and job search, and received good information, advice and guidance before release. The prison had made some links with employers to assist prisoners seeking employment on release. Prisoners serving short sentences were helped to retain employment. Prisoners were advised on how to access further training on release.
- HP48 Benefits were the main focus of provision under the finance, benefit and debt pathway. Two Jobcentre Plus workers were based in the prison and supported by three community links officers. There was no one-to-one advocacy service although there was a clear need, especially for debt management. Work on this pathway was very underdeveloped.

- HP49 Healthcare staff did not see prisoners before their release, although they were given a printout of their clinical record for their GP or given advice on how to register in their local area. They were also given a supply of medication as required. The mental health team saw prisoners under its care, who were released to the care of community mental health teams. Wherever possible, community teams were encouraged to come into the prison for a pre-release meeting to coordinate continuing care.
- HP50 The drug strategy addressed an overarching policy and IDTS, but lacked a clearly defined action plan. Alcohol was mentioned, but there was no strategic response to this issue, despite a clear need. Work on alcohol was limited to some awareness training and Alcoholics Anonymous sessions. All CARAT groupwork was focused on IDTS prisoners, though non-IDTS prisoners could access one-to-one sessions. P-ASRO (prison addressing substance related offending) was available, and in a recent pilot, up to two-thirds of places were open to IDTS prisoners.
- HP51 The visits centre was run by North East Prisoners' Aftercare Society (NEPACS), who worked collaboratively with the family links team. The centre had a small play area and a good facility for older children. Arrangements for reception visits were good. Visits could only be booked by telephone, which had presented recent problems although these were being addressed. Visits sessions started at the published time, but the new IT system meant that visitors could experience a lengthy wait before they were admitted. The visits environment was reasonable. The family link unit worked collaboratively with community organisations to provide a range of positive initiatives to support prisoners in maintaining family ties. A wide range of courses included several to develop parenting.
- HP52 There was a range of accredited and non-accredited programmes, although the provision lacked coordination, and access to some non-accredited programmes did not always fit with sentence planning. There were links with the local probation area, which had delivered a thinking skills programme. The psychology department carried out specialist assessments for sex offender and domestic violence programmes to assist onward transfers, and there was some limited one-to-one work.

Main recommendations

- HP53 **Managers should take active steps to develop the role of residential staff in all aspects of prisoner care and resettlement.**
- HP54 **Reception and induction staff should make written comments in initial needs assessments to demonstrate that they are appropriately identifying and responding to risk factors.**
- HP55 **There should be an urgent review of systems supporting integrated drug treatment system treatments, and there should be additional risk-assessed purpose-built methadone administration points to reduce current risks and waiting times for prisoners.**
- HP56 **Senior managers should closely monitor incidents involving full control and restraint techniques to identify any issues or training needs that could help to reduce these.**

- HP57 Each strand of diversity should be covered by an up-to-date policy and related action plan.
- HP58 More purposeful activity places should be provided.
- HP59 Staff should ensure that all prisoners attend allocated activity on time.
- HP60 The number of evening association periods an individual can access should be increased.
- HP61 Daily routines should comply with published schedules.
- HP62 The prison should ensure that resettlement data and information is used to inform the resettlement strategy and updated regularly.
- HP63 There should be custody planning for short-sentenced and remanded prisoners.

Progress on main recommendations since the previous report

(The paragraph numbers at the end of each main recommendation refer to its location in the previous inspection report)

Main recommendations

MR1 More purposeful activity places should be provided. (HP42)

Partially achieved. Activity places had increased since the last inspection, and there were the equivalent of 518 full-time places available in workshops, work and education each day. However, this was still not enough to ensure that all prisoners had access to purposeful activity. Only 25% of prisoners were in education and only 9% in workshops. See main recommendation HP58.

MR2 There should be more vocational training. (HP43)

Achieved. Accredited vocational training had been introduced, and most workshops now offered accredited qualifications. Qualifications at level one were available in construction, multi-skills, brickwork, woodwork, painting and decorating, warehousing and industrial cleaning. The prison kitchen offered a newly introduced qualification linked to an external employer.

MR3 There should be an immediate review by the area manager of practice relating to action and monitoring following death in custody reports and the recommendations from previous death in custody reports should be implemented as a priority. (HP44)

Achieved. The weaknesses in the implementation of action plans following deaths in custody had been addressed. Recommendations from previous action plans had been implemented and used to inform changes in the recently reviewed suicide prevention strategy document (see paragraph 3.25). The suicide prevention coordinator and the head of safer custody (a governor grade) reviewed all action plans every six months, and a report detailing progress, review and management of the implementation of recommendations was published. Issues were also raised at monthly suicide prevention meetings. Copies of the report were sent to the prison's area office and Prison Service headquarters. Tragically, there had been five deaths in the establishment since January 2009, one of which was due to natural causes. The cases had been fully considered by the suicide prevention committee and interim action plans had been developed, pending the completion of full investigations by the Prisons and Probation Ombudsman.

MR4 Consideration should be given to the viability of the integrated regime. If it continues, arrangements for identifying and monitoring potentially vulnerable prisoners should be strengthened, and individual care plans produced. (HP45)

Partially achieved. The viability of the non-collusive regime had been reviewed and, although the prison remained committed to an integrated regime in which vulnerable prisoners were managed on mainstream residential units, there had been some changes to the ways in which the more vulnerable prisoners were managed, including the role of C wing. However, some

had also sought refuge in the induction unit on E wing (see paragraph 3.22 and further recommendations 3.23 and 24).

MR5 Communication with the immigration service, and information and action in relation to detainees, should be improved. (HP46)

Achieved. Links with the United Kingdom Border Agency (UKBA) had improved. A UKBA lead officer, based in Leeds, had been identified as the main contact with the prison, and communication with the prison was generally reasonable. There had been two immigration surgeries in the previous six months, and a further one, specifically for Vietnamese prisoners, took place during the inspection.

MR6 All staff should ensure that prisoners attend allocated activity. (HP47)

Not achieved. Attendance at workshops and education was low. Only 66% of prisoners allocated to workshops attended, and in education only 71% scheduled to attend arrived for classes. Prisoners frequently failed to arrive from the wings for activities and were often taken out of activities for other prison interventions.

See main recommendation HP59.

MR7 There should be a resettlement needs analysis and appropriate support and interventions should be available. (HP48)

Not achieved. The last needs analysis had been in December 2006. There had been some regional work on sentenced adult males in the interim, but this was not specific to the needs of male prisoners in Durham. A needs analysis of the current population was being completed using a range of data, but was not due to report its findings until the end of 2009. Some accredited and non-accredited interventions were available in the prison, but these were not based on the outcome of a needs-based assessment.

See main resolution HP62.

MR8 The National Offender Management Service should take urgent steps to improve the management of indeterminate-sentenced prisoners throughout the prison estate. (HP49)

Partially achieved. There had been some changes nationally to improve sentence progression for prisoners serving an indeterminate sentence for public protection (IPP), although their collective position still required further attention. IPP prisoners could now progress to category C prisons, and they had been brought into phase three of the offender management model. There were ongoing concerns about IPP prisoners being kept in prison beyond their tariff expiry date, and their ability to access interventions to address their risk of harm.

Progress on recommendations since the last report

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement the individual needs of prisoners are recognised and given proper attention.

- 1.1 Prisoners should be given written information about Durham at court, prior to their transfer, in a language they understand. (1.8)

Not achieved. In our survey, 18% of respondents, against a comparator of 14%, said they had received written information about what would happen to them before they arrived at the prison. However, reception staff were not aware of any prisoners who had arrived from court with any written information about Durham, and prisoners we spoke to had not received any such information at court. One court in Durham's catchment area said it could provide general written information about prison procedures and regimes, but nothing specifically about Durham.

We repeat the recommendation.

- 1.2 Prisoners should arrive at Durham before 7.30pm; any prisoners arriving after that time should still receive full reception and first night procedures. (1.9)

Not achieved. Although late arrivals were not regular, there had been occasions in the previous three months when prisoners had arrived at Durham after 7.30pm. Although in our survey 64% of respondents said they had the opportunity to have a shower in reception on their day of arrival, against the comparator of only 32%, some prisoners told us they had not been offered a shower. Staff were not required to record whether a shower had been offered, and therefore we could not be assured that all new arrivals were able to have a shower, particularly if they arrived late at night. Prisoners who arrived on to E wing late were not able to make a telephone call.

Further recommendation

- 1.3 Prisoners should arrive at Durham before 7.30pm; any prisoners arriving after that time should be able to make a telephone call and be offered a shower, and this should be recorded.

- 1.4 Prisoners should be held in court cells for the shortest possible period. (1.10)

Not achieved. Reception staff said prisoners continued to experience unacceptably lengthy waits in court cells before arrival at the prison, and this was confirmed in some prisoner escort records we sampled. In one case, a prisoner remanded in custody by the court at 10.54am did

not arrive at Durham until 7.45pm.
We repeat the recommendation.

- 1.5 Prisoners attending magistrates' courts should be accompanied by their property and private cash. (1.11)

Not achieved. Prisoners could take in-possession property to magistrates' courts but were not routinely accompanied by their stored property or private cash. If they were subsequently released from court they had to return to the prison to collect their property.
We repeat the recommendation.

First days in custody

Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

Reception

- 1.6 There should be a vulnerability strategy in place to protect vulnerable prisoners during reception and first night procedures. (1.29)

Not achieved. As at the previous inspection, the first night induction and assessment strategy did not give staff substantive guidance about how to manage vulnerable prisoners during their early days in custody. Although the strategy said the non-collusive regime would be explained during the formal induction presentation by E (induction) wing staff, the regime was not covered during the presentation we observed. In our survey, only 16% of respondents, significantly worse than the comparator of 22%, said that staff asked them in their first 24 hours if they needed help with protection from other prisoners.

Further recommendation

- 1.7 The first night induction and assessment strategy should give staff clear guidance about the management and protection of vulnerable prisoners during reception, first night and induction procedures.

- 1.8 Strip searches should always be conducted by two members of staff. (1.30)

Not achieved. There were two screened searching booths in a separate area in reception, and in our survey 85% of respondents, against a comparator of 69%, said the reception search was carried out in a respectful way. However, we observed searches that were conducted by only one member of staff.
We repeat the recommendation.

- 1.9 Prisoners should not be held for long periods in reception. (1.31)

Not achieved. Prisoners said that they had spent a significant time in reception, and staff also said new arrivals could have long waits before they were located on E wing. Our observations confirmed this to be the case, both in the morning before discharge and during the afternoon and evenings. Most prisoners due to be discharged were brought to reception at approximately 7am. On one morning during the inspection, the nine prisoners due for release had not been discharged by 9.45am.

We repeat the recommendation.

1.10 New arrivals should routinely receive a free phone call. (1.32)

Partially achieved. In our survey, only 40% of respondents, significantly worse than the comparator of 56%, said they were offered the opportunity to make a free telephone call. Prisoners were given £2 telephone credit on their day of arrival, £1.50 of which they were required to pay back and 50p of which was given to them by the prison. Given the high cost of calls, particularly to mobile telephones, this credit was insufficient to enable new arrivals to make a free telephone call.

We repeat the recommendation.

1.11 New arrivals should have access to Listeners as part of the first night and induction procedures. (1.33)

Partially achieved. In our survey, only 13% of respondents, against a comparator of 27% said they had met a Listener within their first 24 hours in Durham. A trained Listener was employed in reception as an orderly. He did not wear any distinctive clothing or badge to identify him as a Listener, but he introduced himself to new arrivals. We spoke to new arrivals who were positive about the support provided. There was no Listener on the first night centre during the inspection. However, there were trained peer representatives, known as meeters and greeters, on the wing. We observed a meeter and greeter introduce himself to new arrivals. He spoke to them individually and offered support, including a tour of the wing if required. Induction staff also directed new arrivals to the meeter and greeter during first night interviews. Although meeters and greeters currently saw prisoners in communal areas, some interview booths were being installed on E wing to enable interviews in private.

Further recommendations

1.12 Listeners in reception should be easily identifiable to new arrivals, and the service should be promoted.

1.13 New arrivals should have access to a Listener on the first night centre as part of first night and induction procedures.

1.14 The formal induction presentation on E wing should be revised to encourage engagement with the prisoner group. (1.34)

Partially achieved. The formal induction presentation had been revised. Staff were unable to use the PowerPoint display in the presentation we observed as the induction room was full of boxes. The room was otherwise well laid out and had comfortable seating. The member of staff delivering the presentation endeavoured to engage prisoners in discussion and did not just read from a script. However, the presentation had no input from other departments or peer representatives, which would help to reinforce key messages and cover important areas in sufficient depth.

Further recommendation

- 1.15 There should be multidisciplinary input into the formal induction presentation, including the use of peer representatives.

Additional information

- 1.16 The prison's wide catchment area encompassed west coast courts. It now also included Durham courts. The reception area was busy and it was not unusual for up to 100 prisoners to pass through each day. Recently, there had been times when the prison had reached capacity and had locked out prisoners, which affected those who should have returned to the prison from court. The duty governor had daily management oversight of the use of accommodation, including the use of double cells to accommodate prisoners requiring a single cell, but the prison did not monitor the number of occasions when it reached capacity.
- 1.17 Journey times to the prison were not excessive. Although our survey findings were more negative than the comparators, prisoners told us they were reasonably well treated by escort staff. The van we inspected was clean and had sufficient space for prisoners' property.
- 1.18 The prison had a positive relationship with G4S, the escort contractor. The contractor was represented at the establishment's monthly security meeting to enable ongoing consultation, and discharge procedures had recently been amended following some security concerns. G4S staff reported some delays in the timely discharge of prisoners to court, particularly if a large number of prisoners was being discharged, as only five vehicles were allowed in the prison at a time, and the prison's own escort vehicle was sometimes parked in a designated escort vehicle bay. Reception staff said delays could also occur as a result of medication not being available, and we observed a delay for one transfer because further property was required to be collected. Three prisoners being discharged to court during the inspection were transported in handcuffs, following a decision by the escort contractor, not the prison, which did not appear to be based on a risk assessment informed by current security information.
- 1.19 Reception remained open over lunchtime and there were no delays in prisoners disembarking from escort vehicles.
- 1.20 There were four video-link booths, two of which were designated for use by the courts. This facility was used reasonably well, with approximately 122 video-link court appearances in September 2009.
- 1.21 The reception area was on the first floor, although a chair lift was available. The area was very clean given the number of prisoners passing through each day. There were seven communal holding rooms and three individual holding rooms, which were used less frequently. There was very little information on holding room notice boards. Although all but one holding room had a television, they were not switched on, and there was no reading material. We were told that prisoners were given a drink if they asked, but drinks were not routinely offered other than at meal times.
- 1.22 In our survey, 63% of respondents, significantly better than comparator of 58%, said they were treated well by reception staff. We observed staff dealing patiently with a new arrival who had never been in custody before, and the atmosphere in the area was generally relaxed. New arrivals were interviewed at the main desk, although a glass partition offered some privacy.

Reception staff opened cell sharing risk and first night, induction and initial needs assessments, which were completed on E wing.

- 1.23 The majority of new arrivals were located on E wing, the first night centre. The exception was prisoners who were admitted to healthcare inpatients or the separation and care unit (SACU). Although the first night strategy included guidance for staff on procedures for prisoners admitted to inpatients, there was no such guidance for those located in the SACU. We were told of one new arrival located in the SACU on his first night who had not had a first night interview.
- 1.24 There were no designated first night cells, but the night officer on E wing was aware of those prisoners spending their first night there. Communal areas on the wing were clean. Although cells were superficially cleaned after being vacated, some were in a poor decorative state with graffiti on notice boards, walls and doors. There were also few basic amenities, such as pillows.
- 1.25 First night interviews on E wing, conducted in a private office, included a brief overview of the wing regime and induction, and provided an opportunity for prisoners to raise any concerns. New arrivals were given basic toiletries, writing material and an information booklet, which was available in a range of languages. They could buy a non-smoker's pack at £6 or a large or small smoker's pack at £4.50 or £3.50. A touch-screen information point on the wing also held translated information, although it did not appear to be functioning correctly, and prisoners had access to an information DVD on in-cell televisions.
- 1.26 We sampled some completed first night, induction and initial needs assessments. Although the document included a section for comments from reception and induction staff, very few assessments recorded any comments. This did not provide assurance that staff were identifying potential risk factors and vulnerabilities and responding accordingly. Some forms were incomplete, and there was no regular quality assurance of completed assessments.
- 1.27 A rolling induction programme to be delivered over 72 hours began the morning after reception. New arrivals were interviewed on I wing by detoxification staff to assess any substance use needs, and by staff from other departments, including the chaplaincy, housing staff and bail information staff. Many of these interviews took place in a communal room with no privacy. The second stage of the programme was the formal presentation, which covered a broad range of subjects, including safer custody and race equality. Induction culminated with a follow-up interview by induction staff, referred to as the OMU (offender management unit) interview. This interview assessed the prisoner's needs across each of the resettlement pathways, and referrals were made on his behalf or he was signposted to relevant departments who could provide support.
- 1.28 In our survey, 89% of respondents, against a comparator of 76%, said they had been on an induction course. However, there had been some slippage in the delivery of the induction programme, notably in the completion of the OMU assessments. There was a backlog of approximately 51 assessments during the inspection. We were also not assured that the formal presentation was delivered consistently. The presentation we observed started late, as induction staff were engaged in general wing duties. This had a knock-on effect as staff were not available until later in the afternoon to collect new arrivals from reception, which meant that new arrivals spent longer in reception and first night interviews were delayed. Although prisoners on E wing had access to association on a rota, they were also locked up for long periods between sessions.

- 1.29 We were told that prisoners in custody for the first time would not be moved from E wing until they had completed all aspects of the induction programme. However, the pressure for spaces on the wing meant that on one morning during the inspection a member of staff had to complete OMU interviews quickly before he could relocate prisoners to other wings. This pressure for spaces was exacerbated because some vulnerable prisoners were located on the wing (see paragraph 3.22) and because of insufficient single cell accommodation elsewhere.
- 1.30 In addition to the E wing programme, prisoners also attended a gateway induction (see paragraph 6.3), which included gym induction, information, advice and guidance, and assessments for work and education.
- 1.31 Although an induction feedback questionnaire was available, staff said it had not been issued to prisoners recently.

Further recommendations

- 1.32 Managers should monitor the number of occasions when the prison reaches capacity and review the circumstances.
- 1.33 Discharge processes should be monitored to ensure delays are minimised and prisoners are produced at court on time.
- 1.34 Restraints should only be used during transit following the completion of a risk assessment based on current security information.
- 1.35 The first night, induction and assessment strategy should include arrangements for prisoners located in the separation and care unit.
- 1.36 First night cells should be welcoming, free from graffiti and appropriately equipped.
- 1.37 There should be management checks of initial needs assessments to ensure documents are fully completed and to help improve practice.
- 1.38 All induction interviews should be conducted in private interview rooms.
- 1.39 All aspects of the induction programme should be delivered in accordance with the published timetable.
- 1.40 The induction feedback questionnaire should be given to prisoners on completion of the programme, and the findings should be routinely analysed to inform its development.

Housekeeping points

- 1.41 New arrivals should be routinely offered a drink in reception.
- 1.42 New arrivals should be provided with the means to pass the time in reception, such as television and reading materials.
- 1.43 The touch-screen information point on E wing should be repaired.

Section 2: Environment and relationships

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.

2.1 Prisoners should have access to cell cleaning materials as they are needed. (2.10)

Partially achieved. During the inspection, all wings had reasonable supplies of cleaning materials that could be used by prisoners. However, some prisoners said that this was not always the case and that materials were sometimes not available. This was reflected in our survey, in which only 41% of respondents said they could access cleaning materials every week, against a comparator of 63%, although this was an improvement on the 31% response at the last inspection.

We repeat the recommendation.

2.2 All prisoners should have the opportunity of a daily shower. (2.11)

Not achieved. Although all wings had a reasonable number of showers, access continued to be a problem and many prisoners struggled to fit in a shower every day during their association time. This was particularly the case on A wing, where there were 13 showers for up to 186 prisoners, of which three did not work effectively due to water pressure problems. While prisoners queuing rarely failed to get a shower, this was often at the expense of association time. In our survey, only 57% of respondents, against the comparator of 79% and 69% in 2006, said they could shower every day.

We repeat the recommendation

2.3 Cell inspections should be carried out to ensure that all cells are clean, well maintained, and free from graffiti. (2.12)

Partially achieved. Wing staff undertook regular cell inspections, but the quality of accommodation varied across the establishment. Cells in I and F wings were of a good standard generally, as were those on C wing. On A, B, D and E wings there were considerable variations. While some cells were maintained to a good standard, many, especially on D and E wings, were poor. Some notice boards were missing and graffiti was common. Some toilets were badly stained, and some cells had only curtains as toilet screens. The curtain screens in some double cells were missing, even though prisoners had to eat their meals in cell. We were told that there were limited painters available, and some graffiti was not removed for some time.

We repeat the recommendation.

2.4 All prisoners should have daily access to telephones. (3.79)

Not achieved. The proportion of telephones to prisoners varied across the establishment, and was insufficient on B wing (eight telephones for 240 prisoners) and F wing (five for 145), which fell below our expectation of at least one per 20 prisoners. On some wings, the telephones were in the noisy main association areas, which sometimes made it difficult to communicate. In

our survey, 37% of respondents, significantly worse than the comparator of 31%, said they had problems getting access to telephones.

Further recommendations

- 2.5 There should be at least one telephone per 20 prisoners.
- 2.6 Telephones for prisoners should be located in quiet areas and fitted with acoustic hoods for privacy.

Additional information

- 2.7 Despite the poor state of some cells, communal and external areas across the prison were maintained to a reasonably good standard. Facilities were generally reasonable, although the association area on A wing was too limited for the number of prisoners.
- 2.8 In-cell emergency bells were checked regularly and were responded to quickly. When tested during the inspection, staff responded well within five minutes. Despite this, in our survey only 34% of respondents said that bells were answered within five minutes, worse than the comparator of 38% and the response of 39% in 2006.
- 2.9 There was an offensive displays policy, which was enforced by staff on the wings.
- 2.10 There were no restrictions on the number of letters prisoners could send or receive. Convicted prisoners were given one free letter a week and unconvicted prisoners received two. C wing had recently taken on responsibility for putting letters and envelopes together, which was undertaken by two prisoners with disabilities on the wing, and which wing staff collected for issue. Some prisoners said they had had recent difficulties in obtaining free letters.
- 2.11 Outgoing and incoming mail was collected from the wings each day and posted within 24 hours, and incoming mail was delivered to the wings in the same timescale. All post was opened and any enclosures, such as cash, cheques or postal orders, were logged. A random sample of 5% of incoming post was read each day, and records of censored mail were maintained. Any legal post opened in error was also recorded, with an explanation slip for the prisoner. The censors department also administered the email-a-prisoner scheme, with up to 40 emails a day received by prisoners' friends and families.
- 2.12 New arrivals were given clean bedding and a set of clothes that could be exchanged each week. In our survey, a significantly higher number of respondents (95%) than in comparator prisons (81%) said that they were offered sufficient clean bedding each week. Prisoners could wear their own clothes, although many chose not to. Prisoners had few difficulties in accessing enough clean clothing. In our survey, 56% of respondents said they got sufficient clean clothes for the week, significantly better than the comparator of 48% and the 54% response in 2006. However, some clothing was ill fitting, and often stained and damaged. Prisoners tended to hold on to any reasonable quality clothes rather than exchange them each week. The prison did not provide coats for prisoners to wear during exercise outdoors. Access to stored property was reasonable.

Further recommendations

- 2.13 There should be more space for association on A wing.
- 2.14 All prisoners should receive their weekly allowance of free letters.
- 2.15 The standard of prison-issue clothes for prisoners should be consistently good.
- 2.16 Prisoners should have access to warm protective clothing during exercise in poor weather.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated respectfully by staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

- 2.17 Staff should address prisoners by their preferred names. (2.20)

Not achieved. In a few places, such as the SACU, prisoners were addressed by their preferred name, but generally surnames were used, in the traditional style. This disrespectful approach was well embedded and worse than we usually see in similar prisons.

We repeat the recommendation.

Additional information

- 2.18 Staff-prisoner relationships were reasonably good. Our survey findings on respectful treatment were similar to the comparators and the previous inspection, but more respondents than in 2006, 68% compared with 57%, said there was a member of staff they could talk to if they had a problem. Findings on perceptions of intimidation and victimisation by staff were also significantly better than the comparators and at the previous inspection. For example, only 17% of respondents said that they had ever felt victimised or threatened by a member of staff, against the comparator of 24% and the finding of 34% in 2006.
- 2.19 Prisoners were generally positive about staff, but many said they were unhelpful and disengaged. In the prison's most recent measuring the quality of prison life (MQPL) survey in 2008, about two-thirds of respondents said that staff were impatient when they dealt with them or ignored them. About half said staff were poor at feeding back on decisions, and nearly two-thirds felt the information they provided was unreliable.
- 2.20 Our own observations were that staff were friendly and reasonably approachable. We saw evidence that some made an effort to support individual prisoners, but others avoided prisoners or showed only superficial interest. The reasonable staffing levels and good atmosphere were not translated into high quality engagement. Record keeping was similarly

disappointing considering the number of staff available. Many staff were commonly confined to wing offices during the main part of the day.

- 2.21 There was limited staff engagement with prisoners during association and exercise sessions. They were often set apart and hanging over landing rails during association or standing outside the secure fence of the exercise yard. In our survey, only 11% of respondents said that staff spoke to them during association, significantly worse than the 17% comparator.

Further recommendation

- 2.22 Staff should supervise exercise in the exercise yard as a means of encouraging engagement.

Personal officers

Expected outcomes:

Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

- 2.23 **Management checks should be made routinely of contact time and the quality of entries in prisoners' wing files. (2.26)**

Partially achieved. The personal officer scheme stated that residential managers should make weekly management checks, with further monthly checks by principal officers. We saw examples of this, but it varied across the establishment. Management checks tended to focus on the quantity and frequency of contact rather than the effectiveness of work. The level of expected contact was also unclear.

Further recommendations

- 2.24 Management checks of personal officer entries in wing files should include evaluation of the effectiveness of prisoner contact.
- 2.25 The frequency of personal officers' active engagement with prisoners and file comments should be clarified and monitored in light of the introduction of P-NOMIS.

- 2.26 **Personal officers should play a greater part in sentence and reintegration planning, and should encourage prisoners to engage in learning and resettlement opportunities. (2.27)**

Not achieved. Although not specified in the personal officer policy or guidance notes for staff, resettlement and other staff said that personal officers were broadly responsible for the resettlement needs of prisoners serving sentences under 12 months, or on remand, especially in the absence of allocation to an offender supervisor. Assessments of prisoner resettlement needs, undertaken during induction, were kept in wing files, but there was little subsequent involvement of personal officers in supporting or directing prisoners to meet identified areas of concern, although this was better on C and F wings.

We repeat the recommendation.

Additional information

- 2.27 In our survey, 46% of respondents said that they had a personal officer, significantly better than the 42% comparator. However, only 52%, against 62%, said that they found them useful. The personal officer model remained underdeveloped. On I and F wings, personal officers were allocated to individuals, regardless of where they were located, whereas on other wings personal officers covered specific cells. Prisoners who moved cells therefore also changed personal officers, losing continuity. The quality of engagement by personal officers also varied between wings. On the smaller wings, C, I and F, the level of engagement was good and we saw examples of staff being proactive and supportive. This was generally not the case elsewhere.
- 2.28 With the introduction of P-NOMIS (Prison Service IT system), wing files had transferred to electronic recording and paper files were gradually being transferred over. In our review of a small number of electronic cases, the frequency and level of recorded contact was limited. This was not helped by the limited number of computer terminals for staff to use on some wings.

Further recommendations

- 2.29 Prisoners should be able to maintain the same personal officer for the duration of their stay on a wing.
- 2.30 Personal officers should have sufficient access to computer terminals to make frequent file entries.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

3.1 A bullying survey should be carried out by the prison. (3.12)

Achieved. Prisoners were consulted through an annual survey and at regular consultation meetings to determine how safe they felt, how they thought the prison could be made safer, how conflict could be resolved and what support they required from staff. Results were analysed by the violence reduction committee and also used to inform further changes in strategy.

3.2 The violence reduction committee should routinely examine the profile of victims. (3.13)

Not achieved. There was no evidence that the profiles of victims of identified bullying incidents were examined.

We repeat the recommendation.

3.3 More effective ways of working with bullies and their victims should be introduced. (3.14)

Partially achieved. An anti-bullying workbook had been introduced for identified bullies on stage two of the formal anti-bullying procedures. It dealt with the consequences and impact of behaviour, and strategies to deal with anger. We found no evidence that the workbook had been evaluated or that it was always used. We found only one record of its use in 2009. There was also little evidence of formal support plans for victims.

Further recommendations

3.4 The anti-bullying workbook should be used and evaluated.

3.5 There should be formal support plans for victims of bullying.

Additional information

3.6 There was a violence reduction policy document that had been based on analysis of the pattern of recorded violence in the prison. It explained in detail the principles, procedures and management arrangements that underpinned an overarching violence reduction strategy while setting out the responsibilities of staff and managers.

- 3.7 The day-to-day operation of the policy was managed by a recently appointed violence reduction coordinator who worked in a dedicated full-time safer custody team. The team also included a nominated manager (a senior officer), suicide prevention coordinator and the race equality officer. It monitored, reviewed and supervised the implementation of all aspects of violence reduction, including suicide prevention, on a day-to-day basis. The team was directly accountable to the safer custody manager (a governor grade) who led both the violence reduction and suicide prevention committees.
- 3.8 The violence reduction/anti-bullying committee met monthly to monitor the implementation of the policy and update the overall strategy as required. Attendance at meetings was inclusive with representation from relevant areas, including residential staff, the psychology department, security and the race equality officer. Representation from senior managers was consistently high. Minutes showed that meetings focused on specific bullying incidents as well as other broader forms of violence, such as fights and threats.
- 3.9 The psychology department produced a monthly report with a comparative analysis of violent incidents. Information on the number, nature and location of actual incidents alongside potential incidents, such as threats, and other information from security information reports was compared with that from previous months. This information allowed the committee to identify trends and potential violent hot spots and was used to inform changes in the overall strategy.
- 3.10 There was a three-stage system aimed at identifying incidents of bullying, challenging this behaviour and addressing persistent bullies. Prisoners suspected of violent or bullying behaviour were put on to stage one. Their behaviour was monitored for a minimum of seven days by residential officers, and formally reviewed following an investigation by the coordinator or the safer custody manager. If the behaviour was proven or continued, the prisoner, subject to the authorisation of a governor grade, was placed on a basic regime (see paragraph 7.50) or, depending on his circumstances, could be located in the segregation unit or transferred to another establishment. If there were no changes following a further 14 days, the prisoner was placed on stage three, where automatic removal to the segregation unit was sanctioned. The governor would also explore the possibility of transfer to another establishment.
- 3.11 The number of reported violent incidents was not high for the size and nature of the establishment, but the number of prisoners under formal anti-bullying processes appeared disproportionately low. In the first nine months of 2009, there had been 110 recorded violent incidents, including fights, between prisoners and various assaults. There had also been 56 security information reports (SIRs) relating to bullying during the same period, and 19 prisoners were located on the induction unit at the time of inspection because they said that they were unsafe from other prisoners on mainstream wings (see paragraph 3.22). During this time, there had been eight prisoners on stage one of the formal anti-bullying system.
- 3.12 The quality of investigations into alleged or suspected incidents was poor and often did not fully address the important issues. Outcomes were seldom reported, and many of the 50 investigation report forms we examined gave little indication that a full investigation of fact or circumstance had taken place at all.
- 3.13 Links with the security department were not adequately developed, and we were not given assurances that all relevant information, particularly from SIRs, was always shared with the violence reduction coordinator.

- 3.14 Residential officers relied on the violence reduction coordinator and safer custody manager to ensure that all elements of agreed protocols were carried out properly. The quality of officer entries in anti-bullying documentation was poor, and there was little evidence that they were actively engaged in the day-to-day management of alleged bullies.
- 3.15 More prisoners reported that they felt safe at Durham than at the time of the last inspection. In our survey, 37% of respondents said that they had felt unsafe at some time, which was an improvement on the 43% response in 2006.

Further recommendations

- 3.16 All allegations or suspicions of bullying should be fully investigated.
- 3.17 All relevant information should be shared between the security department and the safer custody team.
- 3.18 The engagement of residential officers in managing bullies on the wings should be evidenced through entries in anti-bullying documentation.

Vulnerable prisoners

- 3.19 **The arrangements for supporting prisoners who transfer in from vulnerable prisoner units at other establishments should be improved immediately. (3.23)**

Achieved. The violence reduction coordinator interviewed all prisoners who transferred in from vulnerable prisoner units and informed residential staff of their circumstances and any particular needs. In practice, these prisoners were located on to C wing.

Additional information

- 3.20 C wing was used to accommodate many vulnerable prisoners. Although it did not have the formal role of a vulnerable prisoner unit, it was used by other wings to provide a safer environment for those considered to be experiencing difficulties or who, by the nature of their offences, felt less safe on mainstream wings. C wing accommodated 48% of the prisoners with sex-related offences or charges. It provided a safe environment, had not been stigmatised and relationships between staff and prisoners were good. Staff on the wing knew the personal circumstances of their prisoners, and prisoners told us that they felt safe and were treated with respect. The regime on the wing mirrored that of other wings. Prisoners could attend the full range of activities including communal events, such as religious services and visits, with the rest of the prison.
- 3.21 Monitoring of sex offenders who were accommodated on mainstream wings had improved. The psychology department tracked their location and communicated this information to staff through the violence reduction committee. Wing staff were made aware of their location, and supervision for this group of prisoners was good. We spoke to a small group of five sex offenders on mainstream wings. All said that they felt relatively safe and that most staff were supportive.

- 3.22 We found, however, that the induction unit on E wing was being used as a place of safety for prisoners who said that they could not cope on mainstream wings because of debts, threats from other prisoners or related drug issues. At the time of inspection, 19 prisoners had refused to move from the unit because of fears for their safety, although there had been no investigations into the reasons for their feelings. Staff on the wing said that this number was typical, but had been higher. The regime for these prisoners was poor and, although they were offered exercise and association with other prisoners on the wing, they were generally kept away from prisoners on other wings. There was no organised planning for their return to mainstream wings.

Further recommendations

- 3.23 The reasons for prisoners seeking places of safety should be fully investigated.
- 3.24 There should be planning to allow prisoners who feel that they are at risk from other prisoners to return to mainstream wings.

Self-harm and suicide

Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.25 **The self-harm and suicide policy should be updated to reflect current practice. (3.32)**

Achieved. A comprehensive suicide prevention strategy, which set out procedures to minimise the risk of self-harm to prisoners, had been published following a full review in 2008. The policy document was specific to the identified needs of prisoners at Durham, and was understood by staff and prisoners. There were copies on all residential wings, reception and the education department.

- 3.26 **Data used to analyse patterns and trends of self-harm should include the nature of the prisoner's offence. (3.33)**

Achieved. The safer custody committee monitored the implementation of the strategy at monthly meetings. It used historical information provided by the psychology department and suicide prevention coordinator, including the nature of offence, to help identify trends and patterns by type, timing and peripheral circumstances of individual incidents. This was used to develop the strategy.

- 3.27 **The standard of documentation of support plans should be of a consistently high quality. (3.34)**

Not achieved. At the time of our inspection, there were 18 open assessment, care in custody

and teamwork (ACCT) self-harm monitoring documents. The quality of entries in documentation was generally poor. Most did not show that staff, particularly residential officers, had an in-depth understanding of individual cases or the feelings of prisoners. Many written comments were cursory and did not demonstrate high levels of organised care. Case reviews were regular and timely, but care mapping was generally poor and did not always adequately address specific problems or circumstances. Attendance at reviews was inconsistent. Although the prisoner was always present and there was evidence that he was involved in the process, attendance by a range of staff who knew him, such as work or education staff, the chaplaincy and healthcare professionals, was erratic.

We repeat the recommendation.

Additional information

- 3.28 Although there was written guidance for staff and managers on how to use and manage the ACCT documentation, only about 75% of staff had been formally trained in its operation.
- 3.29 A full-time suicide prevention coordinator had been appointed. He was responsible for ensuring that protocols to manage prisoners at risk of self-harm were properly implemented, and was also a central point for advice and guidance to staff and prisoners. His role was understood by staff and prisoners throughout the prison. We found, however, that there was an overreliance on the coordinator to ensure that procedures relating to self-harm prevention and the care of prisoners in crisis were carried out properly – as was seen in the poor quality of engagement by residential officers in the management of cases (see paragraph 3.27).
- 3.30 We were concerned to find that there was regular use of a CCTV camera in a designated cell in the healthcare centre for constant observation of prisoners under formal ACCT procedures, regardless of their assessed risk. This practice gave prisoners no privacy and was demeaning, and there was no evidence that it was part of a planned process of care.
- 3.31 At the time of our inspection, there were 11 Listeners providing cover on a rota basis. Although the Listener scheme was explained on induction and publicised around the prison, prisoners were not always sure how to access them. Even though a Listener worked in reception, in our survey only 13% of respondents said that they had met a Listener during the first few days in the prison, which was significantly worse than the comparator of 27%. Only 50% said that they were able to speak to a Listener if they wanted to, which was also significantly worse than the comparator of 60%. The five Listeners we spoke to said that they felt supported by staff, particularly the safer custody team, and felt their work was valued.

Further recommendations

- 3.32 All staff in a contact role should be trained to use ACCT documentation.
- 3.33 Engagement of residential staff in the management and support of prisoners at risk of self-harm should be improved.
- 3.34 The use of the CCTV cells in the healthcare centre should cease.
- 3.35 Prisoners should be given more information on the role of Listeners, meet them during reception, and know how to access them when needed.

Applications and complaints

Expected outcomes:

Effective application and complaint procedures are in place, 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.

3.36 Posters explaining the role of the ombudsman should be on display. (3.89)

Achieved. The role of the Ombudsman and information about how to make contact was advertised on all residential units.

3.37 Minutes of the consultative meeting should provide details of the outcomes of action points. (3.90)

Achieved. Monthly consultation meetings took place. Minutes showed that prisoners could freely give their views and that their suggestions were taken seriously. Outcomes of actions were recorded.

3.38 Complaints should be investigated more effectively; replies should be more respectful and informative, and there should be better monitoring of replies by senior managers. (3.91)

Not achieved. As at the last inspection, we found that the quality of replies to formal requests and complaints was consistently poor. They were usually timely, but many were not respectful, especially those from senior officers and basic grade officers, and often did not address the issues raised. We saw one case where a serious complaint against a senior member of staff had not been investigated properly, took too long to process, and the prisoner was not kept informed of progress.

We repeat the recommendation.

3.39 The appeal procedure should be reviewed to ensure that it is fair. (3.92)

Not achieved. There was no evidence of prisoners succeeding in the appeal process. Although we were told that the process was explained to prisoners during induction and that there was written instruction with the formal complaints form, many prisoners said that they were unsure of the process. In our survey, only 16% of respondents said that they had been given information about how to make an appeal, which was significantly worse than the comparator of 25%.

We repeat the recommendation.

3.40 Complaints should be carefully analysed so that relevant patterns and trends can be identified. (3.93)

Not achieved. There was little evidence that complaints were analysed to identify any patterns or trends, or – given the poor standard of replies to formal requests and complaints – that there were checks that replies were respectful and addressed the main point of the complaint.

We repeat the recommendation.

Additional information

- 3.41 Information about how prisoners could make general applications and formal complaints was well advertised on notices on all wings. The number of formal complaints was not excessive at about 15 a month, and showed that prisoners knew how to use the system. In our survey, 83% of respondents, against the comparator of 79%, said that it was easy to get a complaints form, and 91%, against 86%, that it was easy to get an application form.
- 3.42 General applications from prisoners were logged by staff in a book on the wings. A record was kept of the time the application was made, and it was sent to the central residential administration department where it was forwarded on to the relevant area for action. The time it took for applications to be dealt with was not recorded.
- 3.43 There were no systems to track the progress of applications. Prisoners said that it took too long to receive an answer to a simple request, and there was no evidence that staff helped prisoners to check the progress of their application. This was particularly evident in the time it took – sometimes over two weeks – to deal with simple applications to have approved articles of personal property in possession. In our survey, 43% of respondents said that their applications were dealt with promptly and 50% said that they were dealt with fairly, which were significantly worse than comparators of 47% and 54% respectively.
- 3.44 Formal complaint forms were readily available on residential units. Prisoners could deposit completed forms in secure boxes located away from staff offices on their wings. Of the 30 completed forms we inspected, many concerned issues that could have been dealt with by residential officers, such as access to stored property, problems with incoming mail and private cash.

Further recommendations

- 3.45 There should be tracking systems for general applications to ensure that they are dealt with quickly.
- 3.46 Residential staff should help prisoners to pursue applications.

Legal rights

Expected outcomes:

Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.

- 3.47 Staff providing legal service advice should be given up to date, comprehensive training. (3.99)

Not achieved. The legal services officer and his nominated relief had both been trained, but this had been 12 and five years earlier respectively. Both said that their initial training had not prepared them to deal with increasingly complex IPP (indeterminate sentence for public

protection) and foreign national cases.
We repeat the recommendation.

Additional information

- 3.48 Legal services were covered by a full-time officer in the offender management unit (OMU). Legal services were only part of his duties; he was also an offender supervisor and was responsible for allocations. In his absence, cover was provided by another officer in the OMU. There was a full-time bail information officer, also based in OMU, who worked for the probation service and had recently been trained.
- 3.49 The bail information officer saw all new arrivals and advised them of the services available for bail information and legal rights. Relevant information was also publicised across the wings. Queries regarding legal services were dealt with through systems established by the legal services officer for logging and recording progress for each application, which were well established and worked well. Interviews by the bail information officer had resulted in 63 prisoners being released on bail since the start of 2009.
- 3.50 Legal visits could be booked over the phone or via email, and the special visits booking line was staffed between 8.30am and 4pm. Staff told us that P-NOMIS had caused them problems when registering bookings, which took longer than the previous IT system. There were 11 legal visits booths, which was sufficient to deal with demand. Legal visitors could also arrange to see their clients through the video-link, subject to availability.
- 3.51 In our survey, only 37% of respondents, significantly worse than the comparator of 42%, said that it was easy to communicate with their solicitor or legal representative. Despite this poor finding, we found that prisoners had good access to special letters through the application system and, if essential, could stay on the wing to phone their solicitor.

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.

- 3.52 **Muslim prisoners should have better access to the services of a Muslim chaplain. (5.42)**

Achieved. A full-time Muslim chaplain was in post. At the time of the inspection, 20 prisoners were registered as Muslim (2.1%).

Additional information

- 3.53 There was a large chaplaincy team of four full-time chaplains and several part-time and sessional staff. In our survey, 56% of respondents said that they could speak to a religious leader of their faith in private, an improvement from 50% in 2006, and 54% said that their religious beliefs were respected, which was also significantly better than the 46% response in 2006. Despite this, there was limited support for the 16 prisoners currently identified as Buddhists. A Buddhist chaplain was only available once a month. Some religious texts and

CDs in Vietnamese had helped to mitigate this limited service, but it was recognised that more provision was needed.

- 3.54 The chapel and the multi-faith room on F wing were well used, and there were Catholic and Anglican services on Sundays. There were weekly Bible studies and Islamic group meetings, and the Bible and Qur'an were available in several languages. There were reasonable links with external groups, some of whom were scheduled to visit the prison. A popular guitar group also met weekly.

Further recommendation

- 3.55 Prisoners from significant minority religious groups, such as Buddhists, should have better access to a chaplain of their religion.

Substance use

Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

- 3.56 Clinical provision should be extended to offer the option of Subutex as an alternative to lofexidine or methadone. (3.110)

Not achieved. Subutex (buprenorphine) was not widely used or offered by clinical staff as an opiate-substitution treatment. In the previous six months, only one prisoner had been prescribed Subutex. Substance misuse staff said that there would be a significant risk of diversion of prescribed Subutex to illicit use if it were widely prescribed. The drug testing evidence pointed to Subutex as the most widely abused drug in the establishment, sourced illicitly from outside the prison.

Further recommendations

- 3.57 Clinical provision should ensure the widest possible options according to patient needs.
- 3.58 Medication administration procedures should ensure the prevention of medication diversion.

- 3.59 The range of clinical provision should be available to both those previously subject to community prescribing and those who have used illicitly. (3.111)

Partially achieved. Methadone was available both to those previously subject to community prescribing and those who had used opiates illicitly in the community. However, it was not available for prisoners as a secondary detoxification (that is, for those who had used opiates illicitly in the prison). In such cases, standard detoxification symptomatic relief medication was available.

Further recommendation

3.60 Methadone should be available as a secondary detoxification for those who have developed an opiate dependency while in the prison.

3.61 There should be a dedicated area for all prisoners subject to clinical support initially, while they undergo a detoxification programme or stabilisation. (3.112)

Achieved. E wing, the first night centre, was also the stabilisation/detoxification wing. Once stabilised, prisoners moved to D wing, which was solely for those on methadone maintenance and longer-term reduction under the integrated drug treatment system (IDTS) regime.

3.62 The role of the detoxification officers should be clarified, and clear models of clinical and case management supervision introduced. (3.113)

Achieved. The role had been given a written job description. There was Royal College of General Practitioners (RCGP) level one drugs training for these officers, and future professional development was planned through the IDTS workforce plan. Clinical supervision and case management of these officers was through the IDTS clinical management.

3.63 Clinical interventions should be supported by a clear model of psychosocial support. (3.114)

Achieved. Counselling, assessment, referral, advice and throughcare (CARAT) workers delivered the IDTS 28-day psychosocial programme and one-to-one keyworking. A three-course pilot for IDTS prisoners to access P-ASRO (prison addressing substance related offending) was also nearing completion.

3.64 The prison should develop an alcohol strategy. (3.115)

Not achieved. Although alcohol was mentioned in the substance misuse strategy document, there was no strategic approach or action plan for alcohol issues.
We repeat the recommendation.

3.65 The penalties for positive MDT testing should be clarified and agreed. (3.116)

Achieved. There was a specific written tariff of penalties for positive mandatory drug testing (MDT), which was used in all such adjudications.

3.66 A protocol should be developed for joint working between the CARAT and the mental health in-reach team, to facilitate the management of dual-diagnosis cases. (3.117)

Achieved. There was a written protocol detailing all joint working between CARAT and all healthcare services. Associated care pathways were being developed in line with the protocol.

Additional information

3.67 The number of IDTS prisoners receiving methadone treatment had more than doubled in the last two years to 243. Most (approximately 80%) were on maintenance doses. Prisoners and

staff were frustrated that few prisoners on methadone were able to move on to category C prisons due to capped numbers in the nearby establishments.

- 3.68 IDTS nursing staff shortages, coupled with shortages of healthcare nurses, meant that there was a constant struggle to keep up with methadone administration, which seemed to dominate the daily routine. Some prisoners received split doses, in the morning and the afternoon, which was a further draw on nursing resources. As a result, IDTS nurses could not work with CARAT workers in the delivery of the 28-day psychosocial groupwork programme, though they did take part in five-day and 28-day clinical reviews of prisoners on the methadone programme. The methadone administration prevented access to activities for those on IDTS, as it was impossible to get them to activities on time.
- 3.69 Additional accommodation and treatment rooms were being prepared on B wing to cope with overspill from D wing. There was no plan to restrict the number of IDTS prisoners.
- 3.70 In the five months to September, 326 prisoners had presented with primary alcohol problems, compared with 467 with primary drug problems, and 68 had both alcohol and drug problems. Alcohol detoxification treatment was offered to all presenting with such need.
- 3.71 The mandatory drug testing (MDT) positive rate was 25.2% for the six months to August 2009, with a peak of 27.1% in August 2009. In our survey, 44% of respondents, against a comparator of 32%, said that it was easy to get drugs in the prison. In our safety interviews (see Appendix IV), the availability of drugs and the existence of an illegal market rated second and fifth respectively in prisoners' top five safety concerns. The illicit use of Subutex was the largest drug problem in the prison (see also paragraph 3.56). Test results suggested that its use was predominantly among the non-IDTS population, though prisoners told us that the drug was being sold on the main IDTS wing.
- 3.72 Drug-related security information reports (SIRs) made up 20% of all SIRs received by the security department. Between March 2009 and August 2009, the security department requested 273 target test requests as a result of information received through SIRs. However, only 42 were completed within the required 72-hour window. The remaining 231 tests were not completed. MDT officers told us that they were frequently redeployed to other operational duties, which reduced their availability for target testing. This lack of target testing was not being monitored by the security department or the drug strategy team. There was also no frequent testing programme for those who had tested positive on random MDTs, so prisoners' continued illicit drug use could not be monitored.
- 3.73 Benzodiazepines, opiates and cannabis were also regularly detected among prisoners during random mandatory and voluntary drug testing. In-possession medication included benzodiazepines and opiates like tramadol (a pain reliever). The local primary care trust had funded a scheme for the installation of medication safes in each cell to prevent theft. Prisoners had to sign a medication compact requiring them to report lost or stolen in-possession medication. Despite these measures, prisoners told us that prescription drugs were commonly available.

Further recommendations

- 3.74 The availability of integrated drug treatment system (IDTS) methadone treatment places in category C prisons should be urgently reviewed at regional and national level to ensure the continued throughput of prisoners from category B local prisons.

- 3.75 All stakeholders in the delivery of the integrated drug treatment system should monitor the number taking part to ensure adequate resourcing and the best possible clinical and psychosocial outcomes for prisoners.
- 3.76 Mandatory drug testing should be sufficiently staffed to ensure all testing is carried out within identified timescales and with no gaps in provision.
- 3.77 Target testing should be effectively managed to ensure it takes place within the required timescale.
- 3.78 There should be effective security measures in place to reduce the supply of illicit drugs.

Section 4: Diversity

Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities. Multiple diversity needs should be recognised and met.

- 4.1 The diversity policy should include the needs of all minority groups, and staff training in awareness of their needs. (3.43)

Partially achieved. There was no overarching diversity policy covering all minority groups, although some aspects were covered in separate policies on race equality, foreign nationals and disability (which also included some reference to older prisoners). Sexual orientation and religion were not covered by a policy, and there was minimal support for prisoners in these areas. (See also main recommendation HP57.) In April 2009, eight staff had been trained as trainers in the Challenge, it Change it diversity training package, but the programme had yet to be rolled out. However, 66% of staff had received some form of diversity training within the previous three years.

Further recommendation

- 4.2 All staff should receive appropriate diversity training, with refresher training at least every three years.

Additional information

- 4.3 The diversity and race equality action team (DREAT), which met monthly, had been created recently to better reflect the range of areas to be covered. The group was appropriately constituted and meetings were well attended, although there was no involvement with external community organisations. Minutes indicated that race and foreign national prisoner issues continued to take up the majority of discussion, and there was little attention to other strands of diversity. There was no overarching diversity and race equality action plan, although there were separate race and disability action plans.
- 4.4 The prison had identified diversity and foreign national prisoner representatives, as well as wing-based diversity staff. Their roles, however, remained unclear. Wing-based diversity staff did not have specific job descriptions and had not received specific training. In most cases, they liaised with the diversity team if there were any concerns. The foreign national diversity prisoner representatives met monthly as a group to discuss specific issues, and also attended the DREAT. However, while most were foreign nationals, their understanding of wider diversity needs was sometimes limited. For example, at each meeting in the previous six months, there was consistently 'nothing to report' on disability and older prisoners.
- 4.5 There were currently no impact assessments for areas of diversity other than race.

Further recommendations

- 4.6 The prison should develop links with community agencies to support the development of diversity work.
- 4.7 The role of diversity and foreign national wing officers and prisoner representatives should be clarified and specific training provided.
- 4.8 There should be impact assessments for all areas of diversity.

Race equality

- 4.9 **Action plans to monitor the progress of impact assessments should be incorporated into the overarching race equality action plan. (3.54)**

Achieved. Race equality impact assessments had been undertaken and updated. Progress against these was monitored in the race equality action plan as well as through the DREAT meetings.

Additional information

- 4.10 At the time of the inspection, there were 102 black and minority ethnic prisoners. The race equality policy was out of date and, while it covered most areas relating to race equality, had little that related directly to Durham. The race equality action plan, however, was kept up to date and was reviewed regularly through the DREAT. A full-time race equality officer took the lead on race issues and the deputy governor had overall responsibility, and also chaired the DREAT.
- 4.11 Ethnic monitoring was evaluated at each DREAT meeting. Information monitored covered the 10 key areas, and data indicated few concerns of under- or over-representation in the previous 12 months. However, the exception was complaints, where black and minority ethnic prisoners were below the expected range in six of the previous seven months. An analysis of the reasons for this had yet to be completed.
- 4.12 Since the beginning of April 2009, 56 racist incident forms had been submitted. This was similar to the previous 12 months, when 118 had been received. The race equality officer completed all investigations to a reasonable standard. External scrutiny was provided by the race equality lead for the local Hassockfields secure unit. Where prisoners were found to have behaved in a racist manner, there were few consequences. Cell sharing risk assessments were usually amended and a log was maintained of such prisoners, along with prisoners convicted of a racially motivated offence. There had been some work to identify an appropriate programme for such offenders to attend. A pilot programme, researched and designed by the psychology department, had been delivered once and had been positively evaluated, and was planned to run in the future.

Further recommendations

- 4.13 The race equality policy should be updated annually and relate specifically to Durham prison.

- 4.14 The prison should ensure that any areas of disparity identified in ethnic monitoring are investigated and necessary remedial action taken.
- 4.15 There should be a greater range of responses for prisoners found to have behaved in a racist or discriminatory manner.
- 4.16 The prison should implement the programme designed to challenge racist and discriminatory behaviour as soon as possible.

Religion

No recommendations were made under this heading at the last inspection.

Additional information

- 4.17 There had been no work on the impact of the prison's regime on different religious groups, although access to faith-based activity was monitored. Although a representative from the chaplaincy usually attended the DREAT, issues relating to this strand of diversity were rarely raised. There was no monitoring to identify the representation of prisoners from minority religions in key areas of activity or sanctions, such as disciplinary procedures or the incentives and earned privileges scheme.

Further recommendation

- 4.18 There should be monitoring that assesses the impact of prisoners' religion.

Foreign nationals

- 4.19 **The Immigration and Nationality Directorate should liaise regularly with the prison. Prisoners should be informed as early as possible whether they are being considered for deportation, and provided with regularly updated information. (3.61)**

Partially achieved. Although there were reasonable links with the UKBA (previously IND), there continued to be some problems. At the time of the inspection, there were nine prisoners held solely on authority to detain notices (IS91s), including one prisoner in this position since August 2008. We were told of one recent case where the prison was not informed that a prisoner whose sentence was about to expire was to be deported until the day before.

Further recommendation

- 4.20 The prison should seek to ensure that the UK Border Agency liaises with it regularly, and that prisoners are informed as early as possible whether they are being considered for deportation, and provided with regularly updated information.
- 4.21 **Policies and procedures in languages other than English should be available to all foreign national prisoners. (3.62)**

Not achieved. Foreign national prisoners received relatively little information in their own language. Information given out during induction about some aspects of the regime at Durham and about immigration was available in several languages. However, when we checked these documents with two Vietnamese foreign nationals who spoke some English, they said that much of what had been translated made little or no sense. Prison policies were not available in languages other than English.

Further recommendations

- 4.22 Information about the regime at Durham should be available to all prisoners in a language they understand. Translations should be checked to ensure they are accurate.
- 4.23 The prison's policies and procedures should be available to all prisoners in a language they can understand.

Additional information

- 4.24 At the time of the inspection, there were 92 foreign national prisoners. We were told this number was about average. Although there was a foreign national policy, much of the content had come from another establishment and bore little resemblance to what was available at Durham.
- 4.25 The diversity officer was currently covering the role of foreign national coordinator, due to the post holder's long-term sickness. Assessment forms to identify the needs of foreign national new arrivals were not currently used, and it was, therefore, not possible to assess their needs accurately.
- 4.26 The prison used prisoners and staff as interpreters where possible, although this was limited. A telephone interpretation service was also widely used (approximately 40 times a month in the last four months), but this was insufficient for some prisoners with no English.
- 4.27 Almost half (44) of all foreign nationals were Vietnamese. There had been reasonable attempts to accommodate these prisoners together, and most were on C or F wings. While this was appropriate for many, there was an extremely limited regime, especially on F wing. Most of these prisoners did not speak English and were, therefore, excluded from most employment. While many attended classes in English for speakers of other languages (ESOL), this amounted to only a little over two or three hours a day off the wing. Other than evening association, these prisoners were locked up at other times. For those on F wing, exercise outside was available only at weekends because the wing was designated a workers' wing and most prisoners were off the wing during weekdays. The situation for this group was compounded as they had no access to television in their own language, and many complained of boredom.
- 4.28 Although there were Vietnamese prisoner representatives on each wing who attended monthly meetings and the DREAT, their English was generally insufficient to advocate effectively for this group. During our inspection, we ran a Vietnamese prisoner focus group with an interpreter. Most prisoners in the group said they found out about the prison's functioning from other prisoners and, while there was some support, their lack of English made them unable to pursue individual concerns effectively.

- 4.29 Foreign national prisoners who did not receive visits could receive a free 10-minute telephone call to their home country. They could also exchange two standard free letters for one free airmail letter, although very few foreign national prisoners knew about this. In the previous four months there had been only 15 such exchanges, including eight for the same prisoner.

Further recommendations

- 4.30 The foreign nationals policy should accurately reflect provision at Durham and be supported by an action plan to meet identified needs.
- 4.31 All foreign national new arrivals should be interviewed by the foreign nationals coordinator and their specific needs identified, and there should be support systems to meet their needs.
- 4.32 If the prison holds a significant number of prisoners of the same nationality, there should be regular focus groups, with an interpreter if necessary, to ensure the needs of such groups are met effectively.
- 4.33 Prisoners who are unable to work due to their limited English should be able to access a more flexible wing regime, subject to appropriate risk assessment.
- 4.34 Foreign national prisoners should be able to have free airmail letters, where appropriate.

Disability and older prisoners

- 4.35 **The establishment should prepare a local policy document outlining all arrangements for the assessment and management of older prisoners and disabled prisoners, and should monitor its implementation. (3.44)**

Achieved. The prison had a comprehensive disability and older prisoner policy, which had been updated in October 2009. There were disability and older prisoner action plans that covered key issues.

Additional information

- 4.36 All new arrivals had the opportunity to declare a disability at reception, and there was a detailed assessment form to log such information. All prisoners over 55 were also asked to complete the questionnaire. Following this, the disability liaison officer or his assistant undertook a further interview, if necessary. A log was maintained of prisoners with a disability and, at the time of the inspection, 53 prisoners had been identified. This equated to approximately 6% of the population, although in our survey, 19% of respondents said they had a disability, suggesting that the prison's figure was an under-representation.
- 4.37 Although the prison's definition of disability included learning difficulties, information from the education department on the number of prisoners so identified was not consistently forwarded to the disability liaison officer. However, there was a planned pilot project for a comprehensive assessment of learning difficulties.
- 4.38 In 2006, Disability North helped the prison to undertake an access audit to assess compliance against the Disability Discrimination Act, 2005. The assessment was comprehensive and a

range of adaptations was made subsequently. There were adapted cells on A, B, C, D and E wings. There were also stair lifts giving reasonable access to reception and education. In our survey of prisoners and disability, 33% of respondents with a disability, significantly better than the 20% of non-disabled prisoners, said they attended education.

- 4.39 Despite initial assessments, care plans and personal emergency evacuation plans were not consistently available in wing files. Prisoners with disabilities told us that they did not have specific action plans regarding their disabilities. Some disabled and older prisoners said that while they had received help and support, particularly from healthcare staff, they had sometimes had to push for this themselves. Two prisoners said that since being at Durham they had felt fearful, although not currently. In our survey, 62% of respondents with a disability said they had felt unsafe at some point at Durham, double the response of those without a disability.
- 4.40 Staff on each wing were identified as disability champions and offered some support to prisoners with disabilities, as well as ensuring appropriate adjustments on their wings. The officer on E wing was also responsible for ensuring initial assessments were completed.
- 4.41 There had been some attempts to find work for prisoners who were unable, because of a disability or age, to work in conventional settings. However, prisoners who were retired had no alternative regime and they were treated broadly the same as those who were unemployed.
- 4.42 There was no monitoring of the impact of the regime on prisoners with disabilities. In our survey, respondents with a disability perceived they were significantly more likely to be subject to control and restraint and/or be held in segregation, felt less likely to be treated fairly under the incentives and earned privileges scheme and were more likely to have made a complaint. The reasons for these negative views, or their validity, were not clear.

Further recommendations

- 4.43 The disability assessment of prisoners should include learning difficulties, and there should be stronger links with the education department to ensure there is an accurate log of all prisoners with a disability.
- 4.44 All older prisoners and those with a physical disability should, where necessary, have a personal emergency evacuation plan, which is easily accessible by staff on wings, and prisoners with a personal emergency evacuation plan should be quickly and easily identifiable by staff in the case of an emergency.
- 4.45 There should be monitoring to assess the impact of the regime on prisoners with disabilities.
- 4.46 The prison should explore further the negative perceptions of prisoners with disabilities, and the action plan should incorporate mechanisms to minimise these.

Sexual orientation

No recommendations were made under this heading at the last inspection.

Additional information

- 4.47 In our survey, 4% of respondents regarded themselves as gay or bisexual. The prison had undertaken no work on this strand of diversity, and there was no specific staff lead officer. Nothing had been done to establish the number of prisoners in this category or their particular needs, and there was no information displayed on the wings about external support groups or sources of help.

Further recommendation

- 4.48 The prison should identify a lead officer for work with gay and bisexual prisoners, and there should be an assessment of their number and needs, and information displayed about sources of support and help.

Section 5: Health services

Expected outcomes:

Prisoners should be 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 in the community.

- 5.1 The health services centre and all rooms used for health services should be in a good state of repair, easy to clean, and fit for their purpose. The rooms and any furnishings should meet infection control standards. (4.53)

Achieved. The healthcare department and wing treatment rooms had been repainted and rewired. Some organisational changes were under way and most rooms were now fit for purpose, with appropriate equipment and handwashing facilities.

- 5.2 A review of the dental fixed equipment should be carried out to ensure that all safety issues have been addressed. (4.54)

Achieved. A contract for servicing the dental fixed equipment was now in place.

- 5.3 The contract for the disposal of hazardous waste should be amended to include amalgam and chemical waste from the dental surgery. (4.55)

Achieved. A contract for the disposal of hazardous waste, including dental waste, was now in place.

- 5.4 Staff skills and competencies should be deployed to ensure the best care for prisoners – for example, RMNs should be allocated to care for mental health inpatients. (4.56)

Not achieved. Due to staffing pressures, RMNs (registered mental nurses) still undertook general nursing duties regularly. They were not always based in the inpatient area, and for most of the time, they undertook primary care duties, which included medications and general clinic duties.

We repeat the recommendation.

- 5.5 The pharmacy department should be expanded to allow better prisoner contact, more storage space, and better working conditions. (4.57)

Partially achieved. The pharmacy had been relocated and had more space for storage and better working conditions. However, there was no provision to allow prisoners to have face-to-face contact with pharmacy staff.

Further recommendation

- 5.6 Prisoners should have direct contact with the pharmacy through regular pharmacy clinics.

- 5.7 The use of pharmacy staff to supply in-possession medication to prisoners each week on the wings should be encouraged. (4.58)

Not achieved. Pharmacy staff did not currently supply in-possession medication to prisoners. Nurses continued to administer all in-possession medication, which took them away from their primary function of delivering healthcare to prisoners.

We repeat the recommendation.

5.8 Prisoners should be provided with somewhere secure to keep in-possession medications. (4.59)

Partially achieved. The prison was currently installing safes in cells for prisoners to store medication (see paragraph 3.73). This was work in progress and not all prisoners had access to a secure storage place.

Further recommendation

5.9 The work to install medication safes in cells should include all cells and be completed as soon as possible.

5.10 A system should be introduced to remind prisoners when repeat prescriptions are needed, in order to avoid delays and gaps in treatment. (4.60)

Not achieved. Most medication was supplied in possession and the ordering of repeat medication was the responsibility of the patient. In-possession medication was issued through an NHS prescription format that allowed patients to retain part of the prescription for reordering. However, many prisoners did not make use of this system. Those who did, placed prescriptions in healthcare boxes on the wings, which were emptied daily by administrative staff. Delays in returning medicines were mainly due to the frequent movement of prisoners around the prison and medication being sent to the wrong location.

Further recommendations

5.11 Notices to remind prisoners to request repeat prescriptions should be displayed on wing treatment hatches.

5.12 The pharmacy should liaise with administrative staff to ensure it receives daily prisoner location reports.

5.13 Standard operating procedures for the services provided by the pharmacy should be updated and fully implemented as a matter of priority. They should reflect accurately the procedures they relate to, and be revised regularly to accommodate changes in legislation and best practice. (4.61)

Partially achieved. There were many signed pharmacy standing operating procedures, which had been accepted by the medicines and therapeutics committee and reviewed in February 2009. However, they did not always reflect the current practice and did not cover all aspects of pharmacy services.

Further recommendation

5.14 All pharmacy standing operating procedures should include all aspects of current practice.

5.15 The current arrangements for the recording of methadone supplies to prisoners should be reviewed immediately, in consultation with the nursing staff and health services manager, and a more robust and appropriate system should be introduced. (4.62)

Partially achieved. Methadone dispensing equipment was available on D and E wings, and there were computerised controlled drugs records of methadone supplies. Supplies of methadone for patients on other wings or those attending court were dispensed using the methadone dispensing pump located in the pharmacy. As a result, records were made in advance of the supply and were, therefore, inaccurate.

Further recommendation

5.16 All methadone distribution areas should be provided with methadone dispensing pumps to ensure the safe and accurate recording of methadone supplies.

5.17 There should be a verifiable audit trail of methadone from the pharmacy to the wings within the prison, in order to safeguard the nursing and pharmacy staff involved in the supply of methadone. (4.63)

Achieved. Duplicate ward stock books were used to order methadone supplies for each wing from the pharmacy. These recorded the appropriate signatures for the order, supply and collection; copies were retained by the pharmacy.

5.18 Triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners. (4.64)

Not achieved. The principle of triage algorithms had been accepted, but could not be introduced until a format for implementation across the cluster had been developed.
We repeat the recommendation.

5.19 The beds in health services should not form part of the prison's certified normal accommodation. (4.65)

Not achieved. The inpatient beds remained on the certified normal accommodation, although there was no evidence that they were used inappropriately or for any significant period.
We repeat the recommendation.

5.20 Prisoners needing specialist mental health services should be transferred promptly. (4.66)

Achieved. The mental health team worked hard to press secure units to admit patients promptly. The mental health administrative officer maintained frequent contact with designated hospitals to ensure there was no delay in transferring patients. There was evidence of this during the inspection, when a patient was sectioned under the Mental Health Act and his transfer was arranged within a week.

Additional information

- 5.21 Health services were commissioned and provided by Darlington primary care trust (PCT), which also provided health services at HMPs Deerbolt, Frankland and Low Newton. The PCT had an offender health strategic development plan for its prisons. It included workforce and clinical governance issues, as well as public health and mental health objectives. There were bimonthly meetings of the prison health partnership board for all four prisons, and attendance was good.
- 5.22 The healthcare centre had recently undergone extensive redecoration, and an electronic patient management system (EMIS) had been installed in all healthcare areas. The centre was light and generally clean, apart from the ground floor primary care department, which had some rooms that were grubby with debris on the floor. There were many offices and treatment rooms, but some were very untidy and many lacked storage space.
- 5.23 The dental surgery was grubby with debris on the floor before the start of clinics; household waste bins had not been emptied. The equipment in the dental surgery worked satisfactorily and a new compressor had been installed. A lead apron was held in the surgery but was not used. There was no evidence of any recent PCT surgery inspection, and some cross-infection control procedures were inadequate. There was no demarcation of the clean and dirty areas, and the dental nurse did not apply the correct infection control procedures. Clean items were removed from drawers with contaminated gloves. The dentist did not know where the resuscitation equipment was kept.
- 5.24 There was an out-of-hours room next to the pharmacy where designated wing and night medicine cupboards were held. There were pharmacy fridges in both rooms. Maximum and minimum temperatures were recorded daily and documented. No daily maximum and minimum temperatures were recorded for the treatment room fridges on D, E and B wings.
- 5.25 The three prisoner waiting rooms were stark and had only wooden bench seating, with nothing to distract waiting prisoners. Health promotion material was displayed throughout the department except in the waiting rooms.
- 5.26 The reception healthcare room and wing treatment rooms had also been redecorated. Some wing treatment rooms were small, but they were generally clean and tidy.
- 5.27 The inpatient areas were cleaned by a prisoner and were clean. The inpatient unit had also been redecorated recently, but reorganisation of equipment and stores was incomplete. The association area was large but bare and austere, and had no displays to make it a more therapeutic environment. All cells had in-cell sanitation and electricity. One cell had an NHS hospital bed for very ill patients.
- 5.28 There was a designated lead nurse for older prisoners, who was also responsible for the development of palliative care, and who linked in with the prison's disability lead officer.
- 5.29 There was little written information in foreign languages – despite the large Vietnamese population – although interpretation services were used. There was no information about how the results of health investigations were relayed to the patient. Some work was needed to ensure non-English speaking prisoners fully understood what was happening to them.

- 5.30 There was no evidence that security issues affected patient care and accessibility to health services. However, association for inpatients was often cancelled.
- 5.31 Clinical governance arrangements included the management and accountability of staff. The head of healthcare was a band 8 registered general nurse (RGN). She was supported by three band 7 RGN team leaders, and the rest of the team included band 5 RGNs, registered mental nurses (RMNs) and healthcare support workers (HCSW). Several nurses had additional qualifications, such as the management of patients with diabetes and asthma. Some were also nurse prescribers. Many of the HCSWs – who mainly worked in inpatients – had completed a national vocational qualification (NVO) level three in care.
- 5.32 The healthcare centre was supported by discipline officers, who were managed by a principal officer who was also an RMN. There were three hospital officers, one of whom was an RMN, and a group of 12 officers who were used to support all healthcare clinics, inpatients and outside hospital appointments. The deployment of discipline officers helped the efficient management of health services.
- 5.33 Staff had good access to professional training and clinical supervision, and six nurses were trained as supervisors. All staff had received resuscitation training in the last year. Regular team meetings were held and minuted. A full selection of NHS publications and guidelines was available to all staff.
- 5.34 Medical cover was provided by a full-time medical director, based at the prison, who had responsibility for the cluster. He was supported by another full-time GP also based at the prison who provided cover for other prisons in the cluster. A local GP practice provided on-site support from 5pm until 8pm and then remotely until 10pm, when the PCT out-of-hours service took over until the next morning. A large team of administrative staff had individual responsibilities for the management of patients' appointments and records, and freed up medical and nursing staff to concentrate on clinical work.
- 5.35 Pharmacy services were provided by three full-time pharmacists, three full-time technicians, two part-time technicians, who were accredited checking technicians, and one assistant technical officer. Dental services were provided by two dentists in four sessions a week, assisted by qualified dental nurses.
- 5.36 All emergency equipment was managed by the principal officer and included documented weekly checks. Medical and other equipment was available through the PCT loan department.
- 5.37 We reviewed EMIS entries and found them to be accurate and contemporaneous. They included entries by administrative staff, who documented events such as abnormal blood results, changes in external appointments or contact with external agencies. This ensured that a patient's progress was tracked through the system and that all staff were aware of it.
- 5.38 Administrative staff checked prisoners' notes on admission. If they had been in prison before, the administrator tried to locate old clinical notes from where they had been held. The checks and records were recorded in prisoners' clinical notes so that all staff knew that previous notes were being sought. Old clinical records were stored securely in the healthcare department.
- 5.39 A nurse saw new arrivals in reception for an initial health screening, which included a physical and mental health assessment. They were given a guide to health services, but this was in English only. They underwent a secondary screening within 72 hours. Those with obvious

healthcare needs, such as detoxification or stabilisation, were automatically seen by the doctor and prescribed appropriate medication.

- 5.40 The following day, administrative staff checked their clinical records and contacted their GPs if they were on medication or had outstanding hospital appointments. They continued to contact GPs every two days until medication confirmation was received. They checked if any had lifelong conditions, such as diabetes or asthma, in which case they were invited to see the nurse specialist to coordinate ongoing care. For diabetic patients, the administrator arranged blood, eyesight and feet checks, and informed the catering department so that the prisoner could receive additional food supplies and advice. The administrators also sent weekly lists to the catering officer of all prisoners with specific dietary needs. The system ensured that prisoners with lifelong conditions were reviewed as soon as possible after their arrival, and ongoing appointments were arranged accordingly. The named-nurses specialists were supported by community nurse specialists, where appropriate.
- 5.41 Prisoners could access health services from the wings using two free Patient Advice and Liaison Services (PALS) phone lines, which enabled them to speak directly to a member of the administrative team about appointments, their treatment or to make a complaint. The calls were logged, analysed and the result of the call documented. Most calls related to appointment times. Prisoners in our groups complained that it took too long to get through to administration, but in one afternoon we noted that very few calls had been made to the lines.
- 5.42 Health services could also be accessed by completing application forms, which were posted in locked dedicated healthcare boxes on the wings. The boxes were emptied by administrative staff each day, who arranged the relevant appointment and took the list of the next day's healthcare appointments to individual wings every lunchtime. The appointment system was very efficient, but a consistently high number of prisoners failed to keep healthcare appointments. The GP non-attendance rate for July, August and September 2009 was 24.6%, 23.9% and 22.5% respectively. Dental and optician non-attendance rates were equally poor. Reasons for not attending were being investigated, but included clashes with legal and family visits. Administrative staff contacted wings to find out why prisoners did not attend. Prisoners were not informed of their appointment until the day, even though the list was given to wing staff the day before.
- 5.43 Despite 10 GP sessions a week, the waiting lists were long. The current wait was up to two weeks, although patients with urgent health needs were seen the same day. The delay was due to the suspension of nurse-led minor illness clinics, which were planned to restart soon.
- 5.44 There was good access to allied health professionals, but some of their waiting lists were too long. For example, the optician only visited monthly and saw up to six patients, and the current waiting list was 10 weeks. The chiropodist visited monthly and the longest wait for an appointment had been since 30 July. Other visiting consultants included orthopaedics, colorectal, ear, nose and throat and vascular surgeons. The prison had been selected as a pilot site for the introduction of bowel cancer screening.
- 5.45 Prisoners were requested to sign a consent form to allow health staff to share appropriate information with internal and external agencies, where appropriate.
- 5.46 There were systems in place to manage any outbreak of communicable diseases. Immunisations were offered to new arrivals, and a specialist nurse provided dedicated support across the cluster regularly. Hepatitis B vaccinations were offered in healthcare, the workshops

and education. Prisoners attending work or education were not disadvantaged through attending healthcare during their activity.

- 5.47 There was little health promotion material in residential areas and none in healthcare waiting rooms. Barrier protection was freely available and health guidance was offered to those requesting condoms.
- 5.48 Prisoners were unhappy with the quality of care delivered by doctors and nurses. In our survey, only 43% of respondents said the overall quality of care delivered by the doctor was good, compared to the comparator of 47%, and only 53%, against 60%, said the quality of care from nurses was good. Nurse-patient interaction on the wings and in healthcare showed little evidence of poor relationships, but some prisoners said that some nurses had a negative attitude. There was no patient forum to focus on healthcare matters, although healthcare staff took part in the prison consultative group.
- 5.49 Administrative staff managed the complaints system. The initial complaint was addressed to the head of department to provide an initial response within 10 days. If the prisoner remained unhappy, the complaint was forwarded to the PCT. The PCT patient advice and liaison service manager visited the prison monthly to discuss patients' complaints with healthcare staff and, where necessary, with patients themselves.
- 5.50 The pharmacy operated 8.30am to 4.30pm, Monday to Friday. Prescribed medications were supplied in a timely manner; and urgent items were supplied the same day. All medication was supplied on a named-patient basis, and most was held in possession for up to 28 days. Only a few prisoners required supervised administration. There was no access to the pharmacy out of hours and no formal written out-of-hours policy for the supply of medicines. Prescriptions written out of normal hours were dispensed from the out-of-hours cupboard by nursing staff. This meant nurses had to secondary dispense, as the pre-packed medicines did not always match the prescription. Items not available from the out-of-hours cupboard were obtained from a local pharmacy.
- 5.51 Both supervised and in-possession medication was administered by nursing staff, and prisoners were supervised by discipline officers. This administration was an unnecessary burden on nursing staff. Treatment times were at 8.30am, 1130am and 3.30pm. Prisoners on nighttime medication received it between 9.30pm and 10pm.
- 5.52 Over 270 prisoners received methadone – most were on D and B wings. Iris recognition or photo ID was used to identify prisoners. Pharmacy staff were not involved in administering medication except to prisoners receiving methadone. The large number of methadone administrations was a concern. Prisoners complained about long waits for their methadone, and the shortage of nursing staff and administration points compounded the situation. the whole prison regime appeared to revolve around methadone administration.
- 5.53 The in-possession policy was under review. The policy stated that the compact should be signed by the prisoners, but there was no evidence to support this. Medicines liable to abuse were routinely given in possession for up to seven days. These included temazepam (sedative), diazepam, gabapentin (to treat epilepsy), and tramadol. Given the very high mandatory drug testing rate (see paragraph 3.71), we had concerns about the level of in-possession prescriptions for these medicines, which did not always appear to be evidence-based. The medical director indicated that many prisoners had come into prison already on these medications and had to undergo a phased reduction in them. However, prescribing trends should have been monitored.

- 5.54 Some limited simple remedies were available, but there was no written policy to cover this and supplies were not recorded. A minimal number of patient group directives allowed nurses to supply basic pain relief, such as paracetamol and ibuprofen. These were dual labelled, and their use was recorded on EMIS and audited by the pharmacy.
- 5.55 There was a quarterly medicines and therapeutics committee for the Durham cluster of prisons, attended by the principal pharmacist. The minutes did not show any representation from the PCT. There were no written out-of-hours or special sick policies, and no medicine formulary. There were recent versions of the *British National Formulary* in the pharmacy, but they were not available in all the wing treatment rooms.
- 5.56 Pharmacy staff date-checked medication in the treatment rooms each month. However, this was not documented and there was no policy on the actions to be completed during these visits. The prescriptions and administration charts we reviewed were recorded accurately. There did not appear to be any audit or review of pharmacy data and prescribing.
- 5.57 In our survey, 44% of respondents said that the overall quality of care delivered by the dentist was good, which was significantly better than the comparator of 34%. On the day of the inspection, the waiting list had 107 names and the longest wait was four weeks. Four urgent cases on the list had already been allocated an appointment. A full range of treatments was available, and the dentist provided oral health information on an individual basis. The non-attendance rate was high, at 29.1%, 21.6% and 29.6% for July, August and September 2009 respectively. There was a protocol for out-of-hours dental cover.
- 5.58 Dental record keeping was poor and records were not appropriately annotated. Some medical history questionnaires were not signed or dated, and radiographs were not justified or evaluated. Full details of the local anaesthetic used were not recorded. The computerised medical records were only briefly annotated. Paper dental records were not stored correctly.
- 5.59 There were 19 inpatient beds, of which 15 were occupied at the time of the inspection. The majority had mental health diagnoses, but there were also prisoners with physical illnesses, such as cancer, bowel disease and tuberculosis. The inpatient unit was managed by the mental health coordinator and staffed mainly by HCSWs and discipline officers. A registered nurse was allocated each day but, due to staffing pressures, was not always on duty. Time out of cell was good but often compromised due to operational requirements in the prison. Inpatients complained of a lot of 'bang up' due to shortages of discipline staff. They had access to the showers and gym, and education classes were held on the unit every weekday, but there was no communal dining out despite the space to facilitate this. Inpatients associated well and there was good interaction with discipline and nursing staff. The medical director held a weekly multidisciplinary ward round, and both GPs were available daily if needed.
- 5.60 The management of external appointments was very good. Two patients were allowed out every morning and afternoon, and, if necessary, the healthcare manager or the medical director was asked to prioritise patients when appointments clashed. Administrative staff followed up all urgent appointments if notifications of appointments were not received within two weeks. Patients received a copy of their referral letter and, once an appointment had been confirmed, were contacted to ensure they still wanted it. There were minimal cancellations of outside appointments due to staff shortages. At the time of the inspection, 180 prisoners were on a medical hold.
- 5.61 Mental health services were very good. The PCT had recently published a review of mental health services across prisons in the North East. A full-time band 7 RMN mental health

coordinator led an integrated team of band 5 RMNs and band 6 community psychiatric nurse (CPN) gateway workers. A forensic nurse consultant, general consultant psychiatrist and two forensic psychiatrists held one session a week each at the prison. The team was supported by an administrator.

- 5.62 The coordinator had established excellent relationships with two regional medium secure units and two of the psychiatrists worked at the units. This close working relationship enhanced access to beds for patients. The team's strategy to 'assess, signpost and ensure safe containment' worked well and was demonstrated in the management of two very ill prisoners. One was in the SACU and was managed very well by discipline staff with excellent support from the coordinator, and the other prisoner was located in healthcare.
- 5.63 The team had a caseload of approximately 150 patients, although this had reached 250. The majority were primary care patients, but some had severe and enduring mental illness.
- 5.64 All new arrivals on anti-psychotic medication were automatically referred to the team and were invited to be reviewed by them to ensure continuity of care. If the prisoner did not attend, the administrator sent a letter to ask why he had not. All contact was logged on to the clinical record. Prisoners were also asked if they were on the care programme approach in the community, and if they were, their community team was contacted. Contact was maintained with community teams who were encouraged to visit their clients in prison. The main diagnoses were for post-traumatic stress disorder, substance use and personality disorder. The team had an open referral policy, which included self-referral from prisoners.
- 5.65 The team held meetings every morning to discuss referrals, and patients were allocated appropriately. The RMNs were regularly employed on generic duties, which was a concern. Many administered medications during the day as well as providing generic care to prisoners, which made them unable to concentrate on their primary role.
- 5.66 There were no daycare facilities for prisoners but those in the inpatient unit had limited therapeutic activity during education sessions. Prisoners who had been in the unit could return to inpatients for therapeutic activity after they had relocated to the wings.
- 5.67 Counselling services were provided by Mind, which held two sessions a week at the prison, and also provided bereavement support.
- 5.68 There were no dedicated interview rooms on the wings, and the healthcare centre had a shortage of rooms for interviewing patients.
- 5.69 At the time of the inspection, five prisoners were waiting for transfer to secure units – two had learning disabilities and three had personality disorders. Patients transferred to hospital were regularly followed up by the mental health administrator who telephoned the hospital every two months to track progress.
- 5.70 The team provided mental health awareness training for SACU staff, but wing staff did not receive this as routine. The mental health team had very good relationships with other prison departments, such as probation and safer custody, and spoke regularly with them to ensure continuity of care for prisoners.

Further recommendations

- 5.71 There should be a cleaning schedule to ensure that all primary care facilities are cleaned regularly, and senior staff should monitor outcomes.
- 5.72 Healthcare managers should work with the primary care trust to ensure there is a review of infection control policies and procedures, particularly for the dental surgery, and its recommendations implemented.
- 5.73 Dental staff should know where resuscitation equipment is stored and ensure they are proficient in its use.
- 5.74 The non-attendance rate should be investigated to identify why prisoners fail to attend healthcare appointments. Prisoners should receive personal notification of health appointments as soon as possible.
- 5.75 The waiting times to see the GP should be reduced and conform to NHS requirements.
- 5.76 Minor illness clinics should be reinstated to reduce waiting times for GP appointments and allow prisoners quicker access to health services.
- 5.77 There should be additional sessions for the optician and chiropodist when the waiting lists become too long.
- 5.78 There should be a dedicated healthcare patient forum, chaired by a senior member of the healthcare team, which meets regularly.
- 5.79 Healthcare staff should ensure that non-English speaking patients fully understand the procedures they are undertaking and the results.
- 5.80 The storage of dental records and the taking of radiographs should follow guidelines published by the Faculty of General Dental Practice (UK).
- 5.81 Pharmacy staff should be supported in their personal development and further training.
- 5.82 Pharmacy staff should visit all treatment rooms regularly and document this to ensure appropriate medicines management.
- 5.83 The medicines and therapeutics committee should include representation from the primary care trust.
- 5.84 The medicines and therapeutics committee should approve written policies on out-of-hours and special sick medications to ensure that all appropriate medicines can be supplied.
- 5.85 Patient group directives should be available and signed by relevant staff.
- 5.86 The pharmacist should facilitate counselling sessions, pharmacist-led clinics, clinical audit and medication reviews.
- 5.87 The medicines and therapeutics committee should develop and agree a prescribing formulary.

- 5.88 The medicines and therapeutics committee should ensure that the widespread prescribing of medications liable to abuse or diversion is evidence-based. The in-possession policy should be reviewed with regard to these high-risk medications.
- 5.89 Prescribing data should be used to promote effective medicines management.
- 5.90 Health information and health promotion leaflets should be available in a range of languages.
- 5.91 Time out of cell for inpatients should be improved.

Housekeeping points

- 5.92 The clean and dirty areas in the dental surgery should be demarcated.
- 5.93 The lead apron held in the dental suite should be either serviced or discarded.
- 5.94 The temperatures in the treatment room fridges should be recorded daily.
- 5.95 The primary care waiting rooms should be improved, and health information and health promotion material should be available.
- 5.96 Dental records should be stored in a locked fireproof cabinet.
- 5.97 Only up-to-date versions of reference books, such as the *British National Formulary*, should be available.
- 5.98 There should be better use of the inpatient association area, and inpatients should be able to dine out of cell.

Good practice

- 5.99 *The work by administrative staff to collect, collate and manage all patient-related documentation and information enhanced patient care.*
- 5.100 *The introduction of vaccination clinics in the workshops and education allowed prisoners to continue treatment without the loss of work and learning sessions.*

Section 6: Activities

Learning and skills and work activities

Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

- 6.1 The range and level of courses should be broadened so that all prisoners have access to appropriate education. (5.20)

Partially achieved. The range of courses was adequate and offered provision up to level three in most areas, and to level three in information technology (IT). The introduction of the latter had been particularly successful. Literacy and numeracy offered in the gateway education induction supported those whose skill level was assessed as below entry level two. Some in-cell work was supported on the wings and in healthcare for those unable to attend education. There were few parenting and social development courses – art was the only course and had long waiting lists.

Further recommendation

- 6.2 The personal development programme should be developed and reintroduced to meet the needs and interests of prisoners.

- 6.3 Arrangements for the initial assessment of prisoners' literacy and numeracy needs should be improved. (5.21)

Achieved. The gateway process on day eight of the induction programme was very effective, took account of prisoners' starting points, and enabled thorough initial and diagnostic assessment to level two. There were plans to extend the assessment up to level three. Prisoners who did not have English as their first language were identified early and referred immediately to classes in English for speakers of other languages (ESOL). Those who self-declared or were assessed as having low literacy and numeracy skills were referred to specific gateway literacy and numeracy support.

- 6.4 English for speakers of other languages (ESOL) provision should be increased. (5.22)

Partially achieved. ESOL provision had significantly expanded to 14 sessions a day, compared with four at the previous inspection. However, the number who required ESOL support exceeded provision. About 10% of the population were foreign nationals, some of whom had had very poor education in their own countries. The quality of ESOL provision was good.

We repeat the recommendation.

6.5 Accreditation should be in place to recognise the skills that prisoners develop in workshops. (5.23)

Achieved. Accredited qualifications were now available in most work activities. In addition to the vocational qualification that could be obtained in woodwork, data processing, construction multi-skills, brickwork, industrial cleaning and painting and decorating, there were accredited courses to recognise work skills developed in warehousing, manufacturing and waste management. Many orderlies had access to accredited courses linked to their work.

6.6 All purposeful activity places should be used to ensure that prisoners can access suitable interventions and avoid unnecessary time in their cells. (5.24)

Not achieved. Only 25% of prisoners were in education and 9% in workshops. The number of activity places was not fully used due to low attendance. During the inspection, there was 71% attendance in education and 66% in workshops. Attendance had been as low as 52% recently. Although attendance had improved to above 80% at times in the previous 12 months, this had not been sustained. Approximately an hour a day was lost due to late arrival and early collection at the end of classes. Prisoners who had been taken off education lists for interventions were not always reinstated quickly enough on their return and were unable to attend. Recent IT re-imaging and securing of ICT networks had also halved capacity in the IT workshop.

Further recommendation

6.7 Prisoners should be returned from intervention work to education as soon as possible.

6.8 An effective management information system should be put in place to monitor participation, attendance, progression and success rates, in order to aid decision making and planning. (5.25)

Partially achieved. With the change in contractor, the current management information system had only recently been introduced. However, data on success rates was available and could be used in planning and decision making. The current lack of IT network had delayed information exchange, with a significant impact on initial assessment and diagnostic testing.

Further recommendation

6.9 IT networking should be reinstated as a priority.

6.10 There should be some weekend and evening education provision and library access. (5.26)

Partially achieved. The prison had trialled some evening provision, but attendance had been poor and few prisoners wanted to engage in evening classes. The library still did not open in the evenings or at weekends, but it was now open on Friday afternoon for those in full-time work.

Additional information

- 6.11 The strategic direction of learning and skills was clear and linked well with the overall strategy of the prison. The prison had a good working relationship with the Offender Learning and Skills Service (OLASS) provider, and they had worked well to improve the curriculum to meet the needs of prisoners. Since the previous inspection, 16 prison officers had been trained to help support and mentor prisoners attending learning and skills.
- 6.12 The education department was well managed. Quality assurance systems were well established and linked to the learning and skills self-assessment process, which was clear and helped identify areas for improvement. There were observations of teaching and learning to evaluate the quality of learning sessions, but no similar observations in workshops.
- 6.13 The labour allocation board met weekly to allocate prisoners to activities. The process was well informed by representatives from education and information, advice and guidance. However, there were waiting lists for many courses and most prisoners were unable to go on their first choice of course. The lists gave no indication of a target start date linked to the sentence length, and included prisoners who had already left. Prisoners on the integrated drug treatment system (IDTS) were allocated to activities but were not allowed to attend until their programme has been completed. The prisoner pay structure was clear and fair, and did not disadvantage those attending education.
- 6.14 Learning and skills provision was well managed and of good quality. Managers regularly reviewed provision to ensure it met need. The education department provided the equivalent of 170 full-time places a day.
- 6.15 The introduction of the learning and skills gateway induction had improved the initial assessment process. Prisoners and staff were clear about initial assessment results, which were used effectively in allocations. Information, advice and guidance (IAG) had been provided by Action for Employment since August 2009. The service was well structured and prisoners had access throughout their sentence. The quality of IAG was good and enabled prisoners to make informed choices about activities. However, where courses had waiting lists, IAG officers were unable to provide a target date for prisoners to expect a place. The referral of those with very low literacy and numeracy skills to the dedicated support in gateway was good practice. The provision supported them to develop their skills and confidence in small groups before progressing to a higher level class. During their induction, prisoners were directed to appropriate agencies working in the prison, such as Jobcentre Plus and A4E. Prisoners serving short sentences were referred directly to the employer engagement centre for preparation for release.
- 6.16 The gateway accommodation had good access from the wings, but there was no space for individual interviews, which sometimes included sensitive information. In one case, the interview took place in the room where a large group of other prisoners were completing initial assessment. The number referred to gateway varied significantly, and occasionally there were too many prisoners for the space, which meant that some had to return the next day.
- 6.17 The range of provision was broadly satisfactory and included literacy, numeracy and ESOL, and a wide range of IT qualifications up to level three. Short courses included the construction site certificate scheme (CSCS), health and safety, first aid and food hygiene.

- 6.18 Teaching, training and learning were good across the provision. Sessions were well planned and paced, and prisoners participated actively in learning. Tutors and instructors provided individual coaching and support. Tutors checked learning regularly and generally used a varied range of teaching strategies. However, during the inspection this was significantly restricted by the temporary non-availability of IT resources (see further recommendation 6.9). Most classrooms provided a good learning environment and were well resourced. Standards of behaviour in classes and workshops were good with a high level of mutual respect between tutors, instructors and prisoners.
- 6.19 While all prisoners had an individual learning plan, tutors did not use their targets sufficiently to plan and monitor individual learning. In the best examples, clear and measurable targets were reviewed regularly to monitor progress. In weaker cases, targets were vague or too big a step and review arrangements were unclear.
- 6.20 Prisoners' achievements in education and vocational training were high, and almost all who completed their course achieved their qualification. Achievements in the new entry level three IT qualification had increased to 139 qualifications in 2008/9 from 38 in 2007/8, when it was introduced. In the few areas where achievements were low, the education provider had identified that this was mostly due to the qualification being too big to be achievable during the sentence, and the timing of some external assessment was inflexible. This was under review to seek qualifications that were more viable. Many prisoners on skills for life programmes made good progress, and nearly 80 had progressed through at least one level in literacy or numeracy. Five had progressed by two levels in both literacy and numeracy.
- 6.21 Vocational training opportunities had increased since the previous inspection. Courses were available in woodwork, data processing, construction skills, brickwork, industrial cleaning and painting and decorating. Workshops were of a commercial standard and tutors had industrial experience. Vocational training reflected the employment needs of the areas where most prisoners would be released. Vocational courses linked to the needs of employers in catering, warehousing and waste management had been introduced. Learners achieved well, developed good personal skills, and gained in confidence and self-esteem.
- 6.22 The number of workplaces had increased since the previous inspection to a full-time equivalent of 192 places, although this was still insufficient. Most work was purposeful. There were work opportunities in the kitchens, gardens, wing cleaning, warehousing, waste management and a range of orderly positions. Prisoners could also work in basic barbering on the wings, although this was not linked to a vocational qualification. Vocational qualifications were offered for prisoners working in the kitchens, warehousing, waste management, manufacturing and industrial cleaning. Prisoners developed personal skills, such as working together and taking instruction. However, they arrived late for work and were frequently removed at short notice for other regime activities.
- 6.23 The quality of the library continued to be good and access was satisfactory. The service continued to employ two full-time and two part-time staff, but the number of part-time orderlies had reduced from four to three. Library orderlies could achieve a British Institute of Cleaning Sciences (BICS) level one qualification.
- 6.24 Library staff attended the induction programme, and some prisoners had induction in the library. Information about the library was available in a range of languages. Just over half of prisoners were members, and two-thirds of these were regular borrowers. There had been marginally more loans in September 2009 than in the same period in 2008.

- 6.25 Mainstream prisoners could apply to attend the library from their wings during allocated time during the core day. However, the practice of general attendance during learning sessions had developed, contrary to policy, and these prisoners lost considerable time from their learning activity. The prison took prompt action to stop this as soon as it was reported during the inspection. There were small selections of books for prisoners in the separation and care unit and hospital wing, which library staff visited each week.
- 6.26 The library offered some activities, themed events and displays to promote reader development. A monthly quiz encouraged prisoners to read new material and was well supported by multiple copies of the featured book. Library staff supported family visits by reading stories to children and encouraging family reading. A popular fiction writer had recently delivered a successful session. However, over the last two months, at least one activity a week had been cancelled due to prison officer staffing shortages.
- 6.27 The library provided computer access, resources and adequate workspace for open learning. A service-wide arrangement to loan foreign language books enabled a good response to foreign nationals' needs. There was a range of audio books and some easy readers. All required legal textbooks and Prison Service orders were available. The prison offered music CD loans at a nominal weekly cost.
- 6.28 There had been a library user questionnaire in 2009, which had been used to identify areas for improvement. Book losses continued to be low and were within the service-wide acceptable range of 4.4%.

Further recommendations

- 6.29 Session observations should cover all areas where training takes place.
- 6.30 Waiting lists for activities should be better managed to provide clear information on when they are likely to be accessed.
- 6.31 Prisoners on integrated drug treatment system programmes should be able to take part in activities.
- 6.32 The gateway accommodation should include space for individual interviews, and should be sufficient to accommodate the number of potential users.
- 6.33 The use of target setting in individual learning plans should be improved.
- 6.34 Teaching and learning should be further developed to raise the quality of learners' experience.
- 6.35 Prisoners should arrive and finish on time for work activities, and other prison interventions should minimise the disruption to work.
- 6.36 The impact of staffing shortages on activities should be monitored, with action taken to avoid cancellations.
- 6.37 There should be further accreditation of work taking place in the prison.
- 6.38 Library opening times and access arrangements should not disadvantage any group.

Good practice

- 6.39 *Information, advice and guidance staff referred prisoners with very low literacy and numeracy skills to the dedicated support in the gateway programme.*

Physical education and health promotion

Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 6.40 **The refurbishment should be completed, and the sports hall brought back into use. (5.32)**

Achieved. The refurbishment of the sports hall had been completed. However, it was small and provided opportunities for only a limited range of indoor activities, such as circuit training. Additional cardiovascular equipment had been installed. The shower and changing facilities needed improving (see additional information).

- 6.41 **The range of activities offered to prisoners should be increased. (5.33)**

Partially achieved. The range of activities had improved, and prisoners now had access to outdoor activities such as football and volleyball. However, there were no courses in the gym (see below).

- 6.42 **Vocational training opportunities in sport and leisure should be introduced. (5.34)**

Not achieved. There were currently no vocational courses in the gym, although there were plans to introduce vocational training shortly.
We repeat the recommendation.

- 6.43 **There should be an outside all-weather games area. (5.35)**

Achieved. There was now an outside games area with a small all-weather surface for activities, which included four-a-side football and volleyball.

Additional information

- 6.44 The PE facilities were generally satisfactory. A large gym had a range of cardiovascular and resistance machines and a free weights area. The shower and changing facilities in the sports hall were too small for the number of prisoners using it. The changing facilities in the main gym were unsuitable, as prisoners had to move from the shower area through the gym to access the changing room. The prison had recognised the need to improve these facilities in both areas and had plans in place.

- 6.45 Access to PE was satisfactory, and 50% of prisoners regularly used the gym. However, there was a backlog of gym inductions, which 23 prisoners awaited. Recreational and remedial PE were available with some links to the healthcare department. Programmes reflected the overall needs of the prison population, but there were no courses aimed at promoting a healthy lifestyle. A performance improvement plan to improve gym provision was being developed.

Further recommendations

- 6.46 The plans to improve the shower and changing facilities in the sports hall and the main gym should be implemented.
- 6.47 Gym inductions should take place in a timely manner.
- 6.48 The PE department should introduce courses to promote healthy living.

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

- 6.49 **Time out of cell should be increased. (5.49)**

Not achieved. The prison reported a time out of cell figure of 7.2 hours a day against a target of 7.3 hours. As recorded, this appeared to be a slight increase on the time unlocked we noted in 2006. However, the experience of prisoners varied greatly between wings, which all had slightly differing core day routines. It was difficult to see how the reported figure represented the typical experiences of prisoners in Durham. Published core day routines suggested that a fully employed prisoner who was able to access association could experience about 7.6 hours out of cell. Evening association, however, was only available once or twice a week. In such circumstances, time out of cell would be nearer 6.3 hours. Our research suggested that for employed prisoners, time out of cell varied between about 6.2 and 8.3 hours. For the many part-time or unemployed prisoners, the actual time out of cell was typically between one and 6.5 hours, again confirmed by our research. During a random roll check, we found 48% of the population locked in their cell. This large number in cell suggested that comparatively few prisoners were unlocked for the time reported in published data.

We repeat the recommendation.

Further recommendation

- 6.50 Procedures for recording time out of cell should be reviewed to ensure their accuracy and to provide more accurate data on the typical experience of prisoners.

- 6.51 **Prisoners for whom no activity is available should be able to associate during working periods. (5.50)**

Not achieved. Unemployed prisoners or those not allocated to activity were generally locked in cell, unless they attended the hour-long association or exercise periods that took place during the day.

6.52 **Games facilities and seating should be available in exercise yards. (5.51)**

Achieved. There were several exercise yards around the prison. All had benches for prisoners, and at least one had plants and other garden furniture.

Additional information

6.53 Exercise periods were provided on all wings except F, which was supposed to hold only working prisoners. Exercise generally lasted an hour and was well attended on most wings. In our survey, 47% of respondents said they exercised three or more times a week, which was significantly better than the comparator of 39%, but significantly worse than the 58% finding in 2006.

6.54 Association times varied. Generally, half a wing's population was allowed association during a session, and sessions were alternated. The shop procedure on Tuesday evening (see paragraph 8.16) meant that there were only three evening sessions a week. This was likely to mean that half a wing would have one evening session every fortnight, alternating with two evenings in the other week. Daytime association generally lasted up to an hour, and also alternated with evening sessions. Our survey confirmed the very poor provision of association: only 28% of respondents said that they went on association more than five times a week, significantly worse than the 50% comparator and the 42% finding on our last visit. (See main recommendation HP60.)

6.55 There was considerable evidence of slippage in core day routines. For example, prisoners were routinely sent to activity at least 15 minutes late, both in the morning and afternoon. Movements to activity also appeared lethargic. There appeared to be little rigour in ensuring that published timetables were followed, with too much interpretation and discretion by staff.

Further recommendation

6.56 All prisoners should have daily access to outside exercise.

Section 7: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

No recommendations were made under this heading at the last inspection.

Additional information

- 7.1 The security committee was chaired by the head of security and operations. Meetings took place monthly and were well attended. There was a principal officer who reported to the head of security and operations. On an average day, the security department was staffed by two senior officers, an intelligence officer and four administrative staff.
- 7.2 The establishment had experienced six serious incidents in 2009, including five deaths in custody, four of which were self-inflicted. The other incident involved concerted indiscipline when 65 prisoners refused to leave B wing exercise yard. The matter was eventually resolved without force being deployed.
- 7.3 The security department had received on average 77 security information reports (SIRs) a week since the start of 2009, which was a similar level to the previous year. The availability of illicit drugs was a serious concern, and approximately 20% of all SIRs were drug related. The list of search finds also highlighted the problem, with 47 drugs or drug paraphernalia finds in August and September 2009 alone. In our survey, 44% of respondents, which was significantly worse than the comparator of 32%, said that it was easy to get illegal drugs in the prison. One route for illicit items entering was over the perimeter wall. This had been identified and patrols had been increased to prevent this problem.
- 7.4 We reviewed a random selection of SIRs and found that they had been submitted by staff from a wide range of departments and the information reported was not purely observational. All the SIRs we looked at had been processed appropriately and without undue delay.
- 7.5 The vast majority of searches were completed by staff from the residential units. The establishment met its target for routine cell searches every 12 weeks and its six-month target for non-residential searches. Intelligence-led searches were also routinely completed, but in the six months to August 2009, only 42 out of 273 requested reasonable suspicion mandatory drug tests had been completed (see paragraph 3.72).
- 7.6 There were five banned visitors at the time of inspection and 22 prisoners on closed visits. The establishment held a separate meeting to review those on closed visits, which was chaired by a governor and attended by representatives from security, residential and substance misuse staff. These arrangements worked well.
- 7.7 Rules of the establishment were fully explained on induction and publicised across the residential areas.

- 7.8 We were generally satisfied that security procedures were proportionate and did not impact unnecessarily on prisoners' regime.

Further recommendation

- 7.9 The establishment should review security procedures in all relevant areas to preventing illicit items entering the prison.

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.

- 7.10 Prisoners subject to adjudications should not be routinely strip searched. (6.13)

Achieved. Prisoners subject to adjudication routinely received a rub-down search.

- 7.11 Planned C&R [control and restraint] interventions should be routinely video recorded. (6.22)

Partially achieved. A review of use of force documentation identified several planned incidents that had not been videoed, although a video camera for that purpose was held in the separation and care unit (SACU). The original camera had broken and the gap until it had been replaced explained some but not all of the omissions. Some planned removals had been recorded and the tapes were held in a small safe, along with the video recorder. The key to this safe was in a small wall safe that staff from the SACU could easily access, which was inappropriate. None of the tapes had been placed in sealed evidence bags.

We repeat the recommendation.

Further recommendation

- 7.12 Video footage of planned use of force incidents should be placed in tamper-proof evidence bags and stored in a safe that can only be accessed by senior managers.

- 7.13 The use of special accommodation should be authorised in the first instance for an initial period of two hours, and then if necessary for each subsequent two-hour period. (6.23)

Not achieved. The special cells had been used nine times in 2009 to date and 28 times in 2008. Only one of these occasions in 2009 and 10 in 2008 were for less than two hours. Use of the special cell was not authorised in the first instance for an initial period of two hours, nor was it re-authorised for each subsequent two-hour period. In 2009, the longest period that a prisoner had been held was 21 hours, and the average stay was just over five hours 45 minutes.

We repeat the recommendation.

- 7.14 **Prisoners remaining in special accommodation should not be routinely strip searched, without any risk assessment. (6.24)**

Not achieved. Prisoners placed in the special cell were routinely strip searched with no risk assessment to determine this.

We repeat the recommendation.

- 7.15 **The separation and care unit should not be used to hold prisoners with mental health needs. (6.37)**

Not achieved The SACU was still used regularly to hold prisoners with mental health needs. Such a prisoner was in the unit at the time of inspection and had been there for approximately 16 months. Staff had worked hard to develop a regime for him, and he had been employed painting the cells in the SACU and making up ACCT documents for the establishment. He was also allowed a television in his cell. Staff had developed as good a relationship as they could with this prisoner, who was prone to unpredictable and extreme acts of violence. Despite this, the SACU and its regime were unsuitable for a prisoner with such complex needs.

We repeat the recommendation.

- 7.16 **An individual care plan should be provided for all prisoners segregated for periods exceeding 30 days. (6.38)**

Not achieved. Two prisoners in the SACU had been held there for long periods, one for 16 months and one for four months. While SACU staff had done some good work with both prisoners, neither had an individual formal care plan.

We repeat the recommendation.

- 7.17 **Prisoners should not be routinely strip searched on location into the separation and care unit. (6.39)**

Not achieved. Prisoners being located into the SACU were still routinely strip searched with no risk assessment to determine this.

- 7.18 **Prisoners should have daily access to showers and phone calls. (6.40)**

Not achieved. The published regime for the SACU only allowed prisoners a choice between a shower and a telephone call each day.

We repeat the recommendation.

- 7.19 **Education work should be provided to prisoners held in the separation and care unit. (6.41)**

Not achieved. There were no arrangements for prisoners in the SACU to receive in-cell education or to be seen routinely by staff from the education department.

We repeat the recommendation.

- 7.20 **Entries in wing history files should consistently demonstrate that prisoners are effectively monitored, and that staff engage with them on a daily basis. (6.42)**

Not achieved In most cases, three entries a day were made in wing history files, but their quality was extremely poor. They provided no evidence that staff knew their charges or had

any positive engagement with them.
We repeat the recommendation.

Additional information

- 7.21 Adjudication standardisation meetings took place quarterly and were minuted. Punishment tariffs had been recently revised. There were copies in wing offices and prisoners could ask to see them. The availability of adjudication tariffs was explained in the induction programme. In the six months to September 2009, there had been an average of 54 adjudications a week. While high, this was not excessive for the type and size of population.
- 7.22 The adjudication room was on the ground floor of the segregation and care unit (SACU). It had no natural light but had adequate artificial lighting. The room was formally laid out and there was a fixed alarm point. Staff from the SACU searched the prisoner before entering the adjudication room, and acted as escort throughout the hearing. There were no attempts at intimidatory tactics. Hearings were coordinated by the senior officer from the SACU, and the reporting officer was also normally present.
- 7.23 The hearings we observed were conducted fairly; the prisoner was put at ease by the adjudicator and addressed by his first name. Throughout the hearing, the prisoner was afforded every opportunity to challenge what was said and put across his version of events, but he had no access to writing materials. If a charge was found proved, the prisoner was given a copy of his punishment and the appeal process.
- 7.24 We reviewed documentation from completed adjudications and found that charges had been fully investigated, and records provided a full account of the hearing. Any requests for witnesses had been fully considered and dealt with appropriately.
- 7.25 At the end of September 2009, 87% of staff had had basic control and restraint refresher training, against a target of 80%. Use of force was discussed at meetings of the security committee, but the minutes gave no assurance that there had been any meaningful trend analysis or quality assurance, and a separate committee was needed to fulfil this role.
- 7.26 There had been 146 use of force incidents since the start of 2009 (127 control and restraint and 19 non-control and restraint). While this was not excessive for the size and type of population, the proportion of those involving full control and restraint was higher than we would expect to see. Use of force documentation was correctly filed with a copy of the F213 injury to inmate form. Staff statements were generally good and provided a full account of their involvement and the events leading up to the incident. We also found some examples where staff had attempted de-escalation techniques.
- 7.27 The special cells had been used 28 times in 2008, which was high, and just nine times in 2009 to date. Reasons for the prisoner's initial location in special accommodation, the type of search received and clothing permitted were not always clear from the authorising documentation. SACU said that all prisoners placed in special accommodation were strip searched, and we found some examples where prisoners were allowed to retain their normal clothing. Monitoring of those in special accommodation was completed, but recorded entries did not fully justify the length of time prisoners were held there.
- 7.28 The separation and care unit (SACU) was in a secure compound away from other residential units. Accommodation was on two levels. The top landing was galleried, which ensured good

lines of sight, and supervision was further assisted through CCTV, which could be monitored from the wing office. Accommodation consisted of 23 normal cells, four of which had reduced risk fixtures and fittings. All the reduced risk cells and one other were covered by CCTV cameras, which could be monitored by staff in the wing office. None of the images were pixilated, which meant that prisoners had no privacy in their cell even when using the toilet.

- 7.29 Normal cells had a fixed metal bed and normal furniture, and the in-cell sanitation unit was positioned to give some privacy from the observation port. All cells had adequate natural light and in-cell power, and displayed a copy of the unit's rules and routines. There were also two special cells, two holding rooms, a servery, two showers and four small exercise yards, plus an adjudication room, staff offices and facilities.
- 7.30 There was a staff selection process for the SACU, and approximately 80% of staff had completed mental health awareness training.
- 7.31 The SACU was acceptably clean, although in-cells toilets were dirty. Cells had been recently painted and there was no evidence of graffiti. We were told that the roll of 10 at the time of inspection was slightly lower than average. Three of the prisoners were cleaners who resided in the unit and had a separate regime; the remaining seven were all segregated – five for good order or discipline (GOOD) and two for their own protection. Twelve prisoners had been segregated for their own protection since the start of 2009. We saw all occupants, who confirmed that they received their entitlements. Staff-prisoner relationships were good, and prisoners were routinely addressed by their first name.
- 7.32 Two staff were present on every occasion a prisoner segregated for his own protection was unlocked. This blanket policy was not subject to individual risk assessment.
- 7.33 The regime was very poor, with little progress against our previous recommendations. Prisoners received exercise daily but were still not able to have a shower or phone call every day, and in-cell education had still not been provided.
- 7.34 GOOD reviews took place as required and were very well attended, including representatives from the Independent Monitoring Board (IMB), healthcare and chaplaincy. Written records provided no assurance that active steps were taken to aid reintegration where appropriate. We were told categorically that segregated prisoners would not be able to attend offending behaviour programmes, even following risk assessment.
- 7.35 Statutory visitors including a governor, chaplain and medical professional attended every day and signed the unit's register. A member of the IMB also attended regularly.

Further recommendations

- 7.36 A use of force committee should be set up to monitor and quality assure all matters relating to use of force.
- 7.37 Senior managers should investigate the high use of special cells in 2008 to assure themselves that this measure was justified in all cases.
- 7.38 Documentation for authorising the use of special accommodation should be completed correctly and clearly state the reason for location, type of search required, and type of clothing permitted.

- 7.39 Prisoners should be removed from special accommodation at the earliest opportunity.
- 7.40 The CCTV cameras in the segregation and care unit (SACU) cells should be removed.
- 7.41 Prisoners held in the SACU under own-protection arrangements should be routinely unlocked by one member of staff, unless a risk assessment deems more are required.
- 7.42 Good order or discipline reviews should, where appropriate, include active steps to aid reintegration.
- 7.43 Subject to risk assessment, segregated prisoners should be able to attend offending behaviour programmes.

Housekeeping points

- 7.44 Prisoners in adjudications should have access to writing materials.
- 7.45 Toilets in the segregation and care unit (SACU) cells should be de-scaled.

Incentives and earned privileges

Expected outcomes:

Incentives and earned privilege schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

- 7.46 The qualifying criteria for enhanced status should be reviewed. (6.56)

Not achieved. The incentives and earned privileges (IEP) policy had last been reviewed in February 2009. The criteria for enhanced status had changed little since the last inspection, and was still relatively difficult for prisoners to obtain. Prisoners still needed to be free of adjudications or verbal warnings for two months, although they now had to be free of written warnings for only two months, rather than three. However, whereas previously prisoners had to be at Durham for only one month to be considered for a rise to enhanced, they now had to be at the prison for two months. The official figure indicated that only 16.4% of prisoners (153) were enhanced, compared with 15.5% at the last inspection. In our survey, however, 22% of respondents said that they were enhanced, although this was still significantly worse than the 27% comparator.

We repeat the recommendation.

Additional information

- 7.47 The IEP scheme was explained to new arrivals during induction and information was also published on wing notice boards. New arrivals were usually placed on standard initially although if there was evidence that they had been enhanced at a previous establishment, this could be maintained.

- 7.48 There was little that a prisoner gained on enhanced IEP status. Apart from access to extra visits and extra private cash, the only other significant advantage was eligibility to apply for certain key employment positions. Given the limited availability of such places for many prisoners, this was little incentive. In our survey, only 41% of respondents said the scheme encouraged them to change their behaviour, significantly worse than the comparator of 46%.
- 7.49 Reviews of IEP status were undertaken through wing regime assessment panels, which considered documentation and information from wing staff, work areas and personal representation. In our survey, 62% of respondents, significantly better than the 53% comparator, said that the IEP scheme was fair.
- 7.50 No prisoners were on a basic regime at the time of the inspection. We were told that prisoners would rarely, if ever, be placed on basic for a single transgression but rather only when there was a pattern of inappropriate behaviour. This was confirmed from a review of documentation.

Further recommendation

- 7.51 The privileges associated with enhanced incentives and earned privileges status should be increased to offer greater incentives to prisoners.

Section 8: Services

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.

8.1 The meal cycle should be extended to provide more variety. (7.11)

Achieved. The menu cycle had been extended from two to three weeks. The menu was varied and included a good range of cultural dishes, as well as hot choices for both lunch and the evening meal.

8.2 The records of the prisoner consultative committee should clearly reflect action taken to follow up points raised in relation to catering. (7.12)

Achieved. Food issues were a standard agenda item at the consultative committee. Feedback on action points was routinely recorded in the minutes of any subsequent meetings.

8.3 Food comment books should be well maintained, and written replies should be given for all matters raised. (7.13)

Achieved. Food comment books were in good order and were returned to the kitchen each week for the catering manager to respond to individual comments.

8.4 Prisoners should not have to dine in cells with unscreened toilets. (7.14)

Not achieved. All prisoners had to dine in cell, many in double cells with unscreened toilets. We repeat the recommendation.

Further recommendation

8.5 Prisoners should be able to dine out of cell, except in exceptional circumstances.

Additional information

8.6 There was a catering principal officer, a senior officer and six civilian caterers. The kitchen also employed up to 22 prisoners who, following selection, were housed on F wing. National vocational qualification level one was due to be introduced for prisoners.

8.7 The kitchen was approximately 25 years old but still in very good condition, and all areas were clean and all equipment in working order. Arrangements for the storage, preparation and serving of halal food were sound. Freezers and refrigerators in the kitchen had clearly marked shelves for its storage, and utensils were colour coded and kept in separate lockable cabinets. There were similar arrangements for serving utensils in the wing serveries, which were also clean and well ordered. All servers had been trained in food handling, and were correctly

dressed in protective clothing at all times. Food temperatures were recorded at the point of service.

- 8.8 Prisoners received cereal and fresh milk plus a bread roll and jam for breakfast, issued in the morning. At the weekend, they also got a hard boiled egg. There were five choices for both lunch and the evening meal. The menu allowed prisoners to have five portions of fruit and vegetables a day.
- 8.9 Lunch was scheduled to be served at 11.45am in weekdays, but we saw meals served as early as 11.35am. Lunch was scheduled at 11.30am at weekends. The evening meal was scheduled for 4pm on Fridays and at weekends. These timings were much earlier than our expectations.
- 8.10 There had been a food survey in January 2009. Only 113 survey forms had been returned, and the majority of prisoners thought that the quality of food was poor and lacked variety. Our survey findings were equally poor: only 18% of respondents, against the comparator of 24%, said that the food was good. However, many of the prisoners we spoke to had a less negative view of the food. The quality of the food we sampled during the week was good.
- 8.11 The catering manager routinely attended the prisoner consultative meeting and had attended a recent meeting of the REAT. He had also started to hold prisoner forums to discuss proposed menu changes.

Further recommendations

- 8.12 The lunch meal should be served between noon and 1.30pm and the evening meal between 5pm and 6.30pm.
- 8.13 Prisoners should be encouraged to take part in food surveys and other consultations on catering and menus, and the catering manager should make relevant changes in response to their concerns.

Prison shop

Expected outcomes:

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

No recommendations were made under this heading at the last inspection.

Additional information

- 8.14 The prison had moved to the national DHL Booker contract for the shop in early 2009. There was a monthly meeting with local and regional contract managers to resolve local difficulties. In our survey, only 31% of respondents said the shop sold a wide enough range of goods to meet their needs, against the comparator of 43% and the finding of 49% in 2006. Prisoners could select from a range of approximately 350 items, which catered for the needs of minority groups and specialist diets and included hobby materials, but did not include fresh fruit.

- 8.15 In our survey, only 9% of respondents, significantly worse than the comparator of 19% and 15% in 2006, said they had access to the shop within their first 24 hours. Shop orders were only taken once a week, with forms distributed on Wednesday to be returned by Friday. This meant that, depending on their day of arrival, new prisoners could wait almost two weeks before they could buy items from the prison shop. There were arrangements for new arrivals to receive further reception packs and telephone credit while they waited to receive a shop orders. In our focus groups, prisoners complained about the cost of items.
- 8.16 Shop orders were distributed on a Tuesday evening, with most orders delivered to the cell door. Contractor staff were in the prison during the distribution, but carried only a few basic stock items to rectify errors. Where errors could not be rectified, the prisoner was credited with the money but had to wait a further week to buy the item.
- 8.17 The introduction of P-NOMIS had caused difficulties with the administration of prisoners' financial records. Many prisoners expressed frustration at delays and anomalies with wages and private cash, which affected their access to the shop.
- 8.18 The prison administered its own catalogue order system, although this was to become the responsibility of the contractor. Prisoners could buy newspapers and approved magazines through the prison or from a local newsagent through their friends and family.
- 8.19 The prison shop was a standing agenda item at the monthly prisoner consultative committee and notes indicated that managers were responsive to requests. Under the terms of the new contract, the prison could review the shop list each quarter, and managers used information from the contractor about the popularity of products to inform this review.

Further recommendations

- 8.20 Prisoners should be able to buy fresh fruit from the shop.
- 8.21 Missing items or errors in shop orders should be replaced without undue delay.
- 8.22 New arrivals should be able to buy items from the prison shop within 24 hours.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 The results of the resettlement needs analysis should be incorporated into the resettlement strategy, and used to inform service provision. (8.9)

Not achieved. A needs analysis was being completed, but this was being developed separately from the draft resettlement strategy.

- 9.2 The needs analysis should be repeated annually, and the resettlement strategy updated accordingly. (8.10)

Not achieved. Needs-based assessments had not been completed annually. See paragraph MR7.

- 9.3 The views of prisoners should be taken into consideration when updating the strategy and monitoring the quality and outcome of resettlement services. (8.11)

Partially achieved. There had been four prisoner forums on resettlement since the last inspection to elicit prisoner perspectives on resettlement services. However, the number of participants was low, and only eight prisoners had attended the last forum. The views expressed did not, therefore, reflect the experiences of a broad group of prisoners.

- 9.4 The establishment should promote the use of release on temporary licence (ROTL) as a resettlement tool. (8.12)

Not achieved. Since the last inspection, prisoners assessed as suitable for ROTL were transferred to the open estate as part of a national strategy. This had reduced the opportunities for prisoners to achieve ROTL directly in Durham.

- 9.5 The resettlement policy committee should monitor trends and key resettlement outcomes. All departments scheduled to attend this committee should do so. (8.13)

Not achieved. Notes of the resettlement policy committee indicated an operational approach to the management of resettlement. There was little attention to monitoring outcomes or trend data for prisoners on resettlement issues, and few performance reports were on the agenda. **We repeat the recommendation.**

Additional information

- 9.6 A resettlement policy committee had met quarterly and had developed terms of reference. Attendance had been good at most meetings. There had been a recent change in the

management of reducing reoffending, and more frequent meetings had taken place for a short period.

- 9.7 Lead officers had been identified across all pathways, and they had completed a strategic planning template identifying current and planned provision over the next three years. This approach meant that some pathway actions were drifting, and it was difficult to identify what was being undertaken in the current year. Pathway leads met separately with the responsible governor to update on progress. There was activity across all the pathways, although some were underdeveloped. There was no overarching reducing reoffending action plan for the establishment. A pathways coordinator had been identified and he was about to take a more central role in monitoring the completion of actions across the pathways.
- 9.8 The prison collected information on prisoners' resettlement needs from the initial assessment, but this information was not routinely presented to or considered by the resettlement committee.
- 9.9 One member of staff had been identified as a link with the voluntary and community sector, but the responsibilities and remit of his role lacked clarification. He had made some efforts to engage with a range of agencies, but had no budgetary control to ensure they could provide ongoing services in the prison. The prison had established links with several voluntary and community groups, including service level agreements.
- 9.10 The prison reported good links with local prolific or priority offender (PPO) schemes and regularly attended meetings in the community. All PPO prisoners were allocated to an offender supervisor, including those serving under 12 months. The prison was also represented on a sub-committee of the local criminal justice board.
- 9.11 Durham had a large probation team and several staff undertook roles usually contracted out to the voluntary sector, including family links work and accommodation. A current service level agreement had been developed and was regularly reviewed with probation managers.
- 9.12 In our survey, only 4% of sentenced respondents said that any member of staff had helped to prepare them for release, against a comparator of 15%.

Further recommendations

- 9.13 A prison-wide reducing reoffending action plan should be produced and updated on a regular basis.
- 9.14 Resettlement information from initial assessments should be presented to the resettlement committee regularly for assessment and action.
- 9.15 The prison should develop a community engagement strategy, and provide a clear remit on engagement with local voluntary and community groups.

Offender management and planning

Expected outcomes:

All prisoners have a sentence or custody plan based upon 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 with drawing up and reviewing plans.

Sentence planning and offender management

- 9.16 All prisoners should have a sentence and custody plan or, where appropriate, an OASys [offender assessment system] assessment in place. (8.26)

Not achieved. Only prisoners serving sentences of 12 months or more had a sentence plan. Short-sentenced prisoners and those on remand had their needs assessed across the resettlement pathways, but this did not result in an individual sentence or custody plan. Personal officers were expected to oversee custody and sentence planning with short-sentenced prisoners, but we found no evidence that this took place.
We repeat the recommendation.

- 9.17 Prisoners sentenced to more than 12 months should have an up to date OASys assessment before transferring to a training prison. (8.27)

Achieved. There was only a small backlog of initial OASys assessments at the time of the inspection. Observation, classification and allocation (OCA) staff were aware of those prisoners in the process of having an OASys assessment, and did not transfer them until the assessment was completed. This was achieved in most cases.

- 9.18 Prisoners should be transferred to training establishments where there are appropriate interventions to complete identified sentence planning targets. (8.28)

Partially achieved. Due to population pressures, it was not always possible to ensure prisoners were transferred in a timely manner to complete sentence planning targets. OCA staff attempted to take individual objectives into account, but said that it was difficult to ensure that the needs of all prisoners were met. There were efforts to transfer prisoners required to complete specific accredited interventions in custody to appropriate establishments, even if they were outside the prison region. Such prisoners frequently had to wait for some time before places became available. For some prisoners, interventions were delayed until after their release to be completed on licence.
We repeat the recommendation.

- 9.19 Prisoners should not be transferred to another establishment during the process of considering their applications for early release. (8.29)

Not achieved. Many prisoners were transferred to other establishments while enquiries relating to their early release on home detention curfew (HDC) or end of custody licence (ECL) were being considered. The prison forwarded completed paperwork to help reduce delays, but prisoner population management meant that prisoners were frequently transferred at short notice, which interrupted their assessment of suitability for early release.
We repeat the recommendation.

- 9.20 Prisoners serving short sentences should be able to complete identified custody planning objectives before release. (8.30)

Not achieved. See paragraph 9.16.

- 9.21 Indeterminate and life-sentenced prisoners should be transferred to a suitable establishment as soon as possible after sentence, once the appropriate assessments have taken place. (8.31)

Achieved. Since the last inspection, there had been considerable improvements in the timeliness of transferring life-sentenced prisoners and those serving indeterminate sentence for public protection (IPP). Life-sentenced prisoners were moved shortly after multi-agency lifer risk assessment panel (MALRAP) meetings had taken place. Similarly, IPP prisoners were allocated to other prison as soon as multi-agency risk action plan (MARAP) meetings had been concluded.

Additional information

- 9.22 An offender management unit (OMU) had been established, which included 11 key functions, including offender supervisors, public protection, HDC and ECL, OASys and OCA. This facilitated good communication between departments. There were 12 offender supervisors, but they all had other responsibilities. Uniformed offender supervisors were also regularly cross-deployed to operational tasks. The size of caseloads varied considerably. There were 174 prisoners in scope for phase two of the offender management model and 15 IPP prisoners in scope for phase three. IPP prisoners were mainly allocated to one offender supervisor.
- 9.23 We looked at the case management of a few cases in scope for offender management. We found that there were delays in allocating offender supervisors to prisoners, which did not meet identified timescales, but the quality of case management was generally good. Offender supervisors usually achieved monthly contact with prisoners in scope. We reviewed a small number of IPP and MAPPA cases, with complex scenarios, which were being well managed.
- 9.24 There were regular sentence planning meetings with reasonable levels of engagement from offender managers. Video-link facilities were available at the prison but were heavily used for court and legal interviews, which limited their availability. In our survey, only 24% of respondents with a sentence plan said they were involved in its development, against a comparator of 59%. Additionally, 59% said that there were plans for them to achieve their sentence planning targets in another prison, against a comparator of 44%.
- 9.25 Eight offender supervisors undertook OASys assessments, which were largely up to date. Only 13 assessments were currently out of time, and this was reported as unusual.
- 9.26 HDC processes were good but many prisoners were transferred while enquiries were under way. In the previous six months, 564 prisoners had been eligible for HDC, but only 163 were assessed at a board due to a variety of reasons, including ineligibility or not wishing to apply for HDC or being transferred. Of those applications, 91 were approved, which meant that 55% of prisoners who got to the board stage were released on HDC. ECL releases were more problematic and affected by shortages of administrative staff. Prisoner releases were frequently delayed, meaning they could not benefit from the full 18 days of the licence.

- 9.27 Arrangements for public protection were good. Two probation officers and two administrative officers managed the unit and assessed all new arrivals for child protection, harassment or MAPPA eligibility. There were fortnightly meetings to determine initial actions, including verification of telephone and mail monitoring. Monthly meetings reviewed MAPPA cases and were chaired by the probation officers. There was limited management input into these meetings and notes were not circulated to offender managers in the community. Prison staff were well linked into community MAPPA meetings and either attended in person or contributed written reports.
- 9.28 There were 2.5 staff involved in OCA processes. There were some delays in initial categorisation due to slow receipt of paperwork. The majority of prisoners were category C, unsentenced or unclassified, but there were nine category B and five category D prisoners in the prison. There were approximately 50 onward transfers a week to prisons in the north east, as well as fortnightly drafts to and from Edinburgh. Prisoners were placed on hold for outstanding medical issues, if they were key workers or if they were undertaking qualifications or accredited programmes. Few prisoners were at Durham long enough to require recategorisation, which received a lower priority due to the volume of incoming prisoners.
- 9.29 There were discharge interviews with prisoners several weeks before their release to ascertain that appropriate support, including accommodation, healthcare, benefits and other identified assistance, was in place. Prisoners were also invited to complete an exit questionnaire covering several areas, including safety, staff-prisoner relationships and identifying improvements. We saw completed questionnaires for June 2009, which showed some key differences in outcomes across wings, but this had not been formally considered by the reducing reoffending policy committee.
- 9.30 The prison held seven life-sentenced prisoners plus seven lifer recalls. Most spent an average of nine months at Durham before they were moved to stage one lifer prisons. The prison had one lifer manager and one lifer clerk offering a personalised service to lifers. There was good reported attendance at multi-agency lifer risk assessment panel (MALRAP) meetings, and there had been a recent forum to assist indeterminate-sentenced prisoners.

Further recommendations

- 9.31 Allocation of prisoners in scope for offender management should be completed in two working days.
- 9.32 End of custody licence processes should be improved to ensure prisoners can benefit from the full 18 days of the licence.
- 9.33 Monthly public protection meetings should be chaired by a manager or governor to ensure governance.
- 9.34 Notes of monthly public protection meetings should be copied to offender managers in the community.

Resettlement pathways

Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

Reintegration planning

Accommodation

- 9.35 The current housing advice provision should be reviewed by the resettlement policy committee to ensure that the provision is adequately based on the assessed needs of the population. (8.36)

Not achieved. The resettlement policy committee had not reviewed the sufficiency of the accommodation advice and support services for prisoners. There was a high demand for services from prisoners and all new arrivals were seen.

We repeat the recommendation.

- 9.36 Individual circumstances and custody plans should be reviewed approximately six weeks before release. (8.37)

Partially achieved. Prisoners due for release were seen approximately eight weeks beforehand to assess their accommodation arrangements following discharge. Some local authorities had recently made arrangements to interview prisoners from their area individually to assess their housing needs. This was likely to improve accommodation outcomes for prisoners.

Additional information

- 9.37 One probation service officer and one uniformed member of staff provided accommodation services. An initial housing needs assessment was completed for all new arrivals, and those with no fixed accommodation were prioritised for a one-to-one interview. In the previous six months, 7% of prisoners had been discharged with no fixed accommodation and a further 6% had been discharged to temporary accommodation. Some support was given to close down tenancies and cease housing benefit claims, but prisoners were also advised of their housing rights. Staff had attended a specialist accommodation course offered by Shelter. In our survey, only 23% of respondents, against the comparator of 37%, said they knew who to contact in the prison to get help with accommodation.

Education, training and employment

For further details, see Learning and skills and work activities in Section 6

- 9.38 The Job club course should be reinstated at the earliest opportunity. All prisoners should be offered the opportunity to participate in the course before release. (8.44)

Achieved. A new skills for work course had been introduced to help prisoners develop their job search skills, such as CV writing and job applications. A designated area in the new employer engagement building allowed prisoners to research employment opportunities and make job applications before release.

- 9.39 **More prisoners, subject to risk assessment and identified need, should be provided with the opportunity to apply for appropriate community placements in the last few months of their sentences. (8.45)**

Partially achieved. The prison had worked towards risk assessing prisoners to enable them to work in community placements. However, due to the change in prison population and the significant number of early transfers to other prisons, it had been unrealistic to secure appropriate community placements before release.

Additional information

- 9.40 A new employer engagement centre had been constructed, which was used well as a central hub for services linked to the employment, training and education resettlement pathway. Prisoners received information, advice and guidance before release. The prison had made links with some employers, such as the Marriott Hotel group, and employer links had informed the introduction of accredited courses that better reflected the needs of employers. There were links with external agencies to support prisoners seeking employment on release. The learning and skills provision in the prison had a strong focus on improving the employability of prisoners. Where prisoners served short sentences, employers were contacted to maintain prisoner employment. There were links with a variety of further education colleges, and staff provided advice and guidance on how to continue with training on release.

Further recommendation

- 9.41 The prison should continue to develop links with employers to increase opportunities for prisoners to gain employment on release.

Finance, benefit and debt

No recommendations were made under this heading at the last inspection.

Additional information

- 9.42 Two full-time Jobcentre Plus staff were based at the prison. They helped to close down benefit claims for new arrivals and establish Freshstart claims for prisoners being released into the community. Uniformed officers were also detailed to work with Jobcentre Plus staff in the Community Links office, but staffing shortages and rota changes had reduced their availability. They had offered some limited one-to-one work with prisoners on their debt problems, but this had ceased. There was no facility for prisoners to open bank accounts. In our survey, only 6% of respondents said they knew who to contact in the prison to get help with money or finances on release, against a comparator of 25%. Several prisoners told us they needed assistance with debt problems, indicating that they had insufficient support.

Further recommendations

- 9.43 There should be individual support for prisoners with money management problems.
- 9.44 Prisoners should be assisted to open bank accounts before release.
- 9.45 Prisoners should be offered skill development in money management.

Mental and physical health

- 9.46 Any prisoner assessed as requiring care programme approach (CPA) should have it commenced by the mental health team at the prison, in liaison with other appropriate services as required. (8.51)

Not relevant. Mental health support was delivered by the prison mental health team. The care programme approach (CPA) can only be initiated by community teams in the community or mental health trust community teams based in prison. If a prisoner was known to community teams, then the CPA was continued in the prison. Where prisoners were due for release and referral to a community mental health team, the appropriate team was requested to come into the prison to initiate CPA.

Additional information

- 9.47 Although administrative procedures for release were good, healthcare staff did not see prisoners before their release. Administrative staff sent a letter outlining the patient's care while in prison to his GP. If the prisoner did not have a GP and could not register with one, he was given a copy of his discharge letter. Wherever possible, prisoners were given help to locate and register with a GP. Prisoners with outstanding hospital appointments were informed of their appointments, and a discharge letter written by the medical director was sent to their GP.
- 9.48 The mental health coordinator had excellent links with MAPPA and attended their pre-release meetings. He liaised regularly with the offender management unit to ensure health services were in place before the prisoner's release.

Further recommendation

- 9.49 Healthcare staff should see prisoners due for release at pre-release health clinics.

Drugs and alcohol

- 9.50 The drug strategy document should include a needs analysis, along with developmental targets and objectives. (8.62)

Partially achieved. There was a lengthy substance misuse policy, partly informed by an integrated drug treatment system (IDTS) analysis, but there was no action plan. A separate supply reduction strategy to address the high levels of illicit drug use in the prison was being written.

Further recommendation

9.51 The main drug and alcohol strategy and the supply reduction strategy should include an annual action plan with developmental targets and objectives.

9.52 **CARAT groupwork should be reintroduced, and should include pre-release groupwork. (8.63)**

Partially achieved. There was CARAT (counselling, assessment, referral, advice and throughcare) groupwork in IDTS groups, though there was none for non-IDTS prisoners, who were seen on a one-to-one basis only. There were no pre-release groups.

Further recommendations

9.53 Groupwork should be available for non-integrated drug treatment system (IDTS) prisoners with drug treatment needs.

9.54 There should be pre-release groups for both IDTS and non-IDTS prisoners.

9.55 **Appropriate interviewing facilities for CARATs should be made available. (8.64)**

Achieved. Two large rooms, one with six interview booths, had been adapted and made available to CARATs and P-ASRO (prison addressing substance related offending) in Undercroft on D wing.

9.56 **CARAT prison officers should be dedicated, to ensure that sufficient resources are available to deliver the service. (8.65)**

Achieved. CARAT officers were dedicated and were the last to be called upon for other duties, which was only in exceptional circumstances.

9.57 **All staff delivering the CARAT service should be subject to appropriate case management review and supervision. (8.66)**

Achieved. Regular reviews, case management and supervision were provided through Lifeline, the contracted CARAT deliverer, and locally by the CARAT manager.

9.58 **Voluntary drug testing provision should be extended to meet the requirements of the population. (8.67)**

Partially achieved. The number of compacts available was 230, the same as in 2006. However, the waiting list was 50, which was 150 less than in 2006. There was a more rigorous selection process, which shortened the waiting list, although this did not necessarily meet the needs of all prisoners requiring help to stay drug free. The voluntary drug testing (VDT) positive test rate was 3.19% for the six months to September 2009. C wing was an unofficial VDT wing, though not all prisoners housed there were on the VDT programme. There was no extra peer or staff support programme for prisoners on C wing.

Further recommendations

- 9.59 The voluntary drug testing (VDT) programme should be adequately resourced to undertake the required level of testing.
- 9.60 There should be a dedicated VDT unit where prisoners receive extra support to remain drug free.

- 9.61 **Subutex testing through voluntary drug testing should be clarified and extended to establish both the extent of its misuse and as a basis on which to develop a strategic response and appropriate interventions. (8.68)**

Partially achieved. A multi-drug test was used to detect a range of drugs, including Subutex (buprenorphine). The extent of Subutex misuse was reported to the monthly VDT meeting, the local implementation group and the substance misuse group meetings. However, a strategic response had not been fully integrated into the overall substance misuse strategy, as the separate supply reduction strategy was still in development.

Further recommendation

- 9.62 An up-to-date supply reduction strategy should be developed and implemented, and be embedded in the wider prison drug strategy.

Additional information

- 9.63 Despite the lack of a strategic approach to alcohol, Alcoholics Anonymous groups were held fortnightly, and probation ran an alcohol awareness course. However, the CARAT team was not funded to work with primary alcohol users, though they did work with poly-drug users.
- 9.64 There were good links with local drug intervention programme (DIP) teams. DIP workers frequently visited the prison and gate-pickup schemes were run by all North East area DIPs. There were poorer links with Carlisle DIP, where a significant number of prisoners came from, which was much further away.

Further recommendation

- 9.65 The remit of the CARAT service should include work with prisoners who are primary alcohol users.

Children and families of offenders

- 9.66 **A scoping exercise should be conducted in the visitors' centre to ensure that it is of sufficient capacity to cope with demand. (3.77)**

Not achieved. There had been no scoping exercise. However, prison managers and staff from the North East Prisoners' Aftercare Society (NEPACS) recognised that the current location of the visitors' centre was problematic, partly due to its size and also because the layout over two

floors affected access for visitors with disabilities, as well as effective supervision of all areas. Some other potential locations for the centre had been informally discussed, but had been too expensive or did not fully meet the needs of the centre.

Further recommendation

9.67 The visitors' centre should be of sufficient size and accessibility to cope safely and respectfully with the number of visitors using it.

9.68 **The partitions in the closed visits area should be replaced to ensure privacy, and the comfort of the seating should be improved. (3.78)**

Not achieved. The six closed visits booths were not fully partitioned and had not been changed since the previous inspection. The visits manager said the area could become very noisy, particularly if there were three or more closed visits at the same time.

We repeat the recommendation.

9.69 **Family liaison officers should be allocated predictable and adequate time to carry out their duties. (8.73)**

Partially achieved. A member of the seconded probation team was the designated children and families pathway lead, and worked solely in the family links unit for the three days a week she was in the prison. There was currently no identified deputy for the pathway work. A small team of five family link officers, who had profiled time allocated to family link work, supported the pathway lead. When identified family link officers had been unavailable, the work had been covered by another member of the F wing staff (where the team was based). The pathway lead did not contribute to the selection of family link officers.

Further recommendation

9.70 The children and families pathway lead should be involved in the selection of family link officers.

9.71 **Formal links between the resettlement team and the family liaison officers should be created, managed and maintained. (8.74)**

Achieved. The family link team clearly understood themselves to be part of the wider resettlement function. The pathway lead had used the same template as other pathway leads to produce a strategic document for 2009-12, which outlined pathway provision and future development plans. She had also attended some, but not all, resettlement meetings and, as part of the seconded probation team, attended probation team meetings and had good links with the OMU.

Additional information

9.72 Visits ran on Thursday, Friday, Saturday and Sunday mornings from 9.30am to 11.30am and every afternoon from 1.45pm to 3.45pm. All convicted prisoners received two visiting orders a month, and those on the enhanced level received an additional two enhanced visiting orders.

Unconvicted prisoners could book two two-hour visits a week, and those on the enhanced level could book three a week.

- 9.73 There were sound arrangements for reception visits, and visitors did not need to book these if they were taken on weekday mornings or Monday, Tuesday and Wednesday afternoons. In our survey, 47% of respondents, significantly better than the comparator of 34%, said they had a visit in their first week. Children were not allowed on reception visits in the first 72 hours to enable the relevant public protection checks to be undertaken. Visitors could hand in clothing on a reception visit without the need for the prisoner to make an application. There was an information leaflet for visitors, and new arrivals received information about visits on their first night and during induction.
- 9.74 Visits could only be booked on a dedicated visits booking telephone line and visitors could not book their next visit while at the prison. The recent introduction of P-NOMIS required booking staff to obtain more information from visitors than previously, which then had to be entered on to the IT system. This had affected visitor access to the booking line. The prison had recognised the problem and had increased the number of booking staff from one to two. We got through to the line on our first attempt.
- 9.75 The visitors' centre opened at around 8.30am for morning visits and at around 11.30am for afternoon visits. The centre was run by staff and volunteers from the North East Prisoners' Aftercare Society (NEPACS). It was small and could become crowded during peak periods, but was a comfortable and welcoming environment for visitors, and staff were friendly and supportive. The centre had a refreshment facility, a small play area for younger children, and age-appropriate activities for older children. It had clean toilets and a quiet room. Comprehensive information was displayed, including details of the assisted prison visits scheme. The centre had visitors' comment books, and NEPACS conducted an annual survey of visitors to seek feedback and inform future development. The centre manager had regular contact with the principal officer responsible for visits outside the formal quarterly meetings.
- 9.76 Although the visits sessions we observed started at the published times, the requirements of P-NOMIS, and the extra data that needed inputting, meant that visitors, particularly those visiting for the first time, could experience lengthy delays to be booked in, which affected the time they could spend on a visit. For example, at the afternoon visits session we observed, approximately eight sets of visitors were still waiting to be booked in at 2pm and so would not receive the full two-hour visit. Staff and visitors expressed frustration at the delays.
- 9.77 Visitors had to pass through a search area, which could include the use of a drug dog. If the dog indicated a visitor, they were offered the choice of a closed visit or leaving, with no additional security intelligence required. We observed one staff member in the visitors' centre who inappropriately asked a female visitor to remove a headscarf, which she clearly wore as a religious garment. However, a colleague quickly intervened and the visitor was not required to remove the scarf.
- 9.78 The visits room could accommodate up to 45 open visits a session. The room had fixed furniture but was clean and comfortable. Prisoners waited in a separate waiting area for their visitors to arrive. A staffed refreshment area provided hot and cold drinks and snacks. There was a small play area staffed by NEPACS. Both prisoners and visitors had access to clean toilets in the visits area.

- 9.79 Prisoners could apply for inter-prison visits, either in person or through the video-link facility. In the previous three months, there had been 10 inter-prison visits via the video-link. There was a substantial backlog of 32 applications waiting to be processed in the week of the inspection.
- 9.80 In our survey, only 26% of respondents, significantly worse than the comparator of 38%, said they had received help to maintain contact with family and friends while in Durham. However, information from the prison's exit survey was more positive, with a majority of prisoners saying they were encouraged to maintain family links. The family links unit worked collaboratively with community organisations and other departments in the prison to deliver a range of positive initiatives and programmes to prisoners and their families.
- 9.81 The family links team and pathway lead were based in a visits facility next to F wing. The family link unit, supported by NEPACS and library staff, ran fortnightly father-child extended visits in school holidays, which allowed families to eat a lunch together provided by the prison. The prison had also run themed celebration events, such as a family carol service.
- 9.82 Two voluntary organisations ran courses in the family links visits area. Time for Families ran a one-day pre-release course for prisoners within four months of release, along with the building stronger families course, which consisted of three modules delivered one day a week over a six-week period. Prisoners and their partners spoke positively of the benefits of the course.
- 9.83 In addition, Parentline Plus delivered a family learning course for prisoners who had pre-school age children. This was a rolling programme delivered one day a week for four weeks. During morning sessions, prisoners learned play and communication techniques. In the afternoon, partners brought children into the family link room and, while the prisoners spent time with their children, the partners had an opportunity to discuss any concerns with tutors. Prisoners who were not fathers could still participate in morning sessions.
- 9.84 The family link team promoted the courses, dealt with application and selection procedures, and were responsible for the supervision of courses. Prisoners could self-refer for courses or be referred by the OMU. Prisoners on the basic level of the IEP scheme were not able to participate in any family link course or activities.
- 9.85 The family link team also provided a telephone support service for families who were concerned about prisoners. The Storybook Dads course, which had been delivered by education as part of an accredited parenting course, was currently suspended due to poor take-up by prisoners. A survey of prisoners was being undertaken to inform the development of future courses.

Further recommendations

- 9.86 Visitors should be able to book their next visit while they are at the establishment.
- 9.87 Visitors should be booked into the prison promptly to ensure visits start at the advertised time.
- 9.88 Closed visits should be authorised only when there is significant risk justified by security intelligence.
- 9.89 Applications for inter-prison visits should be dealt with in a timely manner.

- 9.90 All prisoners should be able to participate in family link programmes irrespective of their incentives and earned privileges (IEP) status.

Attitudes, thinking and behaviour

- 9.91 Offending behaviour programmes and reintegration courses should recommence as a priority. (8.77)

Partially achieved. There were a few accredited and non-accredited interventions available in the prison. A one-day alcohol awareness programme and a four-and-a-half-day challenging offending behaviour course were offered to prisoners. The local probation area had run a thinking skills programme earlier in 2009 and planned to run this again (see additional information).

- 9.92 The provision of interventions and programmes should meet the needs of the prisoner population, as identified through a full resettlement needs analysis. (8.78)

Not achieved. See paragraph MR7.

- 9.93 Prisoner access to interventions and programmes should be well managed and relate to sentence plan targets. (8.79)

Partially achieved. There was no overarching strategy for the delivery of accredited and non-accredited programmes in the prison. Prisoners' access to accredited programmes was generally managed in accordance with their sentence planning targets. However, access to non-accredited interventions was more open and prisoners could self-refer – we saw notices for prisoners to sign up for the alcohol awareness and challenging offending behaviour programmes. Non-accredited programmes had previously been supported and overseen by a local college, and prisoners had been able to receive local accreditation, but this was no longer the case due to staffing and resource difficulties.

Further recommendation

- 9.94 There should be an overarching strategy for the provision of interventions.

Additional information

- 9.95 Accredited programme provision was in a state of transition. Most accredited programmes had been delivered by psychology staff. The psychology department had run anger management programmes, but these had ceased temporarily and were due to recommence in early 2010. Twenty-four prisoners had been assessed as requiring an anger management intervention.
- 9.96 Psychology staff offered one-to-one sessions with a small number of prisoners with specific difficulties. They also conducted specialist assessments for sex offender and domestic abuse programmes, which had facilitated a smoother transfer process for prisoners requiring these interventions in other establishments.

Further recommendation

9.97 The provision of interventions at Durham should be based on the findings of a needs analysis from OASys (offender assessment system) and resettlement information.

Section 10: Summary of recommendations, housekeeping points and good practice

The following is a listing of 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.

Main recommendation

To NOMS and regional offender manager

- 10.1 The availability of integrated drug treatment system (IDTS) methadone treatment places in category C prisons should be urgently reviewed at regional and national level to ensure the continued throughput of prisoners from category B local prisons. (3.74)

Main recommendations

To the governor

- 10.2 Managers should take active steps to develop the role of residential staff in all aspects of prisoner care and resettlement. (HP53)
- 10.3 Reception and induction staff should make written comments in initial needs assessments to demonstrate that they are appropriately identifying and responding to risk factors. (HP54)
- 10.4 There should be an urgent review of systems supporting integrated drug treatment system treatments, and there should be additional risk-assessed purpose-built methadone administration points to reduce current risks and waiting times for prisoners. (HP55)
- 10.5 Senior managers should closely monitor incidents involving full control and restraint techniques to identify any issues or training needs that could help to reduce these. (HP56)
- 10.6 Each strand of diversity should be covered by an up-to-date policy and related action plan. (HP57)
- 10.7 More purposeful activity places should be provided. (HP58)
- 10.8 Staff should ensure that all prisoners attend allocated activity on time. (HP59)
- 10.9 The number of evening association periods an individual can access should be increased. (HP60)
- 10.10 Daily routines should comply with published schedules. (HP61)
- 10.11 The prison should ensure that resettlement data and information is used to inform the resettlement strategy and updated regularly. (HP62)
- 10.12 There should be custody planning for short-sentenced and remanded prisoners. (HP63)

Recommendations

To NOMS

- 10.13 Prisoners should be given written information about Durham at court, prior to their transfer, in a language they understand. (1.1)
- 10.14 The remit of the CARAT service should include work with prisoners who are primary alcohol users. (9.65)

Recommendations

To the governor

Courts, escorts and transfers

- 10.15 Prisoners should arrive at Durham before 7.30pm; any prisoners arriving after that time should be able to make a telephone call and be offered a shower, and this should be recorded. (1.3)
- 10.16 Prisoners should be held in court cells for the shortest possible period. (1.4)
- 10.17 Prisoners attending magistrates' courts should be accompanied by their property and private cash. (1.5)

First days in custody

- 10.18 The first night induction and assessment strategy should give staff clear guidance about the management and protection of vulnerable prisoners during reception, first night and induction procedures. (1.7)
- 10.19 Strip searches should always be conducted by two members of staff. (1.8)
- 10.20 Prisoners should not be held for long periods in reception. (1.9)
- 10.21 New arrivals should routinely receive a free phone call. (1.10)
- 10.22 Listeners in reception should be easily identifiable to new arrivals, and the service should be promoted. (1.12)
- 10.23 New arrivals should have access to a Listener on the first night centre as part of first night and induction procedures. (1.13)
- 10.24 There should be multidisciplinary input into the formal induction presentation, including the use of peer representatives. (1.15)
- 10.25 Managers should monitor the number of occasions when the prison reaches capacity and review the circumstances. (1.32)
- 10.26 Discharge processes should be monitored to ensure delays are minimised and prisoners are produced at court on time. (1.33)
- 10.27 Restraints should only be used during transit following the completion of a risk assessment based on current security information. (1.34)

- 10.28 The first night, induction and assessment strategy should include arrangements for prisoners located in the separation and care unit. (1.35)
- 10.29 First night cells should be welcoming, free from graffiti and appropriately equipped. (1.36)
- 10.30 There should be management checks of initial needs assessments to ensure documents are fully completed and to help improve practice. (1.37)
- 10.31 All induction interviews should be conducted in private interview rooms. (1.38)
- 10.32 All aspects of the induction programme should be delivered in accordance with the published timetable. (1.39)
- 10.33 The induction feedback questionnaire should be given to prisoners on completion of the programme, and the findings should be routinely analysed to inform its development. (1.40)

Residential units

- 10.34 Prisoners should have access to cell cleaning materials as they are needed. (2.1)
- 10.35 All prisoners should have the opportunity of a daily shower. (2.2)
- 10.36 Cell inspections should be carried out to ensure that all cells are clean, well maintained, and free from graffiti. (2.3)
- 10.37 There should be at least one telephone per 20 prisoners. (2.5)
- 10.38 Telephones for prisoners should be located in quiet areas and fitted with acoustic hoods for privacy. (2.6)
- 10.39 There should be more space for association on A wing. (2.13)
- 10.40 All prisoners should receive their weekly allowance of free letters. (2.14)
- 10.41 The standard of prison-issue clothes for prisoners should be consistently good. (2.15)
- 10.42 Prisoners should have access to warm protective clothing during exercise in poor weather. (2.16)

Staff-prisoner relationships

- 10.43 Staff should address prisoners by their preferred names. (2.17)
- 10.44 Staff should supervise exercise in the exercise yard as a means of encouraging engagement. (2.22)

Personal officers

- 10.45 Management checks of personal officer entries in wing files should include evaluation of the effectiveness of prisoner contact. (2.24)

- 10.46 The frequency of personal officers' active engagement with prisoners and file comments should be clarified and monitored in light of the introduction of P-NOMIS. (2.25)
- 10.47 Personal officers should play a greater part in sentence and reintegration planning, and should encourage prisoners to engage in learning and resettlement opportunities. (2.26)
- 10.48 Prisoners should be able to maintain the same personal officer for the duration of their stay on a wing. (2.29)
- 10.49 Personal officers should have sufficient access to computer terminals to make frequent file entries. (2.30)

Bullying and violence reduction

- 10.50 The violence reduction committee should routinely examine the profile of victims. (3.2)
- 10.51 The anti-bullying workbook should be used and evaluated. (3.4)
- 10.52 There should be formal support plans for victims of bullying. (3.5)
- 10.53 All allegations or suspicions of bullying should be fully investigated. (3.16)
- 10.54 All relevant information should be shared between the security department and the safer custody team. (3.17)
- 10.55 The engagement of residential officers in managing bullies on the wings should be evidenced through entries in anti-bullying documentation. (3.18)

Vulnerable prisoners

- 10.56 The reasons for prisoners seeking places of safety should be fully investigated. (3.23)
- 10.57 There should be planning to allow prisoners who feel that they are at risk from other prisoners to return to mainstream wings. (3.24)

Self-harm and suicide

- 10.58 The standard of documentation of support plans should be of a consistently high quality. (3.27)
- 10.59 All staff in a contact role should be trained to use ACCT documentation. (3.32)
- 10.60 Engagement of residential staff in the management and support of prisoners at risk of self-harm should be improved. (3.33)
- 10.61 The use of the CCTV cells in the healthcare centre should cease. (3.34)
- 10.62 Prisoners should be given more information on the role of Listeners, meet them during reception, and know how to access them when needed. (3.35)

Applications and complaints

- 10.63 Complaints should be investigated more effectively; replies should be more respectful and informative, and there should be better monitoring of replies by senior managers. (3.38)
- 10.64 The appeal procedure should be reviewed to ensure that it is fair. (3.39)
- 10.65 Complaints should be carefully analysed so that relevant patterns and trends can be identified. (3.40)
- 10.66 There should be tracking systems for general applications to ensure that they are dealt with quickly. (3.45)
- 10.67 Residential staff should help prisoners to pursue applications. (3.46)

Legal rights

- 10.68 Staff providing legal service advice should be given up to date, comprehensive training. (3.47)

Faith and religious activity

- 10.69 Prisoners from significant minority religious groups, such as Buddhists, should have better access to a chaplain of their religion. (3.55)

Substance use

- 10.70 Clinical provision should ensure the widest possible options according to patient needs. (3.57)
- 10.71 Medication administration procedures should ensure the prevention of medication diversion. (3.58)
- 10.72 Methadone should be available as a secondary detoxification for those who have developed an opiate dependency while in the prison. (3.60)
- 10.73 The prison should develop an alcohol strategy. (3.64)
- 10.74 All stakeholders in the delivery of the integrated drug treatment system should monitor the number taking part to ensure adequate resourcing and the best possible clinical and psychosocial outcomes for prisoners. (3.75)
- 10.75 Mandatory drug testing should be sufficiently staffed to ensure all testing is carried out within identified timescales and with no gaps in provision. (3.76)
- 10.76 Target testing should be effectively managed to ensure it takes place within the required timescale. (3.77)
- 10.77 There should be effective security measures in place to reduce the supply of illicit drugs. (3.78)

Diversity

- 10.78 All staff should receive appropriate diversity training, with refresher training at least every three years. (4.2)
- 10.79 The prison should develop links with community agencies to support the development of diversity work. (4.6)
- 10.80 The role of diversity and foreign national wing officers and prisoner representatives should be clarified and specific training provided. (4.7)
- 10.81 There should be impact assessments for all areas of diversity. (4.8)

Diversity: race equality

- 10.82 The race equality policy should be updated annually and relate specifically to Durham prison. (4.13)
- 10.83 The prison should ensure that any areas of disparity identified in ethnic monitoring are investigated and necessary remedial action taken. (4.14)
- 10.84 There should be a greater range of responses for prisoners found to have behaved in a racist or discriminatory manner. (4.15)
- 10.85 The prison should implement the programme designed to challenge racist and discriminatory behaviour as soon as possible. (4.16)

Diversity: religion

- 10.86 There should be monitoring that assesses the impact of prisoners' religion. (4.18)

Diversity: foreign nationals

- 10.87 The prison should seek to ensure that the UK Border Agency liaises with it regularly, and that prisoners are informed as early as possible whether they are being considered for deportation, and provided with regularly updated information. (4.20)
- 10.88 Information about the regime at Durham should be available to all prisoners in a language they understand. Translations should be checked to ensure they are accurate. (4.22)
- 10.89 The prison's policies and procedures should be available to all prisoners in a language they can understand. (4.23)
- 10.90 The foreign nationals policy should accurately reflect provision at Durham and be supported by an action plan to meet identified needs. (4.30)
- 10.91 All foreign national new arrivals should be interviewed by the foreign nationals coordinator and their specific needs identified, and there should be support systems to meet their needs. (4.31)

- 10.92 If the prison holds a significant number of prisoners of the same nationality, there should be regular focus groups, with an interpreter if necessary, to ensure the needs of such groups are met effectively. (4.32)
- 10.93 Prisoners who are unable to work due to their limited English should be able to access a more flexible wing regime, subject to appropriate risk assessment. (4.33)
- 10.94 Foreign national prisoners should be able to have free airmail letters, where appropriate. (4.34)

Diversity: disability and older prisoners

- 10.95 The disability assessment of prisoners should include learning difficulties, and there should be stronger links with the education department to ensure there is an accurate log of all prisoners with a disability. (4.43)
- 10.96 All older prisoners and those with a physical disability should, where necessary, have a personal emergency evacuation plan, which is easily accessible by staff on wings, and prisoners with a personal emergency evacuation plan should be quickly and easily identifiable by staff in the case of an emergency. (4.44)
- 10.97 There should be monitoring to assess the impact of the regime on prisoners with disabilities. (4.45)
- 10.98 The prison should explore further the negative perceptions of prisoners with disabilities, and the action plan should incorporate mechanisms to minimise these. (4.46)

Diversity: sexual orientation

- 10.99 The prison should identify a lead officer for work with gay and bisexual prisoners, and there should be an assessment of their number and needs, and information displayed about sources of support and help. (4.48)

Health services

- 10.100 Staff skills and competencies should be deployed to ensure the best care for prisoners – for example, RMNs should be allocated to care for mental health inpatients. (5.4)
- 10.101 Prisoners should have direct contact with the pharmacy through regular pharmacy clinics. (5.6)
- 10.102 The use of pharmacy staff to supply in-possession medication to prisoners each week on the wings should be encouraged. (5.7)
- 10.103 The work to install medication safes in cells should include all cells and be completed as soon as possible. (5.9)
- 10.104 Notices to remind prisoners to request repeat prescriptions should be displayed on wing treatment hatches. (5.11)
- 10.105 The pharmacy should liaise with administrative staff to ensure it receives daily prisoner location reports. (5.12)

- 10.106 All pharmacy standing operating procedures should include all aspects of current practice. (5.14)
- 10.107 All methadone distribution areas should be provided with methadone dispensing pumps to ensure the safe and accurate recording of methadone supplies. (5.16)
- 10.108 Triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners. (5.18)
- 10.109 The beds in health services should not form part of the prison's certified normal accommodation. (5.19)
- 10.110 There should be a cleaning schedule to ensure that all primary care facilities are cleaned regularly, and senior staff should monitor outcomes. (5.71)
- 10.111 Healthcare managers should work with the primary care trust to ensure there is a review of infection control policies and procedures, particularly for the dental surgery, and its recommendations implemented. (5.72)
- 10.112 Dental staff should know where resuscitation equipment is stored and ensure they are proficient in its use. (5.73)
- 10.113 The non-attendance rate should be investigated to identify why prisoners fail to attend healthcare appointments. Prisoners should receive personal notification of health appointments as soon as possible. (5.74)
- 10.114 The waiting times to see the GP should be reduced and conform to NHS requirements. (5.75)
- 10.115 Minor illness clinics should be reinstated to reduce waiting times for GP appointments and allow prisoners quicker access to health services. (5.76)
- 10.116 There should be additional sessions for the optician and chiropodist when the waiting lists become too long. (5.77)
- 10.117 There should be a dedicated healthcare patient forum, chaired by a senior member of the healthcare team, which meets regularly. (5.78)
- 10.118 Healthcare staff should ensure that non-English speaking patients fully understand the procedures they are undertaking and the results. (5.79)
- 10.119 The storage of dental records and the taking of radiographs should follow guidelines published by the Faculty of General Dental Practice (UK). (5.80)
- 10.120 Pharmacy staff should be supported in their personal development and further training. (5.81)
- 10.121 Pharmacy staff should visit all treatment rooms regularly and document this to ensure appropriate medicines management. (5.82)
- 10.122 The medicines and therapeutics committee should include representation from the primary care trust. (5.83)

- 10.123 The medicines and therapeutics committee should approve written policies on out-of-hours and special sick medications to ensure that all appropriate medicines can be supplied. (5.84)
- 10.124 Patient group directives should be available and signed by relevant staff. (5.85)
- 10.125 The pharmacist should facilitate counselling sessions, pharmacist-led clinics, clinical audit and medication reviews. (5.86)
- 10.126 The medicines and therapeutics committee should develop and agree a prescribing formulary. (5.87)
- 10.127 The medicines and therapeutics committee should ensure that the widespread prescribing of medications liable to abuse or diversion is evidence-based. The in-possession policy should be reviewed with regard to these high-risk medications. (5.88)
- 10.128 Prescribing data should be used to promote effective medicines management. (5.89)
- 10.129 Health information and health promotion leaflets should be available in a range of languages. (5.90)
- 10.130 Time out of cell for inpatients should be improved. (5.91)

Learning and skills and work activities

- 10.131 The personal development programme should be developed and reintroduced to meet the needs and interests of prisoners. (6.2)
- 10.132 English for speakers of other languages (ESOL) provision should be increased. (6.4)
- 10.133 Prisoners should be returned from intervention work to education as soon as possible. (6.7)
- 10.134 IT networking should be reinstated as a priority. (6.9)
- 10.135 Session observations should cover all areas where training takes place. (6.29)
- 10.136 Waiting lists for activities should be better managed to provide clear information on when they are likely to be accessed. (6.30)
- 10.137 Prisoners on integrated drug treatment system programmes should be able to take part in activities. (6.31)
- 10.138 The gateway accommodation should include space for individual interviews, and should be sufficient to accommodate the number of potential users. (6.32)
- 10.139 The use of target setting in individual learning plans should be improved. (6.33)
- 10.140 Teaching and learning should be further developed to raise the quality of learners' experience. (6.34)
- 10.141 Prisoners should arrive and finish on time for work activities, and other prison interventions should minimise the disruption to work. (6.35)

10.142 The impact of staffing shortages on activities should be monitored, with action taken to avoid cancellations. (6.36)

10.143 There should be further accreditation of work taking place in the prison. (6.37)

10.144 Library opening times and access arrangements should not disadvantage any group. (6.38)

Physical education and health promotion

10.145 Vocational training opportunities in sport and leisure should be introduced. (6.42)

10.146 The plans to improve the shower and changing facilities in the sports hall and the main gym should be implemented. (6.46)

10.147 Gym inductions should take place in a timely manner. (6.47)

10.148 The PE department should introduce courses to promote healthy living. (6.48)

Time out of cell

10.149 Time out of cell should be increased. (6.49)

10.150 Procedures for recording time out of cell should be reviewed to ensure their accuracy and to provide more accurate data on the typical experience of prisoners. (6.50)

10.151 All prisoners should have daily access to outside exercise. (6.56)

Security and rules

10.152 The establishment should review security procedures in all relevant areas to preventing illicit items entering the prison. (7.9)

Discipline

10.153 Planned C&R (control and restraint) interventions should be routinely video recorded. (7.11)

10.154 Video footage of planned use of force incidents should be placed in tamper-proof evidence bags and stored in a safe that can only be accessed by senior managers. (7.12)

10.155 The use of special accommodation should be authorised in the first instance for an initial period of two hours, and then if necessary for each subsequent two-hour period. (7.13)

10.156 Prisoners remaining in special accommodation should not be routinely strip searched, without any risk assessment. (7.14)

10.157 The separation and care unit should not be used to hold prisoners with mental health needs. (7.15)

10.158 An individual care plan should be provided for all prisoners segregated for periods exceeding 30 days. (7.16)

- 10.159 Prisoners should have daily access to showers and phone calls. (7.18)
- 10.160 Education work should be provided to prisoners held in the separation and care unit. (7.19)
- 10.161 Entries in wing history files should consistently demonstrate that prisoners are effectively monitored, and that staff engage with them on a daily basis. (7.20)
- 10.162 A use of force committee should be set up to monitor and quality assure all matters relating to use of force. (7.36)
- 10.163 Senior managers should investigate the high use of special cells in 2008 to assure themselves that this measure was justified in all cases. (7.37)
- 10.164 Documentation for authorising the use of special accommodation should be completed correctly and clearly state the reason for location, type of search required, and type of clothing permitted. (7.38)
- 10.165 Prisoners should be removed from special accommodation at the earliest opportunity. (7.39)
- 10.166 The CCTV cameras in the segregation and care unit (SACU) cells should be removed. (7.40)
- 10.167 Prisoners held in the SACU under own-protection arrangements should be routinely unlocked by one member of staff, unless a risk assessment deems more are required. (7.41)
- 10.168 Good order or discipline reviews should, where appropriate, include active steps to aid reintegration. (7.42)
- 10.169 Subject to risk assessment, segregated prisoners should be able to attend offending behaviour programmes. (7.43)

Incentives and earned privileges

- 10.170 The qualifying criteria for enhanced status should be reviewed. (7.46)
- 10.171 The privileges associated with enhanced incentives and earned privileges status should be increased to offer greater incentives to prisoners. (7.51)

Catering

- 10.172 Prisoners should not have to dine in cells with unscreened toilets. (8.4)
- 10.173 Prisoners should be able to dine out of cell, except in exceptional circumstances. (8.5)
- 10.174 The lunch meal should be served between noon and 1.30pm and the evening meal between 5pm and 6.30pm. (8.12)
- 10.175 Prisoners should be encouraged to take part in food surveys and other consultations on catering and menus, and the catering manager should make relevant changes in response to their concerns. (8.13)

Prison shop

- 10.176 Prisoners should be able to buy fresh fruit from the shop. (8.20)
- 10.177 Missing items or errors in shop orders should be replaced without undue delay. (8.21)
- 10.178 New arrivals should be able to buy items from the prison shop within 24 hours. (8.22)

Strategic management of resettlement

- 10.179 The resettlement policy committee should monitor trends and key resettlement outcomes. All departments scheduled to attend this committee should do so. (9.5)
- 10.180 A prison-wide reducing reoffending action plan should be produced and updated on a regular basis. (9.13)
- 10.181 Resettlement information from initial assessments should be presented to the resettlement committee regularly for assessment and action. (9.14)
- 10.182 The prison should develop a community engagement strategy, and provide a clear remit on engagement with local voluntary and community groups. (9.15)

Offender management and planning

- 10.183 All prisoners should have a sentence and custody plan or, where appropriate, an OASys (offender assessment system) assessment in place. (9.16)
- 10.184 Prisoners should be transferred to training establishments where there are appropriate interventions to complete identified sentence planning targets. (9.18)
- 10.185 Prisoners should not be transferred to another establishment during the process of considering their applications for early release. (9.19)
- 10.186 Allocation of prisoners in scope for offender management should be completed in two working days. (9.31)
- 10.187 End of custody licence processes should be improved to ensure prisoners can benefit from the full 18 days of the licence. (9.32)
- 10.188 Monthly public protection meetings should be chaired by a manager or governor to ensure governance. (9.33)
- 10.189 Notes of monthly public protection meetings should be copied to offender managers in the community. (9.34)

Resettlement pathways

- 10.190 The current housing advice provision should be reviewed by the resettlement policy committee to ensure that the provision is adequately based on the assessed needs of the population. (9.35)
- 10.191 The prison should continue to develop links with employers to increase opportunities for prisoners to gain employment on release. (9.41)
- 10.192 There should be individual support for prisoners with money management problems. (9.43)
- 10.193 Prisoners should be assisted to open bank accounts before release. (9.44)
- 10.194 Prisoners should be offered skill development in money management. (9.45)
- 10.195 Healthcare staff should see prisoners due for release at pre-release health clinics. (9.49)
- 10.196 The main drug and alcohol strategy and the supply reduction strategy should include an annual action plan with developmental targets and objectives. (9.51)
- 10.197 Groupwork should be available for non-integrated drug treatment system (IDTS) prisoners with drug treatment needs. (9.53)
- 10.198 There should be pre-release groups for both IDTS and non-IDTS prisoners. (9.54)
- 10.199 The voluntary drug testing (VDT) programme should be adequately resourced to undertake the required level of testing. (9.59)
- 10.200 There should be a dedicated VDT unit where prisoners receive extra support to remain drug free. (9.60)
- 10.201 An up-to-date supply reduction strategy should be developed and implemented, and be embedded in the wider prison drug strategy. (9.62)
- 10.202 The visitors' centre should be of sufficient size and accessibility to cope safely and respectfully with the number of visitors using it. (9.67)
- 10.203 The partitions in the closed visits area should be replaced to ensure privacy, and the comfort of the seating should be improved. (9.68)
- 10.204 The children and families pathway lead should be involved in the selection of family link officers. (9.70)
- 10.205 Visitors should be able to book their next visit while they are at the establishment. (9.86)
- 10.206 Visitors should be booked into the prison promptly to ensure visits start at the advertised time. (9.87)
- 10.207 Closed visits should be authorised only when there is significant risk justified by security intelligence. (9.88)

- 10.208 Applications for inter-prison visits should be dealt with in a timely manner. (9.89)
- 10.209 All prisoners should be able to participate in family link programmes irrespective of their incentives and earned privileges (IEP) status. (9.90)
- 10.210 There should be an overarching strategy for the provision of interventions. (9.94)
- 10.211 The provision of interventions at Durham should be based on the findings of a needs analysis from OASys (offender assessment system) and resettlement information. (9.97)

Housekeeping points

First days in custody

- 10.212 New arrivals should be routinely offered a drink in reception. (1.41)
- 10.213 New arrivals should be provided with the means to pass the time in reception, such as television and reading materials. (1.42)
- 10.214 The touch-screen information point on E wing should be repaired. (1.43)

Health services

- 10.215 The clean and dirty areas in the dental surgery should be demarcated. (5.92)
- 10.216 The lead apron held in the dental suite should be either serviced or discarded. (5.93)
- 10.217 The temperatures in the treatment room fridges should be recorded daily. (5.94)
- 10.218 The primary care waiting rooms should be improved, and health information and health promotion material should be available. (5.95)
- 10.219 Dental records should be stored in a locked fireproof cabinet. (5.96)
- 10.220 Only up-to-date versions of reference books, such as the *British National Formulary*, should be available. (5.97)
- 10.221 There should be better use of the inpatient association area, and inpatients should be able to dine out of cell. (5.98)

Discipline

- 10.222 Prisoners in adjudications should have access to writing materials. (7.44)
- 10.223 Toilets in the segregation and care unit (SACU) cells should be de-scaled. (7.45)

Examples of good practice

- 10.224 The work by administrative staff to collect, collate and manage all patient-related documentation and information enhanced patient care. (5.99)
- 10.225 The introduction of vaccination clinics in the workshops and education allowed prisoners to continue treatment without the loss of work and learning sessions. (5.100)
- 10.226 Information, advice and guidance staff referred prisoners with very low literacy and numeracy skills to the dedicated support in the gateway programme. (6.39)

Appendix I: Inspection team

Martin Lomas	Team leader
Keith McInnis	Inspector
Steve Moffatt	Inspector
Marie Orrell	Inspector
Gordon Riach	Inspector
Andrea Walker	Inspector
Sherelle Parke	Research officer
Hayley Cripps	Research officer
Michael Skidmore	Research officer
Olayinka Macauley	Research trainee
Paul Roberts	Drugs inspector
Bridget McEvilly	Health services inspector
Sharon Monks	Pharmacy inspector
Martin Wall	Dental inspector
Stephen Miller	Ofsted inspector

Appendix II: Prison population profile

The prison was unable to supply population statistics because of problems with the move to P-NOMIS.

Appendix III: Safety interviews

Twenty prisoners were approached by the research team to undertake structured interviews on issues of safety and staff-prisoner relationships at HMP Durham. Four individuals were randomly selected from A, B and D wings (the largest wings), three from F wing, two each from C and E wings, and one from I wing.

Location of interviews

	Number of interviews
A wing	4
B wing	4
C wing	2
D wing	4
E wing	2
F wing	3
I wing	1
Total	20

Interviews were undertaken in a private interview room, and participation was voluntary. An interview schedule was used to maintain consistency, and, therefore, all interviewees were asked the same questions. The interview schedule had two distinct sections, the first covering safety and the second staff-prisoner relationships.

The demographic information on the interviewees is detailed below followed by the results from each section.

Demographic information

- Length of time in prison on this sentence ranged from one month to eight and a half years.
- Length of time at Durham ranged from one month to four and a half years.
- Eleven prisoners were sentenced and nine were on remand.
- Sentence length ranged from three months to 10 years.
- Average age was 33 (ranging from 22 to 63).
- Three interviews were conducted with black and minority ethnic prisoners and 17 with white prisoners.
- Only one interviewee did not have English as a first language, though he spoke it fluently.
- Nine interviewees stated their religion as Christian, one as Muslim and the other 10 said that they had no religion.
- Five interviewees stated they had a disability.
- Two interviewees stated they were of foreign nationality.

Safety

All interviewees were asked to identify areas of concern with regards to safety within HMP Durham, as well as rating the problem on a scale of 1-4 (1 = a little unsafe to 4 = extremely unsafe). A 'seriousness score' was then calculated, by multiplying the number of individuals who thought the issue was a problem by the average rating score.

Scores highlighted in red indicate areas in which over 50% of respondents mentioned the area to be of concern.

	Yes, this is a problem (number of respondents)	Average rate (1 = a little unsafe, to 4 = extremely unsafe)	Seriousness score
Overcrowding	13	3.04	39.5
Availability of drugs	7	3.43	24
Healthcare facilities	6	3.5	21
Aggressive body language of prisoners	7	3	21
Existence of an illegal market	5	3.8	19
Lack of confidence in staff	6	2.83	17
The way staff behave with prisoners	4	3.25	13
Layout of prison/the structure of the prison	5	2.4	12
Not enough staff on during association	4	2.88	11.5
Lack of trust in prison staff (confidentiality)	4	2.75	11
Response of staff with regards to fights/bullying/self harm in the prison	4	2.5	10
Aggressive body language of staff	4	2.5	10
The way meals are served	3	3	9
Staff members giving favours in return for something	3	2.83	8.5
Not enough staff on during the day	3	2.66	8
Movement to work/education/gym	3	2.33	7
Procedures for discipline (adjudications)	3	2	6
Isolation (within the prison)	2	3	6
Not enough surveillance cameras in the prison	2	2.5	5
Information about prison regime	2	2.5	5
Gang culture	1	2	2

The top five issues were:

1. Overcrowding
2. Availability of drugs
3. Healthcare facilities
4. Aggressive body language of prisoners
5. Existence of an illegal market

Prisoners from black and ethnic minority backgrounds did not report any safety concerns different to those above.

Overall rating

Interviewees were asked to give an overall rating for safety at HMP Durham, with 1 being very bad and 4 being very good. **The average rating was 2.95.**

A breakdown of the scores given are shown in the table below:

1	2	3	4
0 (0%)	5 (25%)	11 (55%)	4 (20%)

Appendix IV: Time out of cell

Definitions

'Best case' refers to the weekdays when a prisoner receives the most time out of cell. For example, where there is a rota system for association, the 'best case' may simply represent the day when they have association. 'Worst case' refers to the weekdays when a prisoner has the least time out of cell. To use the same example, this may represent a day when a prisoner does not have association so is locked up all evening.

Calculations

- Overall figures (all interviews combined):
 - The average best case was 363 minutes: 6.8 hours
 - The average worst case was 204 minutes: 3.4 hours
 - The minimum time out of cell reported by prisoners was just 15 minutes (reported by two prisoners on B wing – one of whom was a part-time worker on enhanced level)
 - The maximum time out of cell reported by prisoners was 580 minutes: 9.7 hours
- The average best case and worst case for the following groups:

Employment status:

- Full-time employed prisoners and those on full-time education reported a best case of 8.3 hours time out of cell, and a worse case of 6.2 hours.
- Part-time employed prisoners and those in part-time education reported a best case of 6.5 hours time out of cell, and a worse case of 3.5 hours.
- Unemployed and retired prisoners and those not in education reported a best case of 3.8 hours time out of cell and a worse case of just one hour.

Incentives and earned privileges status:

- Enhanced prisoners reported a best case of 6.8 hours time out of cell, and a worse case of 4.3 hours.
- Standard prisoners reported a best case of 5.3 hours time out of cell, and a worse case of 2.5 hours.
- There were no prisoners on basic regime in our sample.

Of those we approached, only two were of black and ethnic minority backgrounds, which reflected the ethnic breakdown of the prison population. Due to the small number, time out of cell was not looked at in terms of ethnicity. Vulnerable prisoners were also not easily identifiable, due to the 'non-collusive regime' at HMP Durham, so their time out of cell could not be compared with other prisoners.

- The average best case and worst case for each wing (maximum of 18 wings):

Wing (#)	Best case time out of cell	Worst case time out of cell
----------	----------------------------	-----------------------------

	(hours)	(hours)
A (3)	6.2	3.6
B (4)	5.3	1.6
C (2)	6	3.4
D (3)	6.3	4
E (2)	6.6	4.6
F (3)	5.8	3.2
I (1)	8	6

Appendix V: 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.

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 7 October 2009, the prisoner population at HMP Durham was 971. The sample size was 132. Overall, this represented 14% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a LIDS prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Five respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. One respondent was interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- to seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 116 respondents completed and returned their questionnaires. This represented 12% of the prison population. The response rate was 88%. In addition to the five respondents who

refused to complete a questionnaire, five questionnaires were not returned and six were returned blank.

Comparisons

The following details the results from the survey. Data from each establishment has been weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2009 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 37 local prisons since January 2005.
- The current survey responses in 2009 against the responses of prisoners surveyed at HMP Durham in 2006.
- A comparison within the 2009 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading, and where there is no significant difference there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and that of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys. However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'Not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data is excluded). The actual numbers will match up as the data is cleaned to be consistent.

Percentages shown in the summary may differ by 1 or 2 % from that shown in the comparison data as the comparator data has been weighted for comparison purposes.

Section 1: About you

In order for us to ensure that everyone is treated equally within this prison, we ask that you fill in the following information about yourself. This will allow us to look at the answers provided by different groups of people in order to detect discrimination and to investigate whether there are equal opportunities for all across all areas of prison life. Your responses to these questions will remain both anonymous and confidential.

Q1.2 How old are you?

<i>Under 21</i>	1%
<i>21 - 29</i>	47%
<i>30 - 39</i>	32%
<i>40 - 49</i>	16%
<i>50 - 59</i>	3%
<i>60 - 69</i>	2%
<i>70 and over</i>	0%

Q1.3 Are you sentenced?

<i>Yes</i>	49%
<i>Yes - on recall</i>	16%
<i>No - awaiting trial</i>	16%
<i>No - awaiting sentence</i>	18%
<i>No - awaiting deportation</i>	0%

Q1.4 How long is your sentence?

<i>Not sentenced</i>	35%
<i>Less than 6 months</i>	12%
<i>6 months to less than 1 year</i>	7%
<i>1 year to less than 2 years</i>	19%
<i>2 years to less than 4 years</i>	16%
<i>4 years to less than 10 years</i>	8%
<i>10 years or more</i>	2%
<i>IPP (Indeterminate Sentence for Public Protection)</i>	2%
<i>Life</i>	0%

Q1.5 Approximately, how long do you have left to serve? (If you are serving life or IPP, please use the date of your next board.)

<i>Not sentenced</i>	36%
<i>6 months or less</i>	37%
<i>More than 6 months</i>	26%

Q1.6	How long have you been in this prison?			
	<i>Less than 1 month</i>		24%	
	<i>1 to less than 3 months</i>		21%	
	<i>3 to less than 6 months</i>		27%	
	<i>6 to less than 12 months</i>		18%	
	<i>12 months to less than 2 years</i>		5%	
	<i>2 to less than 4 years</i>		3%	
	<i>4 years or more</i>		3%	
Q1.7	Are you a foreign national (i.e. do not hold UK citizenship)?			
	<i>Yes</i>		9%	
	<i>No</i>		91%	
Q1.8	Is English your first language?			
	<i>Yes</i>		93%	
	<i>No</i>		7%	
Q1.9	What is your ethnic origin?			
	<i>White - British</i>	90%	<i>Asian or Asian British - Bangladeshi</i>	0%
	<i>White - Irish</i>	0%	<i>Asian or Asian British - Other</i>	1%
	<i>White - Other</i>	3%	<i>Mixed Race - White and Black Caribbean</i>	2%
	<i>Black or Black British - Caribbean</i> ...	0%	<i>Mixed Race - White and Black African</i>	0%
	<i>Black or Black British - African</i>	0%	<i>Mixed Race - White and Asian</i>	1%
	<i>Black or Black British - Other</i>	0%	<i>Mixed Race - Other</i>	0%
	<i>Asian or Asian British - Indian</i>	0%	<i>Chinese</i>	2%
	<i>Asian or Asian British - Pakistani</i>	1%	<i>Other ethnic group</i>	1%
Q1.10	Do you consider yourself to be Gypsy/Romany/Traveller?			
	<i>Yes</i>		4%	
	<i>No</i>		96%	
Q1.11	What is your religion?			
	<i>None</i>	28%	<i>Hindu</i>	0%
	<i>Church of England</i>	41%	<i>Jewish</i>	0%
	<i>Catholic</i>	20%	<i>Muslim</i>	2%
	<i>Protestant</i>	7%	<i>Sikh</i>	0%
	<i>Other Christian denomination</i>	1%	<i>Other</i>	1%
	<i>Buddhist</i>	2%		
Q1.12	How would you describe your sexual orientation?			
	<i>Heterosexual/straight</i>		96%	
	<i>Homosexual/gay</i>		2%	
	<i>Bisexual</i>		2%	
	<i>Other</i>		0%	

Q1.15	Including this prison, how many prisons have you been in during this sentence/remand time?			
		<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
		62%	27%	11%
Q1.13	Do you consider yourself to have a disability?			
	Yes			19%
	No			81%
Q1.14	How many times have you been in prison before?			
		<i>0</i>	<i>1</i>	<i>2 to 5</i>
		16%	14%	24%
				<i>More than 5</i>
				46%
Q1.16	Do you have any children under the age of 18?			
	Yes			62%
	No			38%

Section 2: Courts, transfers and escorts

Q2.1	We want to know about the most recent journey you have made either to or from court or between prisons. How was:						
		<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very Bad</i>	<i>Don't remember</i>
							<i>N/A</i>
	The cleanliness of the van?	6%	47%	15%	21%	8%	3%
	Your personal safety during the journey?	8%	49%	13%	20%	7%	2%
	The comfort of the van?	4%	7%	6%	34%	48%	0%
	The attention paid to your health needs?	5%	25%	20%	29%	16%	0%
	The frequency of toilet breaks?	3%	12%	11%	23%	34%	2%
							16%
Q2.2	How long did you spend in the van?						
		<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>	
		38%	41%	16%	4%	1%	
Q2.3	How did you feel you were treated by the escort staff?						
		<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
		10%	51%	25%	11%	1%	2%
Q2.4	Please answer the following questions about when you first arrived here:						
			<i>Yes</i>	<i>No</i>	<i>Don't remember</i>		
	Did you know where you were going when you left court or when transferred from another prison?		79%	19%	2%		
	Before you arrived here did you receive any written information about what would happen to you?		18%	79%	4%		
	When you first arrived here did your property arrive at the same time as you?		87%	10%	3%		

Section 3: Reception, first night and induction

Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)

<i>Didn't ask about any of these</i>	19%	<i>Money worries</i>	16%
<i>Loss of property</i>	13%	<i>Feeling depressed or suicidal</i>	55%
<i>Housing problems</i>	33%	<i>Health problems</i>	67%
<i>Contacting employers</i>	16%	<i>Needing protection from other prisoners</i>	16%
<i>Contacting family</i>	40%	<i>Accessing phone numbers</i>	39%
<i>Ensuring dependants were being looked after</i>	15%	<i>Other</i>	2%

Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)

<i>Didn't have any problems</i>	22%	<i>Money worries</i>	27%
<i>Loss of property</i>	13%	<i>Feeling depressed or suicidal</i>	20%
<i>Housing problems</i>	32%	<i>Health problems</i>	47%
<i>Contacting employers</i>	3%	<i>Needing protection from other prisoners</i>	8%
<i>Contacting family</i>	33%	<i>Accessing phone numbers</i>	30%
<i>Ensuring dependants were looked after</i>	6%	<i>Other</i>	1%

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	90%	8%	2%
When you were searched, was this carried out in a respectful way?	85%	15%	1%

Q3.4 Overall, how well did you feel you were treated in reception?

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
11%	51%	22%	10%	4%	2%

Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)

<i>Information about what was going to happen to you</i>	48%
<i>Information about what support was available for people feeling depressed or suicidal</i>	46%
<i>Information about how to make routine requests</i>	45%
<i>Information about your entitlement to visits</i>	47%
<i>Information about health services</i>	56%
<i>Information about the chaplaincy</i>	42%
<i>Not offered anything</i>	26%

Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)	
	<i>A smokers/non-smokers pack</i>	96%
	<i>The opportunity to have a shower</i>	64%
	<i>The opportunity to make a free telephone call</i>	39%
	<i>Something to eat</i>	84%
	<i>Did not receive anything</i>	1%
Q3.7	Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)	
	<i>Chaplain or religious leader</i>	42%
	<i>Someone from health services</i>	79%
	<i>A Listener/Samaritans</i>	13%
	<i>Did not meet any of these people</i>	11%
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	<i>Yes</i>	9%
	<i>No</i>	91%
Q3.9	Did you feel safe on your first night here?	
	<i>Yes</i>	74%
	<i>No</i>	19%
	<i>Don't remember</i>	6%
Q3.10	How soon after your arrival did you go on an induction course?	
	<i>Have not been on an induction course</i>	11%
	<i>Within the first week</i>	62%
	<i>More than a week</i>	22%
	<i>Don't remember</i>	5%
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	11%
	<i>Yes</i>	53%
	<i>No</i>	25%
	<i>Don't remember</i>	12%

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to:					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
						<i>N/A</i>
	Communicate with your solicitor or legal representative?	5%	32%	19%	30%	12%
	Attend legal visits?	8%	52%	20%	10%	3%
	Obtain bail information?	3%	23%	32%	15%	16%
						8%
						11%

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 13%
 Yes 41%
 No 46%

Q4.3 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	56%	41%	3%	1%
Are you normally able to have a shower every day?	57%	42%	1%	1%
Do you normally receive clean sheets every week?	95%	3%	2%	0%
Do you normally get cell cleaning materials every week?	41%	57%	3%	0%
Is your cell call bell normally answered within five minutes?	34%	52%	9%	5%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	65%	34%	1%	0%
Can you normally get your stored property, if you need to?	39%	47%	12%	3%

Q4.4 What is the food like here?

Very good 2% *Good* 16% *Neither* 24% *Bad* 35% *Very bad* 24%

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?

Have not bought anything yet 5%
 Yes 31%
 No 64%

Q4.6 Is it easy or difficult to get:

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	43%	39%	8%	2%	1%	7%
An application form	50%	40%	6%	2%	0%	2%

Q4.7 Have you made an application?

Yes 86%
 No 14%

Q4.8 Please answer the following questions concerning applications:

(If you have not made an application please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	14%	42%	43%
Do you feel <i>applications</i> are dealt with promptly (within seven days)?	15%	36%	49%

Q4.9 Have you made a complaint?
 Yes 42%
 No 58%

Q4.10 Please answer the following questions concerning complaints:
(If you have not made a complaint please tick the 'not made one' option.)

	<i>Not made one</i>	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	58%	12%	30%
Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	58%	12%	30%
Were you given information about how to make an appeal?	59%	16%	24%

Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?
Not made a complaint 58%
 Yes 8%
 No 34%

Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB) who they are

<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
40%	2%	20%	17%	14%	7%

Q4.13 What level of the IEP scheme are you on now?

<i>Don't know what the IEP scheme is</i>	4%
<i>Enhanced</i>	22%
<i>Standard</i>	69%
<i>Basic</i>	0%
<i>Don't know</i>	5%

Q4.14 Do you feel you have been treated fairly in your experience of the IEP scheme?

<i>Don't know what the IEP scheme is</i>	4%
Yes	62%
No	21%
<i>Don't know</i>	13%

Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?

<i>Don't know what the IEP scheme is</i>	4%
Yes	41%
No	45%
<i>Don't know</i>	11%

Q4.16	Please answer the following questions about this prison:		
		Yes	No
	In the last six months have any members of staff physically restrained you (C&R)?	9%	91%
	In the last six months have you spent a night in the segregation/care and separation unit?	17%	83%

Q4.17	Please answer the following questions about your religious beliefs?			
		Yes	No	<i>Don't know/ N/A</i>
	Do you feel your religious beliefs are respected?	54%	8%	38%
	Are you able to speak to a religious leader of your faith in private if you want to?	56%	3%	42%

Q4.18	Can you speak to a listener at any time, if you want to?			
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>
		50%	8%	42%

Q4.19	Please answer the following questions about staff in this prison:		
		Yes	No
	Is there a member of staff you can turn to for help if you have a problem?	68%	32%
	Do most staff treat you with respect?	69%	31%

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?
	<i>Yes</i> 37%
	<i>No</i> 63%

Q5.2	Do you feel unsafe in this prison at the moment?
	<i>Yes</i> 19%
	<i>No</i> 81%

Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)
	<i>Never felt unsafe</i> 65%
	<i>Everywhere</i> 12%
	<i>Segregation unit</i> 5%
	<i>Association areas</i> 19%
	<i>Reception area</i> 10%
	<i>At the gym</i> 10%
	<i>In an exercise yard</i> 22%
	<i>At work</i> 7%
	<i>During movement</i> 12%
	<i>At education</i> 5%
	<i>At meal times</i> 13%
	<i>At health services</i> 11%
	<i>Visit's area</i> 6%
	<i>In wing showers</i> 15%
	<i>In gym showers</i> 13%
	<i>In corridors/stairwells</i> 12%
	<i>On your landing/wing</i> 14%
	<i>In your cell</i> 6%
	<i>At religious services</i> 3%

Q5.4 Have you been victimised by another prisoner or group of prisoners here?

Yes 13%
No 87%

**Q5.5 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>	5%	<i>Because of your sexuality.....</i>	2%
<i>Physical abuse (being hit, kicked or assaulted).....</i>	4%	<i>Because you have a disability.....</i>	1%
<i>Sexual abuse.....</i>	1%	<i>Because of your religion/religious beliefs.....</i>	2%
<i>Because of your race or ethnic origin.....</i>	1%	<i>Because of your age.....</i>	0%
<i>Because of drugs.....</i>	2%	<i>Being from a different part of the country than others.....</i>	4%
<i>Having your canteen/property taken.....</i>	4%	<i>Because of your offence/crime.....</i>	1%
<i>Because you were new here.....</i>	4%	<i>Because of gang related issues.....</i>	1%

Q5.6 Have you been victimised by a member of staff or group of staff here?

Yes 19%
No 81%

**Q5.7 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>	8%	<i>Because you have a disability.....</i>	1%
<i>Physical abuse (being hit, kicked or assaulted).....</i>	3%	<i>Because of your religion/religious beliefs.....</i>	1%
<i>Sexual abuse.....</i>	0%	<i>Because of your age.....</i>	1%
<i>Because of your race or ethnic origin.....</i>	0%	<i>Being from a different part of the country than others.....</i>	4%
<i>Because of drugs.....</i>	6%	<i>Because of your offence/crime.....</i>	3%
<i>Because you were new here.....</i>	4%	<i>Because of gang related issues.....</i>	0%
<i>Because of your sexuality.....</i>	1%		

Q5.8 If you have been victimised by prisoners or staff, did you report it?

Not been victimised 74%
Yes 6%
No 19%

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?

Yes 22%
No 78%

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?

Yes 17%
 No 83%

Q5.11 Is it easy or difficult to get illegal drugs in this prison?

Very easy *Easy* *Neither* *Difficult* *Very difficult* *Don't know*
 29% 14% 4% 7% 3% 43%

Section 6: Health services

Q6.1 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?	10%	3%	14%	13%	44%	16%
The nurse?	8%	9%	37%	13%	26%	7%
The dentist?	14%	3%	10%	12%	30%	31%
The optician?	30%	3%	11%	12%	24%	21%

Q6.2 Are you able to see a pharmacist?

Yes 30%
 No 70%

Q6.3 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?	19%	8%	27%	15%	22%	9%
The nurse?	16%	15%	30%	17%	17%	6%
The dentist?	39%	4%	23%	9%	15%	11%
The optician?	49%	3%	13%	15%	12%	7%

Q6.4 What do you think of the overall quality of the health services here?

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	10%	4%	32%	18%	25%	11%

Q6.5 Are you currently taking medication?

Yes 62%
 No 38%

Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?

Not taking medication 38%
 Yes 45%
 No 17%

Q6.7 Do you feel you have any emotional well-being/mental health issues?

Yes 35%
 No 65%

- Q6.8 Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)**
- | | |
|--|-----|
| <i>Do not have any issues/not receiving any help</i> | 76% |
| <i>Doctor</i> | 17% |
| <i>Nurse</i> | 6% |
| <i>Psychiatrist</i> | 6% |
| <i>Mental health-in reach team</i> | 10% |
| <i>Counsellor</i> | 5% |
| <i>Other</i> | 2% |
- Q6.9 Did you have a problem with either of the following when you came into this prison?**
- | | Yes | No |
|---------|-----|-----|
| Drugs | 49% | 51% |
| Alcohol | 38% | 62% |
- Q6.10 Have you developed a problem with drugs since you have been in this prison?**
- | | |
|-----------|-----|
| Yes | 6% |
| No..... | 94% |
- Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?**
- | | |
|--|-----|
| Yes | 50% |
| No..... | 10% |
| <i>Did not/do not have a drug or alcohol problem</i> | 40% |
- Q6.12 Have you received any intervention or help (including, CARATs, health services etc.) for your drug/alcohol problem, while in this prison?**
- | | |
|--|-----|
| Yes | 49% |
| No..... | 12% |
| <i>Did not/do not have a drug or alcohol problem</i> | 39% |
- Q6.13 Was the intervention or help you received, while in this prison, helpful?**
- | | |
|--|-----|
| Yes | 36% |
| No..... | 11% |
| <i>Did not have a problem/have not received help</i> | 53% |
- Q6.14 Do you think you will have a problem with either of the following when you leave this prison?**
- | | Yes | No | Don't know |
|---------|-----|-----|------------|
| Drugs | 15% | 66% | 19% |
| Alcohol | 10% | 72% | 17% |
- Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?**
- | | |
|-----------|-----|
| Yes | 30% |
| No..... | 16% |
| N/A..... | 54% |

Section 7: Purposeful activity

**Q7.1 Are you currently involved in any of the following activities?
(Please tick all that apply to you.)**

Prison job	30%
Vocational or skills training.....	12%
Education (including basic skills).....	22%
Offending behaviour programmes.....	7%
Not involved in any of these	45%

Q7.2 If you have been involved in any of the following, whilst in this prison, do you think it will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	64%	22%	13%	1%
Vocational or skills training	82%	18%	0%	0%
Education (including basic skills)	71%	20%	4%	4%
Offending behaviour programmes	89%	11%	0%	0%

Q7.3 How often do you go to the library?

Don't want to go	14%
Never.....	23%
Less than once a week.....	19%
About once a week.....	39%
More than once a week.....	1%
Don't know.....	4%

Q7.4 On average how many times do you go to the gym each week?

Don't want to go	0	1	2	3 to 5	More than 5	Don't know
26%	23%	4%	14%	22%	3%	9%

Q7.5 On average how many times do you go outside for exercise each week?

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
15%	8%	25%	11%	36%	5%

**Q7.6 On average how many hours do you spend out of your cell on a weekday?
(Please include hours at education, at work etc.)**

Less than 2 hours	41%
2 to less than 4 hours.....	24%
4 to less than 6 hours.....	14%
6 to less than 8 hours.....	10%
8 to less than 10 hours.....	2%
10 hours or more.....	8%
Don't know.....	1%

Q7.7 On average, how many times do you have association each week?

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
3%	1%	23%	39%	28%	6%

Q7.8	How often do staff normally speak to you during association time?	
	<i>Do not go on association</i>	6%
	<i>Never</i>	30%
	<i>Rarely</i>	32%
	<i>Some of the time</i>	21%
	<i>Most of the time</i>	8%
	<i>All of the time</i>	3%

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?	
	<i>Still have not met him/her</i>	54%
	<i>In the first week</i>	19%
	<i>More than a week</i>	19%
	<i>Don't remember</i>	9%

Q8.2	How helpful do you think your personal officer is?					
	<i>Do not have a personal officer/still have not met him/her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	54%	6%	18%	15%	4%	4%

Q8.3	Do you have a sentence plan/OASys?	
	<i>Not sentenced</i>	36%
	<i>Yes</i>	22%
	<i>No</i>	42%

Q8.4	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/OASys</i>	77%
	<i>Very involved</i>	3%
	<i>Involved</i>	3%
	<i>Neither</i>	4%
	<i>Not very involved</i>	6%
	<i>Not at all involved</i>	7%

Q8.5	Can you achieve all or some of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/OASys</i>	78%
	<i>Yes</i>	11%
	<i>No</i>	11%

Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/OASys</i>	80%
	<i>Yes</i>	12%
	<i>No</i>	8%

- Q8.7 Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?**
Not sentenced..... 40%
 Yes 8%
 No 52%
- Q8.8 Do you feel that any member of staff has helped you to prepare for your release?**
 Yes 4%
 No 96%
- Q8.9 Have you had any problems with sending or receiving mail?**
 Yes 44%
 No 47%
 Don't know..... 9%
- Q8.10 Have you had any problems getting access to the telephones?**
 Yes 37%
 No 61%
 Don't know..... 2%
- Q8.11 Did you have a visit in the first week that you were here?**
Not been here a week yet 9%
 Yes 46%
 No 43%
 Don't remember..... 1%
- Q8.12 How many visits did you receive in the last week?**
Not been in a week 0 1 to 2 3 to 4 5 or more
 9% 62% 29% 0% 0%
- Q8.13 How are you and your family/friends usually treated by visits staff?**
Not had any visits..... 21%
 Very well..... 7%
 Well 34%
 Neither 16%
 Badly 4%
 Very badly 2%
 Don't know..... 15%
- Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?**
 Yes 26%
 No 74%

**Q8.15 Do you know who to contact to get help with the following within this prison?
(Please tick all that apply to you.)**

<i>Don't know who to contact</i>	65%	<i>Help with your finances in preparation for release</i>	6%
<i>Maintaining good relationships</i>	8%	<i>Claiming benefits on release</i>	18%
<i>Avoiding bad relationships</i>	5%	<i>Arranging a place at college/continuing education on release</i>	6%
<i>Finding a job on release</i>	18%	<i>Continuity of health services on release</i>	11%
<i>Finding accommodation on release</i>	22%	<i>Opening a bank account</i>	5%

Q8.16 Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)

<i>No problems</i>	32%	<i>Help with your finances in preparation for release</i>	28%
<i>Maintaining good relationships</i>	10%	<i>Claiming benefits on release</i>	31%
<i>Avoiding bad relationships</i>	14%	<i>Arranging a place at college/continuing education on release</i>	12%
<i>Finding a job on release</i>	52%	<i>Continuity of health services on release</i>	17%
<i>Finding accommodation on release</i>	36%	<i>Opening a bank account</i>	25%

Q8.17 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>	38%
<i>Yes</i>	24%
<i>No</i>	39%

Thank you for completing this survey



Prisoner survey responses HMP Durham 2009

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

		HMP Durham 2009	Local prisons comparator	HMP Durham 2009	HMP Durham 2006
	Any percent highlighted in green is significantly better.				
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	Percentages which are not highlighted show there is no significant difference.				
Number of completed questionnaires returned		116	4152	116	131
SECTION 1: General information					
2	Are you under 21 years of age?	1%	5%	1%	2%
3a	Are you sentenced?	66%	67%	66%	64%
3b	Are you on recall?	16%	11%	16%	18%
4a	Is your sentence less than 12 months?	19%	17%	19%	24%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	4%	2%	0%
5	Do you have six months or less to serve?	37%	33%	37%	33%
6	Have you been in this prison less than a month?	24%	20%	24%	
7	Are you a foreign national?	9%	14%	9%	5%
8	Is English your first language?	93%	89%	93%	95%
9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White Other categories)?	7%	27%	7%	8%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	6%	4%	
11	Are you Muslim?	2%	12%	2%	5%
12	Are you homosexual/gay or bisexual?	4%	3%	4%	9%
13	Do you consider yourself to have a disability?	19%	19%	19%	20%
14	Is this your first time in prison?	16%	28%	16%	19%
15	Have you been in more than 5 prisons this time?	11%	9%	11%	
16	Do you have any children under the age of 18?	62%	56%	62%	67%
SECTION 2: Transfers and escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	54%	50%	54%	54%
1b	Was your personal safety during the journey good/very good?	57%	59%	57%	64%
1c	Was the comfort of the van good/very good?	11%	13%	11%	5%
1d	Was the attention paid to your health needs good/very good?	29%	29%	29%	25%
1e	Was the frequency of toilet breaks good/very good?	15%	14%	15%	8%
2	Did you spend more than four hours in the van?	4%	4%	4%	4%
3	Were you treated well/very well by the escort staff?	61%	66%	61%	66%
4a	Did you know where you were going when you left court or when transferred from another prison?	79%	72%	79%	81%
4b	Before you arrived here did you receive any written information about what would happen to you?	18%	14%	18%	15%
4c	When you first arrived here did your property arrive at the same time as you?	87%	81%	87%	86%

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SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	13%	12%	13%	
1c	Housing problems?	33%	30%	33%	
1d	Problems contacting employers?	16%	13%	16%	
1e	Problems contacting family?	40%	49%	40%	
1f	Problems ensuring dependants were looked after?	15%	13%	15%	
1g	Money problems?	16%	19%	16%	
1h	Problems of feeling depressed/suicidal?	55%	53%	55%	
1i	Health problems?	67%	61%	67%	
1j	Problems in needing protection from other prisoners?	16%	22%	16%	
1k	Problems accessing phone numbers?	39%	39%	39%	
2	When you first arrived:				
2a	Did you have any problems?	78%	77%	78%	74%
2b	Did you have any problems with loss of property?	13%	12%	13%	6%
2c	Did you have any housing problems?	32%	23%	32%	19%
2d	Did you have any problems contacting employers?	3%	7%	3%	4%
2e	Did you have any problems contacting family?	33%	32%	33%	18%
2f	Did you have any problems ensuring dependants were being looked after?	6%	8%	6%	7%
2g	Did you have any money worries?	27%	24%	27%	21%
2h	Did you have any problems with feeling depressed or suicidal?	20%	23%	20%	25%
2i	Did you have any health problems?	47%	26%	47%	25%
2j	Did you have any problems with needing protection from other prisoners?	8%	9%	8%	11%
2k	Did you have problems accessing phone numbers?	30%	31%	30%	
3a	Were you seen by a member of health services in reception?	91%	87%	91%	90%
3b	When you were searched in reception, was this carried out in a respectful way?	85%	69%	85%	72%
4	Were you treated well/very well in reception?	63%	58%	63%	55%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	48%	42%	48%	35%
5b	Information about what support was available for people feeling depressed or suicidal?	46%	43%	46%	35%
5c	Information about how to make routine requests?	45%	33%	45%	28%
5d	Information about your entitlement to visits?	47%	42%	47%	46%
5e	Information about health services?	56%	46%	56%	
5f	Information about the chaplaincy?	42%	43%	42%	

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SECTION 3: Reception, first night and induction continued				
6	On your day of arrival, were you offered any of the following:			
6a	A smokers/non-smokers pack?	96% 81%	96%	86%
6b	The opportunity to have a shower?	64% 32%	64%	63%
6c	The opportunity to make a free telephone call?	40% 56%	40%	28%
6d	Something to eat?	84% 81%	84%	83%
7	Within the first 24 hours did you meet any of the following people:			
7a	The chaplain or a religious leader?	42% 48%	42%	48%
7b	Someone from health services?	79% 72%	79%	70%
7c	A Listener/Samaritans?	13% 27%	13%	28%
8	Did you have access to the prison shop/canteen within the first 24 hours?	9% 19%	9%	15%
9	Did you feel safe on your first night here?	74% 72%	74%	73%
10	Have you been on an induction course?	89% 76%	89%	82%
For those who have been on an induction course:				
11	Did the course cover everything you needed to know about the prison?	59% 58%	59%	49%
SECTION 4: Legal rights and respectful custody				
1	In terms of your legal rights, is it easy/very easy to:			
1a	Communicate with your solicitor or legal representative?	37% 42%	37%	36%
1b	Attend legal visits?	59% 60%	59%	63%
1c	Obtain bail information?	26% 23%	26%	23%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	41% 42%	41%	51%
3	For the wing/unit you are currently on:			
3a	Are you normally offered enough clean, suitable clothes for the week?	56% 48%	56%	54%
3b	Are you normally able to have a shower every day?	57% 79%	57%	69%
3c	Do you normally receive clean sheets every week?	95% 81%	95%	92%
3d	Do you normally get cell cleaning materials every week?	41% 63%	41%	31%
3e	Is your cell call bell normally answered within five minutes?	34% 38%	34%	39%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	65% 63%	65%	61%
3g	Can you normally get your stored property, if you need to?	39% 27%	39%	46%
4	Is the food in this prison good/very good?	18% 24%	18%	18%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	31% 43%	31%	49%
6a	Is it easy/very easy to get a complaints form?	83% 79%	83%	86%
6b	Is it easy/very easy to get an application form?	91% 86%	91%	92%
7	Have you made an application?	86% 83%	86%	88%

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SECTION 4: Legal rights and respectful custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	50%	54%	50%	59%
8b	Do you feel applications are dealt with promptly (within seven days)?	43%	47%	43%	59%
9	Have you made a complaint?	42%	46%	42%	44%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	28%	31%	28%	33%
10b	Do you feel complaints are dealt with promptly (within seven days)?	28%	35%	28%	33%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	19%	27%	19%	31%
10c	Were you given information about how to make an appeal?	16%	25%	16%	18%
12	Is it easy/very easy to see the Independent Monitoring Board?	22%	27%	22%	24%
13	Are you on the enhanced (top) level of the IEP scheme?	22%	27%	22%	
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	62%	53%	62%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	46%	41%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	9%	7%	9%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	17%	11%	17%	
13a	Do you feel your religious beliefs are respected?	54%	53%	54%	46%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	56%	56%	56%	50%
14	Are you able to speak to a Listener at any time, if you want to?	50%	60%	50%	57%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	68%	67%	68%	57%
15b	Do most staff, in this prison, treat you with respect?	69%	67%	69%	65%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	37%	40%	37%	43%
2	Do you feel unsafe in this prison at the moment?	20%	19%	20%	23%
4	Have you been victimised by another prisoner?	15%	23%	15%	24%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	5%	12%	5%	12%
5b	Hit, kicked or assaulted you?	4%	8%	4%	8%
5c	Sexually abused you?	1%	1%	1%	1%
5d	Victimised you because of your race or ethnic origin?	1%	4%	1%	3%
5e	Victimised you because of drugs?	2%	4%	2%	2%
5f	Taken your canteen/property?	4%	5%	4%	6%
5g	Victimised you because you were new here?	4%	6%	4%	8%
5h	Victimised you because of your sexuality?	2%	1%	2%	2%
5i	Victimised you because you have a disability?	1%	3%	1%	3%
5j	Victimised you because of your religion/religious beliefs?	2%	3%	2%	2%
5k	Victimised you because of your age?	0%	3%	0%	
5l	Victimised you because you were from a different part of the country?	4%	5%	4%	2%
5m	Victimised you because of your offence/crime?	1%	6%	1%	
5n	Victimised you because of gang related issues?	1%	5%	1%	

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SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	20%	27%	20%	23%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	8%	13%	8%	12%
7b	Hit, kicked or assaulted you?	3%	5%	3%	8%
7c	Sexually abused you?	0%	1%	0%	2%
7d	Victimised you because of your race or ethnic origin?	0%	6%	0%	2%
7e	Victimised you because of drugs?	6%	4%	6%	6%
7f	Victimised you because you were new here?	4%	6%	4%	4%
7g	Victimised you because of your sexuality?	1%	1%	1%	0%
7h	Victimised you because you have a disability?	1%	3%	1%	2%
7i	Victimised you because of your religion/religious beliefs?	1%	4%	1%	0%
7j	Victimised you because of your age?	1%	3%	1%	
7k	Victimised you because you were from a different part of the country?	4%	5%	4%	2%
7l	Victimised you because of your offence/crime?	3%	6%	3%	
7m	Victimised you because of gang related issues?	0%	4%	0%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	25%	32%	25%	32%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	22%	25%	22%	34%
10	Have you ever felt threatened or intimidated by a member of staff in here?	17%	24%	17%	34%
11	Is it easy/very easy to get illegal drugs in this prison?	44%	32%	44%	32%
SECTION 6: Healthcare					
1a	Is it easy/very easy to see the doctor?	17%	26%	17%	
1b	Is it easy/very easy to see the nurse?	46%	49%	46%	
1c	Is it easy/very easy to see the dentist?	12%	9%	12%	
1d	Is it easy/very easy to see the optician?	14%	11%	14%	
2	Are you able to see a pharmacist?	30%	47%	30%	
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:					
3a	The doctor?	43%	47%	43%	52%
3b	The nurse?	53%	60%	53%	64%
3c	The dentist?	44%	34%	44%	36%
3d	The optician?	32%	37%	32%	25%
4	The overall quality of health services?	40%	42%	40%	38%

Key to tables

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Healthcare continued					
5	Are you currently taking medication?	62%	47%	62%	53%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	72%	59%	72%	60%
7	Do you feel you have any emotional well-being/mental health issues?	35%	34%	35%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	31%	43%	31%	
8b	A doctor?	47%	28%	47%	
8c	A nurse?	17%	13%	17%	
8d	A psychiatrist?	20%	18%	20%	
8e	The mental health in-reach team?	31%	26%	31%	
8f	A counsellor?	14%	10%	14%	
9a	Did you have a drug problem when you came into this prison?	49%	31%	49%	36%
9b	Did you have an alcohol problem when you came into this prison?	38%	21%	38%	21%
10a	Have you developed a drug problem since you have been in this prison?	6%	10%	6%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	84%	81%	84%	
12	Have you received any help or intervention whilst in this prison?	80%	69%	80%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	77%	76%	77%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	34%	31%	34%	41%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	28%	26%	28%	36%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	66%	56%	66%	48%

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SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	30%	46%	30%	
1b	Vocational or skills training?	12%	12%	12%	
1c	Education (including basic skills)?	22%	27%	22%	
1d	Offending Behaviour Programmes?	7%	9%	7%	
2ai	Have you had a job whilst in this prison?	36%	67%	36%	62%
For those who have had a prison job whilst in this prison:					
2aii	Do you feel the job will help you on release?	61%	39%	61%	25%
2bi	Have you been involved in vocational or skills training whilst in this prison?	18%	56%	18%	50%
For those who have had vocational or skills training whilst in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	100%	49%	100%	32%
2ci	Have you been involved in education whilst in this prison?	29%	66%	29%	54%
For those who have been involved in education whilst in this prison:					
2cii	Do you feel the education will help you on release?	70%	58%	70%	40%
2di	Have you been involved in offending behaviour programmes whilst in this prison?	11%	53%	11%	50%
For those who have been involved in offending behaviour programmes whilst in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	100%	48%	100%	40%
3	Do you go to the library at least once a week?	40%	37%	40%	32%
4	On average, do you go to the gym at least twice a week?	39%	41%	39%	37%
5	On average, do you go outside for exercise three or more times a week?	47%	39%	47%	58%
6	On average, do you spend ten or more hours out of your cell on a weekday?	8%	9%	8%	7%
7	On average, do you go on association more than five times each week?	28%	50%	28%	42%
8	Do staff normally speak to you most of the time/all of the time during association?	11%	17%	11%	14%
SECTION 8: Resettlement					
1	Do you have a personal officer?	46%	42%	46%	39%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	52%	62%	52%	54%
For those who are sentenced:					
3	Do you have a sentence plan?	35%	38%	35%	19%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	24%	59%	24%	61%
5	Can you achieve some/all of your sentence plan targets in this prison?	50%	59%	50%	
6	Are there plans for you to achieve some/all your targets in another prison?	59%	44%	59%	
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	13%	26%	13%	
8	Do you feel that any member of staff has helped you to prepare for release?	4%	15%	4%	
9	Have you had any problems with sending or receiving mail?	44%	42%	44%	39%
10	Have you had any problems getting access to the telephones?	37%	31%	37%	37%
11	Did you have a visit in the first week that you were here?	47%	34%	47%	63%
12	Did you receive one or more visits in the last week?	29%	39%	29%	37%

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Resettlement continued					
For those who have had visits:					
13	How are you and your family/friends usually treated by visits staff (very well/well)?	51%	49%	51%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	26%	38%	26%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	8%	15%	8%	
15c	Avoiding bad relationships?	5%	11%	5%	
15d	Finding a job on release?	18%	35%	18%	34%
15e	Finding accommodation on release?	23%	37%	23%	30%
15f	With money/finances on release?	6%	25%	6%	23%
15g	Claiming benefits on release?	18%	39%	18%	35%
15h	Arranging a place at college/continuing education on release?	6%	24%	6%	25%
15i	Accessing health services on release?	11%	29%	11%	32%
15j	Opening a bank account on release?	5%	24%	5%	29%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	10%	14%	10%	
16c	Avoiding bad relationships?	14%	14%	14%	
16d	Finding a job?	52%	53%	52%	73%
16e	Finding accommodation?	36%	46%	36%	57%
16f	Money/finances?	28%	46%	28%	73%
16g	Claiming benefits?	31%	36%	31%	55%
16h	Arranging a place at college/continuing education?	12%	29%	12%	50%
16i	Accessing health services?	18%	22%	18%	37%
16j	Opening a bank account?	25%	37%	25%	55%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	38%	47%	38%	46%



Key questions (disability analysis) HMP Durham 2009

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.

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Number of completed questionnaires returned		22	92
1.3	Are you sentenced?	68%	64%
1.7	Are you a foreign national?	14%	8%
1.8	Is English your first language?	90%	93%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White Other categories)?	14%	5%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	3%
1.11	Are you Muslim?	4%	1%
1.13	Do you consider yourself to have a disability?	-	-
1.14	Is this your first time in prison?	4%	18%
2.1d	Was the attention paid to your health needs good/very good?	31%	27%
2.3	Were you treated well/very well by the escort staff?	60%	60%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	67%	81%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	50%	36%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	55%	55%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	75%	65%
3.2a	Did you have any problems when you first arrived?	84%	78%
3.3a	Were you seen by a member of healthcare staff in reception?	90%	90%
3.3b	When you were searched in reception, was this carried out in a respectful way?	75%	86%

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3.4	Were you treated well/very well in reception?	67%	61%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	85%	77%
3.9	Did you feel safe on your first night here?	60%	78%
3.10	Have you been on an induction course?	83%	90%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	34%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	57%	55%
4.3b	Are you normally able to have a shower every day?	57%	57%
4.3e	Is your cell call bell normally answered within five minutes?	35%	33%
4.4	Is the food in this prison good/very good?	19%	17%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	28%	31%
4.6a	Is it easy/very easy to get a complaints form?	85%	82%
4.6b	Is it easy/very easy to get an application form?	95%	89%
4.9	Have you made a complaint?	60%	39%
4.13	Are you on the enhanced (top) level of the IEP scheme?	26%	22%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	41%	66%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	26%	43%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	22%	7%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	41%	12%
4.17a	Do you feel your religious beliefs are respected?	60%	51%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	63%	54%
4.18	Are you able to speak to a Listener at any time, if you want to?	52%	49%

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4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	62%	68%
4.19b	Do most staff in this prison treat you with respect?	67%	69%
5.1	Have you ever felt unsafe in this prison?	62%	31%
5.2	Do you feel unsafe in this prison at the moment?	38%	16%
5.4	Have you been victimised by another prisoner?	24%	12%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here (by prisoners)?	0%	1%
5.5i	Have you been victimised because you have a disability?	5%	0%
5.5j	Have you been victimised because of your religion/religious beliefs (by prisoners)?	0%	2%
5.6	Have you been victimised by a member of staff?	33%	17%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here (by staff)?	0%	0%
5.7h	Have you been victimised because you have a disability?	5%	0%
5.7i	Have you been victimised because of your religion/religious beliefs (by staff)?	0%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	30%	20%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	38%	12%
5.11	Is it easy/very easy to get illegal drugs in this prison?	55%	42%
6.1a	Is it easy/very easy to see the doctor?	26%	15%
6.1b	Is it easy/very easy to see the nurse?	56%	44%
6.2	Are you able to see a pharmacist?	25%	32%
6.5	Are you currently taking medication?	85%	57%
6.7	Do you feel you have any emotional well-being/mental health issues?	74%	26%
7.1a	Are you currently working in the prison?	28%	30%

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7.1b	Are you currently undertaking vocational or skills training?	14%	11%
7.1c	Are you currently in education (including basic skills)?	33%	20%
7.1d	Are you currently taking part in an offending behaviour programme?	10%	7%
7.3	Do you go to the library at least once a week?	43%	40%
7.4	On average, do you go to the gym at least twice a week?	33%	41%
7.5	On average, do you go outside for exercise three or more times a week?	26%	52%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	10%	8%
7.7	On average, do you go on association more than five times each week?	19%	29%
7.8	Do staff normally speak to you at least most of the time during association time (most/all of the time)?	10%	12%
8.1	Do you have a personal officer?	48%	47%
8.9	Have you had any problems sending or receiving mail?	56%	42%
8.10	Have you had any problems getting access to the telephones?	40%	35%