

Report on an announced inspection of

HMP Durham

3–7 October 2011

by HM Chief Inspector of Prisons

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Introduction

HMP Durham dates back almost 200 years to the early 19th century and has, of course, undergone many changes in that time. In recent years it has served as a high-security category A prison for both men and women before its present incarnation as a category B local prison for adult and young adult men serving the courts of Durham, Tyneside and Cumbria. At the time of this announced inspection, Durham was one of the prisons that had been selected for market testing – and the prison's attention was focused on preparing for that next significant milestone in its history.

Our recent inspections have identified slow progress against a backdrop of some significant concerns. This inspection found a similar pattern – progress continues to be made but much remains to do.

Improvement had been most marked in learning and skills. Provision had increased substantially with some good new facilities, and there were now sufficient activity places to meet the needs of the population. Leadership and management of the provision were good and the strategy, based on a thorough analysis of prisoners' needs, effectively supported resettlement. The quality and range of provision were generally good and the vocational workshops provided a realistic working environment – although the prisoners I met in the plastering workshop were typical of those frustrated by a lack of opportunity to gain higher level qualifications. The library was adequate and there was a good range of PE provision. It was disappointing that this range and quality of provision was underused. Education only worked at two-thirds capacity. Prisoners spent between 16 and 20 hours locked in their cells each day and we found a third of prisoners locked up during the working day.

The long periods prisoners spent locked in their cells was in a context where the prison was overcrowded and was operating at more than 50% over the number it was intended to hold. Many prisoners shared cells designated for one with unscreened toilets and one chair; prisoners frequently had to use the toilet as a seat when they ate their meals in their cells. Many cells were disfigured by graffiti.

Staff-prisoner relationships were generally reasonable but about one in 10 of the population were young adults and they were much more negative about their relationships with staff than the older men. Fewer told us they had a member of staff they could turn to with a problem and they were more likely to be subject to control and restraint. The prison had not systematically identified the needs of the young adults it held and did not have any strategy to meet them.

Some other minority needs were not effectively met – despite the fact that the diversity team was well resourced. Black and minority ethnic prisoners reported positively but there was lack of rigour in investigations into allegations of discrimination. Some of the few foreign national prisoners were isolated. Prisoners with disabilities were under-identified and we were concerned that staff were unaware about how some of those with mobility problems would be evacuated in an emergency. There was no support for prisoners from other minority groups.

Although health care was satisfactory, the service had deteriorated since the primary care provider had changed a few months before the inspection. The health needs assessment was weak. There was a range of clinics available and good care for those with lifelong conditions. The range of mental health services was developing positively. The environment in the primary care centre was generally good but the waiting rooms were in a very poor condition and one was not fit for purpose. This was also true of some health care rooms on the wings.

Resettlement was improving although gaps remained. There had been a recent survey of prisoners' needs but this had not yet been analysed and, at the time of the inspection, the reducing reoffending strategy was out of date. However, the prison had recently begun promising work to identify and meet the resettlement needs of some of the many remand and short-term prisoners held. The work within specific resettlement functions was generally good – particularly in relation to health, employment, substance misuse and helping prisoners with their relationships with their children and families.

Work on accommodation and debt had recently been taken over by Shelter and needed significant improvement. About 10% of prisoners were released without settled accommodation. Debt was a significant problem for prisoners and the prison's needs analysis found that 40% of their offending was in part or wholly financially motivated. Despite this, very few prisoners knew where to get help in the prison with these problems.

The efforts to reduce the risk that prisoners would reoffend after release and to give them the practical help they needed to resettle successfully back in the community were too often seen as the responsibility of resettlement staff alone. The prison needed a 'whole prison' approach to resettlement where all staff saw it as part of their job to contribute to resettlement objectives.

The prison was not sufficiently safe. Significantly more prisoners had felt unsafe in the prison at some time than at our last inspection or at comparable prisons. There were about 110 violent incidents a month and measures to address the behaviour of perpetrators and support victims were not effective. However, the prison effectively integrated prisoners who were vulnerable because of their offence into the main population.

There were significant levels of self-harm with over 250 incidents in the nine months preceding the inspection. There was good strategic management of safer custody but the quality of suicide and self-harm documentation was variable. The use of force was not excessive. Staff care for prisoners in the segregation unit was very good but some cells and communal areas were dirty or in poor condition. The exercise 'cage' was unacceptable.

The most troubling problem facing the prison was the availability of drugs. One in five prisoners tested positive in random drug tests. In some months it had been as high as one in three. More than a third of prisoners told us it was easy to get drugs in the prison and 13% told us they had developed a drug problem while they were there. Less than half the suspicion tests requests were carried out. The availability of drugs was a significant cause of bullying in the prison. The supply reduction plan was out of date and there was a degree of complacency and a lack of rigour in tackling the problem. Efforts to reduce demand were also weak. The drug treatment service was poorly staffed and lacked leadership – many qualified staff had left recently. First night treatment was inconsistent and prescribing regimes lacked flexibility. We identified links between poor treatment and self-harm.

HMP Durham therefore presents a mixed picture. It has improved and some of the developments and new services it has in progress – in resettlement and purposeful activity for instance – are very promising. However, there are some areas, such as combating the supply of drugs, making sure prisoners get to activities, addressing diversity issues and taking a whole prison approach to resettlement, that we did not detect were being addressed with sufficient vigour. There is more to do.

Nick Hardwick
HM Chief Inspector of Prisons

February 2012

Fact page

Task of the establishment

Category B local establishment for adult and young adult male prisoners.

Prison status

Public

Region

North East

Number held

3.10.11: 942

Certified normal accommodation

606

Operational capacity

1,017

Date of last full inspection

18-22 September 2006

Follow-up inspection: 12-16 October 2009

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 and young adults, who are sentenced, convicted and remand prisoners from Tyneside, Durham and Cumbria courts.

Short 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	-	segregation unit
M wing	-	health care inpatients

Escort contractor

GEOAmey

Health service commissioner and providers

Commissioners: County Durham NHS Primary Care Trust through the North East Offender Health

Commissioning Unit

Providers: Care UK

Learning and skills provider

The Manchester College

Healthy prison summary

Introduction

HP1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

HP2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the UN Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

HP3 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria 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.

HP4 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.

- outcomes for prisoners are good against this healthy prison test.

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

- outcomes for prisoners are reasonably good 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. Procedures to safeguard outcomes are in place.

- outcomes for prisoners are not sufficiently good 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.

- outcomes for prisoners are poor 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.

Safety

HP5 Prisoners said they were treated well by escort staff, but there had been some recent late arrivals. Reception was generally efficient but interviews were not private. First night procedures were good and induction was reasonable, although not effective for all prisoners. There were a significant number of violent incidents but formal violence reduction procedures were underused. Vulnerable prisoners were managed appropriately with the general population, but there was no strategic approach to the management of young adults. Prisoners at risk of self-harm were generally well cared for but the quality of documentation varied. Security was proportionate and the segregation unit provided a good standard of care. Force was used appropriately in most circumstances. There were weaknesses in the clinical management of drug users, and it was still too easy for prisoners to obtain prescribed, diverted and illicit drugs. Outcomes for prisoners against this healthy prison test were not sufficiently good.

HP6 Most prisoners were positive about their treatment by escort staff, and escort vehicles were clean and in good order. There had been more late arrivals since a recent change in the escorting contract. Prisoners disembarked from vehicles quickly.

HP7 Reception was busy, with an average 85 arrivals a week, but was large enough for the throughput and the process was reasonably efficient. Staff were friendly and courteous to prisoners and assisted by peer supporters. However, apart from health care screening, interviews did not take place in private. The holding rooms were unwelcoming, had graffiti, and some prisoners spent too long there before moving to the first night unit.

HP8 The first night and induction wing was clean and cells were well equipped, although again many contained graffiti. There was generally good staff interaction with prisoners, who received a thorough first night interview. Fewer than half of prisoners in our survey¹ said that the induction told them what they needed to know about the

¹ **Inspection methodology:** There are five key sources of evidence for inspection: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level

prison. The quality of the induction that we observed was reasonable, but not all prisoners were routinely seen by all departments, and the main induction talk was regularly disturbed by staff walking in and out of the room.

- HP9 Many prisoners reported feeling unsafe and there was a significant number of assaults. Strategic oversight of violence reduction and data collection and analysis were good, and the approach to managing antisocial behaviour was developing well. However, the violence reduction strategy was not adequately informed by prisoner consultation. The number of formal interventions was low for the number of violent incidents, suggesting a lack of staff awareness and use of procedures.
- HP10 Vulnerable prisoners were managed effectively on mainstream residential units, and there was no specific unit for them. Young adults accounted for about 11% of the population and were negative about their experiences of control and restraint, and relationships with staff. There was no analysis of data about this group to identify needs or trends, and no specific strategy.
- HP11 There were significant levels of self-harm, with about 250 incidents in the previous nine months. Problems with medication and bullying were common triggers for opening assessment, care in custody and teamwork (ACCT) self-harm monitoring documents. There had been one confirmed self-inflicted death in custody since the previous inspection, and good progress against Prisons and Probation Ombudsman recommendations. There was good strategic management of safer custody by the safer custody team, supported by residential managers, and actions were progressed after meetings. The quality of ACCT documentation varied widely. Many of the highest quality ones were managed in health care, but many care maps and observations showed inadequate understanding of individual circumstances, and attendance at case reviews was erratic. The care suite was used regularly but needed redecoration. There were well-supported Listeners.
- HP12 Security did not inappropriately hinder access to the regime. Key aspects of dynamic security were in place. There was a good level of properly analysed security information reports, but security links with violence reduction and drug strategy staff were weak.
- HP13 Adjudication hearings were fair and punishments were consistent. Standardisation meetings took place quarterly and were well attended, with good discussion and analysis to identify trends and potential problems.
- HP14 The use of force was not excessive. There was some evidence of better de-escalation, and documentation usually gave assurance that force was used as a last resort. Governance arrangements had improved. Use of the special cell had increased but lengths of stay were short and justified.
- HP15 The segregation unit was not used excessively, but some cells were dirty and poorly ventilated and communal areas were worn. Staff care was excellent, with use of first names, good knowledge of prisoners' personal circumstances and good individual care. Those with mental health problems received good in-reach support. Prisoner access to basic facilities, such as showers, telephones and exercise, had improved,

is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

(Adapted from Towel et al (eds), *Dictionary of Forensic Psychology*.)

although the exercise cage was unacceptable. The regime for the small number of longer term prisoners was limited.

HP16 The demand for substance use treatment was very high. Methadone was the only opiate substitute treatment, and test results pointed towards Subutex as the main drug used illicitly. Treatment for most prisoners did not start on their first night and methadone doses were raised to the prescribed amount too slowly, even when community prescriptions had been confirmed. Many prisoners received their methadone late, disrupting participation in the regime. Since the change in provider, many substance misuse nurses had left, resulting in a lack of experienced clinicians. There was no dual diagnosis service for prisoners with mental health and drug or alcohol problems. Drug availability was still too high. One in five prisoners tested positive following mandatory drug tests. Positive suspicion tests had improved, but in the previous three months about half of all requests for suspicion testing had not been met. The supply reduction strategy was out of date. Overall, there had been a degree of complacency and lack of rigour in attempts to tackle drug use.

Respect

HP17 Residential units were generally clean but worn, and many cells were not sufficiently well equipped. Staff-prisoner relationships were reasonable in most areas. Personal officer work was inconsistent and did not link well enough to resettlement. The standard of food was generally good. Diversity work was well resourced and there was little evidence of discrimination, but provision was underdeveloped. Faith provision was good. The incentives and earned privileges scheme did not encourage positive behaviour sufficiently well. There was little confidence in the applications system, but complaints were dealt with well. Health services were adequate but there had been a reduction in service following a change of provider. Outcomes for prisoners against this healthy prison test were reasonably good.

HP18 The wings were generally clean and in relatively good repair for their age. Many cells had little or no toilet screening, and many double cells had only one chair and broken cabinets. There was graffiti in many parts of the prison, and the offensive displays policy was not always adhered to. Mail and telephone arrangements were generally efficient. Laundry arrangements were adequate. Many prisoners found it difficult to shower every day. We received complaints about lack of cell cleaning materials.

HP19 Two-thirds of respondents to our survey, less than the comparator, said that most staff treated them with respect. We saw some positive and friendly staff-prisoner interactions, but many prisoners also reported a disinterested attitude from staff. Most prisoners had personal officers but their experience of them was variable. History sheets showed some positive personal officer engagement with prisoners, but mainly irregular and superficial contact with little focus on resettlement support.

HP20 The incentives and earned privileges scheme was applied inconsistently, and fewer than half of prisoners said it helped them to change their behaviour. There was limited difference between enhanced and standard levels. Few prisoners were on basic, and there was some focus on helping them to change.

HP21 Prisoners were generally positive about the quality and variety of food, and menus were healthy and balanced. Special diets were catered for and there was a good

range of home-made menu choices. There were no opportunities for dining in association or self-catering. Consultation arrangements were responsive. The shop provided a reasonable range of products, although we had complaints about expensive items.

- HP22 The diversity team was well resourced but provision was underdeveloped overall. There was a lack of focus on understanding and responding to specific minority needs. There was no evidence that the diversity and race equality action team was a vehicle for change, and it did not provide adequate strategic oversight.
- HP23 Black and minority ethnic prisoners appeared broadly satisfied with their treatment, and there was little evidence of discrimination on the basis of religion. Gypsy, Romany and Traveller prisoners were not identified. There was a lack of rigour in the investigation of discrimination incident reports, and the process was unlikely to inspire confidence in prisoners.
- HP24 There were a few foreign national prisoners, some of whom were isolated and not well enough supported. They had no regular contact or support from the foreign nationals officer or other diversity staff, and there were no information or support groups for them. There was underuse of interpreting services. Five detainees were held beyond the end of their sentence, one for over 18 months past sentence. They were kept informed of their status and there were regular UK Border Agency surgeries, but there was no independent immigration advice.
- HP25 There was under-identification of disability. There were no care plans, including for prisoners with obvious disabilities and high support needs. There was little staff awareness of those with evacuation needs, leading to problems for at least one prisoner with mobility problems during an evacuation. There was no specific provision for older prisoners, and no organised support for gay, bisexual or transgender prisoners.
- HP26 A properly resourced and visible chaplaincy team provided a good range of services, classes and faith visitors. The chapel was attractive but the multi-faith room was less welcoming and not always clean. The chaplaincy was involved in the life of the prison.
- HP27 Application and complaint forms were freely available. There was limited prisoner confidence in the applications system, and some said they were not dealt with properly. Over 1,200 complaints had been received in the previous six months, with property and mail the main issues. The quality of responses was good, and there was evidence that staff spoke to prisoners about the issues personally.
- HP28 The standard of health care was satisfactory overall and clinical governance arrangements were robust. There was a range of primary care clinics, and good lifelong conditions care. However, since the change of primary care provider in April 2011 and subsequent reduction in staffing, there had been a reduced service to prisoners. The revised health needs assessment was weak. The health care environment was generally adequate, but the waiting areas were very poor and the large waiting room was not fit for purpose. There was a good free telephone line to make health appointments, but not all prisoners were familiar with it. The non-attendance rates were too high. Dental and pharmacy services were good, but there was overprescribing of analgesia and there had been delays in getting prescribed medications to patients. There were no care plans for inpatients, which was poor

practice. Mental health care staffing had increased and there was a developing range of services.

Purposeful activity

- HP29 Too many prisoners were locked up during the core day and there was insufficient priority given to activities. Learning and skills provision had increased substantially and was well managed. There was capacity for all prisoners to engage in constructive activity, but attendance rates were too low. There was a reasonable range of work. Vocational training was high quality and relevant to the jobs market. The library provided a reasonable service. PE provision was generally good. Outcomes for prisoners against this healthy prison test were reasonably good.
- HP30 Time out of cell varied from four to eight hours on an average day. Our roll checks indicated that over a third of prisoners were locked up at a time, despite unused capacity in activities. Exercise and association were rarely cancelled but there was some slippage in start times. Supervision of association was good.
- HP31 In our survey, prisoners were generally positive about the range and value of work, vocational training and education. There had been substantial improvements in the number and range of purposeful activity places. The prison had some good new facilities, including space for waste management, painting and decorating, horticulture and contact centre work. Leadership and management of the learning and skills provision were good, and a clear strategy effectively supported resettlement. The allocation process was fair and equitable, and the waiting lists in many areas were effectively managed. However, there was poor overall attendance and activities were not well enough coordinated with other aspects of the regime. There was good use of self-assessment and curriculum review to develop provision.
- HP32 There was a wide range of work, although nearly half were wing cleaning jobs. All wing cleaners undertook an accredited course. A high proportion of all jobs had some accredited training attached, and achievements were generally good. Pay was equitable and proportionate, and there were no disincentives for prisoners who chose to attend education or training.
- HP33 There was a range of relevant vocational training linked to work such as contact centres and plastering. There was a realistic work environment for the development and assessment of skills in painting and decorating, industrial cleaning and bricklaying. Sessions were well planned and there was good skills development and achievement on most vocational training courses. However, there were insufficient opportunities for prisoners to gain qualifications at higher levels.
- HP34 Achievement on most education courses was good, especially for information and communications technology (ICT). The standard of learners' work was generally good. Teaching was carefully planned and good quality. Information and learning technology was well used in class. There was insufficient support for prisoners with specific learning difficulties.
- HP35 Prisoners had adequate access to the library. The range of books was reasonable but there were no newspapers or magazines. Library staff worked effectively with the

learning and skills providers. A Toe-by-Toe reading mentoring scheme had just started.

- HP36 There was an extensive range of PE provision in well-equipped gyms with sufficient and appropriately qualified staff. The courses reflected the progression needs of the population and achievements were good. Prisoners had good access to recreational PE and remedial courses, and they could use the gym after work.

Resettlement

HP37 The reducing reoffending strategy was out of date but overall strategic management was effective. Offender management had improved but outcomes varied widely. The management of indeterminate-sentenced prisoners was good and public protection arrangements were sound. The effectiveness of pre-release arrangements varied, particularly for those who needed help with finance and accommodation. The employer engagement unit provided valued access to employment, training and education. There was a good service for substance users, including interventions for alcohol users. Visits provision was good and there was some innovative work on the children and families pathway. The focus on resettlement programme was useful for short stay prisoners, but there was little offending behaviour work for the few long stay prisoners. Outcomes for prisoners against this healthy prison test were reasonably good.

HP38 The reducing reoffending strategy was reasonable but, like the needs analysis, out of date. A more recent needs survey had not yet been analysed or integrated into the overarching strategy. Resettlement meetings took place regularly. The risk based model of layered offender management, assessment and resource management generally matched the needs of the population but needed to be implemented consistently. Probation staff had significantly better quality engagement with prisoners than did uniformed offender supervisors. There was a lack of a consistent 'whole prison' approach to reducing reoffending and preparation for resettlement.

HP39 Comprehensive custody planning for remand and the many short-sentenced prisoners had been introduced recently and it was too early to evaluate its effectiveness. A basic custody screen – used as an alternative to OASys (offender assessment system) assessments for low risk offenders – was a positive initiative to target resources appropriately. Assessments of sentenced prisoners were up to date and most prisoners had sentence plans, but the quality varied and there was limited involvement of departments outside the offender management unit (OMU). Some offender supervisor engagement with prisoners was inadequate, even for those identified as higher risk. Casework supervision and management overview were inconsistent. The introduction of an integrated offender management model across Durham and Sunderland had led to better post-release community support, but applied to only a small number of prisoners. For the 80 or so prisoners outside its remit released each month, pre-release discharge boards were too perfunctory and arrangements through the OMU were inconsistent.

HP40 The public protection department was staffed by probation staff. All new arrivals were appropriately screened and child protection and harassment concerns identified. Reviews were managed well through the monthly inter-departmental risk management meeting. There were consistent contributions to multi-agency public

protection arrangements (MAPPA) reviews, and the quality of information and analysis was generally good.

- HP41 The number of indeterminate-sentenced prisoners was relatively low and they were managed well by probation staff. Multi-agency risk assessment documentation was up to date, as were parole reviews. Potential indeterminate-sentenced prisoners were not routinely identified and given necessary support.
- HP42 Accommodation, finance and debt advice had recently been taken over by Shelter as part of an area contract. Although there were around 120 referrals for accommodation support each month, provision was limited and little more than a signposting service. The number of prisoners released without settled accommodation was high at approximately 10% and, given the lack of clarity about the number released to temporary accommodation, was probably significantly higher.
- HP43 The employer engagement unit (EEU) provided good coordinated access to support, training and advice. About half the population attended it three months before release or sooner if they had short sentences. The programme gave prisoners skills to prepare for work and was well supported by the 'virtual campus', which provided live job vacancy information. There were developing but still insufficient links with external employers.
- HP44 All prisoners were offered pre-release health care appointments to support continuity of care. Palliative care was good, and joint work with the Macmillan cancer support community service was commendable.
- HP45 Although the most recent needs analysis indicated that almost half the population had 'significant' debt, support was very limited. In our survey, fewer prisoners than at comparator establishments knew who to speak to at the prison about debt and financial problems. Improved provision was anticipated under the new Shelter contract.
- HP46 Prisoners with substance misuse problems generally received good help, and there was good partnership work with the local drug and alcohol action team. Prisoners could access both Alcoholics Anonymous and Narcotics Anonymous self-help groups, and there was a range of alcohol interventions. Prisoners could access support from the counselling, assessment, referral, advice and throughcare (CARAT) team, and community throughcare links were good. The building skills for recovery (BSR) programme was well managed, but late methadone administration meant that prisoners missed sessions.
- HP47 Visits arrangements were effective and there was good work on the children and families pathway. The prison had good links with NEPACS (formerly the North East Prison After Care Society), which had links and support for families across the North East. The visitors' centre was well managed and provided good support for visitors. The visits hall was attractive and welcoming. There were weekly children and fathers visits, and the 'time for families' course offered good support.
- HP48 The 'focus on resettlement' programme had been run four times and appeared appropriate for the mainly short stay population. There were no non-accredited programmes. There was little to address offending behaviour for the few prisoners at Durham for longer periods, unless they had substance misuse issues.

Main concerns and recommendations

HP49 Concern: Young adults reported more negatively about their experiences of prison life than other prisoners. There was no analysis of data about this group to identify needs or trends, and no specific strategy.

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

HP50 Concern: The use of illicit substances was high but there was insufficient integration of work across the prison to reduce this level of misuse, including links with the security department.

Recommendation: The prison should take a more proactive approach to drug supply reduction, develop an up-to-date supply reduction strategy and ensure its integration into the overall drug strategy.

HP51 Concern: There was a lack of understanding about and response to the needs of most minority groups.

Recommendation: There should be a strategic focus on the needs of minority groups, including a more proactive staff approach to diversity, with support from properly managed and trained prisoner and staff diversity representatives.

HP52 Concern: Clinical prescribing for substance misuse was inflexible and there were delays in starting and increasing prescribing levels. This had a destabilising effect on prisoners and was not in line with prescribing guidelines. There were insufficient clinical staff.

Recommendation: The prison partnership board should urgently address shortcomings in the clinical management of opiate-dependent prisoners. It should ensure that prescribing protocols are in line with national guidance, that there is clinical leadership and sufficient qualified nurses to manage prisoners under the integrated drug treatment system safely.

HP53 Concern: There was a lack of a consistent 'whole prison' approach to reducing reoffending and preparation for resettlement.

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

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 Initial problems with the new escort provider meant that some prisoners had longer than normal journeys without toilet breaks, sometimes arriving at the prison after 9pm. Escort staff were friendly to prisoners and vans were clean. Few prisoners had received written information before their arrival at the establishment.
- 1.2 The establishment received prisoners from the local area and Cumbria. Most journeys were relatively short, but for some prisoners travelling from the west coast of Cumbria, journey times were protracted with mixed experiences of toilet breaks. The main escort contractor for courts and transfers was GEOAmev, which had taken over the contract six weeks previously. This had coincided with an increase in late arrivals, with many after 7pm and some instances where prisoners arrived after 9pm. New escort vehicles were in use. They were clean and contained adequate food, water and emergency supplies.
- 1.3 In our survey, 72% of respondents, against the comparator of 64%, said that they were treated well by the escort staff. Prisoners we spoke to confirmed this, and we observed escort staff behaving courteously and respectfully to prisoners. Disembarkation from vehicles was swift and reception was open over the lunch period to accept prisoners. Mechanical restraints were not used.
- 1.4 In our survey, 80% of respondents against the comparator of 73%, said they knew they were going to HMP Durham when they left court or were transferred, but only 9%, against 15%, said that they received written information before they arrived. Although the prison had sent information to courts in its catchment area, most prisoners we spoke to had not received this.
- 1.5 Prisoners were allowed to wear their own clothes to court and given food before leaving the establishment. Most prisoners were produced in court on time. The video link facility was well used, with over 200 sessions a month, reducing the need for escort journeys to court.

Recommendations

- 1.6 Prisoner journey times longer than two and half hours should always include a toilet break.
- 1.7 Prisoners should arrive at the prison before 7pm.

Housekeeping point

- 1.8 Written information about the prison should be given to prisoners before they arrive.

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.

1.9 The reception was busy but adequate for the throughput. The process was lengthy for many prisoners. The holding rooms had graffiti and little information. Reception interviews were not held in private. Reception staff were courteous and supported by prisoner orderlies. There was a designated first night wing, but first night cells had graffiti. First night risk interviews were meaningful and arrangements for prisoners requiring detoxification were satisfactory. New arrivals had limited access to a free telephone call. The induction programme was short but useful for most prisoners. The use of a dedicated television channel for induction was a good initiative.

Reception

- 1.10 The reception area was on the first floor, although there was a stairlift for prisoners with mobility difficulties. Staff told us that they often carried out the reception process in the video link area on the ground floor for such prisoners. Although relatively small, the reception was adequate for the number of prisoners passing through, which averaged 400 a week, 85 of whom were new arrivals.
- 1.11 There were seven holding rooms; two holding cells were also available but rarely used. The holding rooms were clean and had televisions, but they had no reading material or general prison information. They also contained graffiti (see recommendation 2.8).
- 1.12 Many prisoners told us that they were not interviewed in private. We observed reception interviews covering some sensitive and personal information taking place in the vicinity and hearing of other prisoners arriving at the same time.
- 1.13 The reception aimed to process prisoners and get them on to the first night centre for a more in-depth risk assessment interview. In our survey, 92% of respondents, against the comparator of 89%, said that they were seen in reception by a member of the health services. Health care staff had a separate and private interview room. Many prisoners told us that the reception process could last longer than three hours, and our observations confirmed this.
- 1.14 Reception staff were courteous and friendly to prisoners, often referring to them by their first names, and all new prisoners were asked if it was their first time in custody. Searching was carried out appropriately and in private. Four prisoner 'meet and greet' orderlies worked in reception, two of whom were trained Listeners. We saw them meet new arrivals, who appreciated this contact.

Recommendations

- 1.15 Reception interviews should take place in private.

- 1.16 Prisoners should not be left in the reception holding rooms for extended periods, and all rooms should contain information and reading materials.

First night

- 1.17 E wing was the designated first night wing and all new arrivals resided there. The cells were clean and well equipped, but many had graffiti (see recommendation 2.8). Staff interactions with prisoners were good and most prisoners said they felt safe there, although young adults reported being more apprehensive.
- 1.18 There was a comprehensive first night and induction policy document and E wing staff were familiar with it. All new arrivals had a thorough one-to-one assessment interview in private. Prisoners who required detoxification were further interviewed by health care staff who worked on the first night wing, and they remained on E wing for five days for stabilisation.
- 1.19 In our survey, two-thirds of respondents, against the comparator of about a third, said that they could shower on their first night, and most prisoners told us that they had taken this opportunity. However, only 39%, against 59%, said that they had a free telephone call. Although new arrivals were given £2 telephone credit, they had to repay £1 of this, leaving only £1 to make a telephone call, which was insufficient for most. Prisoners subject to public protection monitoring were not allowed a telephone call until their list of telephone numbers had been cleared, but first night staff made an initial telephone call on their behalf.
- 1.20 All new arrivals had the opportunity to buy a smoker's or non-smoker's pack and were given adequate supplies of toiletries. Meet and greet orderlies worked on the first night wing and were available to assist new arrivals.

Recommendation

- 1.21 New arrivals should be given sufficient funds for a free telephone call.

Induction

- 1.22 Induction consisted of two half-days, although a third half-day had been introduced the previous week. In between the induction modules, prisoners took part in the normal E wing regime, which included association and exercise. For most prisoners, the programme started the day after they arrived, although some had to wait several days.
- 1.23 The first day's induction consisted of one-to-one interviews with staff providing information on various issues, including substance use, housing, benefits, probation and chaplaincy. The second day consisted of a one-hour interactive presentation about all aspects of the prison, delivered by prisoner induction orderlies supported by induction staff.
- 1.24 In principle, the programme covered all that a prisoner would need to know about the establishment. However, in our survey, only 46% of respondents who had been on an induction course (against the comparator of 59%) said that it told them what they needed to know about the prison. Many prisoners told us that they had not been seen by staff from all relevant departments and had therefore not completed the induction. The records we reviewed confirmed this to be the case.

- 1.25 Some records also showed that prisoners could wait several days after arrival to receive the induction presentation. The room used for this was small and the presentation that we observed was interrupted by staff walking in and out and the telephone ringing. However, prisoners were appreciative of a dedicated channel on their televisions, which had an induction presentation on a continual loop.
- 1.26 Gymnasium induction took place two days a week, and the education assessment started on the eighth day after a prisoner had arrived. There was a fast-track one-day induction for prisoners who had been released from the prison in the previous three months.
- 1.27 There was a comprehensive induction booklet to go with the process available in 15 languages. Interpreting services for the first night and induction interviews were underused (see section on foreign nationals).

Recommendation

- 1.28 The induction programme should start the first working day after prisoners arrive at the establishment, take place in a suitable environment free of interruptions, and always include contact with staff from all relevant departments.

Good practice

- 1.29 *The induction channel on prisoners' televisions was a good way of reinforcing the induction programme and prison regime.*

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 The residential wings were generally clean and in reasonable repair. Cells designed for one prisoner held two, and most were insufficiently furnished and had little or no toilet screening. There was graffiti in different parts of the prison. Communal areas had adequate recreational equipment. Mail and telephone arrangements were efficient. Prisoners could wear their own clothes and access to stored property was good. Access to cell cleaning materials was poor. Not all prisoners could shower daily.

Accommodation and facilities

- 2.2 All the seven main accommodation wings were old but relatively clean. Cells varied in size and many designed to hold one prisoner actually held two. The prison had a certified normal accommodation of 606, but held 942 prisoners at the time of this inspection. Most cells only had one chair, which meant that some prisoners used the toilet seat to sit on, including when they took meals. Many cells had toilets in the cell area with insufficient screening. Prisoners had individual lockable cabinets but many were broken and did not lock.
- 2.3 The prison had a clear offensive displays policy but we saw several cells where this policy was not adhered to, and many cells had graffiti. Communal areas were bright and recreational equipment was in a good state of repair. Notices were well laid out with up-to-date information. Cell call bells were generally answered promptly and the prison appeared to be reasonably quiet at night times.
- 2.4 The number of telephones for prisoners and arrangements for incoming and outgoing mail were sufficient. Prisoners were not allowed to have stamps sent in, but an unlimited number of stamped addressed envelopes could be received from outside. It was positive that prisoners' families could email letters into the prison, and approximately 40 a day were received and distributed.
- 2.5 Prisoner consultation took place monthly and the meeting was chaired by a governor grade and well attended by prisoners. A few staff from a variety of departments attended and issues were progressed.

Recommendations

- 2.6 Cells designed to hold one prisoner should not be used to hold two.
- 2.7 Cells should be adequately equipped and all toilets should be screened.

- 2.8 All accommodation in the prison should be kept free of graffiti, and the offensive displays policy should be adhered to.

Clothing and possessions

- 2.9 Prisoners were allowed to wear their own clothes and all were issued a set of prison clothing. The prison clothing we saw was in good condition. Each wing had a set day for prisoners to collect their stored property from reception staff, and the collection arrangements worked reasonably well. There were laundries on each wing except for I wing, which shared the F wing facility; these arrangements were adequate and all prisoners had fairly good access to laundries.

Hygiene

- 2.10 Most cells were reasonably clean. However, a number of toilets required de-scaling and prisoners said they found it difficult to maintain overall cleanliness. In our survey, only 35% of respondents, against the comparator of 64%, said that they could normally get cell cleaning materials weekly and most prisoners told us they just used a mop and hot water. They also had no domestic time to clean their cells, which they were expected to do during their association time.
- 2.11 In our survey, only 61% of respondents, against the comparator of 81%, said that they could normally shower daily. There were showers on every wing and they were clean, but had only side panels with inadequate privacy. Most prisoners were only allowed to shower during association, which was a relatively short period for them to also use the telephone, clean their cells and associate with others. Many prisoners told us that, as a result, they did not get to shower daily.
- 2.12 Bedding was exchanged weekly and prisoners were allowed to buy their own duvets. In our survey, 88% of respondents, against the comparator of 81%, said that they received clean sheets weekly. The bedding we saw was clean and in relatively good condition, but some mattresses needed to be changed. The prison was actively exchanging mattresses but told us that financial restraints had slowed down the process.

Recommendations

- 2.13 All prisoners should have weekly access to cell cleaning materials and dedicated domestic time to clean their cells.
- 2.14 Prisoners should be able to shower daily, and the showers should have adequate privacy screening.

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.

2.15 Staff-prisoner relationships varied and young adults were particularly negative about them. Prisoners' history sheets showed few staff entries, most of which were perfunctory. Some staff used prisoners' surnames alone.

2.16 In our survey, two-thirds of prisoners (66%) said that most staff treated them with respect, less than the comparator of 70%. We observed some positive and friendly staff-prisoner interactions, and in some areas good evidence of a caring approach. However, many prisoners told us of a more disinterested approach from staff and having to make the same requests repeatedly. Use of first or polite names varied across the establishment, and many staff still used surnames alone to address prisoners.

2.17 Young adults described particularly negative relationships with staff. In our survey, only 55% of young adults, compared with 68% of those over 21, said they were treated with respect and only 43%, against 73%, said there was a member of staff they could turn to for help (see paragraph 3.14). On B wing, which had one of the highest populations of young adults, prisoners had noticeably more negative perceptions of staff. Staff entries in prisoner history sheets showed little evidence of consistent engagement or discussions with prisoners.

Recommendations

2.18 Managers should investigate and address prisoners' varying perceptions of staff-prisoner relationships across the establishment.

2.19 Staff should address prisoners courteously, using their first names or titles.

Personal officers

Expected outcomes:

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

2.20 Most prisoners said they were unaware of their personal officers, and those who knew them had a variable experience. There was little evidence of personal officer involvement in achieving prisoners' resettlement objectives.

2.21 There was a clear personal officer policy and there had been some work to encourage better engagement by staff. However, in our survey, fewer than half of prisoners said they had personal officers, and only 58% said they were helpful. History sheets largely confirmed the variable prisoner experience; some demonstrated positive personal officer engagement with and support of prisoners, but most indicated irregular and superficial contact, with little focus on resettlement support.

2.22 In one case, a personal officer only made his first contact with the prisoner four weeks after reception, at which point he discovered that the prisoner, who spoke very little English, had significant concerns about his family and various resettlement needs. A week later, he

interviewed him using an online translation programme, and subsequently provided much needed and appreciated resettlement assistance. However, most files showed little engagement at any stage. In another case, a prisoner on an open self-harm monitoring document, who had been actively self-harming, had no personal officer contact recorded in the 10 weeks he had been in the prison. Although he was given an incentives and earned privileges (IEP) warning, there was no explanation for this in his record and no evidence of any positive staff engagement with him about his behaviour.

Recommendation

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

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 The collection of data on violent incidents was consistent, and the overarching structures to monitor the violence reduction strategy were reasonable. The strategy was coherent and based on an analysis of the pattern of violence in the prison, but not on meaningful consultation with prisoners. There were disproportionately few prisoners on formal anti-bullying measures for the number of recorded fights and assaults or the amount of information received. Vulnerable prisoners were managed safely on mainstream residential wings. There was no specific policy for young adults and little identification of their needs. Many prisoners said that they felt unsafe, and young adults had more negative perceptions of their safety than adults.
- 3.2 There had been a full review in early 2011 of the arrangements to reduce violence in the prison, which had resulted in a new and clear violence reduction policy. However, the policy did not deal with the specific needs of young adults (see paragraph 3.13). Although the published strategy was based on analysis of the observed pattern of violence in the prison, it was not informed by ongoing consultation. There had been no prisoner survey since the last inspection in 2009, and the monthly prisoner consultation meetings did not adequately cover the extent and nature of bullying in the prison.
- 3.3 A full-time violence reduction coordinator worked in the safer custody team and managed the day-to-day operation of the policy. The team also included a nominated manager, suicide prevention coordinator and three diversity officers. An overarching violence reduction committee met monthly to monitor the implementation of the policy and update the overall strategy as required. Attendance at meetings was reasonably consistent and broad but representation from senior managers and the security department was inconsistent. In the previous six months, there had been no attendance from the security department at any meeting.
- 3.4 The collection and analysis of data on violent incidents had improved since the last inspection. The safer custody team had created a database of actual and suspected incidents, which included detail such as their nature, location and names of perpetrators. This information was taken from security information reports (SIRs), entries in observation books and accident report forms. There was evidence that this information, presented at the violence reduction meeting, was used to inform changes in the strategy.
- 3.5 There was a three-stage system to identify, challenge and address antisocial behaviour. Prisoners were put on to stage one at the first suspicion of violent or bullying behaviour, were monitored for a minimum of seven days by residential officers, and then formally reviewed following an investigation by the residential manager. If the behaviour was proven or continued, the prisoner, subject to the authorisation of a residential manager, was placed on

stage two, which typically lasted for about three weeks. During this time, he was expected to complete a recently introduced workbook, which included exercises to deal with the consequences of behaviour and its impact, and strategies to deal with anger. At the end of the third week the prisoner was expected to return gradually to a normal regime while his behaviour was monitored as under stage one. If the antisocial behaviour continued, the prisoner was managed in the segregation unit.

- 3.6 In practice, the scheme was seldom used and the number of prisoners on formal anti-bullying measures was disproportionately low for the number of violent incidents. The prison had reported about 110 violent incidents in an average month (predominately fights, assaults and low-level incidents, such as threats and abusive language). This figure also included suspected incidents reported in occurrence books, SIRs and accident report forms. In the previous six months, formal proceedings, including the investigation stage, had been used on only 16 occasions. We found that officers were not confident in using the violence reduction booklet, and managers did not promote its use thoroughly.
- 3.7 The monitoring records we examined showed that, although there were regular reviews in most cases, they rarely included the attendance of residential officers who knew the prisoner, and there was too much reliance on the violence reduction coordinator. The quality of officer entries in violence reduction documentation was usually poor, and there was little evidence that they were actively engaged in the day-to-day management of alleged bullies. The coordinator regularly interviewed all alleged bullies, checked for relevant comments in wing occurrence books and often determined the level of required observation based on her assessment of the prisoner. Although we were told that formal support plans for victims had been put into place, there was no evidence that they had been implemented

Recommendations

- 3.8 There should be a prisoner survey to inform the anti-bullying strategy, and better consultation with prisoners about their feelings of safety.
- 3.9 All alleged bullying and reported violent incidents should be fully investigated.
- 3.10 Residential staff should actively engage in violence reduction procedures.
- 3.11 Victims of antisocial behaviour should be supported.

Vulnerable prisoners

- 3.12 As at the last inspection, the prison had an integrated regime in which vulnerable prisoners were generally managed effectively on mainstream residential units. In addition, C wing was used to accommodate many vulnerable prisoners, including nearly half the sex offender population. It continued to provide a safe environment, had not been stigmatised and relationships between staff and prisoners were good. Prisoners on the wing could attend the full range of prison activities with the rest of the prison, including work, education, religious services and visits. In our survey, nearly all respondents on C wing said that staff treated them with respect.

Young adults

- 3.13 There was no specific strategy, needs analysis or separate unit for young adult prisoners, who had made up 11.5% of the prison population since October 2010. They were fully integrated into the main prison and, apart from sharing cells with adults, could be located in any of the residential units. In practice, over half were located on A and B wings. They could take part in all aspects of the prison regime, including association, work and education.
- 3.14 Young adults generally reported a typical or worse experience than adult prisoners in many areas of safety and respectful treatment. In our survey, for example: 55% said that they were treated with respect by staff, compared with 68% of adult respondents; only 43%, against 73%, said that there was a member of staff that they could turn to; 25%, against only 5%, said that staff had physically restrained them; and 29%, against only 13%, said that they had been segregated in the past six months. Despite these poor perceptions, the prison had carried out no analysis of any data for young adult prisoners (see main recommendation HP49).

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.

- 3.15 There was a significant level of self-harm. Management of self-harm prevention was dealt with by a competent and well-supported full-time coordinator. The multidisciplinary suicide prevention committee ensured consistent implementation of the policy. There were good links with the mental health in-reach team, and the Listeners scheme was well supported. However, the quality of self-harm monitoring forms was inconsistent, care mapping required improvement, and attendance at case reviews was sometimes irregular. Staff entries on observation forms did not always show that they knew enough about prisoners' individual circumstances or needs, but those in the health care centre were very good.
- 3.16 A revised suicide and self-harm prevention policy document had been published, based on an examination of local practices, including the handling of recent deaths in custody. It was comprehensive with a particular focus on the needs of prisoners in a large local prison. We found copies on all residential units and communal areas. The strategy was monitored and managed overall by the monthly suicide prevention meetings. A competent full-time suicide prevention coordinator managed the policy with solid support from the safer custody manager, mental health in-reach team and the safer custody team (see paragraph 3.3) and, for the most part, residential senior officers. The coordinator was responsible for encouraging staff to properly implement procedures to manage prisoners at risk from self-harm were properly implemented, and was also a central point for advice and guidance for staff and prisoners. The role was given a high profile and was understood throughout the prison. Overall, the attention given to prisoners in crisis following self-harm was very good.

- 3.17 The suicide prevention committee used a wide range of information, provided by the safer custody team, to help identify trends and patterns of behaviour by location, type and timing of individual incidents. This was used, to some extent, to develop the strategy in dealing with prisoners in crisis while helping to update the continuous improvement action plan
- 3.18 There had been a significant number of incidents of self-harm, at about 252 in 2011 to date. Although high, this was a slight reduction of about 14 since the same period in 2010. There had been 499 assessment, care in custody and teamwork (ACCT) self-harm monitoring documents opened since January 2011, about a third opened by escorting staff before the prisoner's admission into Durham. There were 10 documents open at the time of inspection.
- 3.19 The quality of entries in ACCT documents was mixed. In some cases, officers' entries indicated reasonable standards of day-to-day care and showed that they knew the personal circumstances of individual prisoners. There were also many examples of entries that were predominately observational and gave little indication of supporting relationships.
- 3.20 Generally, the implementation of case management was inconsistent. Although care planning was good in some areas, we saw examples of bad planning for prisoners in crisis on some residential units. We saw support plans that were prepared through consultation with the prisoner, but too many on the residential units were not detailed enough and often assumed that other staff would deal with prisoners' needs.
- 3.21 There had been nine deaths at the prison since our previous inspection, including one suicide in 2010. The cases had been fully considered by the governor with the safer custody committee, and an action plan had been implemented following the completion of full investigations by the Prisons and Probation Ombudsman. The deputy governor and the head of safer custody reviewed all death in custody action plans each month. Important items from these were also included in the continuous improvement plan monitored by the safer custody committee. There was evidence that these plans were used to inform changes to the way the prison reacted to prisoners in crisis, and had led to some new initiatives, such as formal support meetings for Listeners. The care suite was used regularly but needed redecoration.

Recommendation

- 3.22 The quality of the assessment, care in custody and teamwork (ACCT) procedures, including case management arrangements, attendance at reviews and staff entries in documents, should be improved.

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.

- 3.23 Application and complaint forms were freely available. Complaints were well managed but the application system required improvement. Prisoners had limited confidence in the systems for both applications and complaints.

- 3.24 Forms to make applications and complaints were freely available across all the residential units. The prison operated a triplicate application system, which offered more accountability than at the last inspection, and in our survey prisoners were more positive about the efficacy of the system. However, many still told us they had limited confidence in the system, and the applications that we sampled were frequently not dealt with promptly, particularly those requiring a response from reception.
- 3.25 In the previous six months, over 1,200 complaints had been submitted, with property and mail the most frequent subjects. The management team regularly reviewed complaints data and had taken action in some areas. As a result, the monthly figures had reduced overall and particularly in some of the more problematic areas.
- 3.26 Prisoners told us that they had limited confidence in the complaint system but our findings could offer no explanation for this. The complaints we sampled were mostly personally addressed, timely, courteous and dealt with the issue raised. Some responses demonstrated that issues were resolved directly with individual prisoners. A copy of *Guidelines for answering prisoner complaints* was attached to all complaints when they were distributed. This, along with a robust system of quality assurance, had resulted in a significant improvement in the quality of responses.

Recommendation

- 3.27 The application system should be improved and management checks introduced.

Good practice

- 3.28 *The Guidelines for answering prisoner complaints document was helpful and had resulted in a significant improvement in the quality of responses.*

Legal rights

Expected outcomes:

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

- 3.29 Bail information services were good. Other legal services were provided by an inadequately trained officer. Access to legal visits was good.
- 3.30 Two probation staff offered bail information and saw all new remand prisoners. Between January and April 2011, 93 prisoners had secured bail as a result of this service. If further legal advice was requested, prisoners were referred to the legal services officer, who worked in the offender management unit (OMU). The officer had been trained 12 years ago and did not always feel able to advise prisoners on new legislation or changes in the criminal justice system, in which case he signposted them to solicitors. He did, however, offer advice about appeals and assisted prisoners with applications for 'access to justice' laptop computers.
- 3.31 Legal mail was opened infrequently and generally only when solicitors had not marked it appropriately. There had been efforts to communicate directly with solicitors to improve this.

- 3.32 There were 10 legal visits booths, which could be booked on weekday mornings and afternoons and one evening a week, and access to them was good. There was a wide selection of legal texts in the library.

Recommendation

- 3.33 Legal services assistance should be provided by a trained officer able to meet the needs of the population.

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.

- 3.34 There was a good chaplaincy service, sufficient chaplains and an appropriate range of services and classes. The chapel was attractive but the multi-faith room was less welcoming. A community chaplaincy project was in its early stages.
- 3.35 In our survey, only 43% of prisoners said their religious beliefs were respected, against the comparator of 55%, and responses were similarly poor about their ability to speak to a chaplain in private. However, during the inspection, prisoners were far more positive about chaplaincy services, and we found good provision for all faiths.
- 3.36 The chaplaincy team was well resourced, with three full-time Christian chaplains and a Muslim chaplain who worked 30 hours a week and who tended to see most of the approximately 30 Muslim prisoners each week. There was a range of faith visitors and sessional chaplains to cater for other faiths. The team was active and visible and spent much time in informal pastoral work around the prison. There was a good range of services and classes, including Christian teaching groups, a meditation class, mainly for Buddhists, and an Islamic studies group, all with reasonable attendance.
- 3.37 There was an attractive and welcoming chapel, with sufficient space for services. It was also occasionally used as a multi-faith area, and had an adjoining meeting space where some classes were held. The multi-faith room on F wing was a less pleasant environment. It was small and messy with no decoration on the walls. An adjoining kitchen was strewn with paper cups and plates, and the toilet area was dirty.
- 3.38 The chaplaincy team worked closely together and cooperatively to meet the needs of prisoners. Team members were involved in appropriate committees and meetings, but the chaplaincy coordinator had only just started to attend the resettlement meeting. The team had some links with outside faith groups, and a new community chaplaincy project was in its infancy but developing.

Recommendation

- 3.39 The multi-faith room and adjoining areas should be made more welcoming and kept clean.

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.

3.40 The clinical substance misuse service was under-resourced to manage the very high demand for opiate substitute treatment, and it lacked clinical leadership. Many prisoners did not receive first night treatment or adequate levels of methadone. Prisoners' treatment and care was insufficiently coordinated and there was no dual diagnosis service. There was a high level of drug availability, but the prison's supply reduction policy was out of date and suspicion tests were not conducted in time.

Clinical management

- 3.41 In the previous six months, 1,791 prisoners had been referred for treatment – 1,093 for drugs, 381 for alcohol, and 317 for both drugs and alcohol. In the week of the inspection, at least 211 prisoners received methadone (66% on a maintenance regime). The prison reported difficulties in transferring prisoners on methadone, and we were told that between 60 and 70 such prisoners were waiting to move to the local category C prison.
- 3.42 New arrivals were screened and admitted to the first night centre, which was also the stabilisation unit, with 24-hour nurse cover and appropriate monitoring arrangements. Following five days of stabilisation, prisoners moved on to D wing, the designated integrated drug treatment system (IDTS) unit.
- 3.43 Alcohol detoxification started immediately, but we were concerned about inconsistent first night treatment for opiate-dependent prisoners. Several prisoners had not even been given symptomatic relief. A heroin user who arrived on a Friday received no treatment over the weekend, and had resorted to using illicit Subutex. Another prisoner whose community prescription was confirmed did not receive any methadone until the following afternoon. We spoke to a prisoner who reported self-harming after not getting any treatment for opiate withdrawal for four days, and his ACCT documentation confirmed the link between lack of medication and self-harm.
- 3.44 Prescribing regimes lacked flexibility. Methadone was the only treatment available and prisoners prescribed Subutex in the community could not continue their treatment. Recent changes to prescribing meant that methadone dosage was increased very slowly, even where previous treatment was confirmed, and prisoners had to show signs of withdrawal before any increase. This had a destabilising effect on prisoners and was not in line with clinical guidelines. The prison partnership board was aware of the problems this new policy created, and had decided to bring in senior substance misuse clinicians to address the issue (see main recommendation HP52).
- 3.45 Controlled drug administration was safe, but we had many complaints from prisoners that their prescription was not ready in the morning and they had to wait until the evening to receive methadone. Nurses confirmed this was a problem.

- 3.46 The clinical IDTS service was poorly staffed and lacked clinical leadership. Many experienced nurses had left when the new provider had taken over six months previously. Substance misuse nurses focused on conducting clinical reviews, but assessments were undertaken by band three health care assistants, which was not appropriate.
- 3.47 There was little joint working with the counselling, assessment, referral, advice and throughcare (CARAT) team. CARAT workers sat in on five-day and 13-week reviews, but there were no joint care plans or group work. Liaison with the mental health in-reach team was ad hoc, there were no multi-agency meetings to facilitate good care coordination, and there was no dual diagnosis service for prisoners experiencing both substance and mental health related problems.

Drug testing

- 3.48 In our survey, 36% of prisoners said it was easy to get illegal drugs in the prison, against the comparator of 30%. On D wing, the IDTS unit, this response rose to 48%. In our prisoner groups, many reported easy access to drugs and drug-related bullying. The high level of drug availability was also indicated by the response from 13% of prisoners that they had developed a drug problem while at the establishment, compared with 6% in 2009 and the comparator of 9%.
- 3.49 The random mandatory drug testing (MDT) positive rate averaged 21.7% in the six months to 1 August 2011, against a target of 19%, and in February and June had been as high as 33.3%. Although 22% of all SIRs related to drugs and suspicion tests resulted in a 67% positive rate, less than half of all the requests for target tests were met. In July to September 2011, 115 suspicion tests were requested and only 53 undertaken.
- 3.50 There was a risk testing programme for trusted workers and 131 tests completed in the previous six months had resulted in a 15% positive rate. There was only one prisoner currently on frequent MDT. Test results pointed to buprenorphine (Subutex) as the main drug of use.
- 3.51 The supply reduction policy was out of date and the action plan had not been reviewed. There was a lack of integration between supply and demand reduction initiatives, and multi-agency drug strategy meetings, which included representatives from the security department, had only started in the previous month. Considering the high MDT rates, there was a lack of a proactive approach to tackle this problem (see main recommendation HP50).

Recommendations

- 3.52 Joint work between the clinical substance misuse and counselling, assessment, referral, advice and throughcare (CARAT) services should be improved to provide fully integrated care.
- 3.53 Joint working between the clinical substance misuse and the mental health in-reach team should be developed, and a dual diagnosis service should be introduced for prisoners with mental health and substance-related problems.
- 3.54 The mandatory drug testing programme should be adequately resourced to undertake target testing within the required timescale.

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 A single strategy covered all strands of diversity but was not well embedded across the prison. The diversity team was well resourced but lacked focus. Investigations arising from discrimination incident report forms often lacked rigour. The diversity and race equality action team provided insufficient strategic oversight.
- 4.2 There was an overarching single equality policy that was current and reasonably comprehensive and covered all strands of diversity, including foreign national prisoners, although there were some gaps around Gypsy, Romany and Travellers prisoners. The policy was widely available but not sufficiently well understood or embedded across the establishment, which lacked a 'whole prison' approach to diversity.
- 4.3 Most diversity work – except that with older prisoners and those with disabilities, which was led by the health and safety manager – was managed in the safer custody team. The team included dedicated race equality, diversity and foreign national officers supported by an administrator, and overseen by a principal officer and residential manager. Although the officers were sometimes cross-deployed to other tasks in the prison, they had sufficient time to undertake their roles. Despite this level of resourcing, provision was underdeveloped.
- 4.4 Diversity and race equality action team (DREAT) meetings took place monthly with a focus on prisoner issues at every other meeting. The DREAT did not provide sufficient strategic oversight and not all strands of diversity were consistently discussed or progressed. Attendance at meetings had often been poor, including from prisoner representatives, although it had improved since the governor had taken direct responsibility for the area.
- 4.5 At the time of the inspection, there were only four prisoner diversity/foreign national representatives and they were unclear about their role. Representatives were supposed to meet with diversity staff monthly but meetings were often cancelled at short notice. This small group of prisoners was not representative of all the needs and requirements of minority groups at Durham. There were no other forums or support groups for prisoners from diverse groups.
- 4.6 Although over three-quarters of staff had received the 'challenge it change it' diversity training, many were generally not fully aware of the needs of minority groups at Durham and often devolved responsibility to the safer custody team. There were six staff identified as diversity representatives but they did not have specific job descriptions and had not received any training for the role. They told us that they generally only signposted prisoners to the safer custody team.
- 4.7 A programme of equality impact assessments was under way and those completed were of a good standard.
- 4.8 In the previous six months, 40 discrimination incident report forms (DIRFs, which had replaced racist incident report forms), had been submitted. DIRFs were readily accessible but once

received and logged there were sometimes significant delays before they were received by the race equality officer, who was trained to investigate them. Some investigations we sampled lacked rigour and not all were responded to within a reasonable timescale. Except for cell sharing risk assessment reviews, there were few consequences when complaints were proved, and support for victims of discrimination was poor. We were also concerned by the number of complaints subsequently withdrawn and not investigated further: from our sample of 18 DIRFs, more than a quarter (five) were withdrawn and at least three of these had no further investigation. Although 10% of completed investigations were subject to external scrutiny by the race equality lead from Hassockfields secure training centre, this amounted to a perfunctory tick box sheet that provided no training centre specific feedback.

Recommendations

- 4.9 There should be systematic engagement with and support for minority group prisoners. This should include regular prisoner support forums.
- 4.10 Investigations resulting from discrimination incident report forms should be rigorous, leading when appropriate to action against perpetrators and support for victims.

Race equality

- 4.11 We found little evidence of discrimination towards black and minority ethnic prisoners, and ethnic monitoring data rarely indicated concerns. Identification of Gypsy/Romany/Traveller prisoners was poor, and there were no specific support groups or forums for black and minority prisoners.
- 4.12 Less than 4% of the population were black or minority ethnic. There were no specific support groups or forums for them (see recommendation 4.9). Although they told us they were broadly satisfied with their treatment, slightly more prisoners than at the last inspection reported discrimination on the basis of race or ethnic origin (3% against 1%). In our survey, 4% of respondents also said they were Gypsy, Romany or Traveller, but there was no specific identification of and support for these prisoners.
- 4.13 SMART (systematic monitoring and analysing of race equality treatment) ethnic monitoring data were discussed at the DREAT and at some diversity representatives meetings. Monitoring data rarely showed an under-or over-representation but, where they did, we were assured that this was addressed.
- 4.14 Prisoners currently or previously convicted of a racially aggravated offence were identified, as well as those found to have engaged in racist behaviour while in custody, and the security department maintained a list. There were no formal interventions to challenge prisoners who engaged in racist behaviour.

Recommendations

- 4.15 Gypsy, Romany and Traveller prisoners should be identified and supported.
- 4.16 There should be formal interventions to challenge prisoners who engage in racist behaviour.

Religion

- 4.17 There was no evidence of discrimination on the grounds of religion, and prisoners were complimentary about the service and support from the well-integrated chaplaincy team.
- 4.18 The chaplaincy was well integrated into the prison, and prisoners were extremely complimentary about its support and access to their religion. The religious affiliation of prisoners was recorded, but there was no formal monitoring of equality of treatment, such as access to services and activities.
- 4.19 The coordinating chaplain was a member of the DREAT but did not attend all meetings. Religion was a standing agenda item at the meeting and some specific issues were discussed there. Just over 3% of the population were Muslims. We found no evidence of discrimination against this group, a view confirmed by the Muslim chaplain and prisoners we spoke to, who felt their religious beliefs were observed and supported.

Foreign nationals

- 4.20 The few foreign national prisoners were not sufficiently well supported. There was no independent immigration advice, and interpreting services were underused. UK Border Agency attendance at the prison was useful, but prisoners detained solely on immigration grounds were generally informed of this too close to their release date
- 4.21 At the time of the inspection, almost 4% of the population were foreign nationals and there was a dedicated foreign nationals officer. Foreign national prisoners were identified by a clerk in the custody department. He informed the safer custody team and a team member made contact with the individual prisoner. Prisoners we spoke with were not always aware of who the foreign national officer was, and others said that contact was not focused on their specific needs. Some foreign national prisoners told us they felt isolated. There were limited records of formal contact. There were no groups for foreign national prisoners (see recommendation 4.9).
- 4.22 Reception and induction information was available in a variety of languages but not all prisoners received this information in relevant languages. Some staff told us they used an internet translation package to communicate with prisoners, but the telephone interpreting service was not widely used and its use was not monitored. Wing staff were generally aware of the location of foreign national prisoners in their care, but if these prisoners spoke little or no English they tended to devolve responsibility to the safer custody team or other prisoners. There were no lists of staff and prisoners who spoke foreign languages.
- 4.23 Following assessments by the education provider, 16 of the current foreign national population had been appropriately referred for the English for speakers of other languages (ESOL) course. There was a good range of reading material in a range of languages in the library.
- 4.24 Prisoners could apply for a free 10-minute international telephone each month in lieu of visits, but few foreign national prisoners were aware of or took advantage of this. Staff were also confused about this entitlement.

- 4.25 The UK Border Agency (UKBA) attended the prison regularly, and gave the prison a written account of discussions with individuals. Other than a selection of telephone numbers, foreign national prisoners had no organised access to independent immigration advice.
- 4.26 There were five prisoners held solely on immigration grounds at the time of the inspection, one for over 18 months. Despite apparent efforts from the prison, most had received the decision to maintain their detention close to their release date. All received monthly review letters from UKBA about their detention.

Recommendations

- 4.27 **Welfare and immigration-related needs of foreign national prisoners should be systematically assessed and met.**
- 4.28 **All foreign national prisoners should be able to make a free monthly international telephone call, irrespective of whether they receive visits.**
- 4.29 **Staff should use professional interpreting services when important and sensitive information is being discussed, especially where it relates to risk assessment.**
- 4.30 **NOMS should work with the UK Border Agency to ensure that deportation action is taken well before the end of sentence, minimising the need for detention, while ensuring that foreign national prisoners receive independent immigration advice.**

Disability and older prisoners

- 4.31 Processes to identify prisoners with disabilities were not sufficiently robust, and there were no multidisciplinary care plans, even for those with high support needs. Provision for prisoners with disabilities and older prisoners required development.
- 4.32 The health and safety manager was the disability liaison officer (DLO) and had lead responsibility for older prisoners and those with disabilities, but there was no staff cover for his absence.
- 4.33 New arrivals were initially assessed by reception/first night staff and any issues that were highlighted or disclosed were passed to the DLO, who undertook a further needs assessment with wing staff to see if any reasonable adjustments were required. Prisoners were not involved in this process unless they were believed to have complex needs. Where prisoners had been involved, most were reasonably content with the service, support and adjustments they had been offered. However, there were no multidisciplinary care plans, even for those with identified high support needs.
- 4.34 In our survey, 21% of respondents said they had a disability, which suggested considerable under-identification against the list of only 25 prisoners that we were given during the inspection. Notwithstanding the onus on the prisoner to disclose a disability, we met some prisoners who had obvious mobility problems who had not been identified or assessed by the DLO.
- 4.35 Prisoners with disabilities were generally located in the prison rather than the inpatients department, which was appropriate, and they were able to access parts of the regime. A

wheelchair user told us he felt generally well treated by staff and was located in a designated 'disabled' cell, but told us that he had not been involved in the assessment to make reasonable adjustments to his cell – for example, there was a low-level emergency call bell but it was located too far from his bed. His wheelchair was falling to bits and was unfit for use. A new one had been on order for about five weeks.

- 4.36 Lists of prisoners with disabilities or older prisoners who required assistance in an emergency, or for whom reasonable adjustments had been made, were not always available on residential units, and staff were not always aware of their individual needs. We spoke with a prisoner who had mobility problems but who was not identified as disabled by the prison; he had experienced difficulties during an evacuation of his residential unit. No staff we spoke with were aware of personal emergency and evacuation plans (PEEPs).
- 4.37 There were no formal carer or mentor schemes and no specific support groups or forums for older or disabled prisoners (see recommendation 4.9). Prisoners with disabilities and older prisoners were not prohibited from attending activities. Most of those with mobility difficulties had in-cell work and, unless they were on association, their cell doors remained locked during the core part of the day. Some prisoners told us they felt isolated and forgotten about, and said they were not actively encouraged to take part in the regime.
- 4.38 There were 65 prisoners aged over 50, including three over 70. It was inappropriate that prisoners over retirement age were required to pay for their televisions.

Recommendations

- 4.39 **All prisoners who consider themselves to have disabilities should be identified and assessed. Where appropriate, they should be involved in developing care plans and deciding on reasonable adjustments.**
- 4.40 **Residential staff should be aware of the individual needs of older prisoners and those with disabilities, particularly those requiring assistance during an emergency.**
- 4.41 **Older prisoners and those with disabilities who remain on the wing during the working part of the day should have their cells doors opened.**
- 4.42 **Retired prisoners should be able to have their television free of charge.**

Sexual orientation

- 4.43 Work on sexual orientation was considerably underdeveloped.
- 4.44 In our survey, 3% of respondents identified themselves as gay or bisexual. Three per cent also felt victimised by other prisoners or by staff because of their sexuality, which were worse than the comparators and at the last inspection. Gay and bisexual prisoners told us that there was nothing to support them and that their issues were not taken seriously.

Recommendation

- 4.45 Managers should ensure that the specific perspectives of gay and bisexual prisoners are considered and their needs are met.

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 standard of health care was satisfactory and clinical governance arrangements were robust. The health needs assessment was weak. Prisoners had good access to health appointments through the free telephone line, although not all knew how to use it. Health centre waiting rooms were very poor and patients spent too long in them. Primary care services were good, although non-attendance rates were too high. There was overprescribing of analgesia. Changed prescribing practices had led to delays in patients receiving prescribed medications. There were no care plans for inpatients. Mental health services were good and developing. There was insufficient mental health awareness training for uniformed officers.

General

- 5.2 The health service was commissioned by NHS County Durham (North East Offender Health Commissioning Unit), and since April 2011 the provider had been Care UK. Staff felt that the transition to the new contract had not been managed well as it had created uncertainty over a sustained period, and believed this had weakened the patient experience. There was a partnership board and close working relationship between the prison and health department. The prison health development plan was out of date but revision was planned following the sign off of the revised health needs assessment. This had been drafted in March 2011 but required refinement of the classification of disorders and data required checking for consistency.
- 5.3 The environment of the primary care centre was generally clean and adequate, and there was attention to the privacy and dignity of patients, but the three waiting areas were in very poor condition. The largest one was not suitable as it lacked ventilation, had graffiti and missing plaster, and was overcrowded at peak times. We observed patients waiting excessive times in the waiting rooms, commonly up to two hours before and after their appointments.
- 5.4 There were health care rooms on the wings. They varied in size and state of repair. Some did not comply with infection control requirements and were not compatible with patient environment action team requirements. Work was in hand to comply with the actions identified in a recent infection control audit.
- 5.5 There was no formal prison health promotion group and no strategy. There were appropriate health promotion displays and literature in the health centre, but only old campaign material on some of the wings.
- 5.6 We observed respectful relationships between health care staff and prisoners. A senior nurse was responsible for the care of older prisoners. Information about health care was given to prisoners in reception, but referred to services offered by the previous provider and required replacement. There was little information about health care on the wings, and none in languages other than English. Health was a standing agenda item at the prisoner consultation

group. There was evidence of responsiveness to suggestions about health care but feedback was patchy.

Recommendations

- 5.7 There should be an up-to-date prison health development plan.
- 5.8 Patients should not have to wait for excessive periods in the health centre before and following their appointments.
- 5.9 There should be a prison health promotion group and strategy for health promotion.
- 5.10 Information on health care should be widely available to prisoners in formats and languages that they can understand.

Housekeeping points

- 5.11 The health needs assessment should reflect the contemporary classification of disorders and data should be checked for consistency.
- 5.12 Service changes as result of prisoner comments should be better communicated throughout the prison.

Clinical governance

- 5.13 There were robust approaches to clinical governance. The clinical governance group had been re-established by the new provider and a range of reports were provided to inform the group, partnership board and commissioners of trends. These included the prison health and performance quality indicators, clinical trends dashboard, regular detailed reports on primary care and mental health, and an accumulated deaths-in-custody recommendations action plan.
- 5.14 An extensive range of Care UK policies and procedures, introduced in April 2011, ran to three volumes. Staff had not been familiarised with them, and some policies were not applicable to the prison environment or were not localised.
- 5.15 There was a senior clinical nurse manager, senior nurses as departmental heads, registered nurses and other clinicians providing health care. There had been a loss of staff from administrative and clinical departments as a result of the contractual change. Staff said they had become demotivated. While there were enough staff to provide a good service there were problems in managing the workload in the diminished administrative team. Staff indicated that they had access to training as required and all were up-to-date with mandatory requirements. Clinical supervision was available but not all chose to take advantage of it, and not all supervision received was recorded. There was a project under way to better manage staff sickness.
- 5.16 Daily living and mobility aids were available to patients, including a motorised scooter for prisoners with disabilities. There was a regular physiotherapy clinic at which mobility could be assessed, and good links to the primary care trust (PCT) mobility aids store if equipment was required. Automated external defibrillators (AEDs), resuscitation equipment and oxygen were available at strategic locations. The equipment was regularly checked, although we found

some items out of date. About one in five uniformed officers had been trained in first aid and about 6% in the use of AEDs. Deployed AEDs were for use by health care staff only until trained officer capacity increased.

- 5.17 SystmOne (the electronic patient record) was in use and patient records were held in accordance with data protection requirements and Caldicott principles on the use and confidentiality of personal health information – except for dental records. Dental records were kept in the dental surgery but in unlocked cabinets, and we saw some loose records on worktops. Care plans, which should have been produced for all patients with a complex or lifelong condition, were unavailable on SystmOne, although their components could be found in the narrative journal. Clinical approaches were evidence based. Old paper records were archived appropriately. There was a programme of clinical audit, including clinical records.
- 5.18 There was a dedicated health care complaints system with separate forms and boxes on the wings. There were on average 40 complaints a month – 99% of them concerned prescribing and medicine supply. Until recently, the complaints system had been linked to the PCT patient advice and liaison service (PALS), and was due to be linked to the independent complaints advisory service. The responses to complaints that we sampled were timely, focused on the issues raised and written in an appropriate manner.

Recommendations

- 5.19 **All clinical records should be kept securely in accordance with data protection law and the Caldicott principles on the use and confidentiality of personal health information.**
- 5.20 **Every patient with a complex or lifelong condition should have an up-to-date and comprehensive care plan.**

Housekeeping points

- 5.21 Health care staff should be familiarised with the content of new policies and procedures.
- 5.22 Health policies and procedures should be localised.
- 5.23 The receipt of clinical supervision should be recorded in staff personal files.

Primary care

- 5.24 In our survey, prisoners said that it was easier to access health professionals, other than pharmacists, than at comparator prisons.
- 5.25 Two nurses and an administrator staffed the reception health care suite from 1pm to 8.30pm. The administrator ensured that contact was made with the prisoner's GP or other agencies as required. Following screening, if necessary, prisoners could see a GP on the induction unit on the same day. All prisoners had a full health assessment within 72 hours. Nurses made appointments for prisoners to book directly into daytime clinics as required.
- 5.26 Prisoners could access health care through completion of a pictorial health application that they posted in dedicated boxes on the wings. The majority of appointments were booked through the free 'PALS helpline'. We observed this system in operation and it worked well.

However, the booking line did not give access to the usual range of services that are provided by PALS and it was not obvious to many prisoners that appointments could be booked in this way. Guidance on how to use the helpline was not displayed on all the wing telephone booths.

- 5.27 The Gables, a new medical services provider, had commenced in April 2011, and there had been challenges in embedding the GP provision. Prisoners told us of their dissatisfaction with changed prescribing practices. Some GPs insisted on being chaperoned with every patient, regardless of risk assessment, which drew nurses away from other duties. Three nurses, at least two of whom were registered, were on duty at all times. The GP out-of-hours cover was provided by the local Durham on-call service.
- 5.28 There was a typical range of daily primary care clinics for the GP, nurses, physiotherapy, genito-urinary medicine, optometry and others. Age-specific activities included chlamydia testing for the young adults and memory testing for the over-50s. There was an active programme of immunisation for hepatitis. Treatment for hepatitis C was available and some visiting hospital specialists offered specialist clinics, such as gastroenterology. We saw excellent coordination of care between the GP, primary care and mental health for an uncooperative and medically unstable patient. Nurses undertook triage on the wings and gave advice to the administrators staffing the PALS helpline. Triage algorithms were not in use.
- 5.29 The failure to attend rates for clinics were too high, including 22% for GPs and 26% for the optician. At the time of our inspection, new approaches were being adopted to reduce non-attendance. Waiting lists were short and the waiting time to see a doctor was less than two days. There was also access to telemedicine, which was underused.
- 5.30 Care of patients with lifelong conditions, such as asthma, diabetes and heart disease, was good. Treatment was provided on an individual basis as a nurse-led clinic had been suspended in April 2011.
- 5.31 Health professionals saw health promotion as part of their role and gave advice to individual prisoners on healthy living and harm minimisation. There was a gymnasium on F wing, partly funded by the NHS, where patients could undertake remedial exercise. Barrier protection was available in the prison but this was not advertised.
- 5.32 There was a policy on the management of communicable diseases and there had been recent notification of a case of tuberculosis (TB). There was a protocol for the management of TB in prisons, prepared by the NHS County Durham and Darlington TB team, which was concise and in plain English. There was an information sharing protocol, and patients were asked to consent to the acquisition and sharing of confidential information as necessary.

Housekeeping points

- 5.33 The appointment booking line should be renamed to make it clear that the number is for booking appointments and details of how to use it should be accessible to prisoners.
- 5.34 Triage algorithms should be used to ensure equity of care for patients.
- 5.35 There should be sustained effort to reduce prisoner non-attendance at clinics.
- 5.36 The availability of barrier protection should be advertised on the wings.

Good practice

- 5.37 *The administrator assisting with health care in reception ensured that contact was made with external health care agencies to enable coordination of care, and nurses were not distracted from clinical screening by administrative procedures.*
- 5.38 *The protocol for the management of tuberculosis in prisons, prepared by the NHS County Durham and Darlington TB team, was concise, in plain English and very accessible.*

Pharmacy

- 5.39 Care UK provided the pharmacy service. One of the registered pharmacy technicians gave out in-possession medication from F wing and was available to give advice to prisoners then. The same registered technician did this for a month at a time, which provided continuity for the prisoners, but the service had previously been provided on three wings. Pharmacist-led services were limited to warfarin clinics and support for the IDTS team. There were no pharmacist-led medication reviews. A pharmacy computer system was used to record the dispensing and supply of medication to prisoners, but this was not linked to SystmOne. There were good records of the stock used, audited by the pharmacy staff.
- 5.40 Heat-sensitive medications were stored correctly, although there were gaps in the record of fridge temperatures in some treatment rooms. Methadone dispensing equipment was regularly cleaned and calibrated.
- 5.41 Some prisoners received their medications supplied as weekly or monthly in possession, and few prisoners required supervised administration. There was an in-possession policy and risk assessments by the medical and nursing staff. A limited supply of medications was available on the weekly shop order list, for example 16 paracetamol or 16 ibuprofen. There was no special sick procedure for their supply, and the patient group directions limited the number of health care professionals who could provide them. Administration of medication by nursing staff generally took place four times a day. The administration of methadone from the treatment room on D/E wing was well organised and considered patient confidentiality.
- 5.42 Prescribing was not appropriate for the population. A large amount of medication categorised as high risk was prescribed as in possession. There did not appear to be evidence-based prescribing, with large quantities of analgesics prescribed. Prescriptions for these were written for a month's supply, although it was the pharmacy's policy to supply only a week at a time. Data on the prescribing of such medications was used to inform the prescribers and offer alternatives. The pharmacist reported that there had been little progress on reducing the prescribing of these products.
- 5.43 There was an effective system for repeat prescriptions. In-possession medication was supplied for discharge or court. Methadone was routinely given before discharge and arrangements made for its continuation on release. These procedures were risk based and appropriate, with staff aware of the potential problems.
- 5.44 There were provisions to allow nursing staff to dispense medication for individual prisoners when the pharmacy was closed. Prisoners could be treated with medication from an out-of-hours cupboard on the authority of the local out-of-hours doctors' service.
- 5.45 Registers used to record the receipt and supply of methadone in the pharmacy did not comply with the regulatory requirements. The transport of controlled drugs, other than methadone,

from the gate to the pharmacy and from the pharmacy to the wings was not always secure and safe.

- 5.46 The medicines management committee met regularly but there was no representation from the PCT. There were standard operating procedures (SOPs), dated May 2010, developed by County Durham and Darlington Community Health Services. The SOPs developed by Care UK were being ratified by the medicines management team at Care UK. The current SOPs had been signed by the pharmacy staff in 2009. There was currently no written policy for out-of-hours medication. The pharmacist used a national alert system to ensure that drug recalls and alerts were promptly dealt with.

Recommendations

- 5.47 There should be more opportunities for prisoners to access pharmacy staff directly through counselling sessions, pharmacist-led clinics, clinical audit and medication reviews.
- 5.48 The prescribing of medication identified as high risk or liable to abuse should be reviewed.
- 5.49 There should be a written policy for the provision of out-of-hours medication.

Housekeeping points

- 5.50 Data in the pharmacy electronic record system should be integrated with the prescribing software of SystemOne.
- 5.51 Maximum/minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms to ensure that heat-sensitive items are stored within the 2- 8°C range.
- 5.52 There should be greater availability of over-the-counter medications.
- 5.53 There should be a robust and secure system to ensure the transport of controlled drugs.
- 5.54 The controlled drugs register used to record the receipt and supply of methadone in the pharmacy should comply with the regulations.
- 5.55 The medicines management committee should include representation from the primary care trust.
- 5.56 There should be an up-to-date list of pharmacy staff who have read and signed the standard operating procedures.

Dentistry

- 5.57 There were four dental sessions a week. Prisoners received oral health promotion, dental checks and treatment similar to that in the NHS, but this was sometimes limited by the relatively short stays of the remanded population. Waiting times were less than a week for new cases, and there were dental triage slots in each clinic. The failure to attend rate was too high, at 17%, and work was under way to address this (see paragraph 5.29).

- 5.58 The dental surgery was modern and well equipped. The dental chair, amalgam separator and X-ray equipment were appropriately maintained and certified. A separate decontamination room was being furnished at the time of our visit. We were informed that the PCT had inspected the service in the last year but we did not see the report.
- 5.59 Prisoners with dental problems out of hours could be seen by a nurse, on-call GP or be taken to the local dental hospital for treatment.

Inpatient care

- 5.60 There were 20 beds in health care with 12 in routine use. The beds were on the certified normal accommodation (CNA). We were told that it was unusual for prisoners to be admitted without clinical need.
- 5.61 The inpatient unit was clean and had a large association area with good facilities for inpatients to dine out of cell. We observed inpatients in association and officers initiating positive interactions. Health care personnel were based on the inpatient unit 24 hours a day, and officers were briefed on therapeutic approaches during shift handovers. There were no care plans for inpatients although there were components of these in the narrative journal on SystemOne.
- 5.62 Inpatients had good access to social and recreational activities on the unit and off-unit activities, such as education, the gymnasium and the library, depending on their needs. On-unit education was available on request, and there was a small library for inpatients to use.

Recommendation

- 5.63 **Health service bed spaces should not form part of the prison's certified normal accommodation.**

Secondary care

- 5.64 Patients had good access to external appointments at several hospitals in Durham and Newcastle. Appointments were well managed and rarely cancelled for security reasons. Bed watches were monitored and lengths of stay minimised in general hospitals.

Mental health

- 5.65 Tees, Esk and Wear Valley Mental Health NHS Foundation Trust provided an integrated mental health service, with primary and secondary care components. There had been an increase in staffing following the contractual changes in April 2011. The skills mix in the staffing group was being adjusted to better meet prisoners' needs. New mental health services were being introduced gradually, with some components still to come in. There were limited meaningful diversion activities for patients requiring emotional support during the day, although there were plans to establish a variety of groups.
- 5.66 There was an open referral system and cases were allocated at a daily meeting. Registered mental health nurses, a specialist occupational therapist and two forensic psychiatrists provided a range of interventions for common, complex and serious mental health problems. Approaches included self-help guidance, guided reading, counselling, brief and solution

focused therapies, cognitive approaches and medical management within the care programme approach (CPA). In our survey, 35% of respondents, against the comparator of 27%, said that the mental health in-reach (secondary care) team had addressed their mental health issues. The team also provided direct support and advice to the inpatient unit, segregation unit and ACCT reviews.

- 5.67 Team members were case managers within the CPA and were careful to ensure ongoing engagement of the responsible external services. The team also ensured that transfer of patients requiring an NHS placement was effected quickly, and most were transferred within target timescales.
- 5.68 Only 6.2% (19) of uniformed officers had been trained in mental health awareness or related topics in the last two years.

Recommendations

- 5.69 Meaningful day services should be available to prisoners who need additional therapeutic support for emotional problems.
- 5.70 All uniformed officers should receive mental health awareness training.

Section 6: Activities

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.

- 6.1 A fully engaged prisoner could be unlocked for around eight hours a day, but over a third of the population experienced considerably less. The regime did not include domestic time and, although association was available for unemployed prisoners during the core day, evening association was capped and did not take place on one weekday evening.
- 6.2 The prison reported a time unlocked figure of just under eight hours a day on a consistent monthly basis. The published core day indicated that for a fully engaged prisoner, eight hours a day out of cell was possible, with four hours for an unemployed prisoner. Roll checks randomly undertaken during our inspection revealed that between 33% and 41% of prisoners were locked in their cell during the core day and not undertaking any purposeful activity.
- 6.3 The regime did not include any domestic time for showers, cell cleaning and telephone calls, and prisoners were unlocked directly to attend work (see recommendations 2.13 and 2.14). In our survey, only 5% of respondents against a comparator of 9% said that they spent on average 10 hours or more a day out of their cell during the working week.
- 6.4 Each wing had an individual weekday regime, with association and exercise either in the morning or the afternoon. Wing regimes were published on the wing notice boards. Association was available for unemployed prisoners every day during the working week.
- 6.5 Association took place on Monday, Wednesday and Thursday evenings but there was a cap on the number of prisoners who could associate on all but I and F wings. The evening association was limited to one and a quarter hours. Evening association did not take place on Tuesdays on any wings to allow for the distribution of shop orders.
- 6.6 Association and exercise were rarely cancelled but there was some minor slippage in unlock and lock up times. Association was available on Friday afternoons and during the weekend.
- 6.7 Exercise yards were austere although prisoners appreciated the provision of benches. Staff supervision during association was satisfactory with many staff walking among prisoners and talking to them.

Recommendations

- 6.8 All prisoners should be engaged in purposeful activity during the core day unless unable to do so.
- 6.9 All prisoners should be able to associate on every weekday evening.

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.

6.10 Learning and skills provision had increased substantially, and there were sufficient activity places for all prisoners. Allocation was fair, and waiting lists were effectively managed, but there was poor attendance in education, vocational training and work sessions. Leadership and management of the provision were good, and the strategy effectively supported resettlement. Prisoners had literacy and numeracy support in all workshops, and a high proportion of jobs had some accredited training. The introduction of the new vocational provision had been well managed, and learners' vocational skills development was good. There was little acknowledgment of work skills gained during work and vocational training. Assessment of learners' literacy and numeracy needs was thorough. There was a good range of education courses, with opportunities for progression. Achievement on most courses was high. Teaching, learning and behaviour in sessions were good, but recording of progress review outcomes was weak in education. There was insufficient support for learners with specific learning difficulties. The library was satisfactory and well used by prisoners, but not always used effectively to support learning.

Leadership and management

- 6.11 The head of learning, skills and employment was responsible for the prison's work, vocational training, education, library, gym, kitchens, waste management, gardens and the education, training and employment resettlement pathway. The prison had a clear and well-communicated learning and skills strategy that effectively supported resettlement. Since the previous inspection, there had been a significant improvement in the number and range of purposeful activity places, including vocational training and education. There were new facilities to accommodate the introduction of waste management, painting and decorating, retail, horticulture and contact centre work, and there was a new outdoor astroturf pitch. Planning of the provision was based on a recent and detailed analysis of skills needs in prisoners' resettlement areas. The range of learning and skills provision was good and prisoners could access literacy and numeracy support in all workshops. The introduction of the new vocational provision had been well managed and effectively supported prisoners' skills development and employability. Most learners produced work of a good standard. Overall leadership and management of the provision were good.
- 6.12 There were enough activity places to occupy the prison population. Pay was equitable and proportionate, and there were no disincentives for prisoners who chose to attend education or training. Learning and skills officers were used to encourage both sentenced and remand prisoners to engage in activities. However, attendance rates in education, vocational training and work sessions were poor.
- 6.13 The prison had used its self-assessment and curriculum review process very effectively to develop the provision. Safeguarding arrangements were good, and secured and promoted learners' safety. The prison promoted equality and diversity appropriately, but made insufficient

use of data to evaluate and identify variations in the achievement of different groups. There were some useful partnerships to support the offending reduction strategy, but there were insufficient links with external employers to provide opportunities that enhanced prisoners' resettlement on release (see resettlement pathways section).

Recommendations

- 6.14 Prisoner attendance at activities should be improved.
- 6.15 There should be better use of equality data for comparative purposes.
- 6.16 The prison should extend its external employer links.

Induction

- 6.17 The Gateway induction process had improved since our previous visit. The number of prisoners attending each session was limited to around 10, enabling a wider range of activities than previously. However, prisoners attending the longer morning sessions experienced a wider and more interesting range of activities than those in the afternoon. Initial assessment had improved. A computer-based assessment system checked prisoners to levels above level 1, and provided immediate results. Learners also received assessment of their learning styles and dyslexia screening. Initial assessment scores were used immediately during the thorough and confidential information and advice session, and were passed very promptly to learning and skills staff to inform their planning, as well as for identification of diagnostic assessment needs.
- 6.18 Allocation to activities was fair and equitable, and prisoners were allocated to and started activities quickly following their induction. There were waiting lists in many areas but they were effectively managed.

Recommendation

- 6.19 All prisoners should receive the same extensive range of activities in their induction.

Work

- 6.20 There were 201 full-time-equivalent work places, of which just under half were wing cleaning jobs. Jobs included laundry workers, cleaners and wing cleaners, barbers, waste management, kitchen workers, gardens, induction greeters and a range of orderly roles. A good proportion of work activities had some accredited training available, and achievements were good for those who reached the end of their programme. Kitchen workers had the opportunity to take a national vocational qualification (NVQ) at levels 1 and 2 part-time as well as working full-time in the kitchen. The head chef and the education tutor worked well together to ensure that learners had opportunities in their working day to meet the assessment requirements of the NVQ. All prisoners received mandatory training in health and safety and health and hygiene, although some on remand were released before they could achieve the qualification. There was good collaboration between gardens and horticulture to introduce a new NVQ linked to the Reap and Sow social enterprise course. Prisoners developed good employability skills while at work, although these were not sufficiently recognised or recorded (see recommendation 6.23).

Vocational training

- 6.21 There were 135 full-time-equivalent training places. Achievement rates in vocational training were good. Prisoners make good progress and developed good practical skills. Absence was well monitored but regime interruptions affected attendance. Few classes were full to capacity during inspection. There was a good range of well-organised training opportunities in painting and decorating, brickwork, plastering, catering, waste management, first aid, health and safety, business enterprise, customer service, retail, call centre and industrial cleaning. Literacy and numeracy skills were timetabled into vocational training sessions, and learning materials and tasks were put into the vocational context to aid learners' understanding. Many learners progressed by more than one level of literacy and numeracy during their training.
- 6.22 Teaching, coaching and learning were good. Learners could join programmes at any time. Sessions were well planned and took account of learner's individual needs. In the best learning sessions, a wide range of interesting and motivating learning activities held learners' interest, developed their skills and enabled them to enjoy learning and make good progress. Tutors introduced special projects to add variety to learning and extend learners' skills and enjoyment. Learners often produced work above the level of the award they were studying. In painting and decorating, brickwork and cleaning learners worked in the prison accommodation and training blocks and gained useful work experience in a realistic working environment. However, valuable employability skills that they developed were not recognised or recorded sufficiently well. Similarly, opportunities to record and recognise higher level vocational skills were limited.

Recommendation

- 6.23 **The prison should effectively record and recognise learners' employability skills developed in work and workshops, and higher level vocational skills.**

Education

- 6.24 The Manchester College education provider had worked effectively with the prison since our previous visit, and many aspects of learning and skills had improved. The programme range was broader, placed good focus on employability and had increased learners' opportunity to progress to higher qualification levels. The prison had responded flexibly to the changing patterns of demand for English for speakers of other languages (ESOL), and there were sufficient sessions to meet current needs. Teaching and learning accommodation were good, offering spacious work areas and good resources, including access to information and learning technology.
- 6.25 Sufficient places were available at 221 full-time equivalents, but these continued to be underused and attendance was often low. For example, in the previous week, only 67% of the capacity was used. Regime interruptions still affected full attendance. However, punctuality had improved. Classes started on time and tutors kept learners fully occupied until the expected end time.
- 6.26 Most learners who completed their qualifications achieved them. In information technology (IT), achievements were consistently high at around 90% and above over the last two years. All 18 learners completing their level 3 IT course achieved the accredited qualification. Literacy and numeracy achievements were satisfactory, but showed improvements. The prison recognised that the art and ESOL courses continued to underperform, although art had improved in 2010/11 and a high number of learners were awaiting results in ESOL.

- 6.27 Learners' standards of work were mostly good and many, particularly in literacy, numeracy and IT, made good progress to higher levels. The great majority progressed to one level above their starting point, and a significant minority progressed to two or even three levels above their starting points – in exceptional cases, from entry level to level 3.
- 6.28 Teaching and learning were consistently well planned and used a balanced range of individual coaching and small group teaching to interest and motivate learners. Tutors used information and learning technology regularly to enhance their teaching, and they checked learning frequently. Most learners concentrated and participated well in learning activities, contributing to discussions effectively, and enjoyed their learning sessions. The individual learning plans we sampled mostly had very clear and specific targets, including personal targets for improved behaviour and attitude. Learners understood their targets. However, the review of progress against targets was still not clearly recorded in the sampled plans.
- 6.29 Learners had good access to a range of written information and to well-structured information, advice and guidance throughout their stay in prison. Tutors provided personal support during learning sessions, but the prison had insufficient staff to meet the support needs of learners with specific learning difficulties or challenging behaviour. Recent developments to train and use in-class and Toe-by-Toe literacy peer mentors were at an early stage and it was too soon to comment on their effectiveness.

Recommendations

- 6.30 The prison should significantly improve achievements in art and English for speakers of other languages (ESOL).
- 6.31 There should be sufficient learning support for prisoners with specific learning needs.

Library

- 6.32 Durham County Council provided the library service. It was staffed by one full-time librarian and two on fractional contracts, amounting to approximately 1.6 whole-time equivalents. Their work was supported by three full-time library orderlies. The library was airy, light and well furnished.
- 6.33 The main library was open to individual and group use during the core day at allocated times from Monday to Thursday morning and afternoon and Friday morning. A Friday afternoon session was also available and included a chess club. Typically prisoners could attend a maximum of two sessions a week. Prisoner use of library facilities was good overall, with over 80% registered users and approximately 60% frequent users of the facilities.
- 6.34 The library offered a good range of approximately 7,000 items, including fiction, large print, audio books, and a limited but adequate range and number of easy reads. The selection of foreign language books was appropriate for the population, and there was an adequate range of books to support learners undertaking courses in the prison, but no newspapers or magazines in English or other languages were available. The inter-library loan service was well used. Stock losses were very low, but the potential to display more stock was not fully exploited. The limited wall space was adequately used for displays, but a wall-mounted television had yet to be fully installed to provide a similar function. Some books were also provided in the segregation and inpatient units and in reception.

- 6.35 Library staff worked effectively with providers of learning and skills in the prison. The library had three computers for prisoner use with an adequate range of programmes to support learning. However, tutors did not always use the library effectively to support learning. Five prisoners were currently receiving support from the recently introduced Toe-by-Toe scheme.

Recommendations

- 6.36 The library should provide newspapers and magazines in English and other languages.
- 6.37 Tutors should make more effective use of the library to support learning.

Housekeeping points

- 6.38 The library should maximise the available space to display stock.
- 6.39 The television in the library should be fully installed.

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 Prisoners had good access to recreational PE. The gym offered an extensive range of facilities and accredited programmes, and achievements were good. There were good links with health care and a wide range of rehabilitative programmes.
- 6.41 The gym was well managed. PE was staffed by one senior officer and eight instructors, who were well qualified and enthusiastic. They had good access to training and development that had improved their skills and extended the curriculum.
- 6.42 PE facilities were good and included two fitness suites and an all-weather outdoor five-a-side football pitch. There was also a small but adequate range of equipment in the segregation unit and on the enhanced prisoner wing.
- 6.43 PE induction arrangements were good, with two programmes a week to ensure new arrivals could access the facilities as quickly as possible. Staff placed a strong emphasis on promoting recreational PE at the prison induction and on the wings. Prisoners completed a physical activity readiness questionnaire during their PE induction, but were not routinely assessed by health care staff before they took part in strenuous exercise. PE links with health care were good, and there was a wide range of rehabilitative programmes to support prisoners recovering from substance misuse and from mental ill health. There were referrals for prisoners needing remedial gym, and specific courses for weight loss, older prisoners or those who were less confident.

- 6.44 Prisoners had good opportunities to access recreational PE and remedial courses, and they could use the gym after work. Approximately 53% of the population regularly used the gym. Full-time workers had up to six sessions a week, part-time workers four and those who refused to work one session. The gym was open from 7.15am until 5.30pm Monday to Thursday, from 7.15am until 4pm on Fridays, and from 8.15am until 3.45pm at weekends. In addition to the recreational sessions for each residential wing, there were also six classes a week for prisoners with specific needs. Prisoners could also apply to participate in a health and fitness assessment.
- 6.45 The range of accredited programmes was good and catered well for the various levels of ability, providing courses from entry level to level 2. They included YMCA level 1 in fitness and physical activity, fitness instructor level 2, treatment and management of injuries, first aid, principles of health and fitness at entry level, British Amateur Weight Lifting Association (BAWLA), and an award in healthy living at level 1. A well-resourced classroom was appropriately decorated with posters and anatomical models used to reinforce learning. Sessions were effectively planned, and achievement of qualifications was very good.
- 6.46 Prisoners were given a gym kit at induction, which was laundered on their wing. The hour-and-a-half PE sessions gave prisoners sufficient time to shower. The PE showers had been recently refurbished and were in good order. Appropriate records of the few accidents were kept and recorded and sent to the health and safety officer for analysis and action.

Recommendation

- 6.47 Health care staff should routinely assess prisoners' fitness to participate in strenuous exercise as part of their reception health assessment.

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.

7.1 The security committee had appropriate representation but links with the drug strategy group were underdeveloped. Use of information to inform intelligence-based risk management was developing, and security procedures were generally proportionate and did not impede prisoner access to a full regime.

Security

- 7.2 Important elements of dynamic security were in place. Relationships between staff and prisoners were, on the whole, positive, and supervision on residential units during association was very good.
- 7.3 The security committee was properly structured and monthly meetings were well attended by managers and staff representatives from relevant areas. Meetings were chaired by a senior manager, usually the head of security and operations or the deputy governor. The level of support for the meeting indicated the priority given to security information and intelligence across the prison. The standing agenda was comprehensive and included an analysis of security information reports (SIRs). Monthly security objectives were agreed through the appropriate consideration of intelligence. Reports from other areas of the prison, such as residential, and from the use of force coordinator were also discussed. Links to the violence reduction committee, however, were surprisingly weak and it was rare for a representative to attend monthly security meetings, or vice versa.
- 7.4 The security department received an average of about 400 SIRs a month. They were processed and categorised by full-time security collators and security analysts. Although intelligence was communicated effectively to most areas of the prison, there were gaps in some key areas, particularly the drug strategy group, whose links with the security department were not sufficiently developed. As at the last inspection, we found that the availability of illicit drugs was a serious concern, with nearly a quarter of all SIRs drug related. The list of search finds also highlighted the problem, with significant drug paraphernalia finds (see also paragraph 3.48).
- 7.5 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 good. All the SIRs we looked at had been processed appropriately and without delay.
- 7.6 Risk assessment and management had improved since the last inspection and included the use of information about the prisoner's recent custodial behaviour as well as historic data to inform assessments

- 7.7 The prison operated a modified free flow system to allow supervised prisoner movement at the beginning and end of planned regime activities. Officers effectively controlled prisoner movement at strategic points along the route to work and education classes. Supervision was unobtrusive and allowed prisoners to walk freely within limited areas.

Rules

- 7.8 Prison Service and local rules were published and displayed on notice boards on all residential units. Rules were explained to individuals during their induction and they were required to sign compacts that acknowledged their receipt and understanding.

Recommendation

- 7.9 Links between the security department and the drug strategy team and violence reduction committee should be improved.

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 Disciplinary proceedings were conducted fairly and punishments were appropriate and consistent. Quarterly standardisation meetings analysed information about charges and offences to identify trends and potential problems. We were assured that force was used as a last resort. Although there had been a slight increase in the number of incidents, many did not involve the full use of control and restraint, and there was improved use of de-escalation. Use of special accommodation was reasonably short and justified. Relationships between staff and prisoners in the segregation unit were very good, but the regime for the few longer stay prisoners was underdeveloped and they spent most of the day locked in their cells with nothing meaningful to do.

Disciplinary procedures

- 7.11 There had been an average of about 55 governors' adjudications a week in the previous six months. Although high, this was not excessive for an average population of over 900 prisoners.
- 7.12 Before adjudication, prisoners were given written information that explained the process with particular emphasis on what to expect from the experience. On issuing the notice of reports, staff further explained the process and checked the prisoner's understanding. There was evidence that governors took time to ensure that the prisoner fully understood each stage of the process before moving on, and all were offered the opportunity to seek legal advice. Prisoners were given the opportunity to challenge the evidence, put across their version of events and call witnesses in their defence.
- 7.13 The records of adjudications we examined showed that hearings were generally conducted fairly with full investigation of charges. Punishments were fair and there were examples where

adjudicating governors had dismissed cases due to a lack of evidence or anomalies in process.

- 7.14 Monthly statistics on the number and nature of adjudications were presented to the senior management team and the violence reduction committee. Results of proven offences were noted, categorised and communicated to adjudicators to identify trends and deal with problem areas as they arose.
- 7.15 Adjudication standardisation meetings took place quarterly, were chaired by the governor or deputy governor, and were well attended by adjudicating governors. The minutes showed good standards of discussion. Punishment tariffs had been published and were used consistently at formal hearings. There was no evidence that unofficial or collective punishments were used either individually or systematically.

The use of force

- 7.16 The use of force appeared proportionate to the size of the prison, although there had been a slight increase of about three a month compared with 2010. There had been 168 incidents that required the use of force since January 2011. These included about 54 cases that did not involve full use of control and restraint techniques. Over 90% of incidents in the previous 12 months were spontaneous.
- 7.17 There was no evidence that force was used unnecessarily or as a first resort when dealing with difficult and violent behaviour. An examination of the documentation showed that although not all forms had been completed correctly (and in some the authorising officer was also named as the certifying officer and had been actively involved in the application of force), force was only sanctioned when it was reasonable in the circumstances and proportionate. The accounts from officers in the documentation we examined were generally very good and gave assurance that force always followed meaningful attempts at de-escalation. Many statements gave explicit examples where de-escalation was used during difficult incidents, and managers encouraged this response.
- 7.18 Spontaneous and planned intervention was well organised, properly carried out and, on the whole, documentation was completed correctly. Proper authority was recorded, senior staff appropriately supervised all incidents, and intervention was often video recorded by managers, who usually carried small portable video recorders while on duty.
- 7.19 Overarching governance arrangements were rigorous with strong links to the security committee and the senior management team. Incidents were monitored at a monthly use of force committee meeting, the monthly security committee meetings and by the violence reduction committee. Information, including the nature of the incident, its location, and the ethnicity of the prisoner, was collated each month and presented for analysis.
- 7.20 There were strict protocols to govern the use of special accommodation, including levels of observation. Its use was authorised only by a governor grade following an immediate risk assessment. Special accommodation had been used nine times in 2011 to date, all for short periods to deal with extreme behaviour.

Housekeeping point

- 7.21 Use of force forms should be completed correctly.

Segregation unit

- 7.22 The segregation unit had 29 segregation cells and included two special cells, two holding rooms and three cells designated for prisoner orderlies. The two special cells were unfurnished and without sanitation facilities. They had fixed plinths on the floor used as a bed without mattress. They were rarely used.
- 7.23 The standard of accommodation was mixed. Communal landings were generally clean but some flooring was old and worn and some parts were grubby. Many cells were clean and adequately furnished but some were dirty, particularly the toilets, with poor ventilation.
- 7.24 Prisoner safety had a high priority, and staff interviewed all newly arriving prisoners in private to identify immediate needs. Prisoners arriving on to the unit were searched thoroughly and respectfully. They were rarely strip searched and only following an assessment of risk, authorised by the senior officer in charge.
- 7.25 Governance and management of segregation were very good. The unit was effectively administered on a day-to-day basis by a senior officer supported by trained officers who reported to a residential governor. There were daily visits by governor grades, and the segregation of prisoners was properly authorised in all cases.
- 7.26 Relationships between staff and prisoners were very good. Officers dealt with prisoners respectfully, using high levels of care, and were clearly comfortable when dealing with prisoners. There was extensive staff use of prisoners' preferred names and titles, and all the residents we spoke to said that staff were considerate, reliable and helpful.
- 7.27 At the time of inspection, there were seven prisoners in the segregation unit. Four were segregated under prison rule 45 (good order or discipline), three as punishment following a formal adjudication. There were also three prisoner orderlies.
- 7.28 Plans to allow prisoners segregated under good order or discipline to return to normal prison location were underdeveloped. Although algorithms were completed on time, there was little information to show that changes to prisoners' behaviour and circumstances were monitored or acted upon. Written staff observations in personal files were generally mixed, but too many focused on behaviour about the daily regime, such as access to exercise and showers. Some entries indicated knowledge of the prisoner's personal circumstances, but the majority were not comprehensive enough to show that each prisoner's behaviour was properly monitored. Although we saw one example of an individual care plan, it contained little information on any required action or desired outcome. Behaviour targets were not set, and staff were not engaged in the reintegration planning process.
- 7.29 The regime for longer stay prisoners was also poor. There was no evidence that in-cell education was regularly provided, and segregated prisoners could not attend workshops or education classes with other prisoners, regardless of risk. They had no access to the main library, and the unit gymnasium was rarely used for physical education. Prisoners awaiting a transfer to other prisons or for a place on other residential units remained unoccupied and locked in their cells for nearly all the day.
- 7.30 The average time that prisoners spent on the unit was relatively short, at about two weeks, and segregation was predominately used for prisoners on punishment. There were, however, some exceptions. In one case, a severely disturbed prisoner had been held in segregation for up to six months, without an appropriate regime.

Recommendations

- 7.31 All segregation unit accommodation should be clean and properly ventilated.
- 7.32 Managers should ensure effective reintegration planning for prisoners in the segregation unit.
- 7.33 There should be a full regime in the segregation unit for longer stay prisoners.

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.

- 7.34 The incentives and earned privileges scheme had been reviewed in 2011. Only seven prisoners were on the basic level during the inspection and their regime was comparable to that of other prisoners. There was little difference in the privileges for standard and enhanced prisoners and little incentive for prisoners to change their behaviour. Movement through the different levels was usually based on patterns of behaviour, and warnings were mostly appropriate. Review boards were meaningful.
- 7.35 The incentives and earned privileges (IEP) policy had been reviewed in April 2011. The scheme was explained to new arrivals during their induction. Prisoners arriving from other establishments on enhanced status retained this and those arriving on the basic level were upgraded to standard.
- 7.36 The scheme operated on three levels – basic, standard and enhanced. At the time of the inspection, 21% of prisoners were on the enhanced level and 0.7% of prisoners on basic. In our survey, prisoners' perceptions of the fairness of the IEP scheme were less positive than at our 2009 inspection.
- 7.37 In our survey, 40% of respondents, against the comparator of 44%, said that the different levels of the IEP scheme had encouraged them to change their behaviour. Other than the level of private cash and extra visits entitlements, there were no further legitimate differentials between standard and enhanced. However, prisoners on the different levels of the scheme could gain an average of 50p a day more pay for the same work, which was unfair.
- 7.38 Cell cards showed the incentive level of each prisoner. Although standard and basic prisoners often shared a cell, the television remained so as not to disadvantage the standard prisoner.
- 7.39 Progression and regression through the IEP levels was usually based on patterns of behaviour, although a review board could be held for a single serious offence. Most written behaviour warnings were appropriate, and we saw evidence that staff reviewed and rescinded warnings. Review boards were meaningful and decisions by managers were proportionate to the information available, with evidence that they reviewed the warnings given appropriately.
- 7.40 The policy allowed a prisoner to gain enhanced status after two months in the prison, although we found examples of prisoners granted enhanced after one month. Prisoners on basic were

reviewed every seven days. There were no restrictions on the length of time a prisoner could stay on the basic level, and some progressed back to standard within seven days. Basic level prisoners had the same regime as prisoners on standard.

Recommendation

- 7.41 There should be a greater differential of privileges between standard and enhanced levels, but this should not include giving prisoners different rates of pay for the same work.

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 Prisoners were broadly satisfied with the food. Menus were varied and balanced, and portions generous. There were good consultation arrangements, which had led to changes in the menu.
- 8.2 In our survey, 29% of respondents said the food was good, which was better than the comparator and at the last inspection. Most prisoners told us they were content with the quality of food served.
- 8.3 The kitchen was clean and sufficiently well equipped to cater for the population. Arrangements for halal food were appropriate.
- 8.4 Menus were varied, healthy and balanced, and offered fresh fruit and vegetables every day. Special diets were catered for. An impressive range of dishes were freshly prepared and cooked on the premises.
- 8.5 Serveries were well supervised and, despite some comments from prisoners to the contrary, the portions we saw were ample. Lunch was served early at 11.45am. Breakfast packs were generally issued the evening before consumption, but there were cooked breakfasts at weekends, which prisoners appreciated.
- 8.6 Consultation arrangements were good. The catering manager attended the monthly prisoner consultative meeting, held two specific focus groups a year and carried out an annual food survey. This consultation had resulted in changes to a constantly evolving menu. There were food comment books in all serveries but they were not always readily accessible to prisoners, and there was not always evidence that the catering team had responded to comments. There were no opportunities for prisoners to dine in association

Recommendations

- 8.7 Breakfast packs should be issued on the morning they are to be eaten, and lunch should not be served before 12 noon.
- 8.8 Prisoners should be able to dine in association.

Housekeeping point

- 8.9 Food comment books should be readily accessible in serveries, and catering staff should respond to entries.

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.

- 8.10 More prisoners than at our last inspection said that the prison shop sold enough goods to meet their needs. Prisoners absent when order sheets were given out did not always receive them on their return, and new arrivals could wait up to 10 days for their first order. Items could be bought from external catalogues and local newsagents.
- 8.11 The prison shop operated under the national DHL contract. Relevant information, including price changes, was displayed on wing notice boards. Many prisoners told us that some items were expensive.
- 8.12 The shop list was revised every three months, with consultation at the monthly prisoner consultation meetings. In our survey, 46% of respondents said that the shop sold a wide enough range of goods to meet their needs, against 31% in 2009.
- 8.13 Prisoners completed their order forms by Thursday and received their order the following Tuesday evening. They received a copy of their financial records every Wednesday before completing their orders. Prisoners who were absent from the establishment on the day the order forms were issued had to rely on staff giving them a form on their return. We were told that this did not always happen and in such circumstances the prisoner was offered a reception pack and further telephone credits.
- 8.14 In our survey, only 7% of respondents, against the comparator of 15%, said that they had accessed the shop within the first 24 hours of arrival. New arrivals were given an advance of up to £6.02 to buy telephone credits and smoker's or non-smoker's reception packs. They then had to wait a further 10 days before they received their first shop order.
- 8.15 Prisoners could order from a variety of external catalogues and could arrange to buy magazines and newspapers from a local newsagent.

Recommendation

- 8.16 Staff should ensure that prisoners absent from the establishment when shop order forms are handed out are given them on their return.

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 Although the offender management model broadly met the needs of the population, the strategy and needs analysis on which it was based were out of date, and implementation was variable.
- 9.2 The reducing reoffending strategy document covered 2010-12. It was reasonably comprehensive and covered key aspects of resettlement and reducing reoffending, including each pathway, offender management and public protection. It was, however, out of date and some recent initiatives, including the model of initial assessment and custody planning, had yet to be included. The attendant action plan was also out of date, and most identified development areas had been achieved earlier in 2011. However, more recent developments were identified and monitored through the monthly resettlement performance group, whose primary function was to share information and update departments. A wider group, including pathway representatives and providers, met quarterly to review progress against targets and identify developments. Although senior managers saw resettlement and offender management as at the hub of the prison, this remained aspirational. In practice, most other departments, including residential staff and personal officers, were not actively involved or knowledgeable (see main recommendation HP53).
- 9.3 The overall strategy was informed by a needs analysis of the population drawing on both OASys (offender assessment system) assessments and a questionnaire completed by prisoners. The assessment was comprehensive but had been undertaken in 2009 and was now out of date. There had been an up-to-date needs analysis in August 2011 and, while this was comprehensive and also included the young adult population, it had yet to be fully analysed and used to inform the strategy.
- 9.4 Since the last inspection in 2009, layered offender management, based on risk, basic assessment and custody planning for remand prisoners, had been introduced, and the development of integrated community offender management in Durham and Sunderland appeared to match the needs of the prisoner population more effectively. However, management overview was inconsistent and we observed considerable variations in the quality of engagement, especially between officer and probation offender supervisors.
- 9.5 In our survey, only 21% of sentenced respondents, against the comparator of 28%, said that a member of staff had helped them address their offending behaviour while at the prison, although this was significantly better than the 13% at the last inspection. An improved 15%, compared with only 4% in 2009 (and now similar to the comparator), said that a member of staff had helped them prepare for release.

Recommendation

- 9.6 The reducing reoffending strategy, action plan and needs analysis should be updated annually.

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.

- 9.7 All prisoners had some form of custody planning, although that for remand and most short-sentenced prisoners was very new. OASys assessments and basic custody plans were reasonably well managed. Offender supervisor engagement with prisoners was variable, and quality assurance was insufficiently robust. Pre-release planning was also variable for most prisoners, although better for those subject to integrated offender management. Release on temporary licence was rarely used to support resettlement. Work with indeterminate-sentenced prisoners was generally good, as were public protection arrangements.

Sentence planning and offender management

- 9.8 All new arrivals had a basic needs assessment during their induction that covered each resettlement pathway. For prisoners assessed as high risk and sentenced to less than 12 months, along with those sentenced to over 12 months, this was subsequently used to inform more detailed assessments. For those on remand and unsentenced, and low risk prisoners sentenced to less than 12 months, this initial assessment led to a basic custody plan. Although a considerable improvement on the former arrangements, this initial assessment and custody plan model had only been introduced in the previous fortnight, and it was too early to evaluate its effectiveness. It was also unclear how the custody plan was managed once completed. At the time of the inspection, documents were stored in wing files but no member of staff had responsibility to ensure their implementation, and there was no quality control to check that referrals to pathways took place. Copies of assessments and custody plan were also not used to inform discharge boards.
- 9.9 All sentenced prisoners were screened to establish their risk or tier (one to four). Higher risk prisoners (tiers three and four) were subject to an OASys assessment if they had at least three months left to serve, while lower risk prisoners serving over 12 months were assessed using a basic custody screening – this included key aspects of OASys but not the whole document, and took less time. Sentence plans were produced for both groups of prisoners. There was an average of 50 assessments monthly, with approximately a third full OASys. At the time of the inspection, all assessments were up to date. In our survey, 46% of sentenced prisoners said they had a sentence plan, against the comparator of 41% and 35% at the last inspection. However, only 40%, against the comparator of 58%, said they were involved in its completion.
- 9.10 Sentence planning arrangements were variable. Prisoners in scope for offender management had a formal arrangement, often with the attendance of community-based offender managers (especially if based in the North East). For lower risk prisoners, arrangements were more informal, usually only involving the offender supervisor. In all cases, contributions from other

departments, including personal officers, were very limited. The learning and skills department usually undertook Gateway assessments very quickly after the prisoner's arrival, and where drugs or alcohol were significant factors, engagement with CARATs and/or IDTS was started almost immediately. As a consequence, sentence planning targets were identified by these departments in isolation, and integration with offender management and formal sentence planning was variable.

- 9.11 The role, quality and frequency of engagement by offender supervisors were also variable. There were 17 offender supervisors, who were a combination of prison officers, probation officers and probation service assistants. Most offender supervisors had several functions, and officers also continued with some general officer duties. As a consequence, while some officer offender supervisors had caseloads of around 30, others had only a couple of cases. A detailed examination of 20 high and very high risk cases, combined with a more general analysis of lower risk cases, indicated that liaison with offender managers and the quality of OASys assessments were generally good. However, officer offender supervisors had little and/or infrequent engagement, and there was little evidence that contact was oriented to addressing identified risk factors. In contrast, probation staff engagement was more consistent and more focused on risk.
- 9.12 There were quality assurance arrangements for completed OASys assessments and basic custody screening documents, but little more. There were some management checks by the senior probation officer, who was head of public protection, but this was focused on audit rather than the quality of engagement. There was no regular review of case files, and offender supervisors did not receive regular supervision. There was no mentoring for newly appointed offender supervisors and training was, in most officers' cases, limited to that for OASys.
- 9.13 Once assessed, most sentenced prisoners were transferred to training prisons reasonably quickly. On average, the prison transferred around 60 prisoners a week, with those serving longer sentences more likely to be moved – shorter sentenced prisoners were more likely to stay at Durham for the duration of their sentence. At the time of the inspection, 62 prisoners, 12% of the sentenced population, had been at Durham for over six months and 21, 4.5%, had been there for between two and four years. In most cases, prisoners who had been at the prison this long were on medical holds (primarily related to drug and alcohol treatment). Some prisoners serving longer sentences were transferred back to Durham in their last few months to facilitate their release.
- 9.14 For about 18 months, the prison had been involved in two models of integrated offender management – in the cities of Durham and Sunderland. About 60 prisoners at a time were subject to these schemes, with an identified offender supervisor working partly in the prison and partly in the community to integrate post-release services for targeted offenders, especially those serving less than 12 months and therefore not subject to statutory supervision. In Durham, this work had also included some restorative justice meetings, which had been a positive initiative. Arrangements for prisoners subject to integrated offender management were good. Contact was reasonably frequent, with multi-agency pre-release meetings to plan and coordinate resources. Further such initiatives were planned for Newcastle and Gateshead.
- 9.15 Pre-release arrangements were more variable for prisoners not covered by integrated offender management schemes. Approximately 80 such prisoners were released each month. For high risk prisoners subject to formal offender management, pre-release planning was managed by offender supervisors in conjunction with offender managers and, where appropriate, the public protection department. In most cases these arrangements were reasonable, although we found one prisoner coming to the end of a four and a half year sentence who had had no

offender supervisor contact for three months and with no plans for his release in less than a fortnight's time. For all other prisoners, including low risk prisoners serving long sentences and most prisoners serving less than 12 months, discharge planning was limited to a brief interview approximately one week before release, primarily to explain licence conditions, where relevant, and to check that accommodation was available. Previous custody or sentence plans were not reviewed or used to inform the interview. Where there were identified issues with drug and alcohol or housing, arrangements were pursued by pathway providers, but there was no coordination with other provision. Although risk for most of this group of prisoners had been assessed as relatively low, their level of need was not clear.

- 9.16 Use of release on temporary licence was low. Since March 2011, only one prisoner had successfully gone out on licence, and this was for a hospital operation at the end of his sentence. Five prisoners had been transferred while being considered, and three had been refused. The prison had established possible work opportunities in the community at two sites but these had not come to fruition, primarily because of pressure on spaces and the need to transfer prisoners.
- 9.17 Procedures for managing home detention curfew were reasonable, but too many prisoners were transferred during the process. Since January 2011, 426 prisoners had been considered and the process for those who qualified had commenced, but 239 (56%) had been transferred before completion. Prisoners were put on hold only when reports from community probation staff had been received. Of the remaining 187, 107 had been considered by the board, of whom 67 (63%) had been successful.

Recommendations

- 9.18 There should be a clear model and strategy to support the introduction of basic custody plans. This should include quality control and management overview.
- 9.19 There should be improved quality assurance, supervision and training for offender supervisors to ensure consistent high standards of assessment, engagement and evaluation of prisoners.
- 9.20 All prisoners should be reviewed before their release against their identified need and, where necessary, appropriate arrangements made before their discharge. Reviews should be informed by previous assessments and sentence or custody plans.
- 9.21 The prison should use release on temporary licence to facilitate and support resettlement for prisoners.
- 9.22 Prisoners should only be transferred during home detention curfew reviews in exceptional circumstances.

Housekeeping point

- 9.23 Attendance at, and contributions to, sentence planning boards should be improved.

Categorisation

- 9.24 Arrangements to categorise prisoners or review their categorisation were efficient. All newly sentenced prisoners were categorised within four days, and all transfers in were reviewed to ensure the appropriate category was assigned. There were also reviews of categorisation every six or 12 months, depending on the sentence. Most sentenced prisoners at Durham were category C (87%) with only 10% (46) category B. Seven prisoners were category D at the time of the inspection. There were no significant delays in transferring category D prisoners, although provision in the North East was limited.

Public protection

- 9.25 Public protection arrangements were generally well managed, and there was a comprehensive public protection policy. The public protection department was incorporated into the offender management unit (OMU) and was staffed by a senior and two main grade probation officers. All new arrivals were screened to identify current or previous issues of child protection, harassment or if they were subject to MAPPAs (multi-agency public protection arrangements). At the time of the inspection, 77 prisoners were subject to child protection procedures and 66 to harassment restrictions. There were 280 prisoners subject to MAPPAs, of whom three were level three and 34 level two. The level of work determined by this group of prisoners was compounded by the 44% average monthly turnover of the prison population.
- 9.26 The monthly inter-departmental risk management team (IDRMT) meeting was attended by representatives from all appropriate departments. The meeting reviewed both MAPPAs and monitoring cases, and discussions and identified actions were appropriate. Approximately 130 MAPPAs case prisoners were released from Durham each year. In most cases, reports for MAPPAs meetings were completed outside IDRMT meetings because of the relatively short notice of MAPPAs meetings or because prisoners were returned to Durham shortly before release. Nevertheless, arrangements to manage these prisoners were good, and public protection department staff and other offender supervisors regularly attended community meetings. Where attendance was not possible, reports were contributed.

Indeterminate-sentenced prisoners

- 9.27 At the time of the inspection, there were just 17 prisoners on indeterminate sentences for public protection (IPPs) and six life-sentenced prisoners (three of whom were recalls). Given the low number of indeterminate-sentenced prisoners, there were no facilities specifically for this group, who were all managed through the OMU. One probation officer was responsible for lifers and a probation service officer for IPPs. Contact with indeterminate-sentenced prisoners was reasonably frequent, and both offender supervisors had a good knowledge of the prisoners for whom they were responsible. Multi-agency risk assessment panel (MARAP) and multi-agency lifer risk assessment panel (MALRAP) meetings were efficiently organised and up to date, as were parole reviews. Where available programmes, such as offending behaviour courses, education or training, met the needs of these prisoners, they were prioritised for attendance.
- 9.28 Potential indeterminate sentence prisoners on remand were not routinely identified and offered support on their arrival at Durham.

Recommendation

- 9.29 Remanded prisoners likely to receive an indeterminate sentence should be identified on arrival at Durham and offered advice, information and support.

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

- 9.30 Housing provision was limited with little pre-release support available, but had moved to a new contractor. The rate of prisoners released with no fixed accommodation had increased, and the level and extent of settled accommodation was unknown. The employer engagement unit provided valued access to employment, training and education. Prisoners had an individual pre-discharge health appointment. The prison worked with Macmillan cancer support to enhance the provision of palliative care. Although prisoners had considerable finance and money management needs provision was limited, but likely to improve under the new contract.

Accommodation

- 9.31 Up until the end of June 2011, housing support had been provided by one probation service officer and an officer. A new area contract had been awarded to Shelter to provide both accommodation and finance, benefit and debt support. However, only one of the two planned staff was in post at the time of the inspection as the second was awaiting security clearance.
- 9.32 Prisoner demand for the service was high with over 150 enquiries a month since the service had started. Advice was available on the maintenance of tenancies and applications to housing providers, but access to provision on release was limited and the service currently did little more than signposting. However, we saw examples of good engagement with community providers where specific needs were identified, such as disabilities. Most of those released with no identified accommodation were given information on basic hostel provision and bed and breakfast facilities. In our survey, only 18% of respondents, against the comparator of 28% and 23% in 2009, said they knew who to speak to at the prison about accommodation on release.
- 9.33 Current figures indicated that around 10% of prisoners were released with no fixed accommodation, compared with 7% at the last inspection. Although the prison logged the other 90% as returning to settled accommodation, we were not assured that this was accurate as everyone with a stated address was classified as meeting this criterion. In our survey, 44% of respondents thought they would have problems finding accommodation on release, against the comparator of 40% and 36% in 2009.

Recommendations

- 9.34 Support for prisoners with housing needs should be extended to meet the level of demand, and should include effective post-release provision.
- 9.35 The prison should closely monitor prisoner discharge data to establish the extent of housing need/demand and the effectiveness of the provision available.

Education, training and employment

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

- 9.36 Prisoners were programmed to attend the employer engagement unit (EEU) three months before their release date, or sooner if they had very short sentences. The unit provided coordinated access to all prisoners who required support, training and advice. Prison and external partner expertise were used effectively for pre- and post-release support as part of a planned exit process. The work programme gave prisoners skills to produce well-written letters of application, curriculum vitae, prepare for interviews and apply for work. This was well supported by the 'virtual campus', providing information about live job vacancies.
- 9.37 About half of prisoners took advantage of EEU support. The unit's tracker data for release into work, training and further education were good for the period April to August 2011. Recent successful partnership work with a major hotel group had resulted in nine prisoners gaining work; none had reoffended and eight were still in employment. Release on temporary licence was not used effectively to help reintegration (see recommendation 9.21), and employer links were underdeveloped (see recommendation 6.16).

Mental and physical health

- 9.38 The health care department was notified of the release dates of prisoners in advance and they were invited to attend individual pre-discharge appointments. Harm minimisation information, take home medication and assistance to locate a GP were given as appropriate.
- 9.39 A palliative and end-of-life care policy had been developed in partnership with statutory and voluntary services. The prison participated in a Macmillan cancer support service mapping exercise and was seeking to become a Macmillan accredited prison to further develop its approach to palliative care.
- 9.40 The care programme approach was used assertively to ensure that patients' pre-release care was coordinated with that offered by receiving NHS services.

Good practice

- 9.41 *The prison's involvement with the Macmillan cancer support service demonstrated an aspiration to become a centre of good practice in palliative care and support.*

Finance, benefit and debt

- 9.42 The move of finance, benefit and debt provision to the new contract with Shelter had yet to be implemented, although some basic advice was available for new arrivals from an officer, if issues were identified from initial screening, or on application.

- 9.43 There was no money management programme, although part of the 'time for families' course (see paragraph 9.63) did include sections on financial management. Despite ongoing attempts to enable prisoners to open bank accounts before release, this was still not available.
- 9.44 The prison's needs analysis of August 2011 showed that 40% of prisoners' offending was in part or entirely financially motivated, 60% of prisoners were assessed as financially unstable, 48% said that they were in debt to at least one person or institution, and 58% had debt in the community of more than £1,000. Despite this, only 14% of respondents to our survey knew who to speak to at the prison about help with money and finance on release.
- 9.45 A full-time worker offered benefits advice. Support and guidance were available for new arrivals who were owed benefits money, and all prisoners were seen two to three weeks pre-release about Jobcentre Plus interviews – appointments were not given until the day before release. Despite this, in our survey only 22% of respondents, against the comparator of 32%, knew who to speak to at the prison about benefits on release – possibly because of the relatively late point at which they saw the Jobcentre Plus representative.

Recommendation

- 9.46 **Provision for prisoners with debt and financial problems should reflect the level of demand at the prison.**

Drugs and alcohol

- 9.47 A new alcohol service had been developed and an abstinence-based programme was due to start. There had been no substance misuse needs analysis since 2009, and multi-agency drug strategy meetings had only just started. Prisoners had good one-to-one CARAT support but take-up of IDTS group work sessions was low. The building skills for recovery programme was open to those with drug and alcohol problems and completions were high.
- 9.48 Good partnership work with the local drug and alcohol action team (DAAT) had led to the development of a new alcohol service and an abstinence-based programme due to start shortly. An integrated drug treatment system (IDTS) local implementation group had met infrequently, but drug strategy meetings with representation from the relevant departments and service providers had only started the previous month.
- 9.49 The substance misuse policy document was out of date and the needs analysis was two years old, but the local DAAT was commissioning a needs analysis for both drugs and alcohol. A comprehensive alcohol strategy had been developed separately.
- 9.50 Counselling, assessment, referral, advice and throughcare (CARAT) services were provided by a team from Lifeline and two CARAT officers. Between April 2010 and April 2011, the team had conducted 1,417 triage assessments, and seen all new arrivals individually during induction. In October 2011, 202 prisoners were engaged in structured interventions (including 24 young adults), and a further 52 files were suspended. The team also offered brief interventions to prisoners with primary alcohol problems.
- 9.51 Prisoners could access the full range of IDTS group work modules, but take-up was low and most of the 28-day psychosocial support was provided one to one. Groups were not co-facilitated by substance misuse nurses.

- 9.52 Care plans were of good quality and shared with health services and the OMU. Links with drug intervention programme (DIP) teams in the North East had improved, and designated prison link workers visited regularly. Prisoners were given appropriate harm reduction information pre-release.
- 9.53 In February 2010, the local DAAT had commissioned an eight-session alcohol rolling programme, which also ran in the community. In 2010/11, 134 prisoners had completed the course. The alcohol team also offered a half-day alcohol awareness session and was developing a peer support scheme. One team member provided an outreach service and worked with the local community alcohol team offering ongoing support to prisoners post-release.
- 9.54 Prisoners with drug or alcohol problems could undertake the building skills for recovery (BSR) programme, which had replaced P-ASRO (prison addressing substance related offending) in June 2011. Referrals came from the CARAT team or sentence planning boards. The BSR was well managed and open to prisoners maintained on methadone, although this group was often late or missed sessions due to delays in methadone administration. Since April 2011, 46 prisoners had started and 41 completed programmes against an annual target of 96 starts and 62 completions. Two designated weekly BSR gym sessions supplemented the course work. A compact-based drug testing programme operated and prisoners were tested twice during the course. Post-programme reviews were well attended and often included offender managers.
- 9.55 Alcoholics Anonymous and Narcotics Anonymous self-help groups met weekly. The establishment was setting up the 17-bed I wing up as a drug recovery wing. The local DAAT was funding therapists to run a 12-step programme on the unit, and a recent focus group had demonstrated much interest among prisoners. This was a positive development that would increase support for those wanting to remain drug free.

Recommendation

- 9.56 The drug strategy document should be updated, contain performance measures and development targets, and be informed by a population needs analysis.

Good practice

- 9.57 *The prison was working in partnership with the local drug and alcohol action team to provide a designated alcohol service and develop a drug recovery unit.*

Children and families of offenders

- 9.58 There was good provision for visitors and a supportive visitors' centre. The visits hall was welcoming and managed appropriately. There was a range of support for prisoners to manage and maintain family relationships.

- 9.59 The visitors' centre was just outside the main prison gate and was managed by NEPACS (formerly, North East Prisons After Care Society). The centre was light and welcoming and offered visitors' refreshments and support before and after visits. There was a range of information about visiting prisons generally, as well as specifically about Durham, and staff were especially oriented to the needs of first-time visitors. Visitors we spoke with were

extremely supportive of the staff at the visitors' centre and their experience of visiting Durham. A new monthly drop-in forum, 'visitors' voice', had recently been set up to enable visitors to discuss issues and concerns with staff. Wider community support and training had also been developed, including a North East guide, *Working with children and families of offenders*, identifying both statutory and third sector support services for families across the region.

- 9.60 Access to the visits booking system was reasonable but the fact that the booking line was only open between 9am and 12 noon Monday to Friday, created a problem for parents and friends, especially those who worked and could only call in the evenings or at lunchtime. There was no facility to book visits by text or email.
- 9.61 Arrangements for managing visits were generally good. Afternoon visits started at 1.45pm but visitors were processed by staff from around 1pm. As a consequence, there were rarely significant delays. Morning and afternoon visits were available between Thursday and Sunday.
- 9.62 The visits hall could accommodate up to 39 prisoners and their visitors in a relatively relaxed and welcoming environment. There was a small children's play area, staffed by volunteers and paid staff from NEPACS, and a refreshment bar. Both visitors and prisoners could use toilet facilities during visits without the visit being terminated, and prisoners wore prison clothes rather than bibs. In our survey, 55% of respondents said that they and their families were treated well by visits staff, against the 48% comparator.
- 9.63 There were a range of facilities to support the development and maintenance of links between prisoners and their families. A full-time family liaison worker worked closely with NEPACS, and the prison facilitated weekly father and child visits in conjunction with NEPACS. The 'time for families' programme was delivered once a week over six weeks, and covered parenting, relationships and financial management. Extended visits were also facilitated during school holidays and there were plans to develop family days. One-off initiatives had included Christmas parties for the children of prisoners and a recent 'market place', where community organisations talked to both staff and prisoners about provision and developments.

Recommendation

- 9.64 **Visitors should be able to book visits during evenings and lunchtimes, as well as through email.**

Attitudes, thinking and behaviour

- 9.65 The prison delivered two nationally accredited offending behaviour programme, which were appropriate, although an analysis of the population indicated that need was wider than this, and monitoring was required to ensure that need was met.
- 9.66 Along with the building skills for recovery programme (see paragraph 9.54) the only other accredited programme at Durham was the focus on resettlement (FOR) programme. This had been introduced at Durham in January 2011 and was, at the time of the inspection, delivering its fifth course. The programme covered a range of issues and included a session in which community agencies attended the prison to develop support plans. To date, 29 prisoners had completed the programme. Although the criteria for the FOR programme were restrictive, for those who met them the programme appeared appropriate. No formal data were available yet,

although initial indications were that the programme was delivering positive outcomes for prisoners, even although three completers had reoffended and were back in custody.

- 9.67 Most prisoners who were at Durham for extended periods were there as a result of substance misuse issues (see paragraph 9.13). As a consequence, the building skills for life and FOR programmes were broadly appropriate for the population. The needs analysis in 2009 indicated that almost 80% of the population had identified issues relating to thinking and behaviour, and over 70% to those of lifestyle and associates. There were similar findings in the most recent analysis. Around one-third of the population was convicted for an offence of violence. While the analyses were useful in identifying a snapshot of the population's needs, they required a more sophisticated evaluation. Most, but not all, prisoners were transferred from Durham to training establishments to undertake work to address these issues. Many prisoners also returned to Durham for their last few weeks or months of sentence. The needs analysis therefore needed to cross-reference with the population there for long enough to undertake work to address identified issues, whether one to one or groupwork. The most recent needs analysis had yet to be fully evaluated and objectives identified.

Recommendation

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

Section 10: 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 recommendations

To the governor

-
- 10.1 There should be a needs assessment of the young adult population, and a clear strategy developed for their overall management. (HP49)
 - 10.2 The prison should take a more proactive approach to drug supply reduction, develop an up-to-date supply reduction strategy and ensure its integration into the overall drug strategy. (HP50)
 - 10.3 There should be a strategic focus on the needs of minority groups, including a more proactive staff approach to diversity, with support from properly managed and trained prisoner and staff diversity representatives. (HP51)
 - 10.4 The prison partnership board should urgently address shortcomings in the clinical management of opiate-dependent prisoners. It should ensure that prescribing protocols are in line with national guidance, that there is clinical leadership and sufficient qualified nurses to manage prisoners under the integrated drug treatment system safely. (HP52)
 - 10.5 There should be a 'whole prison' approach to reducing reoffending and resettlement planning, with staff from all departments taking an active role in assessing and implementing resettlement objectives. (HP53)

Recommendation

To NOMS

-
- 10.6 NOMS should work with the UK Border Agency to ensure that deportation action is taken well before the end of sentence, minimising the need for detention, while ensuring that foreign national prisoners receive independent immigration advice. (4.30)

Recommendations

To Prison Escort and Custody Services

-
- 10.7 Prisoner journey times longer than two and half hours should always include a toilet break. (1.6)
 - 10.8 Prisoners should arrive at the prison before 7pm. (1.7)

Recommendations

To the governor

First days in custody

-
- 10.9 Reception interviews should take place in private. (1.15)

- 10.10 Prisoners should not be left in the reception holding rooms for extended periods, and all rooms should contain information and reading materials. (1.16)
- 10.11 New arrivals should be given sufficient funds for a free telephone call. (1.21)
- 10.12 The induction programme should start the first working day after prisoners arrive at the establishment, take place in a suitable environment free of interruptions, and always include contact with staff from all relevant departments. (1.28)

Residential units

- 10.13 Cells designed to hold one prisoner should not be used to hold two. (2.6)
- 10.14 Cells should be adequately equipped and all toilets should be screened. (2.7)
- 10.15 All accommodation in the prison should be kept free of graffiti, and the offensive displays policy should be adhered to. (2.8)
- 10.16 All prisoners should have weekly access to cell cleaning materials and dedicated domestic time to clean their cells. (2.13)
- 10.17 Prisoners should be able to shower daily, and the showers should have adequate privacy screening. (2.14)

Staff-prisoner relationships

- 10.18 Managers should investigate and address prisoners' varying perceptions of staff-prisoner relationships across the establishment. (2.18)
- 10.19 Staff should address prisoners courteously, using their first names or titles. (2.19)

Personal officers

- 10.20 Personal officers should have regular and proactive interviews with prisoners that focus on their progression and resettlement needs, as well as welfare issues. (2.23)

Bullying and violence reduction

- 10.21 There should be a prisoner survey to inform the anti-bullying strategy, and better consultation with prisoners about their feelings of safety. (3.8)
- 10.22 All alleged bullying and reported violent incidents should be fully investigated. (3.9)
- 10.23 Residential staff should actively engage in violence reduction procedures. (3.10)
- 10.24 Victims of antisocial behaviour should be supported. (3.11)

Self-harm and suicide

- 10.25 The quality of the assessment, care in custody and teamwork (ACCT) procedures, including case management arrangements, attendance at reviews and staff entries in documents, should be improved. (3.22)

Applications and complaints

- 10.26 The application system should be improved and management checks introduced. (3.27)

Legal rights

- 10.27 Legal services assistance should be provided by a trained officer able to meet the needs of the population. (3.33)

Faith and religious activity

- 10.28 The multi-faith room and adjoining areas should be made more welcoming and kept clean. (3.39)

Substance use

- 10.29 Joint work between the clinical substance misuse and counselling, assessment, referral, advice and throughcare (CARAT) services should be improved to provide fully integrated care. (3.52)
- 10.30 Joint working between the clinical substance misuse and the mental health in-reach team should be developed, and a dual diagnosis service should be introduced for prisoners with mental health and substance-related problems. (3.53)
- 10.31 The mandatory drug testing programme should be adequately resourced to undertake target testing within the required timescale. (3.54)

Diversity

- 10.32 There should be systematic engagement with and support for minority group prisoners. This should include regular prisoner support forums. (4.9)
- 10.33 Investigations resulting from discrimination incident report forms should be rigorous, leading when appropriate to action against perpetrators and support for victims. (4.10)
- 10.34 Gypsy, Romany and Traveller prisoners should be identified and supported. (4.15)
- 10.35 There should be formal interventions to challenge prisoners who engage in racist behaviour. (4.16)
- 10.36 Welfare and immigration-related needs of foreign national prisoners should be systematically assessed and met. (4.27)

- 10.37 All foreign national prisoners should be able to make a free monthly international telephone call, irrespective of whether they receive visits. (4.28)
- 10.38 Staff should use professional interpreting services when important and sensitive information is being discussed, especially where it relates to risk assessment. (4.29)
- 10.39 All prisoners who consider themselves to have disabilities should be identified and assessed. Where appropriate, they should be involved in developing care plans and deciding on reasonable adjustments. (4.39)
- 10.40 Residential staff should be aware of the individual needs of older prisoners and those with disabilities, particularly those requiring assistance during an emergency. (4.40)
- 10.41 Older prisoners and those with disabilities who remain on the wing during the working part of the day should have their cells doors opened. (4.41)
- 10.42 Retired prisoners should be able to have their television free of charge. (4.42)
- 10.43 Managers should ensure that the specific perspectives of gay and bisexual prisoners are considered and their needs are met. (4.45)

Health services

- 10.44 There should be an up-to-date prison health development plan. (5.7)
- 10.45 Patients should not have to wait for excessive periods in the health centre before and following their appointments. (5.8)
- 10.46 There should be a prison health promotion group and strategy for health promotion. (5.9)
- 10.47 Information on health care should be widely available to prisoners in formats and languages that they can understand. (5.10)
- 10.48 All clinical records should be kept securely in accordance with data protection law and the Caldicott principles on the use and confidentiality of personal health information. (5.19)
- 10.49 Every patient with a complex or lifelong condition should have an up-to-date and comprehensive care plan. (5.20)
- 10.50 There should be more opportunities for prisoners to access pharmacy staff directly through counselling sessions, pharmacist-led clinics, clinical audit and medication reviews. (5.47)
- 10.51 The prescribing of medication identified as high risk or liable to abuse should be reviewed. (5.48)
- 10.52 There should be a written policy for the provision of out-of-hours medication. (5.49)
- 10.53 Health service bed spaces should not form part of the prison's certified normal accommodation. (5.63)
- 10.54 Meaningful day services should be available to prisoners who need additional therapeutic support for emotional problems. (5.69)

10.55 All uniformed officers should receive mental health awareness training. (5.70)

Time out of cell

10.56 All prisoners should be engaged in purposeful activity during the core day unless unable to do so. (6.8)

10.57 All prisoners should be able to associate on every weekday evening. (6.9)

Learning and skills and work activities

10.58 Prisoner attendance at activities should be improved. (6.14)

10.59 There should be better use of equality data for comparative purposes. (6.15)

10.60 The prison should extend its external employer links. (6.16)

10.61 All prisoners should receive the same extensive range of activities in their induction. (6.19)

10.62 The prison should effectively record and recognise learners' employability skills developed in work and workshops, and higher level vocational skills. (6.23)

10.63 The prison should significantly improve achievements in art and English for speakers of other languages (ESOL). (6.30)

10.64 There should be sufficient learning support for prisoners with specific learning needs. (6.31)

10.65 The library should provide newspapers and magazines in English and other languages. (6.36)

10.66 Tutors should make more effective use of the library to support learning. (6.37)

Physical education and health promotion

10.67 Health care staff should routinely assess prisoners' fitness to participate in strenuous exercise as part of their reception health assessment. (6.47)

Security and rules

10.68 Links between the security department and the drug strategy team and violence reduction committee should be improved. (7.9)

Discipline

10.69 All segregation unit accommodation should be clean and properly ventilated. (7.31)

10.70 Managers should ensure effective reintegration planning for prisoners in the segregation unit. (7.32)

10.71 There should be a full regime in the segregation unit for longer stay prisoners. (7.33)

Incentives and earned privileges

- 10.72 There should be a greater differential of privileges between standard and enhanced levels, but this should not include giving prisoners different rates of pay for the same work. (7.41)

Catering

- 10.73 Breakfast packs should be issued on the morning they are to be eaten, and lunch should not be served before 12 noon. (8.7)
- 10.74 Prisoners should be able to dine in association. (8.8)

Prison shop

- 10.75 Staff should ensure that prisoners absent from the establishment when shop order forms are handed out are given them on their return. (8.16)

Strategic management of resettlement

- 10.76 The reducing reoffending strategy, action plan and needs analysis should be updated annually. (9.6)

Offender management and planning

- 10.77 There should be a clear model and strategy to support the introduction of basic custody plans. This should include quality control and management overview. (9.18)
- 10.78 There should be improved quality assurance, supervision and training for offender supervisors to ensure consistent high standards of assessment, engagement and evaluation of prisoners. (9.19)
- 10.79 All prisoners should be reviewed before their release against their identified need and, where necessary, appropriate arrangements made before their discharge. Reviews should be informed by previous assessments and sentence or custody plans. (9.20)
- 10.80 The prison should use release on temporary licence to facilitate and support resettlement for prisoners. (9.21)
- 10.81 Prisoners should only be transferred during home detention curfew reviews in exceptional circumstances. (9.22)
- 10.82 Remanded prisoners likely to receive an indeterminate sentence should be identified on arrival at Durham and offered advice, information and support. (9.29)

Resettlement pathways

- 10.83 Support for prisoners with housing needs should be extended to meet the level of demand, and should include effective post-release provision. (9.34)

- 10.84 The prison should closely monitor prisoner discharge data to establish the extent of housing need/demand and the effectiveness of the provision available. (9.35)
- 10.85 Provision for prisoners with debt and financial problems should reflect the level of demand at the prison. (9.46)
- 10.86 The drug strategy document should be updated, contain performance measures and development targets, and be informed by a population needs analysis. (9.56)
- 10.87 Visitors should be able to book visits during evenings and lunchtimes, as well as through email. (9.64)
- 10.88 The offending behaviour needs of those not transferred from Durham or returning there at the end of their sentences should be met, and this should be reflected in the needs analysis and effectively monitored. (9.68)

Housekeeping point

To Prison Escort and Custody Services

Courts, escorts and transfers

- 10.89 Written information about the prison should be given to prisoners before they arrive. (1.8)

Housekeeping points

To the governor

Health services

- 10.90 The health needs assessment should reflect the contemporary classification of disorders and data should be checked for consistency. (5.11)
- 10.91 Service changes as result of prisoner comments should be better communicated throughout the prison. (5.12)
- 10.92 Health care staff should be familiarised with the content of new policies and procedures. (5.21)
- 10.93 Health policies and procedures should be localised. (5.22)
- 10.94 The receipt of clinical supervision should be recorded in staff personal files. (5.23)
- 10.95 The appointment booking line should be renamed to make it clear that the number is for booking appointments and details of how to use it should be accessible to prisoners. (5.33)
- 10.96 Triage algorithms should be used to ensure equity of care for patients. (5.34)
- 10.97 There should be sustained effort to reduce prisoner non-attendance at clinics. (5.35)
- 10.98 The availability of barrier protection should be advertised on the wings. (5.36)

- 10.99 Data in the pharmacy electronic record system should be integrated with the prescribing software of SystemOne. (5.50)
- 10.100 Maximum/minimum temperatures should be recorded daily for the drug refrigerators in treatment rooms to ensure that heat-sensitive items are stored within the 2- 8°C range. (5.51)
- 10.101 There should be greater availability of over-the-counter medications. (5.52)
- 10.102 There should be a robust and secure system to ensure the transport of controlled drugs. (5.53)
- 10.103 The controlled drugs register used to record the receipt and supply of methadone in the pharmacy should comply with the regulations. (5.54)
- 10.104 The medicines management committee should include representation from the primary care trust. (5.55)
- 10.105 There should be an up-to-date list of pharmacy staff who have read and signed the standard operating procedures. (5.56)

Learning and skills and work activities

- 10.106 The library should maximise the available space to display stock. (6.38)
- 10.107 The television in the library should be fully installed. (6.39)

Discipline

- 10.108 Use of force forms should be completed correctly. (7.21)

Catering

- 10.109 Food comment books should be readily accessible in serveries, and catering staff should respond to entries. (8.9)

Offender management and planning

- 10.110 Attendance at, and contributions to, sentence planning boards should be improved. (9.23)

Examples of good practice

- 10.111 The induction channel on prisoners' televisions was a good way of reinforcing the induction programme and prison regime. (1.29)
- 10.112 The *Guidelines for answering prisoner complaints* document was helpful and had resulted in a significant improvement in the quality of responses. (3.28)

- 10.113 The administrator assisting with health care in reception ensured that contact was made with external health care agencies to enable coordination of care, and nurses were not distracted from clinical screening by administrative procedures. (5.37)
- 10.114 The protocol for the management of tuberculosis in prisons, prepared by the NHS County Durham and Darlington TB team, was concise, in plain English and very accessible. (5.38)
- 10.115 The prison's involvement with the Macmillan cancer support service demonstrated an aspiration to become a centre of good practice in palliative care and support. (9.41)
- 10.116 The prison was working in partnership with the local drug and alcohol action team to provide a designated alcohol service and develop a drug recovery unit. (9.57)

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Hindpal Singh-Bhui	Team leader
Keith McInnis	Inspector
Kevin Parkinson	Inspector
Kellie Reeve	Inspector
Gordon Riach	Inspector
Louise Falshaw	Head of thematics, research and development
Chloe Flint	Research trainee

Specialist inspectors

Sigrid Engelen	Substance misuse inspector
Paul Tarbuck	Health services inspector
Helen Jackson	Pharmacist
Nigel Bragg	Ofsted
Susan Bain	Ofsted
Sheila Willis	Ofsted
Jane Attwood	Probation inspectorate
Martin Griffiths	Probation inspectorate
Chris Simpson	Probation inspectorate

Visitors

Richard Doanne	Department of Health
Colin Wilson	Care Quality Commission

Appendix II: Prison population profile

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

Status	18-20 yr olds	21 and over	%
Sentenced	40	429	47.8
Recall	1	47	4.9
Convicted unsentenced	32	154	19
Civil prisoners	0	2	0.2
Detainees	0	5	0.5
Other	40	231	27.6
Total	113	868	100

Sentence	18-20 yr olds	21 and over	%
Unsentenced	74	392	47.5
Less than 6 months	20	77	9.9
6 months to less than 12 months	2	41	4.4
12 months to less than 2 years	8	84	9.4
2 years to less than 3 years	5	66	7.2
3 years to less than 4 years	2	60	6.3
4 years to less than 10 years	2	107	11.1
10 years and over (not life)	0	19	1.9
Life	0	22	2.2
Total	113	868	100

Age	Number of prisoners	%
Under 21 years	113	11.5
21 years to 29 years	387	39.4
30 years to 39 years	296	30.2
40 years to 49 years	120	12.2
50 years to 59 years	44	4.5
60 years to 69 years	18	1.8
70 plus years	3	0.3
Total	981	100

Nationality	18-20 yr olds	21 and over	%
British	97	703	81.5
Foreign nationals	1	35	3.7
Not stated	15	130	14.8
Total	113	868	100

Security category	18-20 yr olds	21 and over	%
Uncategorised	0	2	0.2
Unclassified	0	1	0.1
Cat B	0	46	4.7
Cat C	1	381	38.9
Cat D	0	7	0.7
Unsentenced	1	30	3.2
YOI	24	5	3
Unclassified	87	396	49.2
Total	113	868	100

Ethnicity	18–20 yr olds	21 and over	%
<i>White</i>			
White Irish	0	1	0.1
White British	108	792	91.7
Other white	1	17	1.8
Total	109	810	93.7
<i>Mixed</i>			
White and black Caribbean	1	1	0.2
White and Asian	0	1	0.1
Other Mixed	0	2	0.2
Total	1	4	0.5
Asian or Asian British	0	7	0.7
Indian	0	5	0.5
Bangladeshi	0	5	0.5
Total	0	17	1.7
<i>Black or black British</i>			
Caribbean	0	3	0.3
African	0	6	0.6
Other black	0	2	0.2
Total	0	11	1.1
<i>Chinese or other ethnic group</i>			
Chinese	0	1	0.1
Total	0	1	0.1
Not stated/code missing	3	25	2.9
Total	113	868	100

Religion	18–20 yr olds	21 and over	%
Church of England	29	342	37.8
Roman Catholic	26	142	17.1
Other Christian denominations	2	31	3.4
Muslim	1	30	3.2
Sikh	0	2	0.2
Buddhist	0	10	1
Other	0	2	0.2
Not Stated	2	6	0.8
No religion	53	303	36.3
Total	113	868	100

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	28	6	104	22.3
1 month to 3 months	25	5.4	151	32.4
3 months to 6 months	19	4.1	75	16.1
6 months to 1 year	2	0.4	35	7.5
1 year to 2 years	0	0	6	1.3
2 years to 4 years	0	0	21	4.5
4 years or more	0	0	0	0
Total	74	7.5	392	40

Appendix III: 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 6 September 2011, the prisoner population at HMP Durham was 928. The sample size was 216. Overall, this represented 23% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a P-Nomis 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. Eight 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, 185 respondents completed and returned their questionnaires. This represented 20% of the prison population. The response rate was 86%. In addition to the eight respondents who refused to complete a questionnaire, 14 questionnaires were not returned and nine 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 2011 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 December 2006.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Durham in 2009.
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2011 survey between those who are aged 21 and under and those over 21.
- A comparison within the 2011 survey between those in the different wings.

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 those 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 as well as examples of comments made by prisoners. 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 are cleaned to be consistent.

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

Survey results

SECTION 1: ABOUT YOU

Q1.2	How old are you?	
	<i>Under 21</i>	25 (14%)
	<i>21 - 29</i>	65 (35%)
	<i>30 - 39</i>	47 (26%)
	<i>40 - 49</i>	31 (17%)
	<i>50 - 59</i>	11 (6%)
	<i>60 - 69</i>	4 (2%)
	<i>70 and over</i>	1 (1%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	73 (39%)
	<i>Yes - on recall</i>	19 (10%)
	<i>No - awaiting trial</i>	52 (28%)
	<i>No - awaiting sentence</i>	41 (22%)
	<i>No - awaiting deportation</i>	0 (0%)
Q1.4	How long is your sentence?	
	Not sentenced	93 (51%)
	<i>Less than 6 months</i>	13 (7%)
	<i>6 months to less than 1 year</i>	9 (5%)
	<i>1 year to less than 2 years</i>	17 (9%)
	<i>2 years to less than 4 years</i>	28 (15%)
	<i>4 years to less than 10 years</i>	19 (10%)
	<i>10 years or more</i>	1 (1%)
	<i>IPP (indeterminate sentence for public protection)</i>	2 (1%)
	<i>Life</i>	0 (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)?	
	Not sentenced	93 (56%)
	<i>6 months or less</i>	40 (24%)
	<i>More than 6 months</i>	32 (19%)
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	41 (22%)
	<i>1 to less than 3 months</i>	53 (29%)
	<i>3 to less than 6 months</i>	33 (18%)
	<i>6 to less than 12 months</i>	36 (20%)
	<i>12 months to less than 2 years</i>	14 (8%)
	<i>2 to less than 4 years</i>	3 (2%)
	<i>4 years or more</i>	3 (2%)
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	<i>Yes</i>	10 (6%)
	<i>No</i>	170 (94%)
Q1.8	Is English your first language?	
	<i>Yes</i>	171 (97%)

No..... 6 (3%)

Q1.9 What is your ethnic origin?

<i>White - British</i>	168 (92%)	<i>Asian or Asian British - Bangladeshi</i>	1 (1%)
<i>White - Irish</i>	0 (0%)	<i>Asian or Asian British - other</i>	0 (0%)
<i>White - other</i>	3 (2%)	<i>Mixed race - white and black Caribbean</i>	3 (2%)
<i>Black or black British - Caribbean</i>	2 (1%)	<i>Mixed race - white and black African</i>	0 (0%)
<i>Black or black British - African</i>	1 (1%)	<i>Mixed race - white and Asian</i>	0 (0%)
<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i>	1 (1%)
<i>Asian or Asian British - Indian</i>	2 (1%)	<i>Chinese</i>	0 (0%)
<i>Asian or Asian British - Pakistani</i>	0 (0%)	<i>Other ethnic group</i>	1 (1%)

Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?

Yes..... 8 (4%)
 No..... 172 (96%)

Q1.11 What is your religion?

<i>None</i>	58 (32%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	74 (40%)	<i>Jewish</i>	0 (0%)
<i>Catholic</i>	32 (17%)	<i>Muslim</i>	5 (3%)
<i>Protestant</i>	7 (4%)	<i>Sikh</i>	0 (0%)
<i>Other Christian denomination</i>	3 (2%)	<i>Other</i>	4 (2%)
<i>Buddhist</i>	1 (1%)		

Q1.12 How would you describe your sexual orientation?

<i>Heterosexual/straight</i>	174 (97%)
<i>Homosexual/gay</i>	3 (2%)
<i>Bisexual</i>	3 (2%)
<i>Other</i>	0 (0%)

Q1.13 Do you consider yourself to have a disability?

Yes..... 39 (21%)
 No..... 144 (79%)

Q1.14 How many times have you been in prison before?

<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
48 (26%)	18 (10%)	46 (25%)	72 (39%)

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>
123 (71%)	41 (24%)	10 (6%)

Q1.16 Do you have any children under the age of 18?

Yes..... 103 (56%)
 No..... 80 (44%)

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	16 (9%)	61 (34%)	27 (15%)	43 (24%)	27 (15%)	4 (2%)	2 (1%)
Your personal safety during the journey	15 (9%)	70 (42%)	24 (14%)	39 (23%)	17 (10%)	1 (1%)	1 (1%)
The comfort of the van	3 (2%)	19 (11%)	16 (9%)	55 (31%)	84 (47%)	0 (0%)	0 (0%)
The attention paid to your health needs	4 (2%)	43 (26%)	44 (26%)	34 (20%)	31 (19%)	3 (2%)	8 (5%)
The frequency of toilet breaks	1 (1%)	16 (9%)	29 (17%)	43 (25%)	52 (30%)	7 (4%)	27 (15%)

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>
76 (42%)	68 (38%)	27 (15%)	6 (3%)	2 (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>
28 (16%)	100 (56%)	34 (19%)	11 (6%)	5 (3%)	1 (1%)

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?	145 (80%)	35 (19%)	2 (1%)
Before you arrived here did you receive any written information about what would happen to you?	16 (9%)	154 (88%)	5 (3%)
When you first arrived here did your property arrive at the same time as you?	138 (79%)	32 (18%)	4 (2%)

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>	41 (24%)	<i>Money worries.....</i>	26 (15%)
<i>Loss of property.....</i>	20 (11%)	<i>Feeling depressed or suicidal..</i>	101 (58%)
<i>Housing problems.....</i>	51 (29%)	<i>Health problems.....</i>	112 (64%)
<i>Contacting employers.....</i>	22 (13%)	<i>Needing protection from other prisoners.....</i>	25 (14%)
<i>Contacting family.....</i>	77 (44%)	<i>Accessing phone numbers.....</i>	72 (41%)

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>	40 (24%)	<i>Money worries.....</i>	40 (24%)
<i>Loss of property.....</i>	27 (16%)	<i>Feeling depressed or suicidal....</i>	46 (27%)
<i>Housing problems.....</i>	42 (25%)	<i>Health problems.....</i>	63 (38%)
<i>Contacting employers.....</i>	13 (8%)	<i>Needing protection from other prisoners.....</i>	20 (12%)
<i>Contacting family.....</i>	55 (33%)	<i>Accessing phone numbers.....</i>	45 (27%)

Ensuring dependants were looked after..... 10 (6%) Other..... 7 (4%)

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	167 (92%)	14 (8%)	1 (1%)
When you were searched, was this carried out in a respectful way?	132 (75%)	42 (24%)	3 (2%)

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

Very well	Well	Neither	Badly	Very badly	Don't remember
23 (13%)	84 (46%)	38 (21%)	24 (13%)	10 (5%)	3 (2%)

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

Information about what was going to happen to you.....	61 (35%)
Information about what support was available for people feeling depressed or suicidal.....	69 (40%)
Information about how to make routine requests.....	62 (36%)
Information about your entitlement to visits.....	70 (41%)
Information about health services.....	77 (45%)
Information about the chaplaincy.....	67 (39%)
Not offered anything.....	62 (36%)

Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)

A smokers/non-smokers pack.....	162 (89%)
The opportunity to have a shower.....	118 (65%)
The opportunity to make a free telephone call.....	71 (39%)
Something to eat.....	142 (78%)
Did not receive anything.....	12 (7%)

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.)

Chaplain or religious leader.....	67 (38%)
Someone from health services.....	140 (80%)
A Listener/Samaritans.....	27 (15%)
Did not meet any of these people.....	23 (13%)

Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?

Yes.....	12 (7%)
No.....	166 (93%)

Q3.9 Did you feel safe on your first night here?

Yes.....	128 (72%)
No.....	42 (23%)
Don't remember.....	9 (5%)

Q3.10 How soon after your arrival did you go on an induction course?

Have not been on an induction course.....	30 (17%)
Within the first week.....	86 (49%)
More than a week.....	50 (28%)
Don't remember.....	11 (6%)

Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	30 (17%)
	Yes.....	69 (39%)
	No.....	58 (32%)
	<i>Don't remember</i>	22 (12%)

SECTION 4: LEGAL RIGHTS AND RESPECTFUL CUSTODY

Q4.1	How easy is 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?	11 (6%)	52 (29%)	24 (13%)	60 (34%)	24 (13%)
	Attend legal visits?	16 (9%)	92 (54%)	21 (12%)	17 (10%)	12 (7%)
	Obtain bail information?	5 (3%)	22 (14%)	35 (22%)	40 (25%)	27 (17%)
						29 (18%)

Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?	
	<i>Not had any letters</i>	18 (10%)
	Yes.....	81 (45%)
	No.....	80 (45%)

Q4.3	Please answer the following questions about the wing/unit you are currently living on:				
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>
	Are you normally offered enough clean, suitable clothes for the week?	97 (55%)	68 (39%)	8 (5%)	3 (2%)
	Are you normally able to have a shower every day?	110 (61%)	65 (36%)	4 (2%)	2 (1%)
	Do you normally receive clean sheets every week?	153 (87%)	16 (9%)	3 (2%)	3 (2%)
	Do you normally get cell cleaning materials every week?	61 (34%)	107 (60%)	5 (3%)	4 (2%)
	Is your cell call bell normally answered within five minutes?	62 (35%)	84 (48%)	20 (11%)	9 (5%)
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	96 (56%)	72 (42%)	3 (2%)	0 (0%)
	Can you normally get your stored property, if you need to?	56 (33%)	72 (42%)	37 (22%)	7 (4%)

Q4.4	What is the food like here?				
	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	2 (1%)	50 (27%)	49 (27%)	46 (25%)	35 (19%)

Q4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet</i>	17 (10%)
	Yes.....	82 (46%)
	No.....	79 (44%)

Q4.6	Is it easy or difficult to get:						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
	A complaint form?	70 (39%)	77 (43%)	7 (4%)	7 (4%)	6 (3%)	11 (6%)
	An application form?	71 (41%)	80 (46%)	3 (2%)	8 (5%)	5 (3%)	6 (3%)
Q4.7	Have you made an application?						
	Yes						155 (85%)
	No						27 (15%)
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?			27 (15%)	84 (48%)	65 (37%)	
	Do you feel <i>applications</i> are dealt with promptly? (Within seven days)			27 (16%)	77 (46%)	65 (38%)	
Q4.9	Have you made a complaint?						
	Yes						60 (33%)
	No						120 (67%)
Q4.10	Please answer the following questions concerning complaints: (If you have not made a complaint please tick the 'not made one' option.)						
				Not made one	Yes	No	
	Do you feel <i>complaints</i> are dealt with fairly?			120 (67%)	18 (10%)	41 (23%)	
	Do you feel <i>complaints</i> are dealt with promptly? (Within seven days)			120 (68%)	25 (14%)	32 (18%)	
	Were you given information about how to make an appeal?			76 (46%)	25 (15%)	64 (39%)	
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						120 (69%)
	Yes						18 (10%)
	No						35 (20%)
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?						
	<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	
	85 (48%)	4 (2%)	22 (12%)	29 (16%)	22 (12%)	15 (8%)	
Q4.13	What level of the IEP scheme are you on now?						
	Don't know what the IEP scheme is						29 (16%)
	Enhanced						48 (27%)
	Standard						97 (54%)
	Basic						2 (1%)
	Don't know						2 (1%)
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?						
	Don't know what the IEP scheme is						29 (17%)
	Yes						90 (51%)
	No						36 (21%)
	Don't know						20 (11%)

Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?
Don't know what the IEP scheme is 29 (16%)
 Yes 70 (40%)
 No 57 (32%)
 Don't know 20 (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)?	14 (8%)	163 (92%)
In the last six months have you spent a night in the segregation/care and separation unit?	26 (15%)	149 (85%)

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?	76 (43%)	25 (14%)	75 (43%)
Are you able to speak to a religious leader of your faith in private if you want to?	78 (46%)	19 (11%)	74 (43%)

Q4.18 Can you speak to a Listener at any time if you want to?

	Yes	No	<i>Don't know</i>
	93 (53%)	15 (9%)	68 (39%)

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?	117 (68%)	54 (32%)
Do most staff treat you with respect?	112 (66%)	58 (34%)

SECTION 5: SAFETY

Q5.1 Have you ever felt unsafe in this prison?
 Yes 82 (46%)
 No 96 (54%)

Q5.2 Do you feel unsafe in this prison at the moment?
 Yes 39 (22%)
 No 136 (78%)

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>	96 (56%)	<i>At meal times</i>	11 (6%)
<i>Everywhere</i>	29 (17%)	<i>At health services</i>	24 (14%)
<i>Segregation unit</i>	4 (2%)	<i>Visits area</i>	16 (9%)
<i>Association areas</i>	26 (15%)	<i>In wing showers</i>	33 (19%)
<i>Reception area</i>	18 (11%)	<i>In gym showers</i>	19 (11%)
<i>At the gym</i>	17 (10%)	<i>In corridors/stairwells</i>	18 (11%)
<i>In an exercise yard</i>	39 (23%)	<i>On your landing/wing</i>	18 (11%)
<i>At work</i>	13 (8%)	<i>In your cell</i>	14 (8%)
<i>During movement</i>	30 (18%)	<i>At religious services</i>	8 (5%)
<i>At education</i>	15 (9%)		

- Q5.4 Have you been victimised by another prisoner or group of prisoners here?**
 Yes..... 34 (19%)
 No..... 141 (81%)
- 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> | 21 (12%) | <i>Because of your sexuality.....</i> | 6 (3%) |
| <i>Physical abuse (being hit, kicked or assaulted).....</i> | 14 (8%) | <i>Because you have a disability</i> | 4 (2%) |
| <i>Sexual abuse.....</i> | 4 (2%) | <i>Because of your religion/religious beliefs.....</i> | 4 (2%) |
| <i>Because of your race or ethnic origin</i> | 5 (3%) | <i>Because of your age</i> | 6 (3%) |
| <i>Because of drugs.....</i> | 10 (6%) | <i>Being from a different part of the country than others.....</i> | 10 (6%) |
| <i>Having your canteen/property taken</i> | 10 (6%) | <i>Because of your offence/ crime..</i> | 13 (7%) |
| <i>Because you were new here.....</i> | 13 (7%) | <i>Because of gang related issues .</i> | 10 (6%) |
- Q5.6 Have you been victimised by a member of staff or group of staff here?**
 Yes..... 45 (26%)
 No..... 131 (74%)
- 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> | 22 (13%) | <i>Because you have a disability</i> | 4 (2%) |
| <i>Physical abuse (being hit, kicked or assaulted).....</i> | 17 (10%) | <i>Because of your religion/religious beliefs.....</i> | 6 (3%) |
| <i>Sexual abuse.....</i> | 3 (2%) | <i>Because of your age.....</i> | 5 (3%) |
| <i>Because of your race or ethnic origin</i> | 7 (4%) | <i>Being from a different part of the country than others.....</i> | 11 (6%) |
| <i>Because of drugs.....</i> | 12 (7%) | <i>Because of your offence/ crime..</i> | 12 (7%) |
| <i>Because you were new here.....</i> | 12 (7%) | <i>Because of gang related issues .</i> | 6 (3%) |
| <i>Because of your sexuality.....</i> | 5 (3%) | | |
- Q5.8 If you have been victimised by prisoners or staff, did you report it?**
Not been victimised..... 118 (68%)
 Yes..... 14 (8%)
 No..... 41 (24%)
- Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**
 Yes..... 46 (27%)
 No..... 127 (73%)
- Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?**
 Yes..... 49 (28%)
 No..... 126 (72%)
- Q5.11 Is it easy or difficult to get illegal drugs in this prison?**
- | | | | | | |
|------------------|-------------|----------------|------------------|-----------------------|-------------------|
| <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> | <i>Don't know</i> |
| 41 (24%) | 22 (13%) | 15 (9%) | 9 (5%) | 10 (6%) | 76 (44%) |

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	22 (13%)	10 (6%)	54 (31%)	19 (11%)	52 (30%)	19 (11%)
The nurse	22 (13%)	19 (11%)	81 (48%)	11 (7%)	25 (15%)	11 (7%)
The dentist	38 (22%)	4 (2%)	22 (13%)	14 (8%)	54 (32%)	38 (22%)
The optician	55 (33%)	3 (2%)	22 (13%)	14 (8%)	40 (24%)	33 (20%)
Q6.2	Are you able to see a pharmacist?					
Yes.....						55 (35%)
No.....						102 (65%)
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	38 (22%)	14 (8%)	44 (25%)	19 (11%)	32 (18%)	28 (16%)
The nurse	27 (16%)	18 (11%)	48 (29%)	26 (15%)	23 (14%)	26 (15%)
The dentist	72 (44%)	11 (7%)	22 (13%)	21 (13%)	21 (13%)	17 (10%)
The optician	88 (54%)	7 (4%)	14 (9%)	23 (14%)	15 (9%)	15 (9%)
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>
	23 (13%)	12 (7%)	44 (25%)	27 (16%)	35 (20%)	33 (19%)
Q6.5	Are you currently taking medication?					
Yes.....						108 (61%)
No.....						68 (39%)
Q6.6	If you are taking medication, are you allowed to keep possession of your medication in your own cell?					
<i>Not taking medication</i>						68 (39%)
Yes.....						64 (36%)
No.....						44 (25%)
Q6.7	Do you feel you have any emotional wellbeing/mental health issues?					
Yes.....						73 (42%)
No.....						101 (58%)
Q6.8	Are your emotional wellbeing/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>						122 (73%)
<i>Doctor</i>						24 (14%)
<i>Nurse</i>						4 (2%)
<i>Psychiatrist</i>						14 (8%)
<i>Mental health in-reach team</i>						23 (14%)
<i>Counsellor</i>						11 (7%)
<i>Other</i>						6 (4%)
Q6.9	Did you have a problem with either of the following when you came into this prison?					
		<i>Yes</i>	<i>No</i>			
Drugs		71 (44%)	92 (56%)			
Alcohol		55 (35%)	100 (65%)			

Q6.10	Have you developed a problem with drugs since you have been in this prison?			
	Yes	22	(13%)	
	No.....	153	(87%)	
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes	68	(40%)	
	No.....	25	(15%)	
	<i>Did not/do not have a drug or alcohol problem</i>	77	(45%)	
Q6.12	Have you received any intervention or help (including, CARATs, health services etc.) for your drug/alcohol problem, whilst in this prison?			
	Yes	66	(38%)	
	No.....	31	(18%)	
	<i>Did not/do not have a drug or alcohol problem</i>	77	(44%)	
Q6.13	Was the intervention or help you received while in this prison, helpful?			
	Yes	51	(30%)	
	No.....	13	(8%)	
	<i>Did not have a problem/have not received help</i>	108	(63%)	
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	30 (18%)	98 (60%)	35 (21%)
	Alcohol	21 (14%)	101 (66%)	32 (21%)
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes	43	(26%)	
	No.....	35	(21%)	
	N/A	88	(53%)	

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	55	(32%)		
	Vocational or skills training.....	26	(15%)		
	Education (including basic skills).....	61	(35%)		
	Offending behaviour programmes.....	6	(3%)		
	<i>Not involved in any of these</i>	54	(31%)		
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?				
		<i>Not been involved</i>	Yes	No	Don't know
	Prison job	43 (34%)	44 (35%)	27 (21%)	12 (10%)
	Vocational or skills training	43 (37%)	43 (37%)	14 (12%)	17 (15%)
	Education (including basic skills)	31 (24%)	60 (46%)	21 (16%)	19 (15%)
	Offending behaviour programmes	44 (43%)	25 (25%)	17 (17%)	16 (16%)
Q7.3	How often do you go to the library?				
	<i>Don't want to go</i>			24 (14%)	

Never.....	34 (20%)
Less than once a week.....	39 (23%)
About once a week.....	59 (34%)
More than once a week.....	6 (3%)
Don't know.....	10 (6%)

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

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
42 (25%)	33 (20%)	15 (9%)	12 (7%)	48 (28%)	8 (5%)	11 (7%)

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
24 (14%)	17 (10%)	53 (32%)	23 (14%)	43 (26%)	8 (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.....	52 (31%)
2 to less than 4 hours.....	34 (20%)
4 to less than 6 hours.....	33 (19%)
6 to less than 8 hours.....	18 (11%)
8 to less than 10 hours.....	9 (5%)
10 hours or more.....	9 (5%)
Don't know.....	15 (9%)

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
6 (4%)	4 (2%)	22 (13%)	47 (28%)	81 (48%)	9 (5%)

Q7.8 How often do staff normally speak to you during association time?

Do not go on association	12 (7%)
Never.....	46 (27%)
Rarely.....	48 (28%)
Some of the time.....	42 (24%)
Most of the time.....	16 (9%)
All of the time.....	9 (5%)

SECTION 8: RESETTLEMENT

Q8.1 When did you first meet your personal officer?

Still have not met him/her	91 (52%)
In the first week.....	25 (14%)
More than a week.....	38 (22%)
Don't remember.....	21 (12%)

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>	Very helpful	Helpful	Neither	Not very helpful	Not at all helpful
91 (53%)	23 (13%)	23 (13%)	21 (12%)	9 (5%)	4 (2%)

Q8.3 Do you have a sentence plan/OASys?

Not sentenced	93 (52%)
Yes.....	39 (22%)
No.....	46 (26%)

Q8.4	How involved were you in the development of your sentence plan?				
	<i>Do not have a sentence plan/OASys</i>	139	(78%)		
	<i>Very involved</i>	9	(5%)		
	<i>Involved</i>	7	(4%)		
	<i>Neither</i>	14	(8%)		
	<i>Not very involved</i>	5	(3%)		
	<i>Not at all involved</i>	5	(3%)		
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>	139	(79%)		
	<i>Yes</i>	17	(10%)		
	<i>No</i>	19	(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>	139	(79%)		
	<i>Yes</i>	19	(11%)		
	<i>No</i>	17	(10%)		
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?				
	<i>Not sentenced</i>	93	(54%)		
	<i>Yes</i>	17	(10%)		
	<i>No</i>	63	(36%)		
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?				
	<i>Yes</i>	24	(15%)		
	<i>No</i>	136	(85%)		
Q8.9	Have you had any problems with sending or receiving mail?				
	<i>Yes</i>	76	(44%)		
	<i>No</i>	87	(50%)		
	<i>Don't know</i>	10	(6%)		
Q8.10	Have you had any problems getting access to the telephones?				
	<i>Yes</i>	54	(31%)		
	<i>No</i>	114	(66%)		
	<i>Don't know</i>	4	(2%)		
Q8.11	Did you have a visit in the first week that you were here?				
	<i>Not been here a week yet</i>	15	(9%)		
	<i>Yes</i>	69	(40%)		
	<i>No</i>	87	(50%)		
	<i>Don't remember</i>	2	(1%)		
Q8.12	How many visits did you receive in the last week?				
	<i>Not been in a week</i>	0		3 to 4	5 or more
	15 (9%)	92 (55%)	59 (35%)	1 (1%)	0 (0%)
Q8.13	How are you and your family/friends usually treated by visits staff?				
	<i>Not had any visits</i>	46	(27%)		
	<i>Very well</i>	25	(15%)		
	<i>Well</i>	42	(25%)		

<i>Neither</i>	17 (10%)
<i>Badly</i>	6 (4%)
<i>Very badly</i>	8 (5%)
<i>Don't know</i>	24 (14%)

Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?

Yes.....	59 (36%)
No.....	107 (64%)

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

Don't know who to contact	104 (68%)	<i>Help with your finances in preparation for release</i>	21 (14%)
<i>Maintaining good relationships</i> ...	20 (13%)	<i>Claiming benefits on release</i>	33 (22%)
<i>Avoiding bad relationships</i>	14 (9%)	<i>Arranging a place at college/continuing education on release</i>	13 (8%)
<i>Finding a job on release</i>	23 (15%)	<i>Continuity of health services on release</i>	24 (16%)
<i>Finding accommodation on release</i>	27 (18%)	<i>Opening a bank account</i>	13 (8%)

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.)

No problems	49 (31%)	<i>Help with your finances in preparation for release</i>	49 (31%)
<i>Maintaining good relationships</i> ...	27 (17%)	<i>Claiming benefits on release</i>	49 (31%)
<i>Avoiding bad relationships</i>	29 (18%)	<i>Arranging a place at college/continuing education on release</i>	24 (15%)
<i>Finding a job on release</i>	76 (48%)	<i>Continuity of health services on release</i>	29 (18%)
<i>Finding accommodation on release</i>	70 (44%)	<i>Opening a bank account</i>	45 (28%)

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?

Not sentenced	93 (54%)
Yes.....	38 (22%)
No.....	41 (24%)

Main comparator and comparator to last time



Prisoner survey responses HMP Durham 2011

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

Key to tables

		HMP Durham 2011	Local prisons comparator	HMP Durham 2011	HMP Durham 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		185	5297	185	116
SECTION 1: General information					
2	Are you under 21 years of age?	14%	6%	14%	1%
3a	Are you sentenced?	50%	67%	50%	66%
3b	Are you on recall?	10%	10%	10%	16%
4a	Is your sentence less than 12 months?	12%	19%	12%	19%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	3%	1%	2%
5	Do you have six months or less to serve?	24%	34%	24%	37%
6	Have you been in this prison less than a month?	22%	21%	22%	24%
7	Are you a foreign national?	6%	13%	6%	9%
8	Is English your first language?	97%	88%	97%	93%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	6%	26%	6%	7%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	5%	4%	4%
11	Are you Muslim?	3%	11%	3%	2%
12	Are you homosexual/gay or bisexual?	3%	3%	3%	4%
13	Do you consider yourself to have a disability?	21%	19%	21%	19%
14	Is this your first time in prison?	26%	28%	26%	16%
15	Have you been in more than five prisons this time?	6%	8%	6%	11%
16	Do you have any children under the age of 18?	56%	55%	56%	62%
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?	43%	49%	43%	54%
1b	Was your personal safety during the journey good/very good?	51%	60%	51%	57%
1c	Was the comfort of the van good/very good?	12%	13%	12%	11%
1d	Was the attention paid to your health needs good/very good?	28%	29%	28%	29%
1e	Was the frequency of toilet breaks good/very good?	10%	16%	10%	15%
2	Did you spend more than four hours in the van?	3%	3%	3%	4%
3	Were you treated well/very well by the escort staff?	72%	64%	72%	61%
4a	Did you know where you were going when you left court or when transferred from another prison?	80%	73%	80%	79%
4b	Before you arrived here did you receive any written information about what would happen to you?	9%	15%	9%	18%
4c	When you first arrived here did your property arrive at the same time as you?	79%	82%	79%	87%

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better	HMP Durham 2011	Local prisons comparator	HMP Durham 2011	HMP Durham 2009
Any percentage highlighted in blue is significantly worse				
Any percentage highlighted in orange shows a significant difference in prisoners' background details				
Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction				
1	In the first 24 hours, did staff ask you if you needed help/support with the following:			
1b	12%	13%	12%	13%
1c	29%	31%	29%	33%
1d	13%	13%	13%	16%
1e	44%	51%	44%	40%
1f	16%	15%	16%	15%
1g	15%	17%	15%	16%
1h	58%	53%	58%	55%
1i	64%	62%	64%	67%
1j	14%	21%	14%	16%
1k	41%	42%	41%	39%
2	When you first arrived:			
2a	76%	77%	76%	78%
2b	16%	14%	16%	13%
2c	25%	26%	25%	32%
2d	8%	7%	8%	3%
2e	33%	34%	33%	33%
2f	6%	7%	6%	6%
2g	24%	23%	24%	27%
2h	27%	22%	27%	20%
2i	38%	31%	38%	47%
2j	12%	9%	12%	8%
2k	27%	31%	27%	30%
3a	92%	89%	92%	91%
3b	75%	73%	75%	85%
4	59%	57%	59%	63%
5	On your day of arrival, were you offered information about any of the following:			
5a	36%	47%	36%	48%
5b	40%	47%	40%	46%
5c	36%	38%	36%	45%
5d	41%	45%	41%	47%
5e	45%	51%	45%	56%
5f	39%	47%	39%	42%

Main comparator and comparator to last time

Key to tables

		HMP Durham 2011	Local prisons comparator	HMP Durham 2011	HMP Durham 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction continued					
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	89%	86%	89%	96%
6b	The opportunity to have a shower?	65%	34%	65%	64%
6c	The opportunity to make a free telephone call?	39%	58%	39%	40%
6d	Something to eat?	78%	80%	78%	84%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	38%	46%	38%	42%
7b	Someone from health services?	80%	76%	80%	79%
7c	A Listener/Samaritans?	16%	24%	16%	13%
8	Did you have access to the prison shop/canteen within the first 24 hours?	7%	14%	7%	9%
9	Did you feel safe on your first night here?	72%	71%	72%	74%
10	Have you been on an induction course?	83%	77%	83%	89%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	46%	59%	46%	59%
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?	35%	41%	35%	37%
1b	Attend legal visits?	64%	58%	64%	59%
1c	Obtain bail information?	17%	24%	17%	26%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	45%	40%	45%	41%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	55%	50%	55%	56%
3b	Are you normally able to have a shower every day?	61%	80%	61%	57%
3c	Do you normally receive clean sheets every week?	88%	82%	88%	95%
3d	Do you normally get cell cleaning materials every week?	35%	63%	35%	41%
3e	Is your cell call bell normally answered within five minutes?	35%	36%	35%	34%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	56%	64%	56%	65%
3g	Can you normally get your stored property if you need to?	33%	26%	33%	39%
4	Is the food in this prison good/very good?	29%	24%	29%	18%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	46%	45%	46%	31%
6a	Is it easy/very easy to get a complaints form?	83%	78%	83%	83%
6b	Is it easy/very easy to get an application form?	87%	84%	87%	91%
7	Have you made an application?	85%	85%	85%	86%

Main comparator and comparator to last time

Key to tables

		HMP Durham 2011	Local prisons comparator	HMP Durham 2011	HMP Durham 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 4: Legal rights and respectful custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	56%	55%	56%	50%
8b	Do you feel applications are dealt with promptly (within seven days)?	54%	46%	54%	43%
9	Have you made a complaint?	33%	40%	33%	42%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	30%	30%	30%	28%
10b	Do you feel complaints are dealt with promptly (within seven days)?	44%	33%	44%	28%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	34%	26%	34%	19%
10c	Were you given information about how to make an appeal?	15%	21%	15%	16%
12	Is it easy/very easy to see the Independent Monitoring Board?	15%	23%	15%	22%
13	Are you on the enhanced (top) level of the IEP scheme?	27%	27%	27%	22%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	51%	49%	51%	62%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	40%	44%	40%	41%
16a	In the last six months have any members of staff physically restrained you (C&R)?	8%	7%	8%	9%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	15%	10%	15%	17%
13a	Do you feel your religious beliefs are respected?	43%	55%	43%	54%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	46%	55%	46%	56%
14	Are you able to speak to a Listener at any time if you want to?	53%	58%	53%	50%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	68%	70%	68%	68%
15b	Do most staff in this prison treat you with respect?	66%	70%	66%	69%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	46%	41%	46%	37%
2	Do you feel unsafe in this prison at the moment?	22%	18%	22%	20%
4	Have you been victimised by another prisoner?	20%	21%	20%	15%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	12%	10%	12%	5%
5b	Hit, kicked or assaulted you?	8%	7%	8%	4%
5c	Sexually abused you?	2%	1%	2%	1%
5d	Victimised you because of your race or ethnic origin?	3%	4%	3%	1%
5e	Victimised you because of drugs?	6%	4%	6%	2%
5f	Taken your canteen/property?	6%	5%	6%	4%
5g	Victimised you because you were new here?	7%	6%	7%	4%
5h	Victimised you because of your sexuality?	3%	1%	3%	2%
5i	Victimised you because you have a disability?	2%	3%	2%	1%
5j	Victimised you because of your religion/religious beliefs?	2%	2%	2%	2%
5k	Victimised you because of your age?	3%	2%	3%	0%
5l	Victimised you because you were from a different part of the country?	6%	4%	6%	4%
5m	Victimised you because of your offence/crime?	7%	4%	7%	1%
5n	Victimised you because of gang related issues?	6%	4%	6%	1%

Main comparator and comparator to last time

Key to tables

		HMP Durham 2011	Local prisons comparator	HMP Durham 2011	HMP Durham 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	26%	25%	26%	20%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	13%	11%	13%	8%
7b	Hit, kicked or assaulted you?	10%	5%	10%	3%
7c	Sexually abused you?	2%	1%	2%	0%
7d	Victimised you because of your race or ethnic origin?	4%	5%	4%	0%
7e	Victimised you because of drugs?	7%	5%	7%	6%
7f	Victimised you because you were new here?	7%	6%	7%	4%
7g	Victimised you because of your sexuality?	3%	1%	3%	1%
7h	Victimised you because you have a disability?	2%	2%	2%	1%
7i	Victimised you because of your religion/religious beliefs?	3%	3%	3%	1%
7j	Victimised you because of your age?	3%	2%	3%	1%
7k	Victimised you because you were from a different part of the country?	6%	4%	6%	4%
7l	Victimised you because of your offence/crime?	7%	4%	7%	3%
7m	Victimised you because of gang related issues?	3%	2%	3%	0%
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	25%	34%	25%	25%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	27%	24%	27%	22%
10	Have you ever felt threatened or intimidated by a member of staff in here?	28%	23%	28%	17%
11	Is it easy/very easy to get illegal drugs in this prison?	36%	30%	36%	44%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	36%	27%	36%	17%
1b	Is it easy/very easy to see the nurse?	59%	52%	59%	46%
1c	Is it easy/very easy to see the dentist?	15%	10%	15%	12%
1d	Is it easy/very easy to see the optician?	15%	12%	15%	14%
2	Are you able to see a pharmacist?	35%	44%	35%	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?	42%	45%	42%	43%
3b	The nurse?	47%	58%	47%	53%
3c	The dentist?	36%	31%	36%	44%
3d	The optician?	28%	34%	28%	32%
4	The overall quality of health services?	37%	40%	37%	40%

Main comparator and comparator to last time

Key to tables

		HMP Durham 2011	Local prisons comparator	HMP Durham 2011	HMP Durham 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Health services continued					
5	Are you currently taking medication?	61%	49%	61%	62%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	59%	58%	59%	72%
7	Do you feel you have any emotional wellbeing/mental health issues?	42%	33%	42%	35%
For those with emotional wellbeing/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	32%	41%	32%	31%
8b	A doctor?	36%	33%	36%	47%
8c	A nurse?	6%	18%	6%	17%
8d	A psychiatrist?	21%	18%	21%	20%
8e	The mental health in-reach team?	35%	27%	35%	31%
8f	A counsellor?	17%	12%	17%	14%
9a	Did you have a drug problem when you came into this prison?	44%	36%	44%	49%
9b	Did you have an alcohol problem when you came into this prison?	36%	26%	36%	38%
10a	Have you developed a drug problem since you have been in this prison?	13%	9%	13%	6%
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	73%	81%	73%	84%
12	Have you received any help or intervention while in this prison?	68%	67%	68%	80%
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	80%	78%	80%	77%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	40%	31%	40%	34%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	34%	26%	34%	28%
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?	55%	60%	55%	66%

Main comparator and comparator to last time

Key to tables

		HMP Durham 2011	Local prisons comparator	HMP Durham 2011	HMP Durham 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	32%	43%	32%	30%
1b	Vocational or skills training?	15%	10%	15%	12%
1c	Education (including basic skills)?	36%	26%	36%	22%
1d	Offending behaviour programmes?	4%	8%	4%	7%
2ai	Have you had a job while in this prison?	66%	67%	66%	36%
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	53%	41%	53%	61%
2bi	Have you been involved in vocational or skills training while in this prison?	63%	51%	63%	18%
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	58%	51%	58%	100%
2ci	Have you been involved in education while in this prison?	76%	62%	76%	29%
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	60%	59%	60%	70%
2di	Have you been involved in offending behaviour programmes while in this prison?	57%	49%	57%	11%
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	43%	49%	43%	100%
3	Do you go to the library at least once a week?	38%	36%	38%	40%
4	On average, do you go to the gym at least twice a week?	40%	42%	40%	39%
5	On average, do you go outside for exercise three or more times a week?	39%	38%	39%	47%
6	On average, do you spend ten or more hours out of your cell on a weekday?	5%	9%	5%	8%
7	On average, do you go on association more than five times each week?	48%	48%	48%	28%
8	Do staff normally speak to you most of the time/all of the time during association?	15%	17%	15%	11%
SECTION 8: Resettlement					
1	Do you have a personal officer?	48%	47%	48%	46%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	58%	62%	58%	52%
For those who are sentenced:					
3	Do you have a sentence plan?	46%	41%	46%	35%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	40%	57%	40%	24%
5	Can you achieve some/all of your sentence plan targets in this prison?	47%	63%	47%	50%
6	Are there plans for you to achieve some/all your targets in another prison?	53%	46%	53%	59%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	21%	27%	21%	13%
8	Do you feel that any member of staff has helped you to prepare for release?	15%	14%	15%	4%
9	Have you had any problems with sending or receiving mail?	44%	44%	44%	44%
10	Have you had any problems getting access to the telephones?	31%	31%	31%	37%
11	Did you have a visit in the first week that you were here?	40%	35%	40%	47%
12	Did you receive one or more visits in the last week?	36%	41%	36%	29%

Main comparator and comparator to last time

Key to tables

		HMP Durham 2011	Local prisons comparator	HMP Durham 2011	HMP Durham 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Resettlement continued					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	55%	48%	55%	51%
14	Have you been helped to maintain contact with family/friends while in this prison?	36%	35%	36%	26%
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	13%	13%	13%	8%
15c	Avoiding bad relationships?	9%	10%	9%	5%
15d	Finding a job on release?	15%	26%	15%	18%
15e	Finding accommodation on release?	18%	28%	18%	23%
15f	With money/finances on release?	14%	17%	14%	6%
15g	Claiming benefits on release?	22%	31%	22%	18%
15h	Arranging a place at college/continuing education on release?	9%	15%	9%	6%
15i	Accessing health services on release?	16%	20%	16%	11%
15j	Opening a bank account on release?	9%	16%	9%	5%
16	Do you think you will have a problem with any of the following on release from prison:				
16b	Maintaining good relationships?	17%	14%	17%	10%
16c	Avoiding bad relationships?	18%	14%	18%	14%
16d	Finding a job?	48%	48%	48%	52%
16e	Finding accommodation?	44%	40%	44%	36%
16f	Money/finances?	31%	33%	31%	28%
16g	Claiming benefits?	31%	31%	31%	31%
16h	Arranging a place at college/continuing education?	15%	20%	15%	12%
16i	Accessing health services?	18%	18%	18%	18%
16j	Opening a bank account?	28%	29%	28%	25%
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?	48%	48%	48%	38%

Diversity analysis - disability



Key questions (disability analysis) HMP Durham 2011

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		39	144
1.3	Are you sentenced?	56%	48%
1.7	Are you a foreign national?	3%	6%
1.8	Is English your first language?	97%	96%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	10%	5%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	10%	3%
1.11	Are you Muslim?	5%	2%
1.14	Is this your first time in prison?	33%	24%
2.1d	Was the attention paid to your health needs good/very good?	23%	30%
2.3	Were you treated well/very well by the escort staff?	74%	71%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	75%	82%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	54%	42%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	66%	57%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	77%	61%
3.2a	Did you have any problems when you first arrived?	92%	71%
3.3a	Were you seen by a member of health care staff in reception?	84%	94%
3.3b	When you were searched in reception, was this carried out in a respectful way?	79%	74%
3.4	Were you treated well/very well in reception?	64%	58%
3.7b	Did you have access to someone from health care within the first 24 hours?	79%	81%
3.9	Did you feel safe on your first night here?	59%	75%
3.10	Have you been on an induction course?	87%	82%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	27%	38%

Diversity analysis - disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	53%	57%
4.3b	Are you normally able to have a shower every day?	58%	62%
4.3e	Is your cell call bell normally answered within five minutes?	30%	37%
4.4	Is the food in this prison good/very good?	24%	30%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	46%	46%
4.6a	Is it easy/very easy to get a complaints form?	82%	83%
4.6b	Is it easy/very easy to get an application form?	83%	89%
4.9	Have you made a complaint?	49%	29%
4.13	Are you on the enhanced (top) level of the IEP scheme?	46%	22%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	54%	51%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	40%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	11%	7%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	14%	15%
4.17a	Do you feel your religious beliefs are respected?	51%	42%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	51%	45%
4.18	Are you able to speak to a Listener at any time if you want to?	70%	49%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	71%	68%
4.19b	Do most staff in this prison treat you with respect?	72%	64%
5.1	Have you ever felt unsafe in this prison?	62%	42%
5.2	Do you feel unsafe in this prison at the moment?	32%	20%
5.4	Have you been victimised by another prisoner?	23%	19%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	1%
5.5i	Victimised you because you have a disability?	6%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	1%
5.6	Have you been victimised by a member of staff?	30%	25%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	11%	2%
5.7h	Victimised you because you have a disability?	8%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	8%	2%

Diversity analysis - disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	41%	23%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	35%	26%
5.11	Is it easy/very easy to get illegal drugs in this prison?	35%	37%
6.1a	Is it easy/very easy to see the doctor?	35%	37%
6.1b	Is it easy/ very easy to see the nurse?	54%	60%
6.2	Are you able to see a pharmacist?	21%	38%
6.5	Are you currently taking medication?	84%	55%
6.7	Do you feel you have any emotional well being/mental health issues?	70%	35%
7.1a	Are you currently working in the prison?	32%	32%
7.1b	Are you currently undertaking vocational or skills training?	12%	16%
7.1c	Are you currently in education (including basic skills)?	29%	37%
7.1d	Are you currently taking part in an offending behaviour programme?	0%	4%
7.3	Do you go to the library at least once a week?	37%	38%
7.4	On average, do you go to the gym at least twice a week?	37%	41%
7.5	On average, do you go outside for exercise three or more times a week?	24%	43%
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.)	6%	5%
7.7	On average, do you go on association more than five times each week?	56%	46%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	28%	11%
8.1	Do you have a personal officer?	49%	48%
8.9	Have you had any problems sending or receiving mail?	50%	43%
8.10	Have you had any problems getting access to the telephones?	33%	31%



Diversity analysis - age

Key question responses (age - under 21) HMP Durham 2011

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

Key to tables

		Young adults under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		25	159
1.3	Are you sentenced?	32%	53%
1.7	Are you a foreign national?	9%	5%
1.8	Is English your first language?	100%	96%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	9%	5%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	5%
1.11	Are you Muslim?	0%	3%
1.13	Do you consider yourself to have a disability?	8%	23%
1.14	Is this your first time in prison?	29%	26%
2.1d	Was the attention paid to your health needs good/very good?	33%	28%
2.3	Were you treated well/very well by the escort staff?	83%	70%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	76%	80%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	55%	43%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	50%	59%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	55%	66%
3.2a	Did you have any problems when you first arrived?	78%	76%
3.3a	Were you seen by a member of health care staff in reception?	83%	93%

Diversity analysis - age

Key to tables

		Young adults under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.3b	When you were searched in reception, was this carried out in a respectful way?	71%	76%
3.4	Were you treated well/very well in reception?	61%	59%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	65%	82%
3.9	Did you feel safe on your first night here?	74%	71%
3.10	Have you been on an induction course?	79%	84%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	25%	37%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	52%	56%
4.3b	Are you normally able to have a shower every day?	54%	62%
4.3e	Is your cell call bell normally answered within five minutes?	44%	34%
4.4	Is the food in this prison good/very good?	42%	27%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	48%	46%
4.6a	Is it easy/very easy to get a complaints form?	65%	85%
4.6b	Is it easy/very easy to get an application form?	75%	89%
4.9	Have you made a complaint?	25%	35%
4.13	Are you on the enhanced (top) level of the IEP scheme?	9%	30%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	52%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	39%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	25%	5%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	29%	13%
4.17a	Do you feel your religious beliefs are respected?	33%	45%

Key to tables

Diversity analysis - age

		Young adults under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	25%	49%
4.18	Are you able to speak to a Listener at any time if you want to?	32%	56%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	43%	73%
4.19b	Do most staff in this prison treat you with respect?	55%	68%
5.1	Have you ever felt unsafe in this prison?	42%	47%
5.2	Do you feel unsafe in this prison at the moment?	25%	22%
5.4	Have you been victimised by another prisoner?	22%	19%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	3%
5.5i	Victimised you because you have a disability?	4%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	2%
5.5k	Have you been victimised because of your age? (By prisoners)	9%	3%
5.6	Have you been victimised by a member of staff?	26%	25%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	3%
5.7h	Victimised you because you have a disability?	4%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	3%
5.7j	Have you been victimised because of your age? (By staff)	13%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	17%	28%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	18%	29%
5.11	Is it easy/very easy to get illegal drugs in this prison?	22%	39%
6.1a	Is it easy/very easy to see the doctor?	44%	36%

Diversity analysis - age

Key to tables

	Any percentage highlighted in green is significantly better	Young adults under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
6.1b	Is it easy/ very easy to see the nurse?	55%	60%
6.2	Are you able to see a pharmacist?	25%	37%
6.5	Are you currently taking medication?	22%	67%
6.7	Do you feel you have any emotional wellbeing/mental health issues?	39%	42%
7.1a	Are you currently working in the prison?	4%	37%
7.1b	Are you currently undertaking vocational or skills training?	17%	15%
7.1c	Are you currently in education (including basic skills)?	52%	33%
7.1d	Are you currently taking part in an offending behaviour programme?	0%	4%
7.3	Do you go to the library at least once a week?	26%	40%
7.4	On average, do you go to the gym at least twice a week?	35%	41%
7.5	On average, do you go outside for exercise three or more times a week?	61%	35%
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.)	0%	6%
7.7	On average, do you go on association more than five times each week?	41%	49%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	9%	15%
8.1	Do you have a personal officer?	52%	48%
8.9	Have you had any problems sending or receiving mail?	48%	43%
8.10	Have you had any problems getting access to the telephones?	30%	32%



Wing analysis HMP Durham 2011

Prisoner survey responses (missing data have been excluded for each question)

Key to tables

Percentages highlighted in green show the best score across wings		A wing	B wing	C wing	D wing	E wing	F wing
Percentages highlighted in blue show the worst score across wings		A wing	B wing	C wing	D wing	E wing	F wing
Number of completed questionnaires returned		36	37	18	34	24	30
SECTION 1: General information							
2	Are you under 21 years of age?	17%	19%	22%	3%	21%	7%
3a	Are you sentenced?	36%	57%	39%	59%	38%	63%
3b	Are you on recall?	11%	11%	6%	6%	8%	17%
4a	Is your sentence less than 12 months?	8%	11%	17%	21%	8%	11%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	0%	6%	0%	0%	0%
5	Do you have six months or less to serve?	13%	33%	18%	44%	17%	13%
6	Have you been in this prison less than a month?	17%	11%	17%	18%	78%	13%
7	Are you a foreign national?	6%	8%	12%	0%	4%	7%
8	Is English your first language?	94%	100%	88%	97%	96%	100%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	3%	8%	17%	0%	9%	7%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	12%	0%	6%	0%	4%	7%
11	Are you Muslim?	3%	5%	6%	0%	4%	0%
12	Are you homosexual/gay or bisexual?	6%	8%	6%	0%	0%	0%
13	Do you consider yourself to have a disability?	28%	16%	22%	24%	13%	27%
14	Is this your first time in prison?	17%	30%	67%	0%	38%	27%
15	Have you been in more than five prisons this time?	6%	9%	0%	9%	0%	4%
16	Do you have any children under the age of 18?	59%	60%	33%	65%	50%	57%
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?	37%	30%	72%	25%	67%	45%
1b	Was your personal safety during the journey good/very good?	54%	28%	61%	36%	71%	64%
1c	Was the comfort of the van good/very good?	29%	5%	11%	0%	35%	3%
1d	Was the attention paid to your health needs good/very good?	33%	20%	28%	17%	48%	28%
1e	Was the frequency of toilet breaks good/very good?	6%	6%	11%	6%	17%	11%
2	Did you spend more than four hours in the van?	3%	3%	0%	3%	4%	7%
3	Were you treated well/very well by the escort staff?	69%	65%	83%	55%	83%	79%
4a	Did you know where you were going when you left court or when transferred from another prison?	72%	87%	56%	91%	83%	76%
4b	Before you arrived here did you receive any written information about what would happen to you?	10%	8%	0%	6%	13%	10%
4c	When you first arrived here did your property arrive at the same time as you?	72%	74%	88%	94%	91%	62%

Key to tables

Percentages highlighted in green show the best score across wings	A wing	B wing	C wing	D wing	E wing	F wing
Percentages highlighted in blue show the worst score across wings						

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?	9%	14%	12%	6%	10%	21%
1c	Housing problems?	38%	22%	24%	31%	33%	29%
1d	Problems contacting employers?	6%	14%	24%	16%	14%	11%
1e	Problems contacting family?	47%	50%	53%	34%	48%	39%
1f	Problems ensuring dependants were looked after?	12%	17%	29%	19%	14%	14%
1g	Money problems?	15%	19%	18%	12%	14%	14%
1h	Problems of feeling depressed/suicidal?	41%	56%	77%	66%	71%	57%
1i	Health problems?	53%	64%	59%	78%	71%	68%
1j	Problems in needing protection from other prisoners?	6%	14%	24%	6%	29%	18%
1k	Problems accessing phone numbers?	38%	39%	47%	44%	48%	32%
2	When you first arrived:						
2a	Did you have any problems?	74%	86%	81%	70%	85%	68%
2b	Did you have any problems with loss of property?	23%	23%	6%	12%	10%	18%
2c	Did you have any housing problems?	26%	31%	13%	27%	25%	21%
2d	Did you have any problems contacting employers?	3%	14%	6%	3%	5%	14%
2e	Did you have any problems contacting family?	36%	40%	38%	30%	30%	21%
2f	Did you have any problems ensuring dependants were being looked after?	3%	9%	6%	9%	10%	0%
2g	Did you have any money worries?	19%	34%	25%	21%	30%	14%
2h	Did you have any problems with feeling depressed or suicidal?	29%	31%	44%	12%	25%	29%
2i	Did you have any health problems?	45%	40%	31%	36%	40%	36%
2j	Did you have any problems with needing protection from other prisoners?	19%	9%	19%	15%	5%	4%
2k	Did you have problems accessing phone numbers?	32%	23%	38%	27%	20%	25%
3a	Were you seen by a member of health services in reception?	91%	87%	82%	100%	100%	87%
3b	When you were searched in reception, was this carried out in a respectful way?	72%	68%	88%	74%	96%	63%
4	Were you treated well/very well in reception?	72%	43%	59%	56%	75%	48%
5	On your day of arrival, were you offered information about any of the following:						
5a	What was going to happen to you?	27%	26%	24%	47%	50%	29%
5b	Support was available for people feeling depressed or suicidal?	37%	46%	53%	31%	38%	32%
5c	How to make routine requests?	23%	37%	35%	34%	54%	29%
5d	Your entitlement to visits?	33%	40%	35%	38%	58%	32%
5e	Health services?	37%	49%	35%	41%	54%	43%
5f	The chaplaincy?	47%	28%	41%	28%	50%	39%

Key to tables

	Percentages highlighted in green show the best score across wings	A wing	B wing	C wing	D wing	E wing	F wing
	Percentages highlighted in blue show the worst score across wings						

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?	86%	81%	82%	100%	96%	87%
6b	The opportunity to have a shower?	64%	51%	65%	81%	67%	60%
6c	The opportunity to make a free telephone call?	50%	32%	41%	25%	54%	30%
6d	Something to eat?	78%	70%	77%	85%	79%	77%
7	Within the first 24 hours did you meet any of the following people:						
7a	The chaplain or a religious leader?	32%	30%	67%	38%	57%	25%
7b	Someone from health services?	77%	79%	60%	94%	87%	71%
7c	A Listener/Samaritans?	6%	16%	27%	12%	26%	7%
8	Did you have access to the prison shop/canteen within the first 24 hours?	9%	5%	0%	3%	13%	10%
9	Did you feel safe on your first night here?	63%	72%	53%	88%	75%	72%
10	Have you been on an induction course?	91%	89%	82%	75%	61%	93%
For those who have been on an induction course:							
11	Did the course cover everything you needed to know about the prison?	47%	36%	50%	54%	54%	39%

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?	57%	11%	29%	39%	33%	31%
1b	Attend legal visits?	67%	53%	53%	81%	46%	69%
1c	Obtain bail information?	19%	13%	6%	20%	29%	4%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	46%	49%	25%	73%	26%	45%
3	For the wing/unit you are currently on:						
3a	Are you normally offered enough clean, suitable clothes for the week?	53%	43%	81%	53%	52%	57%
3b	Are you normally able to have a shower every day?	61%	67%	53%	52%	70%	67%
3c	Do you normally receive clean sheets every week?	86%	89%	100%	93%	70%	87%
3d	Do you normally get cell cleaning materials every week?	39%	24%	40%	9%	46%	48%
3e	Is your cell call bell normally answered within five minutes?	42%	34%	38%	16%	41%	35%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	49%	46%	75%	57%	50%	68%
3g	Can you normally get your stored property, if you need to?	30%	30%	50%	29%	27%	33%
4	Is the food in this prison good/very good?	39%	16%	35%	18%	57%	17%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	51%	33%	65%	48%	35%	47%
6a	Is it easy/very easy to get a complaints form?	77%	84%	81%	88%	77%	83%
6b	Is it easy/very easy to get an application form?	85%	89%	94%	88%	81%	86%
7	Have you made an application?	81%	95%	88%	88%	57%	93%

Key to tables

Percentages highlighted in green show the best score across wings		A wing	B wing	C wing	D wing	E wing	F wing
Percentages highlighted in blue show the worst score across wings							
SECTION 4: Legal rights and respectful custody continued							
For those who have made an application:							
8a	Do you feel applications are dealt with fairly?	62%	44%	80%	37%	75%	58%
8b	Do you feel applications are dealt with promptly (within seven days)?	59%	34%	60%	54%	60%	62%
9	Have you made a complaint?	31%	43%	35%	38%	13%	33%
For those who have made a complaint:							
10a	Do you feel complaints are dealt with fairly?	27%	27%	50%	8%	33%	40%
10b	Do you feel complaints are dealt with promptly (within seven days)?	20%	44%	50%	40%	67%	50%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	43%	43%	0%	33%	100%	22%
10c	Were you given information about how to make an appeal?	13%	14%	13%	23%	14%	8%
12	Is it easy/very easy to see the Independent Monitoring Board?	6%	14%	18%	16%	22%	13%
13	Are you on the enhanced (top) level of the IEP scheme?	21%	19%	53%	12%	17%	47%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	56%	71%	44%	35%	54%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	36%	47%	31%	26%	59%
16a	In the last six months have any members of staff physically restrained you (C&R)?	6%	19%	0%	3%	4%	7%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	12%	24%	12%	19%	13%	3%
13a	Do you feel your religious beliefs are respected?	56%	44%	29%	39%	48%	35%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	39%	43%	41%	53%	52%	37%
14	Are you able to speak to a Listener at any time if you want to?	64%	41%	50%	42%	57%	60%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	72%	57%	94%	61%	68%	67%
15b	Do most staff, in this prison, treat you with respect?	66%	49%	94%	62%	70%	64%
SECTION 5: Safety							
1	Have you ever felt unsafe in this prison?	40%	49%	71%	48%	32%	40%
2	Do you feel unsafe in this prison at the moment?	21%	22%	24%	19%	23%	24%
4	Have you been victimised by another prisoner?	21%	27%	24%	20%	9%	13%
5	Since you have been here, has another prisoner:						
5a	Made insulting remarks about you, your family or friends?	15%	16%	18%	3%	9%	10%
5b	Hit, kicked or assaulted you?	9%	8%	6%	10%	9%	3%
5c	Sexually abused you?	6%	3%	0%	0%	0%	3%
5d	Victimised you because of your race or ethnic origin?	6%	5%	0%	0%	0%	3%
5e	Victimised you because of drugs?	3%	11%	0%	7%	5%	7%
5f	Taken your canteen/property?	3%	8%	6%	7%	5%	3%
5g	Victimised you because you were new here?	9%	11%	12%	3%	5%	7%
5h	Victimised you because of your sexuality?	6%	8%	0%	0%	0%	3%
5i	Victimised you because you have a disability?	3%	5%	0%	0%	0%	3%
5j	Victimised you because of your religion/religious beliefs?	3%	5%	0%	0%	0%	3%
5k	Victimised you because of your age?	6%	5%	0%	0%	0%	7%
5l	Victimised you because you were from a different part of the country?	6%	11%	6%	3%	0%	3%
5m	Victimised you because of your offence/crime?	12%	11%	18%	0%	5%	3%
5n	Victimised you because of gang related issues?	9%	8%	0%	3%	5%	3%

Key to tables

Percentages highlighted in green show the best score across wings		A wing	B wing	C wing	D wing	E wing	F wing
Percentages highlighted in blue show the worst score across wings		A wing	B wing	C wing	D wing	E wing	F wing
SECTION 5: Safety continued							
6	Have you been victimised by a member of staff?	23%	35%	0%	47%	9%	23%
7	Since you have been here, has a member of staff:						
7a	Made insulting remarks about you, your family or friends?	9%	16%	0%	23%	5%	17%
7b	Hit, kicked or assaulted you?	9%	19%	0%	13%	9%	3%
7c	Sexually abused you?	3%	3%	0%	0%	0%	3%
7d	Victimised you because of your race or ethnic origin?	6%	8%	0%	0%	0%	7%
7e	Victimised you because of drugs?	3%	8%	0%	17%	0%	10%
7f	Victimised you because you were new here?	12%	13%	0%	0%	0%	10%
7g	Victimised you because of your sexuality?	3%	5%	0%	0%	0%	7%
7h	Victimised you because you have a disability?	3%	3%	0%	0%	0%	7%
7i	Victimised you because of your religion/religious beliefs?	3%	5%	0%	0%	0%	7%
7j	Victimised you because of your age?	3%	5%	0%	0%	0%	7%
7k	Victimised you because you were from a different part of the country?	3%	13%	0%	7%	0%	10%
7l	Victimised you because of your offence/crime?	15%	8%	0%	7%	5%	3%
7m	Victimised you because of gang related issues?	6%	5%	0%	3%	0%	3%
For those who have been victimised by staff or other prisoners:							
8	Did you report any victimisation that you have experienced?	9%	31%	50%	42%	67%	0%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	36%	28%	35%	29%	13%	20%
10	Have you ever felt threatened or intimidated by a member of staff in here?	32%	53%	0%	40%	9%	17%
11	Is it easy/very easy to get illegal drugs in this prison?	33%	43%	18%	48%	23%	35%
SECTION 6: Health services							
1a	Is it easy/very easy to see the doctor?	39%	35%	29%	37%	30%	37%
1b	Is it easy/very easy to see the nurse?	53%	66%	50%	79%	55%	48%
1c	Is it easy/very easy to see the dentist?	19%	15%	6%	17%	9%	13%
1d	Is it easy/very easy to see the optician?	26%	15%	13%	10%	14%	7%
2	Are you able to see a pharmacist?	39%	38%	38%	21%	33%	35%
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?	39%	34%	58%	25%	70%	50%
3b	The nurse?	50%	33%	54%	30%	73%	60%
3c	The dentist?	38%	32%	75%	29%	17%	33%
3d	The optician?	38%	10%	75%	7%	40%	36%
4	The overall quality of health services?	29%	28%	69%	24%	57%	37%

Key to tables

Percentages highlighted in green show the best score across wings		A wing	B wing	C wing	D wing	E wing	F wing
Percentages highlighted in blue show the worst score across wings							
Health services continued							
5	Are you currently taking medication?	49%	68%	47%	97%	48%	57%
For those currently taking medication:							
6	Are you allowed to keep possession of your medication in your own cell?	63%	52%	63%	45%	73%	77%
7	Do you feel you have any emotional wellbeing/mental health issues?	38%	46%	59%	50%	23%	43%
For those with emotional wellbeing/mental health issues, are these being addressed by any of the following:							
8a	Not receiving any help?	18%	31%	22%	33%	75%	39%
8b	A doctor?	64%	31%	11%	25%	50%	46%
8c	A nurse?	9%	0%	11%	0%	0%	8%
8d	A psychiatrist?	18%	25%	44%	8%	0%	23%
8e	The Mental Health In-Reach Team?	27%	38%	44%	42%	25%	23%
8f	A counsellor?	18%	25%	11%	17%	0%	15%
9a	Did you have a drug problem when you came into this prison?	47%	43%	7%	86%	20%	37%
9b	Did you have an alcohol problem when you came into this prison?	41%	41%	12%	48%	15%	47%
10a	Have you developed a drug problem since you have been in this prison?	12%	22%	0%	17%	9%	10%
For those with drug or alcohol problems:							
11	Do you know who to contact in this prison for help?	56%	50%	67%	96%	100%	69%
12	Have you received any help or intervention while in this prison?	65%	48%	67%	97%	50%	56%
For those who have received help or intervention with their drug or alcohol problem:							
13	Was this intervention or help useful?	82%	82%	100%	74%	75%	86%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	33%	59%	13%	57%	38%	28%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	39%	45%	12%	36%	30%	35%
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?	44%	55%	67%	70%	40%	46%

Key to tables

Percentages highlighted in green show the best score across wings		A wing	B wing	C wing	D wing	E wing	F wing
Percentages highlighted in blue show the worst score across wings							
SECTION 7: Purposeful activity							
1	Are you currently involved in any of the following activities:						
1a	A prison job?	28%	28%	24%	28%	27%	47%
1b	Vocational or skills training?	16%	14%	12%	10%	9%	27%
1c	Education (including basic skills)?	41%	47%	41%	31%	14%	40%
1d	Offending Behaviour Programmes?	0%	3%	0%	17%	0%	0%
2ai	Have you had a job while in this prison?	56%	79%	50%	62%	56%	80%
For those who have had a prison job while in this prison:							
2aii	Do you feel the job will help you on release?	57%	58%	50%	39%	80%	50%
2bi	Have you been involved in vocational or skills training while in this prison?	46%	76%	50%	65%	53%	79%
For those who have had vocational or skills training while in this prison:							
2bii	Do you feel the vocational or skills training will help you on release?	70%	69%	60%	33%	78%	47%
2ci	Have you been involved in education while in this prison?	80%	84%	69%	79%	50%	82%
For those who have been involved in education while in this prison:							
2cii	Do you feel the education will help you on release?	70%	52%	78%	42%	88%	56%
2di	Have you been involved in offending behaviour programmes while in this prison?	35%	74%	22%	70%	39%	71%
For those who have been involved in offending behaviour programmes while in this prison:							
2dii	Do you feel the offending behaviour programme(s) will help you on release?	33%	43%	50%	50%	40%	42%
3	Do you go to the library at least once a week?	32%	30%	53%	28%	33%	48%
4	On average, do you go to the gym at least twice a week?	36%	43%	24%	33%	36%	55%
5	On average, do you go outside for exercise three or more times a week?	32%	29%	39%	61%	52%	21%
6	On average, do you spend ten or more hours out of your cell on a weekday?	9%	6%	6%	3%	5%	4%
7	On average, do you go on association more than five times each week?	33%	53%	71%	31%	29%	72%
8	Do staff normally speak to you most of the time/all of the time during association?	18%	3%	29%	14%	19%	10%
SECTION 8: Resettlement							
1	Do you have a personal officer?	43%	46%	71%	38%	18%	66%
For those with a personal officer:							
2	Do you think your personal officer is helpful/very helpful?	62%	35%	83%	55%	75%	56%
For those who are sentenced:							
3	Do you have a sentence plan?	58%	62%	29%	25%	25%	44%
For those with a sentence plan?							
4	Were you involved/very involved in the development of your plan?	43%	31%	50%	40%	50%	38%
5	Can you achieve some/all of your sentence plan targets in this prison?	0%	58%	100%	40%	50%	67%
6	Are there plans for you to achieve some/all your targets in another prison?	33%	55%	100%	20%	100%	57%
For those who are sentenced:							
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	33%	10%	33%	6%	29%	31%
8	Do you feel that any member of staff has helped you to prepare for release?	16%	11%	13%	10%	29%	15%
9	Have you had any problems with sending or receiving mail?	50%	53%	24%	55%	23%	45%
10	Have you had any problems getting access to the telephones?	29%	31%	35%	28%	41%	28%
11	Did you have a visit in the first week that you were here?	59%	36%	35%	28%	27%	45%
12	Did you receive one or more visits in the last week?	42%	38%	31%	21%	32%	44%

Key to tables

Percentages highlighted in green show the best score across wings		A wing	B wing	C wing	D wing	E wing	F wing
Percentages highlighted in blue show the worst score across wings							
Resettlement continued							
For those who have had visits:							
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	65%	50%	67%	21%	67%	61%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	41%	40%	38%	21%	40%	29%
15	Do you know who to contact within this prison to get help with the following:						
15b	Maintaining good relationships?	4%	14%	6%	14%	20%	17%
15c	Avoiding bad relationships?	4%	3%	6%	7%	20%	17%
15d	Finding a job on release?	4%	7%	6%	17%	20%	29%
15e	Finding accommodation on release?	7%	17%	6%	24%	25%	17%
15f	With money/finances on release?	7%	10%	12%	10%	20%	17%
15g	Claiming benefits on release?	7%	21%	6%	28%	30%	25%
15h	Arranging a place at college/continuing education on release?	0%	0%	6%	10%	20%	13%
15i	Accessing health services on release?	4%	14%	6%	28%	20%	13%
15j	Opening a bank account on release?	7%	0%	6%	14%	10%	13%
16	Do you think you will have a problem with any of the following on release from prison?						
16b	Maintaining good relationships?	13%	21%	18%	23%	22%	4%
16c	Avoiding bad relationships?	20%	24%	12%	20%	17%	12%
16d	Finding a job?	47%	46%	41%	53%	56%	36%
16e	Finding accommodation?	53%	46%	41%	53%	33%	36%
16f	Money/finances?	30%	27%	29%	57%	22%	12%
16g	Claiming benefits?	33%	30%	47%	37%	28%	16%
16h	Arranging a place at college/continuing education?	23%	12%	18%	13%	17%	4%
16i	Accessing health services?	13%	18%	24%	33%	11%	8%
16j	Opening a bank account?	33%	27%	35%	40%	11%	16%
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?	27%	37%	71%	44%	43%	63%