

Report on an unannounced inspection of

HMP Durham

by HM Chief Inspector of Prisons

2 – 13 December 2013

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Introduction

HMP Durham is a local prison serving courts in the north east and Cumbria, holding about 1,000 adult and young adult male prisoners. A large, important and iconic institution, the jail dates back nearly 200 years. Although it has developed and changed over the years, Durham operates with the challenge of working with, and holding people in, an aged infrastructure, where virtually every cell is holding more people than it should. In addition to this, the prison has been subject to a competitive tendering process and is currently undertaking significant management reorganisations and resource benchmarking exercises. Durham has seen a lot of change and some progress. But, as before, that progress remains slow.

For a local prison receiving people from the streets and new to custody, arrangements to promote safety were not good enough. In our survey, prisoners were more negative than at comparator prisons about their experience on arrival. Risk management, assessment and induction arrangements all needed to improve, and be predicated on the care of the individual. Tragically, since we last inspected, four prisoners had taken their own lives although, encouragingly, incidents of self-harm seemed to be falling. Work to support those in self-harm crisis was weak and prisoners in this situation tended to express views which suggested they felt unsupported or cared for. Incidents of violence or anti-social behaviour were higher than we would have expected and monitoring needed to be better. Prisoner perceptions concerning their own safety seemed, however, to be improving.

Some security procedures lacked proportionality but mandatory drug testing suggested illicit drug usage was high and almost twice what would be expected in similar prisons. Testing had seen spikes in positive results – during some months this was as high as 37% – and many prisoners indicated to us that it was easy to obtain illegal drugs. Despite this the prison had begun to tackle supply reduction, and clinical treatment and support for those with drug problems had improved significantly.

Use of force and use of special accommodation in segregation were not excessive but supervision and accountability in respect of both interventions was insufficient. We were not confident that all incidents were properly recorded or that de-escalation techniques were applied as they should. Use of segregation and the use of formal disciplinary procedures were higher than in similar prisons. Some prisoners remained segregated for too long and the regime they were offered was very limited. Most prisoners, however, indicated to us that they felt well treated by segregation staff and our observations confirmed this. Of particular note was the way segregation unit staff and the prison in general were supporting a young man in isolation who had contagious TB but was refusing treatment. The prison deserved acknowledgement for the way it was dealing with this challenging situation.

Across many indicators of safety including violence, use of force and segregation, young adults, who comprised just 8% of the population, were disproportionately represented. This was a concern that required better understanding by the prison and there needed to be a less complacent approach in addressing this problem.

Cellular accommodation was cramped and often poorly equipped, although communal areas were well maintained. Access to cleaning materials and basic housekeeping issues such as kit, mail and stored property was problematic and simple requests through the applications system required better handling. Relationships between staff and prisoners, at the heart of any successful prison, were lacking at Durham. Less than two-thirds of prisoners felt respected by staff and our own observations confirmed an approach that was too often dismissive and uncaring. For example, prisoners told us that work to confront drug addiction was undermined by some staff attitudes.

Work to support and promote equality was only just adequate with structures either weak or very new. Communication with minority groups was regressing. Prisoners expressed limited confidence in the complaints procedure with some justification, and less satisfaction with health provision. The prison had recently opened a brand new health facility and we found outcomes that were encouraging. Mental health provision was excellent.

The prison had recently introduced a new daily routine which did not appear to be understood by either staff or prisoners. Time out of cell varied greatly but there was frequent curtailment or slippage, and arguably too much unregulated discretion by staff. The provision of learning and skills activity was a strength of the prison. Ofsted graded outcomes at Durham to be good across all of its assessments. There was good leadership and over 80% of prisoners had some involvement in purposeful activity with just 155 actually recorded as unemployed. Most prisoners attended activity on a part-time basis but allocation was effective and attendance improved despite punctuality being undermined by delayed unlock. The range of provision in education and vocational training was good, with good teaching and effective learning. Achievements of qualifications in both education and vocational training were high.

The coordination of reducing reoffending and resettlement functions needed to be better and outcomes could have been improved further with a more strategic approach. Greater connectivity was also required with prisoners, too many of whom did not appear to believe they were being helped. Sentence planning was better for those serving over 12 months and most sentence planning risk assessments had been completed on time. Sentence planning itself was adequate but arrangements for short-term and remand prisoners were much more variable. Contact and engagement by offender supervisors with prisoners subsequent to sentence planning was also variable, but again broadly appropriate and better than we often see. Work undertaken with prisoners subject to local integrated offender management schemes was good, especially the scheme in Sunderland, and community family support for substance misusers was also a positive initiative. Support for resettlement needs was generally good, including some effective work to support prisoners in need of accommodation by the prison's partners, Shelter.

Durham produces some reasonable and at times very good outcomes for prisoners. It is unusual that in an old Victorian local prison it is the quality of work activity and learning that is one of the prison's best features. Resettlement services are also reasonably good. Durham, however, could be a better prison than it currently is. Many services, notably those run by operational staff, were not good enough. The prison has experienced some significant distractions in recent times but these should not be allowed to become excuses. Durham is fortunate that it has a clearly defined role as a regional hub for custodial and resettlement services. Progress needs to be speeded up.

Nick Hardwick
HM Chief Inspector of Prisons

May 2014

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

918 on 5 December 2013

Certified normal accommodation

597

Operational capacity

1,001

Date of last full inspection

26 - 30 September 2011

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 wing	remand, convicted and sentenced prisoners, short and long term
B wing	full-time workers' wing
C wing	vulnerable prisoners' wing
D wing	integrated drug treatment system
E wing	integrated drug treatment system
F wing	first night centre and induction unit
I wing	drug recovery wing
G wing	separation and care unit
M wing	health care inpatients

Name of governor/director

Tim Allen

Escort contractor

GeoAmey

Health service commissioner and providers

Commissioner: Health and Justice (North East and Cumbria), NHS England, Durham, Darlington and Tees area team

Provider: Care UK

Learning and skills provider

The Manchester College

Independent Monitoring Board Chair

Richard Thomas

About this inspection and report

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

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

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

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

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

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

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection.

This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

- S1 *Early days arrangements were ineffective and at times uncaring. There were too many violent incidents and we found some evidence of under reporting. Self-harm had reduced significantly but arrangements to support prisoners in crisis were inadequate. Security was not wholly proportionate and there were many deficiencies across the range of disciplinary procedures. The drugs reduction strategy showed signs of success and psychosocial treatment provision had improved, but illegal drugs were still a significant concern and alcohol was an increasing problem. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S2 *At the last inspection in 2011, we found that outcomes for prisoners in Durham were not sufficiently good against this healthy prison test. We made 21 recommendations in the area of safety. At this follow-up inspection we found that two of the recommendations had been achieved, four had been partially achieved and 15 had not been achieved.*
- S3 Most journey times from court were short, vans were clean and escort staff respectful. In our prisoner survey, many indicators for early days in custody were more negative than in similar prisons and at the last inspection. We acknowledged the high throughput of the prison and, although new procedures were designed to reduce time spent in reception, we observed waits of almost two hours during relatively quiet periods. First night arrangements were not working: new systems were fragmented and a caring approach was generally lacking.
- S4 Not all new arrivals were located on the first night centre, some cells were not properly prepared and some prisoners did not have the opportunity for showers and telephone calls. First night interviews varied and we were not confident that all risks or vulnerabilities of new arrivals were properly identified. Handover arrangements to night staff were inadequate. The use of 'meet and greet' orderlies on the first night centre was a positive initiative and appreciated by prisoners, but supervision of their work was weak. Induction lacked structure and an appropriate environment. We were not certain that all prisoners received a comprehensive induction.
- S5 Violent incidents were under reported but levels were still higher than at comparable prisons, although most were not of a serious nature. Young adults were disproportionately over represented in violent incidents but the establishment was not addressing this. Monitoring arrangements and interventions were inadequate and there was a lack of meaningful analysis of violent incidents.
- S6 Since our last inspection, there had tragically been four self-inflicted deaths and we were concerned that action plans derived from the Prisons and Probation Ombudsman recommendations, in these cases, were not reviewed frequently enough. Incidents of self-harm had, however, reduced significantly since our last inspection, although the number of opened ACCT documents (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm) was similar. There was little evidence to explain this decrease in self-harm. The quality of most ACCT documents was poor, many entries did not demonstrate a caring approach and care for prisoners on constant observation was inadequate. Some prisoners on ACCTs expressed feeling uncared for and unsupported. On too many occasions prisoners on ACCTs were held in the segregation unit with no evidence of the exceptional circumstances to justify this. Safeguarding arrangements were

underdeveloped and the sharing of information between health care and the rest of the prison required improvement.

- S7 Some security arrangements were disproportionate, including strip and squat searching and the excessive and mostly inappropriate use of closed visits. Actions by security intelligence staff were not always timely and we were not confident that intelligence was shared appropriately with all relevant departments. Security objectives were not widely known by staff and were not specific enough to address all intelligence issues. Mandatory drug testing rates were high, although they were reducing following some successes in supply reduction. However, in our survey, 40% of respondents said it was still easy to get drugs in the prison and 25% that it was easy to get alcohol against respective comparators of 29% and 13%. Fifty-four per cent of suspicion tests were falling out of time due to the redeployment of testing staff.
- S8 Many warnings under the incentives and earned privileges (IEP) scheme were petty. Most reviews took place without prisoners; they were not timely or thorough and had perfunctory targets. There was no governance of the basic regime landing (A5) and the regime was poor.
- S9 Although lower than at the last inspection, the number of adjudications was higher than in similar prisons. Many adjudication records reflected insufficient exploration of charges before a finding of guilt and, at the time of the inspection, no quality assurance was being undertaken. Throughput of the segregation unit was much higher than in similar prisons but most stays were relatively short and most residents were reintegrated into the mainstream population. The environment in the segregation unit was generally good but the exercise yards were austere cages. The regime was impoverished for most residents; many had to choose between a shower and a telephone call each day. Documentation authorising segregation was often completed poorly and, where included, targets were perfunctory. Staff in the unit were knowledgeable about those in their care and prisoners spoke well of most officers.
- S10 Governance of use of force was weak and the frequency with which it was used with young adults was disproportionate to their numbers. Many records lacked detail and reflected limited efforts to de-escalate and most records that we reviewed indicated use of handcuffs and relocation to the segregation unit. Use of special accommodation was under reported and routinely involved the use of strip clothing and we were not certain that all uses were justified or authorised properly. Planned interventions were not always filmed or reviewed and the quality of those that we watched was poor. In some cases force was applied for too long before de-escalation was achieved.
- S11 There had been some progress in the quality of clinical treatment for substance misusers since the last inspection. Of the 213 prisoners receiving opiate substitution treatment, 192 were on reducing doses and 21 were maintained, a commendable ratio of 90% to 10%. Subutex (buprenorphine) was not available, contrary to national guidance. Psychosocial treatment provision had improved significantly, with a wide range of good quality drug and alcohol interventions on offer. However, most prisoners on I wing, and many on D wing where most prisoners receiving methadone were located, told us that the very good work done by drug and alcohol workers and therapeutic staff was regularly undermined and its effectiveness diminished by the negative attitude of a few uniformed staff.

Respect

*S12 Accommodation and communal areas were generally clean but most cells were very small compared to what we normally see, and lacked privacy. Many prisoners felt disrespected by staff. Some staff demonstrated a lack of support for prisoners, while others were proactive and caring, particularly non-uniformed staff. Formal arrangements to support equality and diversity work had deteriorated. Support for older prisoners was good but provision for young adults was lacking and staff were not aware of the needs of some prisoners with disabilities. Health services were good and mental health provision was very good. Complaints were not always answered appropriately. With the exception of vulnerable prisoners, most prisoners were dissatisfied with food. Faith provision was good and the chaplaincy was well integrated into the prison regime. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S13 At the last inspection in 2011, we found that outcomes for prisoners in Durham were reasonably good against this healthy prison test. We made 41 recommendations in the area of respect.² At this follow-up inspection, we found that 15 of the recommendations had been achieved, two had been partially achieved and 24 had not been achieved.

S14 Communal areas were reasonably clean and well maintained. Cells were also clean but cramped and poorly decorated, with graffiti and inadequate furniture. Toilets and showers lacked privacy and many toilets were heavily scaled. Prisoner access to clothing, sheets, cleaning materials, mail and stored property was poor. The applications system was ineffective.

S15 In our survey, only 59% of prisoners said staff treated them with respect and a third felt victimised by staff. Most interactions that we observed between staff and prisoners were superficial and the attitudes of a significant number of staff had a negative impact on relationships. Many uniformed staff did not demonstrate that they cared for prisoners or did not engage in a meaningful way, the use of surnames to address prisoners was the norm and staff entries in prisoner case history notes were perfunctory and irregular. Some staff, in particular non-uniformed staff, engaged well and demonstrated care for prisoners. Formal consultation arrangements were reasonable.

S16 Strategic management of equality and diversity work had regressed in the last 10 months and the prison was not addressing some key issues. Important components of SMART (systematic monitoring and analysis of race equality treatment) data had not been compiled for several months, which was a concern, and there had been no consultation with minority groups since February 2013.

S17 Prisoners with disabilities responded more negatively than those without in our survey. The prison did not have an accurate record of prisoners with disabilities and support for these prisoners was lacking. There was a gap in the completion of personal emergency evacuation plans which was potentially dangerous. There was still no strategy for young adults, who were over represented in key areas such as use of force and the basic level of the IEP scheme. The small number of foreign national prisoners had limited support. Prisoners over 50 and vulnerable prisoners were generally more positive than younger and mainstream prisoners.

² This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

- S18 The number of discrimination incident report forms submitted was low and investigations were timely and thorough. Prisoner diversity representatives worked well, but there was otherwise very little support for minority groups. Faith provision was good, the chaplaincy was well integrated and the faith facilities were adequate.
- S19 Many prisoners in our survey and interviews had negative perceptions about the complaints procedure, and we found that, while timely, responses were often curt and did not address the complaint fully. Legal services provision was adequate: there were trained staff, legal visits and appropriate literature in the library.
- S20 Prisoners were less satisfied with health care than at comparator prisons. Clinical governance and standards of health care were very good but recent changes at reception had caused unacceptable delays to initial health screening. There were appropriate opportunities for primary care and support for lifelong conditions. The health care advice line continued to support prisoners and was good practice. The did-not-attend rates for GP and dental appointments were the lowest we had seen. Telemedicine had been introduced, although its full potential had yet to be realised. The new health care centre and in-patient complex was a substantial improvement on the previous building. Dental and pharmacy services were good. Health providers had differing views about some prescribing practices, which was unsatisfactory. Mental health services were excellent, though data on the training of custody staff in mental health awareness were unavailable.
- S21 The menu catered for all diets but prisoners were dissatisfied with the food. In our survey, 18% said the food was good, less than the comparator; however vulnerable prisoners were more positive. Food that we tasted was satisfactory. Prisoners could wait for two weeks to receive their first prison shop order, a situation which could lead to debt issues. Canteen provision was a standing agenda item at prisoner consultation meetings.

Purposeful activity

S22 *Fully employed prisoners had reasonable time out of cell but the published core day was not being delivered and we found too many prisoners locked up during the working day. There was a lack of activity places but the prison paid good attention to education and employment and the allocation of prisoners to activities had improved. Education and vocational training provision was good and peer workers were used effectively to support learning. Achievements for most activities were good. Provision for vulnerable prisoners was inadequate. The library was a good facility and most prisoners had easy access. PE provision appeared to be adequate but was very limited during our inspection due to building work. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S23 *At the last inspection in 2011, we found that outcomes for prisoners in Durham were reasonably good against this healthy prison test. We made 12 recommendations in the area of purposeful activity. At this follow-up inspection we found that eight of the recommendations had been achieved, one had been partially achieved, two had not been achieved and one was no longer relevant.*

S24 During our roll checks we found 32% of prisoners locked in their cells during the working day. The core day was not fully understood by staff or prisoners and in some cases operated with too much staff discretion. The maximum time out of cell was about 9.5 hours a day Monday to Thursday but unemployed prisoners could have as little as two hours. These figures were affected by regime slippage and were worse at weekends when there was no monitoring of regime curtailment. Exercise periods were too short and not available to all prisoners each day.

- S25 There was a strong focus on employment to develop prisoners' skills for successful resettlement. Management was good, with collaboration between the prison and the Offender Learning and Skills Service and National Career Service partners to drive improvements. A good range of relevant community groups and agencies were involved. Quality assurance was good. Attendance at vocational training, work and most education sessions was good. Punctuality, particularly at afternoon activities, was poor and sometimes affected by regime slippage. Allocation to activities had greatly improved but there were not enough activity places. Since vulnerable prisoners had changed their wing location in mid-2013, their activity choices had been poor, but this was being addressed.
- S26 Induction to activities was good and most education and vocational training sessions were good or better. English and mathematics courses developed a range of functional skills from entry level to level 2. The quality of teaching and learning was good. Peer mentors worked effectively with staff in a variety of areas to support learning. Workshops were well managed and activities promoted good work ethics.
- S27 Learners in vocational training and work developed high standards of commercial skills, which enhanced their employability and improved their self-esteem and confidence. Standards of work in education classes were generally good, but learners' files were not well organised. Achievement was high for learners who remained on courses and work could be continued at other establishments following transfer.
- S28 The library was well resourced and vocational books were updated regularly. Books in other languages were adjusted to suit the changing population. Two peer mentors supported other prisoners very effectively and identified new book stock. Access was good for most residential units and books were taken to the segregation unit. Access for prisoners held on the induction unit was more restricted.
- S29 Use of PE facilities, particularly for vulnerable and older prisoners, and provision of accredited courses had been severely curtailed by building and repair work. Good links with health care promoted healthy living and supported prisoners with mental health needs. The introduction of innovative interventions was imminent which would focus on behaviour management and violence reduction to aid resettlement. Some accredited PE awards leading to employment were to be reinstated.

Resettlement

- S30 *The strategies for resettlement and offender management were not fully integrated. Sentence planning and public protection arrangements were developing well but access to programmes was limited, particularly for a few category B prisoners who were unable to progress. Staff supervision and case work management were good. Resettlement pathway provision was generally good and some work on accommodation, finance and debt was very good. Children and families support was generally good but the visits experience was spoiled by delays in visitors gaining access to the prison. Positive initiatives such as father and child homework in visits and the drug and alcohol support service for families were appreciated by prisoners. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S31 *At the last inspection in 2011, we found that outcomes for prisoners in Durham were reasonably good against this healthy prison test. We made 14 recommendations in the area of resettlement. At this follow-up inspection we found that five of the recommendations had been achieved, four had been partially achieved and five had not been achieved.*

- S32 The integration and coordination of reducing reoffending work and offender management needed improvement. There was no up-to-date needs analysis on which to base service provision. The offender management unit was in transition and a number of new staff had yet to be recruited and deployed. The reduced number of uniformed offender supervisors was compounded by their regular redeployment from the department. The integration of the management of offending behaviour and meeting the resettlement needs of prisoners was inconsistent. In our survey, only 36% of prisoners against 47% at comparator prisons said that they had done something or had something happen to them to reduce the likelihood of them offending in the future.
- S33 Custody or sentence planning for prisoners serving sentences of less than 12 months was inconsistent and many prisoners had not received a basic custody screening. Basic immediate needs screening for most prisoners was undertaken immediately before their release. Work with prisoners serving over 12 months was generally appropriate. Sentence planning for prisoners who were sentenced was broadly sound, although involvement by other departments was limited. More prisoners than at our last inspection said they were involved in the development of their plans. Offender supervisor contact following sentence planning was variable.
- S34 Quality assurance of offender supervisor work had improved significantly and the use of the senior probation officer to supervise and mentor them was very positive. Category C prisoners were transferred to appropriate establishments with relative ease, but there was not enough motivational work or effective engagement with category B prisoners, particularly those convicted of a sex offence.
- S35 Public protection arrangements were appropriate and well managed. Work with the small number of indeterminate sentenced prisoners was reasonable, although there were delays in completing some initial assessments. Work with prisoners subject to the three integrated offender management (IOM, a coordinated, multi-agency approach to managing higher risk offenders) projects in the area was good. The range of opportunities for prisoners on temporary licence had developed.
- S36 Accommodation and finance, benefit and debt needs of all prisoners were identified during induction by trained peer workers, and support provided by experienced Shelter workers. Priority was given to safeguarding existing tenancies when possible, and local accommodation service providers met the needs of about 75% of the population released into the local area, with low no-fixed abode rates. A Shelter worker delivered financial awareness training and Job Centre Plus workers organised benefit appointments in the community post release. The prison was negotiating a contract to enable prisoners to open bank accounts before release.
- S37 There was good support for job search and the job shop provided budgeting and employability skills awards, including CV writing and interview techniques. Partnership working between the prison and community agencies was good. A pilot programme in the enterprise unit supported the most prolific offenders to learn commercial craft skills. About 40% of prisoners progressed into education, training and employment on release.
- S38 Links with local drug and alcohol agencies were very good, including a service offering family support to prepare for prisoners' release. Health care had good links with community services.
- S39 Visitors said they were well received but, without exception, complained about the difficulty in using the visits booking line. Visits did not start at the advertised time and some started up to 45 minutes late. The new visitors' centre was well managed by NEPACS (North East Prisons After Care Society) staff and first-time visitors were identified and supported. The weekly father/child visits and recently introduced 'homework' sessions on Friday evenings

were much appreciated. It was positive that a visiting order did not have to be used for these visits.

- S40 Prisoner access to offending behaviour programmes was limited to an alcohol programme and a 12-step drug programme. The lack of an up-to-date needs analysis meant that the extent of unmet need for offending behaviour work was unknown.

Main concerns and recommendations

- S41 Concern: First night procedures were not working effectively and arrangements were fragmented and ineffective for many prisoners. There was a general lack of care. Some first night cells were not prepared to a reasonable standard and newly arrived prisoners could not consistently shower or make a telephone call on their first night at the prison.

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

- S42 Concern: Young adults were disproportionately represented in a number of key areas including violent incidents and use of force. Young adults were more likely than other prisoners to be on the basic level of the incentives and earned privileges scheme. Specific support for young adults was lacking and the prison had no strategy to take this work forward.

Recommendation: There should be a needs assessment of the young adult population, and a clear strategy developed for their overall management.
(Repeated recommendation HP49)

- S43 Concern: Governance of the use of force was weak. Many records of use of force were incomplete. Control and restraint was applied in a high percentage of incidents with full and sustained use in more cases than we normally see. Use of handcuffs and re-location to the segregation unit were almost routine when force was applied and many incidents were not de-escalated quickly enough. Planned interventions were not routinely filmed or reviewed. Use of special accommodation was under-reported, routinely involved the use of strip clothing and authorisation for use was inadequate. The use of force committee was ineffective.

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

- S44 Concern: Relatively few prisoners said that staff treated them with respect and a third felt victimised by staff. Most staff-prisoner interaction was perfunctory and many uniformed staff failed to demonstrate a caring approach towards prisoners.

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

Section 1. Safety

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

Courts, escorts and transfers

Expected outcomes:

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

1.1 *Some prisoners waited in court for too long after the conclusion of their case. Most journeys to the establishment were relatively short but late arrivals were common. Relationships between escort staff and prisoners were respectful. Disembarkation from vehicles was sometimes delayed, but handcuffing was not routine. Person escort records were not always completed fully.*

1.2 In our survey, 67% of respondents against the comparator of 76% said they felt safe on their journey to the prison. Most journey times were relatively short. Vans we inspected were clean and relationships between escort staff and prisoners were informal and polite. Delays in the vehicle entering the prison were rare but there were some substantial delays before prisoners were disembarked to reception. Use of handcuffs was not routine. Arrivals after 7pm were not uncommon, and some prisoners arrived as late as 9pm, which was unacceptable.

1.3 Not all person escort records (PERs) were completed satisfactorily and some prisoners spent too long at court after their case had concluded. Our survey findings and conversations with prisoners and escort staff did not indicate that written information about Durham was available at court, although PERs sometimes recorded the issue of a 'What happens next' guide .

Recommendations

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

1.5 **Prisoners should arrive at the prison before 7pm.** (Repeated recommendation 1.7)

Early days in custody

Expected outcomes:

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

1.6 *Prisoners responded less favourably in our survey than the comparator and at the last inspection across a range of indicators relating to early days arrangements. Many prisoners remained in reception for too long. Staff concentrated solely on completing reception procedures rather than offering appropriate care and support. Prisoners at risk on their first night were not always identified and first night accommodation and support were inadequate. Induction was fragmented and we were not confident that all prisoners completed it.*

- 1.7** Reception was up three flights of stairs and the lift for use by prisoners with restricted mobility had been out of action for some time. There were frequently about one hundred movements through reception each day. Communal areas were clean and some effort had been made to make them welcoming. Most holding rooms contained televisions which were not switched on and, other than a notice board with limited information, there was no material to occupy prisoners.
- 1.8** Shortly before the inspection, early days arrangements had changed. Most procedures had been moved to the first night centre to keep prisoners in reception for the shortest period. In reality, prisoners still spent too long in reception: up to two hours was not uncommon, even during the relatively quiet period that we observed.
- 1.9** In our survey, prisoners responded less favourably than the comparator across a range of indicators about their reception experience, including being searched respectfully and being treated well by reception staff. All prisoners were strip-searched and often asked to squat, frequently with no supporting intelligence (see section on security). Interactions that we observed were genial but process driven, with a lack of care and support when it was badly needed. This included a case in which we intervened to ask for medical attention for a newly arrived prisoner. Prisoner orderlies worked in reception but their role did not include peer support, which was a gap in a local prison.
- 1.10** All prisoners were processed through the designated first night centre on F wing but there were often not enough spaces and new prisoners were frequently located elsewhere in the prison. There was too little emphasis on ensuring newly received prisoners were located on the first night centre as even if some prisoners had to be moved off a little early it would ensure that the most vulnerable prisoners were being supported. Health care staff saw all prisoners in private but often after significant delays (see section on delivery of care physical health) which prevented them from being located to their wing.
- 1.11** Staff conducted first night risk interviews in private but did not always focus on vulnerability or risk and we found some records that had not been completed on the day of arrival. Interviews that we observed appeared rushed and predominantly focused on issuing a pin number for the telephone and tobacco or other canteen packs. Whilst new arrivals were given £2 pin credit, only 50p of which was not repayable, and our expectation is that they will receive a free call. We found prisoners who had not used a shower or telephone almost 24 hours after arrival.
- 1.12** ‘Meet and greet’ prisoner orderlies trained by Shelter saw all new arrivals on their first night to complete a housing needs assessment. They were available to offer other support but had no other formal first night responsibilities.
- 1.13** First night cells were not always clean or properly prepared. Handover between day and night staff did not cover the location of new arrivals and we were not confident that new prisoners were checked routinely during their first night unless they were on ACCTs (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm). In our survey, 66% of respondents said they felt safe on their first night against the comparator of 74% and 72% at the last inspection.

- 1.14** Survey results relating to induction were similarly poor. At the start of induction, first night staff explained the regime and sources of support, but this was not done thoroughly and written information given to prisoners was also limited.
- 1.15** A rolling programme of induction generally started the day after arrival. The timetable was disorganised and numerous agencies competed for time and space to see new prisoners. The 'meet and greet' supporters gave valuable information about the establishment to some prisoners who were spending their first time in custody, but prisoners who had been transferred from other prisons or who had not been in prison for a time missed out. Even the new arrivals could decline the opportunity and were not encouraged by staff to take part. The peer supporters had no identified room for their work and too little support, and there was no staff oversight of their presentation.
- 1.16** The monitoring of prisoners' participation in induction was inadequate. Most records that we examined suggested that prisoners did not complete a full induction. When they were not participating in induction and had not been allocated to activities, prisoners were locked up for excessive periods.

Recommendations

- 1.17 Prisoners should spend less time in reception.**
- 1.18 The content and delivery of induction and monitoring of attendance should be improved and all prisoners should be kept purposefully engaged until allocated to activities.**

Bullying and violence reduction

Expected outcomes:

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

1.19 *Data on violence were inconsistent and not all incidents were reported. Analysis of patterns and trends did not inform strategy. Young adults were over represented in violent incidents. Mechanisms for managing the perpetrators and victims of violence were inadequate. Vulnerable prisoners were managed well.*

- 1.20** The violence reduction policy was up to date but not specific to the population. It was not informed by an analysis of patterns of violence or a prisoner survey. The safer custody committee met monthly but attendance was poor and the security team had not attended during 2013. The violence reduction report included most indicators of violence but there was no analysis of patterns and trends and the action plan was not updated.
- 1.21** Data collated by the violence reduction coordinator showed that there had been 22 assaults on staff, 38 assaults on prisoners and 25 fights in the previous six months. Official data collated by the security department were much lower and we found examples of incidents in wing observation books that had not been reported. Links between the two departments were inadequate. Although many incidents were not serious, we were concerned that there was substantial under reporting, including incidents of bullying, which

had not been investigated. Young adults, who comprised 8% of the population, were involved in 17% of incidents of violence, but there was no specific policy to manage young adults or address this disproportionate representation in violent incidents.

- 1.22** In our survey, 37% of respondents said they had felt unsafe against 46% at the previous inspection and 17% said that they felt unsafe at the time of our inspection against 22%. Fewer prisoners than the comparator said that they had been victimised by other prisoners.
- 1.23** A three-stage system was used to identify, challenge and address antisocial behaviour (CAB) which formed part of the establishment's zero tolerance approach to managing violence. Level 1 for monitoring was rarely used while level 2, which activated sanctions for prisoners found guilty of antisocial behaviour on adjudication, had been used 97 times in the previous six months; this was much higher than at our last inspection. This demonstrated that zero tolerance was more than just words but was not sufficiently focussed on supporting the victims of violence or proactive enough in preventing the causes of violence. Level 3 for monitoring segregated prisoners had not been used in the previous 12 months. Only eight CABs had been opened for victims of violence or bullying in the previous six months, which was low compared to the number of reported incidents. Support for victims of violence or bullying was inadequate. Most CABs were opened by the violence reduction officer and other staff were rarely involved in the process. Prisoners monitored through CAB 2 were placed on the basic level of the incentives and earned privileges (IEP) scheme and located on the basic regime landing (see section on incentives and earned privileges). Documents that we reviewed showed that individual targets were perfunctory and monitoring was poor. There were no interventions for perpetrators of violence.
- 1.24** Vulnerable prisoners were located on C wing and were no longer integrated into the regime. They had limited access to purposeful activities (see section on provision of activities) but otherwise received a similar regime to mainstream prisoners. In our survey and in our groups, most vulnerable prisoners said they felt safe at the time of the inspection and that staff treated them with respect.

Recommendations

- 1.25** **The violence reduction strategy should be revised, based on an analysis of patterns of violence and a prisoner survey. Monitoring should be improved and interventions for perpetrators and support for victims of violence should be enhanced.**
- 1.26** **The collection, collation and analysis of data on violent and antisocial behaviour should be improved to facilitate the management of violence and antisocial behaviour. Action should be taken to address identified concerns.**

Housekeeping point

- 1.27** Attendance at the safer custody meeting should be improved.

Self-harm and suicide

Expected outcomes:

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

1.28 *Incidents of self-harm had significantly reduced. Access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was good. Death in custody action plans had not been implemented. The management of prisoners subject to ACCT case management documentation was poor, particularly for those on constant supervision. Too many prisoners on ACCTs were located in the segregation unit, which was unacceptable.*

- 1.29** The safer custody team met monthly (see section on bullying and violence reduction) with regular representation by Samaritans and Listeners. Incidents were analysed based on trends and patterns but the minutes of meetings did not indicate that discussions were used to inform strategy. There had been four self-inflicted deaths since our last inspection. We were not confident that all actions recommended by the Prisons and Probation Ombudsman had been addressed or regularly reviewed.
- 1.30** Data collated by the safer custody team showed that between June and November 2013 there had been 112 incidents of self-harm, about half the number at our last inspection. We found no evidence to explain this reduction. The number of ACCT self-harm monitoring documents opened was similar to the last inspection.
- 1.31** In our survey, only 45% of respondents said they could speak to a Listener at any time against the comparator of 57% and 53% at the last inspection. Notwithstanding this, we found that there was good access to Listeners, who operated on a rota and had 24-hour access to prisoners in crisis. Listeners we spoke to said they were supported in conducting their duties and records showed that the service was used well.
- 1.32** The quality of ACCT documentation was poor. Care maps were not always updated, reviews were not multidisciplinary and most staff entries in case records were observational and did not demonstrate a caring approach. Many prisoners we spoke to, and in our survey, said they felt uncared for and unsupported by staff. We found examples of poor care during the inspection where bedding had been replaced with anti-ligature clothing for prisoners subject to ACCT, without appropriate justification. Seventeen prisoners on ACCTs had been located in the segregation unit and the cases that we reviewed did not justify segregation.
- 1.33** Constant supervision cells were located on B wing, the separation and care unit (SACU) and in the health centre. Cell doors were left unlocked, but prisoners on constant supervision said that staff rarely engaged with them. Conditions in these cells were poor with stained walls and heavily scaled toilets; one cell had no pillow case.

Recommendations

- 1.34** **Death in custody action plans should be reviewed regularly and actions addressed.**

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

Housekeeping points

- 1.36** Minutes of safer custody meetings should reflect discussions at the meetings.
- 1.37** Constant observation cells should be clean, decorated and furnished.

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.³

- 1.38** *Most staff were aware of their responsibility to protect prisoners at risk, but there was no safeguarding policy and no formal contact with the local social services department.*

- 1.39** There was no local safeguarding policy for adults at risk and there had been no contact with local social services about the development of a policy. New arrivals were seen by a member of the health services team, who assessed safeguarding needs, but information was not always shared with other departments and there was no multidisciplinary meeting to discuss prisoners with vulnerabilities. Most staff were aware of their responsibility to protect prisoners at risk but were not clear what to do if there was information that an adult at risk may have been abused or injured while in custody.

Recommendation

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

Security

Expected outcomes:

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

³ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

1.41 *Some security procedures were disproportionate. Security intelligence was not always used to set or monitor objectives to address identified issues. Information sharing was weak in some important areas. Mandatory drug testing (MDT) rates were high, although reducing following some success in supply reduction. Arrangements for suspicion drug testing were inadequate. A more strategic approach to supply reduction was still needed.*

1.42 Some security procedures were disproportionate. There was too much routine strip and squat searching on reception, entry to the separation and care unit and following visits, which was generally undertaken with no supporting intelligence (see sections on early days in custody and segregation). Use of closed visits was high and had been applied 58 times between June and November 2013, mostly for a minimum period of three months and many times for reasons unrelated to the trafficking of items in visits, including positive MDTs. Poor reconciliation of the prisoner roll, particularly at lunchtime, often affected the start of the afternoon regime.

1.43 In the previous six months, 1,923 intelligence reports (IRs) had been submitted and processed within reasonable timescales. Target searching was generally timely and productive, including finds of hooch (illicitly brewed alcohol), drugs and mobile telephones. The security committee met monthly and was informed by a comprehensive intelligence report. Despite a high number of IRs on violence, we were advised that preventing the trafficking of unauthorised items was the priority and that violence generally stemmed from this, which was an unsophisticated conclusion. There had been 23 finds of hooch in the six months to November 2013. Specific objectives to address the main issues raised through intelligence were not always set or monitored and many staff were not fully aware of the challenges facing the establishment or their part in addressing them. Information sharing with other departments, including violence reduction, drug strategy and health care, was not always effective.

1.44 The MDT suite was clean, tidy and appropriately equipped. The average positive random MDT rate for the six months to October 2013 was 21.1% against a target of 13%, with the highest rate of 37% in August. The main drug detected was buprenorphine, a drug that was not prescribed in the prison. There were also suggestions of new psychoactive substances being used, though these drugs were not detected under the current MDT panel.

1.45 Some good work had been done by the security department to reduce drug supply but the MDT rate was still nearly twice the average for comparator prisons. In our survey, more prisoners than in comparator prisons said it was easy to get illegal drugs and alcohol and more said that they had developed a drug problem in the prison.

1.46 The suspicion drug testing positive rate for the same six-month period was low at 35.9%, a possible indicator of prisoners using non-detectable drugs. Of the 178 suspicion tests requested, 54% had not been completed in the required timeframe, mainly due to staff redeployment. Despite the acute problem of drugs, there was no supply reduction strategy or action plan.

Recommendations

- 1.47** **Prisoners should only be strip or squat searched on the basis of intelligence or specific suspicion.**
- 1.48** **Closed visits should only be applied when there is evidence of the trafficking of unauthorised items in to visits.**

- 1.49** An up-to-date supply reduction strategy should be developed and integrated into the wider strategic response to drugs and alcohol.
- 1.50** The mandatory drug testing programme should be adequately resourced to undertake target testing within the required timescale. (Repeated recommendation 3.54)

Housekeeping points

- 1.51** Senior managers should monitor the reconciliation of the prison roll to ensure that it does not have an adverse impact on the regime.
- 1.52** Links between the security department and the drug strategy team and violence reduction committee should be improved. (Repeated recommendation 7.9)

Incentives and earned privileges⁴

Expected outcomes:

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

1.53 *Incentives and earned privileges (IEP) procedures were inadequate. There was no governance of the basic regime and the regime was poor.*

- 1.54** The IEP scheme was used to support the zero tolerance approach to violence (see section on bullying and violence reduction) and was applied robustly to encourage positive behaviour. However, in our survey, only 36% of respondents said that the different levels of the scheme encouraged them to change their behaviour against the comparator of 45%.
- 1.55** At the time of the inspection, 21% of prisoners were on the enhanced level and approximately 2% on basic. New arrivals were placed on the standard level unless they had earned enhanced status at a previous establishment.
- 1.56** Demotion to basic level followed a pattern of negative behaviour or a single act of antisocial behaviour. IEP records that we sampled showed that many warnings were given for petty indiscretions, there was a backlog of reviews, targets were often perfunctory and most reviews were held in the absence of prisoners.
- 1.57** Prisoners placed on basic level were located on A5 landing. If they did not comply with the rules of the unit, they were given restricted access to showers and telephones, which was unacceptable. There was no governance of the basic regime landing. Targets set in monitoring documents were perfunctory and often did not address the underlying behavioural issues. Vulnerable prisoners on basic regime were held on C wing and had an impoverished regime with restricted access to showers and telephone. The scheme was having a disproportionately negative effect on a few prisoners, including young adults who were over represented on basic level.

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

Recommendation

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

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.

- 1.59** *The number of adjudications had reduced but was still higher than in similar prisons. Many records of hearings reflected poor investigation of charges before a finding of guilt and there was no quality assurance. Oversight and accountability were inadequate for all aspects of the use of force. The number of incidents of the use of force was lower than for similar prisons but many involved the sustained and full use of control and restraint. Too many records were incomplete. Use of special accommodation was under reported and routinely involved the use of strip clothing. We were not confident that use of special accommodation was always warranted. Throughput in the segregation unit was high and the regime was poor. Relationships between staff and prisoners were positive. Although the collation of data across the spectrum of discipline was adequate, analysis was poor.*

Disciplinary procedures

- 1.60** There had been 891 adjudications between June and November 2013, which was lower than at the time of the previous inspection but higher than at similar prisons. Prisoners were given enough time to prepare their case and were able to seek legal advice on request. Many records of hearings that we examined did not reflect sufficient exploration of the charge before a finding of guilt. Punishments awarded for violent offences were more severe than we normally see and seemed all the more harsh as prisoners were segregated until the conclusion of their hearing and served a period on the basic regime following the end of their punishment (see sections on incentives and earned privileges and segregation). At the end of punishments for drug offences, a senior manager conducted a board with prisoners who could be given additional sanctions, including closed visits. There was no quality assurance of adjudications.
- 1.61** The collation of data was reasonable but there had been no adjudication standardisation meeting since the beginning of 2013 and no analysis of trends or patterns of adjudications. About 18% of hearings had been dismissed, many because of poor timeliness in issuing documentation and completing hearings.

Recommendations

- 1.62** All disciplinary charges should be fully investigated and reasons given for decisions. The quality assurance of adjudication records should be improved.
- 1.63** Analysis of data for disciplinary procedures, use of force and segregation should be improved and used more effectively to reduce the number of adjudications and the throughput in the segregation unit.

The use of force

- 1.64** Force had been used on 61 occasions between June and November 2013 which was lower than at similar prisons and at the last inspection, but over a third of incidents involved young adults (see section on protected characteristics). In records that we sampled, control and restraint had been applied in almost 90% of incidents, with full and sustained use in about 27% of cases. Use of handcuffs and segregation were routine; handcuffs were applied in 79% of incidents and 86% of prisoners were relocated to the segregation unit. Many records were incomplete and did not reflect efforts to de-escalate.
- 1.65** We were not confident that all planned interventions were filmed or reviewed. We watched filmed interventions where parts of the incident could not be seen clearly and where force was used for too long before de-escalation.
- 1.66** We were told that special accommodation had been used seven times to date in 2013, but we found two further occasions with no authorising documentation logged. Records that we examined did not reflect proper accountability for the use of such an extreme custody measure; reasons for the use of special accommodation were not always given; the routine use of strip clothing was not properly justified; records did not reflect constructive engagement with prisoners; and all prisoners remained in special accommodation for far too long after records indicated that they were calm.
- 1.67** Oversight of use of force data and records was inadequate. The use of force committee had met only once in 2013 and had discussed concerns about the under-reporting of incidents but there was no further investigation of this. Data on the use of force were collated but were not analysed to identify and address trends and patterns.

Segregation

- 1.68** During the six months to November 2013, 313 prisoners had been segregated. Figures provided suggested that few sought refuge in the separation and care unit (SACU) but some remained there for long periods. In response to the zero tolerance approach adopted by the prison, punishments for drug and violent offences were often severe.
- 1.69** Communal areas in the SACU were generally clean and bright but the showers were shabby with peeling paint. Cells were generally maintained to a good standard but unscreened toilets had no seats. The four, bare exercise yards were austere cages with no seating.
- 1.70** The capacity of the SACU had reduced in September 2013 when a young adult with active tuberculosis had been isolated in part of the unit which contained four cells and the two designated special accommodation cells. His case was being well managed in the circumstances and guided by NHS public health tuberculosis specialists. In the interim, an ordinary cell had been designated temporary special accommodation and its furniture had been removed. There was a sign outside the door saying 'cooler cell', which was inappropriate.
- 1.71** New arrivals on the unit were generally strip-searched, often without a robust risk assessment (see recommendation 1.47). However, protocols for unlocking individual prisoners were proportionate to their risk. Between June and November 2013, 17 prisoners on ACCTs had been held in the SACU and we were not confident that there were exceptional circumstances to justify this (see section on self-harm and suicide). Four cells were fitted with CCTV, but there was no protocol for use of the CCTV which was

not monitored routinely. We considered use of the CCTV to be inadvisable in the absence of rigorous governance.

- 1.72** The regime for most prisoners in the unit was poor and they had to choose between a daily shower and telephone call. It did not appear that any kind of regime was routinely offered on Sundays. Opportunities for in-cell and off-unit activities were extremely limited. Prisoners were not permitted to have a television in their cell and at the time of the inspection only six of the 12 prisoners located there had a radio, which included the four resident orderlies. Education staff did not visit the unit and many prisoners complained of a lack of constructive activity. The orderlies had a varied regime including television, some off-unit activities and use of the well equipped cardiovascular suite on the unit which other residents were inexplicably not allowed to use.
- 1.73** Most multidisciplinary reviews of prisoners in segregation were timely but authorising documentation was often completed poorly and many targets were perfunctory. Most prisoners were reintegrated to normal location but formal reintegration planning for longer-term residents was undeveloped.
- 1.74** In our survey, 48% of prisoners said that they had been treated well by segregation unit staff against the comparator of 37% and those we spoke to were generally positive about staff and their experience in the SACU. Staff were knowledgeable about the prisoners in their care and we saw some positive interactions.
- 1.75** The collation of data on segregation was reasonable but there was no monitoring of segregation and data were not used to identify and address trends.

Recommendations

- 1.76** The exercise yards and showers in the segregation unit should be improved.
- 1.77** The regime in the segregation unit should be improved, including daily access to showers and telephone calls.
- 1.78** Segregation review documentation should be timely and comprehensive, including meaningful targets and reintegration plans for longer-term residents.

Substance misuse

Expected outcomes:

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

- 1.79** *Clinical treatment for substance misusers had improved since the previous inspection. A commendable 90% of methadone patients were on reducing doses despite the nursing team not being fully staffed. Psychosocial treatment provision had improved significantly, with a wide range of good quality drug and alcohol interventions on offer. However, the negative attitudes and comments of a few uniformed staff towards drug users and treatment staff were undermining potential recovery outcomes.*

- 1.80** There had been some progress in the quality of clinical treatment for substance misusers since the last inspection. Of the 213 prisoners receiving opiate substitution treatment, 192

were on reducing doses and 21 were maintained. This represented a commendable ratio of 90% on reduction to 10% on maintenance. Subutex (buprenorphine) was not available, contrary to national guidance.

- 1.81** Clinical reviews were attended by clinical and psychosocial workers and overseen by a specialist GP. The further integration of the two teams was being hampered by staff shortages in the clinical team, and only a few drug and alcohol group-work modules were delivered jointly. Recruitment was in progress to bring the clinical team up to full strength.
- 1.82** Psychosocial provision was otherwise very good. The drug and alcohol recovery team (DART) had a caseload of 418, which represented 44.5% of the prison population. Prisoners spoke highly of the quality of the one-to-one work with their DART caseworkers.
- 1.83** Two structured rolling group-work programmes were delivered by separate programmes teams for drugs and alcohol which included Alcoholics Anonymous, Narcotics Anonymous and SMART recovery (self-management and recovery training). A separate 12-step recovery programme was delivered on the 15-bed I wing unit. This was a well-run programme, described by participants as 'a real opportunity to address years of addiction'.
- 1.84** Most prisoners on I wing, and many on D wing where most prisoners receiving methadone were housed, told us that the very good work done by drug and alcohol workers and therapeutic staff was regularly undermined and its effectiveness diminished by the negativity of a few uniformed staff. Staff on I and D wings were not specially selected for their interest in working with prisoners in recovery. In our survey, 11% of prisoners against the comparator of 5% said they had been victimised by staff because of medication.
- 1.85** Some joint working had started between the clinical drugs team and the mental health in-reach team, but there was no dual diagnosis service (covering both substance use and mental health needs).
- 1.86** The drug strategy had been reviewed, but it did not include local performance measures or development targets, and had not been informed by a recent population needs analysis.

Recommendations

- 1.87** **Opiate substitution prescribing should be flexible, based on individual need and should conform to national guidelines.**
- 1.88** **The clinical drugs team should be further integrated with the drug and alcohol recovery team to improve outcomes for prisoners.**
- 1.89** **Discipline staff working on recovery and therapeutic wings should be selected for the role and should be given additional training to facilitate a recovery-focused environment.**
- 1.90** **Joint working between the clinical substance misuse and the mental health in-reach teams should be developed, and a dual diagnosis service should be introduced for prisoners with mental health and substance-related problems.** (Repeated recommendation 3.53)
- 1.91** **The drug strategy document should be updated, contain performance measures and development targets, and be informed by a population needs analysis.** (Repeated recommendation 9.56)

Section 2. Respect

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

Residential units

Expected outcomes:

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

2.1 *Communal areas and cells were generally clean. Cells were cramped with not enough furniture and poorly screened toilets and needed redecorating. Showers were clean. Prisoner access to cleaning materials, prison clothes, sheets, mail and stored property was inadequate. Responses to cell call bells were good. The applications system was ineffective.*

- 2.2** External communal areas were clean and well presented. Wings were old but clean, and mostly well maintained with association equipment in a good state of repair.
- 2.3** The certified normal accommodation was 597 but the prison held 940 prisoners at the time of the inspection and most cells designed for one accommodated two. Most cells were cramped and poorly decorated, with not enough furniture. They contained graffiti and offensive displays. In our survey, only 34% of respondents said they could get cell cleaning materials every week against the comparator of 61%. Staff agreed that access was poor because of the lack of stock, and store cupboards that we saw were mostly empty. However, most cells were reasonably clean. Many cells only contained one chair and some prisoners had to eat food sitting on the bed or adjacent toilet, which was unacceptable. Toilets in most shared cells were poorly screened and many were heavily scaled. Cell marshals (prisoners who inspected vacated cells for cleanliness and adequate furniture) had recently been appointed to help improve conditions but it was too early to judge the effectiveness of this initiative.
- 2.4** Communal showers were generally clean but lacked privacy. In our survey, more respondents than at our previous inspection said they could have a shower every day. With the exception of prisoners in the separation and care unit and on the basic regime privilege level, we found access to showers to be good (see sections on segregation and incentives and earned privileges).
- 2.5** In our survey, only 48% of respondents said they had access to clean clothes each week and only 82% said they had access to clean sheets each week against 56% and 89% respectively at the previous inspection. We found prison clothes and sheets in poor condition. Staff said that when prisoners received a good set of prison clothes or sheets they kept them and washed them in cell basins, which was inappropriate.
- 2.6** Only 27% of respondents in our survey said that their cell bell was answered within five minutes. An electronic call bell system was in operation on most wings. The records we sampled showed that most cell bells were answered promptly.

- 2.7** The applications process was poor and applications that we sampled were frequently not responded to, received curt replies or did not answer the issue raised. Many prisoners in groups and in our survey told us they had limited confidence in the process and reverted to the official complaints procedure to seek an answer. There was no quality assurance system.
- 2.8** In our survey, 56% of respondents said they had problems with sending or receiving mail and 45% said they had problems accessing a telephone against respective comparators of 47% and 33%. Correspondence staff agreed that access to mail had been an issue and, although there were no delays at the time of the inspection, we were not confident that they would not recur. The ratio of telephones to prisoners was satisfactory and there was reasonable access. The processing of PIN telephone applications was often delayed, which affected prisoners' ability to maintain regular contact with family and friends.
- 2.9** In our survey, only 15% of respondents, against the comparator of 25%, said that they could normally access their stored property. We found that there was a backlog of stored property in reception and the inadequate responses to prisoners' applications exacerbated the problem.

Recommendations

- 2.10** **Cells designed to hold one prisoner should not be used to hold two.** (Repeated recommendation 2.6)
- 2.11** **Cells should be decorated to a good standard, free of graffiti and offensive displays and adequately equipped. All toilets should be screened and deep cleaned.**
- 2.12** **All prisoners should have weekly access to cell cleaning materials, clean prison clothes of an acceptable quality and clean sheets.**
- 2.13** **Prisoners' mail and telephone PIN applications should be processed without delay.**

Housekeeping point

- 2.14** The application system should be improved.

Staff-prisoner relationships

Expected outcomes:

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

- 2.15** *Many prisoners did not feel they were treated with respect and our observations confirmed this. The personal officer scheme had ceased. Formal consultation arrangements were adequate.*

- 2.16** In our survey, only 59% of respondents said that staff treated them with respect and 33% felt victimised by staff against respective comparators of 74% and 27% (see main recommendation S44). A minority of staff, particularly non-uniformed staff, engaged well

with prisoners and demonstrated a supportive, caring approach. A significant number of staff did not show adequate care or support for prisoners and had a disproportionately negative effect on relationships. Many staff displayed a disinterested attitude towards prisoners, as at our last inspection, and most interactions were superficial (see sections on early days in custody and substance misuse).

- 2.17** We witnessed many occasions when prisoners were dismissed by staff as too needy and problematic and, in one case, treated with blatant disrespect. The use of surnames was the norm. There was limited staff engagement with prisoners during association. In our groups, prisoners said that they felt they could not turn to staff for help and this was reflected in our survey.
- 2.18** The personal officer scheme had lapsed. In our survey, only 21% of respondents said they had a personal officer against the comparator of 45% and 48% at the last inspection. However, 74% of those who had a personal officer said they found them helpful against the comparator of 65% and 58% at the last inspection. We examined 20 prisoner electronic case notes, none of which had personal officer entries.
- 2.19** Prisoners were consulted through a monthly committee which addressed the issues raised effectively.

Recommendations

- 2.20** **Staff should address prisoners courteously, using their preferred names.** (Repeated recommendation 2.19)
- 2.21** **Personal officers should have regular and proactive interviews with prisoners that focus on their progression and resettlement needs, as well as welfare issues.** (Repeated recommendation 2.23)

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.22** *Governance was weak and many aspects of equality and diversity work had regressed. The action plan was not up to date and the equality team had not met regularly. Monitoring data were not collated consistently. The number of reported incidents was low and they were investigated thoroughly. There had been no work with minority groups for a long time. Overall the establishment could not assure itself that the needs of prisoners from minority groups were being met.*

⁵ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Strategic management

- 2.23 There was a comprehensive strategy for all protected characteristics, although equality and diversity work had regressed in the 10 months before the inspection with a lack of leadership and very little real work undertaken regarding the protected characteristics.
- 2.24 A full-time diversity manager was supported by two equality officers who were allocated 24 hours a week between them for equality work. The team had been in post for a month at the time of the inspection.
- 2.25 The equality action plan was a limited document, with many actions outstanding for a year. Actions that had been implemented were rudimentary, such as publishing a list of religious festivals.
- 2.26 A diversity and race equality action team met monthly but there had been no meeting in the two months before the inspection. Meetings were well attended by staff and prisoner representatives and covered all protected characteristics.
- 2.27 There were 11 prisoner diversity representatives who acted as a conduit between prisoners and the diversity team. They all understood their role and felt supported and prisoners we spoke to appreciated them.
- 2.28 SMART data (systematic monitoring and analysis of race equality treatment) were collated monthly. Data on adjudications, segregation, good order and discipline had not been collated for six consecutive months, which was concerning. SMART data were in range for other areas which were regularly monitored. There was no other monitoring of protected characteristics to ensure that there was no discrimination in the treatment or access to the regime for minority groups.
- 2.29 Only seven discrimination incident report forms (DIRFs) had been submitted by prisoners during the previous six months. DIRFs were freely available on wings and investigations were timely and thorough. All DIRFs submitted were for racist incidents, mostly for inappropriate use of language, including a member of staff. Actions arising from DIRFs were appropriate.
- 2.30 The prison had celebrated all religious events throughout the year but there had been no celebration of other events, such as Black History Month.

Recommendations

- 2.31 **There should be a strategic focus on equality and diversity supported by an effective action plan to ensure that the needs of all minority groups are met.**
- 2.32 **SMART data should be monitored consistently and action taken if activity is found to be out of range. Minority groups not covered by SMART data should also be monitored.**

Protected characteristics

- 2.33 During 2012 impressive consultations had been introduced with all minority groups, but these had not taken place for the previous 10 months. Prisoners from minority groups whom we spoke to said that they felt communication was poor.

- 2.34** Only 6.5% of the population was from a black and minority ethnic background and many of those prisoners we spoke to did not feel that the prison or the regime affected them adversely. Our survey indicated that 6% of the population, 50 prisoners, were from a Gypsy, Romany and Traveller background while the establishment was only aware of 10. A Gypsy, Romany, Traveller prison representative worked well with these prisoners.
- 2.35** At the time of the inspection, there were 31 foreign national prisoners, including three held beyond the end of their sentence, the longest for four months. The equality officers were expected to act as foreign national co-ordinators and to see all prisoners on arrival, but this was not happening. Professional interpretation had been used on a number of occasions, although we observed instances where it was not used with prisoners who had little or no understanding of English, particularly on arrival at the prison. The Home Office only carried out a day surgery each quarter and saw a limited number of foreign national prisoners each time. No independent immigration advisory service attended the establishment.
- 2.36** In our survey, prisoners who considered themselves to have a disability responded more negatively across a number of safety and respect indicators. The prison recorded disabilities on arrival but we were not confident that they captured most prisoners with a disability. In our survey, 28% of respondents, or 260 prisoners, considered themselves to have a disability, but the prison had recorded 81. Prior to our inspection personal emergency evacuation plans (PEEPs) had not been completed for approximately three months and we found a number of prisoners with mobility difficulties should have had a PEEPs.
- 2.37** Over 80 prisoners were aged over 50 and, in our survey, they reported experiences very similar to those under 50. Those we spoke to said they were treated well by staff and other prisoners. About 8% of the population were aged under 21 and they were integrated throughout the prison. Some research into the needs of young adults was taking place but there was still no strategy for their management. Young adults were over-represented in the use of force: 34% of all incidents during the previous six months had involved young adults and they accounted for 17.5% of all recorded violent incidents.
- 2.38** There was no provision for gay or bisexual prisoners.

Recommendations

- 2.39** **NOMS should work with the Home Office to ensure that deportation action is taken well before the end of sentence, minimising the need for detention, while ensuring that foreign national prisoners receive independent immigration advice.** (Repeated recommendation 4.30)
- 2.40** **There should be systematic engagement with and support for minority group prisoners. This should include regular prisoner support forums.** (Repeated recommendation 4.9)
- 2.41** **Welfare and immigration-related needs of foreign national prisoners should be systematically assessed and met.** (Repeated recommendation 4.27)
- 2.42** **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.** (Repeated recommendation 4.39)

- 2.43 Residential staff should be aware of the individual needs of older prisoners and those with disabilities, particularly those requiring assistance during an emergency.** (Repeated recommendation 4.40)
- 2.44 Managers should ensure that the specific perspectives of gay and bisexual prisoners are considered and their needs are met.** (Repeated recommendation 4.45)

Faith and religious activity

Expected outcomes:

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

2.45 *The chaplaincy was well integrated into the prison regime and faith provision was good.*

- 2.46** In our survey, prisoners were more negative about all aspects of faith and religious activity than the comparators. However we found that the chaplaincy was active, highly visible and well integrated. There was unrestricted access to weekly worship and a number of well attended faith classes.
- 2.47** Facilities in the chaplaincy were spacious, clean and well laid out with a separate multi-faith room. There were facilities for Wudhu (ritual washing before prayer) and Friday prayers for Muslims were regularly attended by about 21 prisoners.

Housekeeping point

- 2.48** The negative perceptions of prisoners of faith and religious activity should be investigated.

Complaints

Expected outcomes:

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

2.49 *Prisoners had little confidence in the complaints process. We found that some replies to complaints were curt and did not address the complaint fully.*

- 2.50** In our survey and interviews with prisoners, many had negative perceptions of the complaints process and told us they had little confidence that complaints would be dealt with. Prisoners had submitted 1,121 complaints in the previous six months, fewer than similar prisons.
- 2.51** The standard of responses that we sampled was mixed and many were curt and did not fully address the complaint. Responses to complaints were usually timely. Informal quality assurance was carried out by a manager but we were not confident that this was rigorous.

- 2.52** Complaint forms were freely available on the wings. Senior managers analysed trends each month and took action where appropriate.

Recommendation

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

Legal rights

Expected outcomes:

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

- 2.54** *Legal services were good and access to legal visits was adequate.*

- 2.55** Two trained legal services officers provided advice on criminal court and extradition appeals, contacting a legal adviser, and complaints to the legal ombudsman. Bail information was provided on induction but we were not certain that all new arrivals were seen. There was a good range of legal material in the library.

- 2.56** In our survey, only 53% of respondents said they had good access to legal visits, against the comparator of 57%. Legal visits were held Monday to Friday morning and afternoon and two evenings a week and, although busy, we found access was reasonable.

Housekeeping point

- 2.57** All new arrivals should be offered bail information.

Health services

Expected outcomes:

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

- 2.58** *Prisoners were less satisfied with health care than at comparator prisons. Clinical governance and services were very good. Patients were not seen quickly enough in reception and waited too long in the waiting room before and after appointments. The new health centre and in-patient complex, while not yet fully furnished, was a substantial improvement on the previous building. Health providers had differing views about some prescribing practices, which was unsatisfactory. Mental health services were excellent.*

Governance arrangements

- 2.59** The health service was commissioned by Health and Justice (North East and Cumbria), NHS England and provided by Care UK. The partnership board had good working relationships and an updated comprehensive health assessment and plan.
- 2.60** There was a robust approach to clinical governance. The clinical governance group received comprehensive reports, including the clinical trends dashboard (a compendium of information) with detailed components on primary care and mental health. Serious incidents were rare.
- 2.61** In our survey, 26% of prisoners were satisfied with the quality of health care against the comparator of 38% and 37% at the previous inspection. Health was a standing agenda item at the prisoner consultation group. There was evidence of responses to suggestions about health care but feedback was patchy.
- 2.62** A senior clinical nurse manager, senior nurses in the role of department heads, registered nurses and other clinicians provided 24-hour health care. Staff had access to training as required and were up to date with mandatory requirements. Clinical supervision was carried out. A senior nurse led on the care of prisoners over 50 years of age.
- 2.63** SystmOne (electronic patient record) was in use. Some care plans for patients with long-term conditions were available on SystmOne but most could be found in the narrative journal. Clinical approaches were evidence based. Clinical records were subject to clinical audit.
- 2.64** There was a policy on the management of communicable diseases - several patients with tuberculosis were being managed appropriately in the prison. There was an information-sharing protocol, and patients were asked to consent to the acquisition and sharing of confidential information as necessary. Barrier protection was available, but poorly advertised.
- 2.65** The health care centre had been rebuilt and opened in November; while still not fully furnished, it was very impressive. The main waiting area was very spacious. We observed patients waiting excessive times in the waiting rooms, commonly up to two hours before and after their appointments. There were health care rooms on the wings, some of which were being refurbished; they varied in size and state of repair. All were subject to annual infection control audit.
- 2.66** Daily living and mobility aids were available to patients, including a motorised scooter for prisoners with disabilities. 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. Few uniformed officers had been trained in first aid and AEDs could not be accessed by uniformed officers which could cause delays in an emergency situation.
- 2.67** There had been about 10 complaints a week during 2013 to 2014 to date. Over 90% of them concerned prescribing and medicine supply. Patients had access to the independent complaints advisory service. The responses to complaints that we sampled were prompt and focused on the issues raised, and there were apologies and explanations as appropriate. Several compliments had been received by the health services in 2013.
- 2.68** There was a multi-departmental prison health promotion action group and health promotion plan with active campaigning, although it could have been more systematic on the wings. Wellbeing literature was available in several languages.

Recommendation

- 2.69 Patients should not have to wait for excessive periods in the health centre before and following their appointments.** (Repeated recommendation 5.8)

Housekeeping point

- 2.70** Barrier protection should be freely available to prisoners.

Good practice

- 2.71** *The protocol for the management of tuberculosis in prisons provided clear but concise guidance and there was associated guidance for prisoners.*

Delivery of care (physical health)

- 2.72** An average of 375 new prisoners a month entered the prison during 2013. They were seen by health care on the induction wing and given information about health services. An administrator on the induction unit ensured that contact was made with the prisoner's GP or other agencies as required. All prisoners had a full health assessment within 72 hours.
- 2.73** Prisoners could access health care by completing a pictorial health application which they posted in dedicated boxes on the wings. Most appointments were booked through the free health care appointments helpline. We observed this in operation and it worked well.
- 2.74** Patients could see a GP within 48 hours in an emergency; the did-not-attend rate for the GP was the lowest we have seen at 0.7%. Prisoners told us of their dissatisfaction with prescribing practices. The GP out-of-hours cover was provided by the local Durham on-call service.
- 2.75** There was a good range of daily primary care clinics for triage, treatments, physiotherapy, genitourinary 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. Many services were wing based where triage occurred, but no assessment algorithms were available to nurses.
- 2.76** Care of patients with lifelong conditions, such as asthma, diabetes and heart disease, was good. Individual treatment was provided at nurse-led clinics.
- 2.77** The new inpatient unit had six beds and was not yet fully furnished. The beds were included in the certified normal accommodation, although revised admission criteria had been published. Planning was in hand for a new therapeutic day.
- 2.78** Patients had good access to external appointments which were well managed; about 7% of appointments were cancelled for security reasons. Lengths of inpatient stay in general hospitals were minimised. Telemedicine had recently been introduced and had yet to realise its full potential.

Recommendation

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

Housekeeping points

- 2.80** Triage algorithms should be used to ensure equity of care for patients.
- 2.81** The cancellation of external hospital appointments for security reasons should be minimised.

Good practice

- 2.82** *The administrator assisting with health care on induction ensured that contact was made with external health care agencies to facilitate coordination of care, and that nurses were not distracted from clinical screening by administrative procedures.*

Pharmacy

- 2.83** The pharmacy services were good with appropriate governance arrangements in place and management oversight, and control measures were effective.
- 2.84** A Care UK prescribing formulary was in place and most medicines were supplied for named patients. Patients requiring help with medicine compliance were supplied with a monitored dosage system. Records of administration were made on the paper Kardex system rather than on SystmOne so that information about a patient's medical treatment was held in two locations.
- 2.85** In our survey 47% of respondents said they received their medication in possession (less than the comparator of 62%), supported by an up-to-date policy which included a risk assessment.
- 2.86** A range of patient group directions (PGDs) were in place which enabled appropriate health care professionals to supply more potent medication without the need to consult the prescriber. Prisoners could buy items such as indigestion tablets and sore throat lozenges via the canteen, which was positive.
- 2.87** Pharmaceutical stock was managed safely - medicines were stored appropriately in locked cupboards. Drugs refrigerator temperatures were recorded and found to be within the accepted range, although there was no record of fridge temperatures on F wing.
- 2.88** A number of out-of-date printed pharmacy materials were found in medical rooms which needed to be addressed.
- 2.89** The pharmacist analysed prescribing data each month, focusing on particular groups of medication such as those liable to abuse. We sampled several clinical records which showed that psycho-active medicines had been stopped at reception only to be re-established during the following week which was inconsistent
- 2.90** It was good to evidence that the Care UK pharmacy team held regular governance and medicines management meetings.

Recommendations

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

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

Housekeeping points

- 2.93** 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.
- 2.94** Only the most recent edition of pharmacy reference books should be kept.

Dentistry

- 2.95** The new dental suite had separate decontamination facilities which were not yet finished. Prisoners received oral health promotion, dental checks and treatment similar to that in the community. Waiting times were within 48 hours for urgent cases and six weeks for non-urgent cases. There were dental triage slots in each clinic. The failure-to-attend rate was the lowest we have seen at 0.8% to date in 2013 - 2014. Prisoners could be seen out of hours by a nurse or on-call GP or could be taken to the local dental hospital for treatment.
- 2.96** The dental chair, amalgam separator and X-ray equipment were appropriately maintained and certified.

Good practice

- 2.97** *The administration of dental waiting lists and appointments was carefully coordinated to ensure an efficient throughput of patients with a negligible did-not-attend rate.*

Delivery of care (mental health)

- 2.98** Tees, Esk and Wear Valley Mental Health NHS Foundation Trust provided a comprehensive integrated mental health service with primary and secondary care components. There was an open referral system and cases were allocated at a daily meeting. Each staff member had an average case load of 20-25 patients.
- 2.99** Registered mental health nurses, a specialist occupational therapist and forensic psychiatrists provided an excellent range of interventions for common, complex and serious mental health problems. These included self-help guidance, guided reading, counselling, brief and solution-focused therapies, cognitive approaches and medical management within the care programme approach (CPA). A range of support groups were available to patients finding it difficult to cope on the wings. The team provided support and advice to the inpatient unit, segregation unit and ACCT (assessment, care in custody and teamwork) reviews.
- 2.100** Fifteen to 20 patients were on the CPA at any one time; team members were case managers within the CPA and coordinated care with external services. The team also tried to effect the timely transfer of patients sectioned under the Mental Health Act requiring an NHS placement, although the transfer of the four patients during 2013 had ranged from 19 to 88 days against the target timescale of 14 days.

- 2.101** Data on the number of uniformed officers trained in mental health awareness or related topics were unavailable.

Recommendations

- 2.102** **Patients sectioned under the Mental Health Act should be transferred within the transfer timescale guideline.**
- 2.103** **All uniformed officers should receive mental health awareness training.**
(Repeated recommendation 5.70)

Catering

Expected outcomes:

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

2.104 *Many prisoners were dissatisfied with the food. Most wing food monitoring records were incomplete and it was not certain that the required servery standards were being met. Prisoners could not dine in association.*

- 2.105** The large kitchen was clean and well managed. Prisoners working in the kitchen completed national vocational qualification levels 1 and 2 in food hygiene, and received first aid and health and safety training; servery workers received food hygiene and British Institute of Cleaning Services training.
- 2.106** The four-week menu cycle catered for all diets. The budget had recently been reduced from £2.10 to £1.87 per prisoner per day. Prisoners could not dine in association and continued to eat in cells with inadequately screened toilets, and many shared cells did not have enough seating.
- 2.107** Many prisoners were dissatisfied with the food. In our survey, 18% of prisoners said the food was good against the comparator of 23% and 29% in 2011. However, 35% of vulnerable prisoners said that the food was good and older prisoners were also more positive. A recent food survey was awaiting analysis. Catering was a standing agenda item at prisoner consultation meetings, but few issues were raised. The food we tasted was good.
- 2.108** Food comment books were not available on all wings. When they were available, they were not used regularly by prisoners, or responded to by catering staff. The last entry in one book was dated 18 months earlier.
- 2.109** Most wing food monitoring records were incomplete and managerial oversight of temperature checks, portion control, serving of Halal meals and servery maintenance was lacking. Lunch was served too early on some wings at 11.45am.

Recommendation

- 2.110** **There should be effective managerial oversight of wing servery procedures.**

Purchases

Expected outcomes:

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

2.111 *Some prisoners waited up to two weeks to receive their first shop order. There were not enough cheaper alternatives for some popular items.*

2.112 New prisoners could buy a reception pack of groceries but, depending on their day of arrival, some waited up to two weeks to receive their first full order.

2.113 The shop service and price of goods were set under the national contract and many prisoners found goods expensive. All cereal, batteries and toothpaste products were branded and no cheaper, non-branded alternatives were provided.

2.114 The shop was a standing agenda item at prisoner consultation meetings at which changes to the product list could be made. It was unclear how effectively representatives canvassed the views of other prisoners.

2.115 Prisoners could shop from catalogues, for which they paid a nationally set 50p administrative fee, and they could buy newspapers and magazines.

Recommendations

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

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

Section 3. Purposeful activity

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁶

3.1 *The new core day was not well understood or adhered to by staff. Fully employed prisoners, particularly those on B wing where evening association was available, could experience good amounts of time unlocked. Many other prisoners spent too much time locked in their cells with nothing constructive to do. We found an average of about a third of the population locked up during roll checks in the working part of the day.*

3.2 The recently introduced core day was complicated and not yet widely understood by staff or prisoners. The regime timetable was not always adhered to; arrangements for activities left too much room for staff discretion which led to inconsistent and confusing practice.

3.3 A fully employed prisoner on B wing, where evening association was available, could expect a maximum of about 9.5 hours a day out of cell Monday to Thursday, and prisoners on other wings about 7.5 hours. Unemployed prisoners had as little as two hours unlocked each day and part-time employed prisoners between four and five hours a day.

3.4 Staff and prisoners told us of frequent curtailment of the regime, including late unlocking and early lock up, further compounded by poor roll reconciliation (see section on security). Our observations confirmed this. We were repeatedly told by prisoners that the regime was curtailed on Friday afternoons and at weekends but this was not monitored by the prison.

3.5 At roll checks during the working day, we found a high average of 32% of the population locked in their cells. A daily exercise period of half an hour was available to everyone except full-time workers whose only opportunity for outside exercise was on Friday afternoons and at weekends.

Recommendation

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

⁶ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Learning and skills and work activities

Expected outcomes:

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

3.7 *The management of learning and skills was good. Collaboration between prison and providers was highly effective. Over 80% of prisoners were involved in activities, even though there were not enough places to occupy all prisoners fully during the core day. The range of activities for vulnerable prisoners was poor. Teaching in education and individual coaching in vocational training were good. Provision of English and mathematics was good in classrooms and in workshop sessions. Quality assurance was good. Attendance was good, but poor punctuality caused by regime delays wasted learning time. Prisoners who stayed long enough did well and achieved qualifications. The library was good.*

3.8 *Ofsted⁷ made the following assessments about the learning and skills and work provision:*

<i>Achievements of prisoners engaged in learning and skills and work:</i>	Good
<i>Quality of learning and skills and work provision:</i>	Good
<i>Leadership and management of learning and skills and work:</i>	Good

Management of learning and skills and work

- 3.9** Management of learning and skills and work was good. There was a strong focus on employment to develop prisoners' skills for successful resettlement. Effective use of labour market intelligence informed managers' decisions, and led to good choice of activities. Management and teamwork were good. Good collaboration between the prison and its Offender Learning and Skills Service (OLASS) and National Careers Service partners informed well coordinated improvements across the provision.
- 3.10** Communications between prison departments and partners was useful and effective in driving improvements. The self-assessment report was good and included all education, training and employment activities. Curriculum developments were informed by clear evaluation of the provision. Effective progression routes had been devised for prisoners to complete qualifications at other North East prisons on transfer from Durham.
- 3.11** The prison took a strong lead in developing external partnerships for prisons in the North East. A good range of relevant community groups and agencies had joined the new consortium to support developments. Links with employers had been greatly enhanced by the new coordinated approach.
- 3.12** The management of the OLASS provision by The Manchester College was good. Quality assurance was good and contributed well to performance management decisions and staff development. Sharing of good practice was helping prison staff to make improvements. Staff held teaching and training qualifications and subject qualifications appropriate to their

⁷ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

areas of teaching. Many vocational training staff had particularly good industrial experience and high-level commercial skills.

- 3.13** The management of data was good. Prisoners' views were collected to inform developments. Data collected regularly on prisoners' English and mathematics levels enabled managers to match the ever-changing population's needs effectively.

Housekeeping point

- 3.14** The OLASS provider's observation and assessment procedure should be implemented across the prison to support quality improvement.

Provision of activities

- 3.15** The range of activities was good and met the needs of the population. Activity places were managed by a highly effective allocations team and used efficiently. Approximately 800 prisoners were involved in an activity. Half-day allocation to education classes enabled about 300 prisoners to participate. About 155 prisoners were unemployed as there were not enough places. It was planned to use new funding of £250,000 in March 2014 to provide more training and qualifications to support resettlement goals.
- 3.16** Managers were aware that the service for vulnerable prisoners had been poor since the segregated regime had started six months earlier. The only subjects provided on their wing were information technology (IT), functional English and mathematics, customer service and employability courses. There were substantive plans to resolve this following the imminent completion of building works.
- 3.17** The range of courses in mainstream education was good. Functional skills were offered in English and mathematics from entry level to level 2. Business administration and enterprise courses were available at levels 1 and 2 and prisoners could progress from level 1 to 3 in IT and graphic design. English for speakers of other languages (ESOL) was available at entry levels 1, 2 and 3 and art creative techniques at level 1 only. Education staff regularly visited workshops to teach functional skills in English and mathematics and for employability awards. A mentoring course was available at levels 1 and 2, and an impressive 37 prisoners were enrolled and working in support roles.
- 3.18** Three vocational training workshops provided about 35 places for brickwork, plastering, and painting and decorating units at level 2. Most other vocational qualifications were only at level 1 in cleaning, catering, waste management, laundry, woodwork production, horticulture, professional cookery, painting and decorating, warehousing in the clothing exchange store and for gym orderlies and peer mentors. Many prisoners achieved food hygiene, first aid and manual handling awards by completing short, three-session courses.

Recommendation

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

Quality of provision

- 3.20** The overall quality of teaching, learning and assessment was good. Most staff were skilled and experienced at working with prisoners and planned learning sessions well to meet individual need. Most prisoners were at Durham for a relatively short time and new prisoners joined groups frequently. Group attendance lists contained useful group profiles and identification of additional learning support needs which helped staff to plan effective individual activities in education and vocational training.
- 3.21** Good use was made of short-term targets and/or displaying individual prisoners' tasks for the session. Most lesson plans were superfluous because they were too broad and rarely personalised by staff to relate to individual learning need. Poor punctuality, particularly in afternoon sessions, affected learning and session planning.
- 3.22** Most teaching in education classes was good. Staff used interactive methods to add interest and variety to lessons and to cater for prisoners of varying ability levels in the same class. English and mathematical skills were promoted satisfactorily overall. Staff did not always correct spelling mistakes on the whiteboard which tended to reinforce poor spelling. Prisoners' written work was not always marked.
- 3.23** In a functional mathematics session, the dynamic pace, good range of activities and involvement of prisoners in resolving mathematical problems made learning enjoyable and effective. In less successful sessions, activities were not sufficiently well planned and prisoners were disengaged and resistant to participating. Some paper-based resources were poorly photocopied, making them difficult to use. Low-level disruption in a few classes was not well managed and affected learning adversely.
- 3.24** Peer learning mentors were well trained. They gained experience by applying their skills with their peers while working towards their qualification. After qualifying, they continued to support their peers but did not receive enough supervision themselves from staff. They were deployed in education, vocational training, the gym, the drugs rehabilitation unit, in resettlement areas, and in the library to support the Toe by Toe programme (peer mentoring scheme to help prisoners learn to read).
- 3.25** Vocational training was offered in a good range of employment-related subjects, in well-resourced environments. Staff made good use of their expertise to deliver effective demonstrations and individual coaching in new skills. Prisoners' English and mathematics skills were developed effectively in vocational tasks, for example measuring for painting murals, cutting plaster-coving angles and constructing twisted-brick pillars and arches. Housekeeping and use of health and safety resources were good, promoting high standards.
- 3.26** Additional learning support was good. Individual learning plans were used effectively to set short-term targets and monitor progress. Many prisoners self-declared their disability at induction and this was followed up by their peers working as learning champions. Classroom sessions had alternative resources and equipment, which helped prisoners to participate and succeed.
- 3.27** Induction to activities was thorough and well planned. The prospectus covered all activities and gave key information on pre-requisites and security clearance. Assessment of prisoners' English and mathematics levels was efficient and feedback was prompt. Safeguarding was promoted well. Prisoners were asked to rate how safe they currently felt. Identified issues were referred to prison officers and effective action taken to support the prisoners. Information about support needs was not shared by officers to enable prisoners to participate in the session, for example with reading and writing.

Recommendations

- 3.28 Further training and support should be given to teaching staff to ensure that they have the skills to manage effectively poor behaviour in education sessions.**
- 3.29 Supervision mechanisms should be set up for mentors once they have completed their programme.**

Housekeeping points

- 3.30** Teachers should correct prisoners' spelling and grammar to motivate them and provide useful written feedback.
- 3.31** Wing officers should inform induction staff in advance of prisoners likely to need support, for example when completing forms.

Education and vocational achievements

- 3.32** Achievement of education qualifications was high. Functional English results at entry level were good but low at levels 1 and 2. In mathematics, rates were good at all levels except level 1. Outcomes on ESOL programmes were very good at entry levels 2 and 3 but low at entry level 1. Outcomes on IT, business administration and customer service courses were very good. Standards of work in education classes were generally good, but prisoners' work was not always well presented nor their files well organised.
- 3.33** Achievement of vocational accredited units was high. The number of units that individual prisoners gained towards qualifications was not readily available. High-level practical skills were demonstrated by prisoners, particularly in professional cookery, woodwork, and brickwork and when using perspective in painting murals. Good work ethics, team working and communication skills were developed in preparation for further work or study. Social enterprise in horticulture and business enterprise in woodwork production were piloting new developments and preparing products to sell to the public. These achievements increased prisoners' self-esteem and self-confidence and enhanced their employability.
- 3.34** Attendance had greatly improved and activity places were used efficiently. Non-attendance at activities was followed up promptly by the allocations team, who recorded the reasons and took appropriate action. Prisoners who applied to join an activity only had a short waiting time. Poor punctuality, caused by regime delays, wasted learning time, especially at afternoon sessions.

Recommendations

- 3.35 Data should be analysed on the number of accredited units achieved, the timescales and the number of prisoners who achieve full vocational qualifications to inform curriculum development.**
- 3.36 Movement to and from activities, particularly in afternoon sessions, should be improved to prevent excessive delays that reduce learning time and to improve punctuality.**

Library

- 3.37** The library provided a welcoming environment and was well stocked with books, magazines and newspapers which met differing literacy and language needs. Vocational books were regularly updated to reflect the subjects offered in learning and skills and work activities. Books in other languages were updated regularly using a loan service from an external supplier. Books for easy reading needed better coding to help prisoners find them. Three computers were available for general and reference use, but prisoners could not access the internet.
- 3.38** The library's qualified peer mentors worked with library staff to offer general and Toe by Toe reading support to prisoners. The mentors received appropriate supervision. There were 10 Toe by Toe mentors and 11 students in the prison. One library mentor had specialist knowledge on Travellers and Traveller populations, and another provided ESOL support. A reading group helped prisoners to broaden their book choices. Legal texts were available on request as hard copies. The Encarta electronic encyclopaedia was available.
- 3.39** Access to the library depended on the availability of a regime officer and was problematic at times. Prisoners sometimes had to wait two hours after selecting a book to return to their activity or wing. Vulnerable prisoners on F wing did not have the same access to the library as other wings, but this was planned.

Recommendations

- 3.40 Arrangements for prisoners to use the library should be revised, to facilitate visits of varying duration.**
- 3.41 There should be a trolley service of books to F wing until F wing vulnerable prisoners have the same access to the library as other wings.**

Housekeeping point

- 3.42** The books for easy reading should be coded more clearly to help prisoners find them easily.

Physical education and healthy living

Expected outcomes:

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

- 3.43** *PE provision was poor. Many areas were out of action because of building works in the health care centre and delays in repairing the gym floor. The main sports hall was in a poor condition. At the time of inspection, it housed gym equipment and was too crowded when in use. The range of accredited sports awards offered was constrained by lack of space. Good links with health care facilitated the promotion of exercise and healthy living.*

- 3.44** At the time of the inspection, use of the PE facilities was poor, averaging 59% of the population. Access was severely curtailed for vulnerable prisoners, prisoners aged over 45 years, team sports and accredited vocational courses. This disruption had been caused by 12 months of building works to the new health care centre, using the AstroTurf as a building site. There had been delays in repairing the gym floor and the sports hall was full of gym equipment. The sports hall, including toilets and showers, was in poor condition.
- 3.45** Good links with health care facilitated the promotion of healthy living and support for prisoners with mental health needs. Interventions focusing on behaviour management and violence reduction were planned, and accredited PE awards leading to employment were to be reinstated.

Recommendations

- 3.46** **The PE facilities should be brought back to full use as a matter of urgency and planned developments should be implemented so that all prisoners have the opportunity for recreational PE and remedial support.**
- 3.47** **The poor condition of the sports hall, including the toilets and showers, should be improved to a good standard.**

Section 4. Resettlement

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

Strategic management of resettlement

Expected outcomes:

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

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

Good planning ensures a seamless transition into the community.

4.1 *Links between the reducing reoffending and resettlement functions were limited. The strategy and needs analysis needed updating to reflect the needs of the population and to anticipate the through-the-gate pilot to be undertaken by the prison from February 2014. The full complement of offender supervisors were not in post and some were being redeployed to other activities in the prison.*

- 4.2** The strategic management of resettlement and offender management had been divided with resettlement pathways remaining under the management of the head of reducing reoffending, and offender management and attendant activity, including work with indeterminate prisoners and public protection, managed by the head of offender management. The bimonthly reducing reoffending strategy group was not consistently attended by offender management representatives. Although minutes of meetings indicated engagement between pathway providers, there was little indication of a strategic approach to the coordination of prisoner activity. In our survey, only 36% of prisoners against the comparator of 47% said that they had done something or had something happen to them to reduce the likelihood of them offending in the future.
- 4.3** Although the strategy for offender management and reducing reoffending had only been written in April 2013, it required updating to reflect recent changes and planned developments. The prison had been identified as a pilot site for the new through-the-gate resettlement initiative from February 2014, but there was little indication in the strategy of how this would be implemented.
- 4.4** The most recent prisoner needs analysis had been undertaken in August 2012. Of particular concern was the category B population of about 50 prisoners who were difficult to transfer to alternative prisons, although their offending behaviour needs could not be met at Durham.
- 4.5** The offender management department was in transition. Probation staff were in post but not all uniformed offender supervisors had been recruited. Twenty band four officers were due to undertake a dual role which included offender management. These would equate to eight full-time staff but, at the time of the inspection, there were six full-time equivalent in post, some of whom were new and relatively inexperienced. These reduced resources were compounded by regular redeployment to other duties, estimated by staff to equate to up to 100 hours a month.

- 4.6** Strategic partnerships had been established with community agencies in the form of the three integrated offender management (IOM, a coordinated, multi-agency approach to managing higher risk offenders) projects covering Sunderland, Newcastle-upon-Tyne and Durham city.

Recommendations

- 4.7** **There should be a 'whole prison' approach to reducing reoffending and resettlement planning, with staff from all departments taking an active role in assessing and implementing resettlement objectives.** (Repeated recommendation HP53)
- 4.8** **The reducing reoffending strategy, action plan and needs analysis should be updated annually.** (Repeated recommendation 9.6)

Offender management and planning

Expected outcomes:

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

4.9 *There was no formal custody planning for remand prisoners. Arrangements for prisoners serving short sentences were variable. Arrangements were reasonably good for prisoners serving over 12 months, although there was not enough focus on addressing offending behaviour. Quality assurance of offender supervisor work was improving. Public protection arrangements were appropriate and support for indeterminate sentenced prisoners was reasonable. Prisoners subject to integrated offender management schemes across the area were given good support.*

- 4.10** At the time of the inspection, 53% of the population were sentenced with 110 prisoners serving sentences of less than 12 months and 373 serving more than 12 months, including the 17 indeterminate sentenced prisoners. Although remand prisoners were not formally subject to custody planning, they were seen by the Shelter team and offered support with housing advice and finance, benefit and debt. All sentenced prisoners were, in principle, subject to sentence planning; those sentenced to less than three months received basic screening and signposting to pathway support; prisoners serving between four and 12 months were supposed to receive basic custody screening (BCS, a shortened version of OASys, offender assessment system), but this was not carried out consistently. We reviewed a number of cases where a BCS had not been completed, although most prisoners received a basic screening shortly before discharge. BCSs that had been completed were of a good standard with objectives appropriate to the prisoner's needs. All prisoners serving over 12 months were subject to a full OASys.
- 4.11** The allocation of cases was appropriate, although the high turnover of prisoners and shortfall in staff meant that some prisoners, mostly on shorter sentences, were missed. The six officers and three probation service officers (PSOs) offender supervisors had generic caseloads. One of the three PSOs worked with the very high risk cases (three at the time of the inspection), more complex high risk cases and all indeterminate sentenced prisoners. Prisoners subject to IOM were allocated to the offender supervisor who was the single point of contact for the project.

- 4.12** Most OASys were completed on time and the backlog of 22 at the time of the inspection remained the responsibility of community offender managers. There was no formal protocol to follow up missing OASys, but the recent recruitment of a senior probation officer had started to reduce the late completion of reports.
- 4.13** Sentence planning was broadly appropriate, but too many targets were general, referring to engagement with a department rather than with the objective, for example 'training and employment advocacy' or 'substance misuse work'. Some departments did not engage with offender supervisors in the sentence planning process, for example targets identified in employment, training and education (ETE) learning plans or substance misuse care plans were not routinely shared with offender supervisors. Personal officers rarely contributed to sentence planning. Despite this, in our survey 51% of prisoners who had a sentence plan said they had been involved or very involved in developing the plan against 40% at our last inspection.
- 4.14** Contact and engagement by offender supervisors with prisoners subsequent to sentence planning was also variable, but again broadly appropriate and better than we often see, especially at local prisons. Prisoners at high risk of harm were expected to be seen every two months and all other sentenced prisoners every three months. This objective was generally met, although there were some exceptions, and in our survey 46% of respondents with a sentence plan said their offender supervisor was working with them to achieve sentence plan targets, against the comparator of 32%. Equally only 30% compared with 44% said that nobody was working with them. The focus of this contact was inconsistent and offender supervisors we spoke to said that the objective was to support and motivate but rarely to address offending behaviour.
- 4.15** Most of the sentenced population were category C or D, and transfer to a training establishment after sentence was relatively straightforward, with few delays. Approximately 12% were category B and there were significant delays in identifying prisons that would accept them, especially if they were convicted of a sex offence. Many prisoners were held at Durham for other reasons, such as medical holds, but the prison did not know how many. The lack of offending behaviour work for this population was a major concern. There were no accredited offending behaviour programmes and no work was undertaken with sex offenders who might remain at Durham for many months or be released to the community with no challenge to their attitudes and behaviour. A more integrated approach was in progress but needed significant further development.
- 4.16** Offender supervisors did not consistently use prisoner electronic case notes to record contacts and related engagement. Other departments, including the substance misuse team and ETE services, also failed consistently to record information centrally which undermined the sharing of information and assessment of progress against identified risk factors.
- 4.17** Quality assurance of work by offender supervisors had developed since our last inspection and was now fairly well embedded. It was particularly encouraging that the senior probation officer had the specific objective of developing casework and management supervision of offender supervisors, an approach that was positively embraced by the staff we spoke to.
- 4.18** The prison was working well with the three IOM projects in Durham city, Newcastle-upon-Tyne and Sunderland. Each project had a single point of contact at the establishment and there were good links with community providers, particularly with the Sunderland IOM where community providers regularly attended sentence planning and pre-release meetings. About 25 prisoners at a time were managed through the Sunderland IOM.

- 4.19** The prison had increased the number of prisoners released on temporary licence (ROTL) since our last inspection. In the last six months, 22 prisoners had been assessed and eight had been successful, working primarily in the outside garden and stores and at the NEPACS (North East Prisons After Care Society) visitors' centre. Most prisoners who met the criteria for ROTL were transferred to other, often open, establishments more suitable for ROTL.
- 4.20** Home detention curfew (HDC) releases continued to be a problem for a local prison, because prisoners were too often transferred during the process. The impact was mitigated by the related documentation being forwarded promptly to receiving prisons. Nevertheless, on average 30 HDC cases were started each month and only about eight prisoners were actually released.

Recommendations

- 4.21 All prisoners, including those on remand, should be subject to custody or sentence planning and this should be applied consistently.**
- 4.22 Offender supervision should be consistent and should reflect the level of need presented by prisoners at Durham.**
- 4.23 All departments working with a prisoner, including their personal officer, employment, training and education providers and drug and alcohol services, should attend sentence planning boards, or provide written contributions.**
- 4.24 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.** (Repeated recommendation 9.68)

Housekeeping point

- 4.25** Offender supervisors, and all resettlement pathway providers, should record information about and contact with prisoners on prisoner electronic case notes rather than separate contact logs.

Public protection

- 4.26** Public protection procedures were generally well managed across the prison. Two probation officers managed public protection and undertook initial assessments. Both officers offered guidance and mentoring to offender supervisors and delivered staff training. The interdepartmental risk management team met monthly and was well attended by staff across the establishment. Good information was received from the security department.
- 4.27** At the time of the inspection there were 108 prisoners subject to child protection monitoring and 29 prisoners were identified as requiring active multi-agency public protection (MAPPA) support at level 2, and one at level 3 (the highest risk).

Categorisation

- 4.28 Newly sentenced prisoners were categorised by an offender supervisor within seven days of arrival. Reviews were conducted annually for prisoners serving sentences of four years and over, and every six months for others.
- 4.29 Approximately 50 category C prisoners moved each week to Holme House, Northumberland and Haverigg prisons.
- 4.30 There was only one place a week at Northumberland for prisoners on methadone maintenance, which failed to meet the level of demand at Durham.

Indeterminate sentenced prisoners

- 4.31 At the time of the inspection, there were 17 indeterminate sentenced prisoners. They were allocated to one of the probation officers who managed their needs appropriately. Provisional life-sentenced prisoners were identified when they were initially remanded and some support and guidance was available for them. There were some delays in holding multi-agency lifer risk assessment planning meetings which could delay transfers to appropriate establishments.

Reintegration planning

Expected outcomes:

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

4.32 *A number of resettlement pathway services provided comprehensive support, but many prisoners in our survey did not know where to obtain advice and guidance. There was no systematic pre-release planning and arrangements were insufficiently coordinated. Arrangements for prisoners subject to IOM were generally good.*

- 4.33 The lack of an up-to-date needs analysis affected all resettlement pathway work. In many cases prisoners did not know who to approach to obtain advice and support.
- 4.34 An average of 80 prisoners a month were released. There was no systematic model of pre-release planning. Prisoners subject to IOM, particularly those from Sunderland, received comprehensive assessments and had a formal, effective pre-release meeting with community representatives and the offender supervisor. Arrangements for other prisoners depended on individual offender supervisors and resettlement pathway providers. There was often a lack of coordination and pathway providers did not routinely inform offender supervisors of arrangements for post-release support.

Recommendation

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

Accommodation

- 4.36** In our survey, only 28% of prisoners against the comparator of 39% said that they knew where to get help with accommodation problems.
- 4.37** The accommodation needs of all newly arrived prisoners were identified during induction by peer workers, trained by two full-time Shelter advisers based in the prison. The advisers undertook casework for priority cases and were able to access legal support. Priority was given to safeguarding existing tenancies when possible. However, the service lacked a private interview space despite this having been raised at resettlement meetings since at least December 2012.
- 4.38** There were good links with a range of local housing providers for approximately 75% of prisoners released to local areas; accommodation was more limited for those returning to Cumbria, and there was only one homeless hostel in Carlisle. About 5% left with no address. Prisoners could use the free Shelter telephone helpline via wing telephones.
- 4.39** Foundation, a voluntary sector housing provider working in all North East prisons, provided mentoring, support and accommodation for 'hard-to-place' prisoners. Formal support was only available to remanded prisoners in exceptional cases, such as those posing a high risk of harm.

Recommendation

- 4.40 Suitable private interview space should be provided for accommodation staff.**

Education, training and employment

- 4.41** The National Careers Service provision provided by CfBT was good. Partnership working between the prison and community agencies supported prisoners well, and prevented duplication of activities. Good support was provided for job search and the establishment job shop gave budgeting and employability skills awards, including CV writing and interview techniques. A pilot programme in the enterprise unit supported the most prolific offenders in preparing for resettlement by understanding the principles of starting a business. Information provided by prisoners indicated that about 40% of those released each month progressed into education, training and employment.

Health care

- 4.42** Prisoners were offered pre-release health checks. Harm minimisation information, take-home medication and assistance to locate a GP were given as appropriate. The prison worked in partnership with Macmillan Cancer Support to offer palliative and end-of-life care.

Drugs and alcohol

- 4.43** Links with local drug and alcohol agencies were very good and some particularly good work was being developed by the Phoenix futures substance misuse agency offering family support in the South Tyneside area in preparation for a prisoner's release.
- 4.44** The development of a peer mentoring scheme had progressed well with eight mentors working in the area of substance use treatment. Some ex-prisoners who were positive role models for recovery were invited back into the prison to give testimonies and encouragement to prisoners.

Finance, benefit and debt

- 4.45** Support for prisoners under this pathway was broadly appropriate. Prisoners were seen during induction by peer advisers and, where necessary, referrals were passed on to specialist advice workers employed by Shelter at the prison. The primary focus of such contact was upon debt management and support and in the year to November 2013 over £49,000 worth of debt held by prisoners had been cancelled out and a further £9,000 frozen to prevent accumulation of interest payments.
- 4.46** To reduce the likelihood of getting into debt once released, prisoners were encouraged to attend a finance and debt awareness training course, also delivered by Shelter. The programme was specifically oriented to issues pertinent to those attending and covered topics such as managing rent, council tax and mortgages as well as basic budget management skills and understanding debt. The prison was working on negotiating a contract to facilitate prisoners opening bank accounts prior to their release.
- 4.47** Full-time Job Centre Plus advisers, based in the prison, organised the opening of advance benefit claims for prisoners before release and all prisoners were offered an appointment prior to their discharge. However, despite this, in our survey only 30% of respondents, compared with the 40% comparator establishments said they knew who to speak to at the prison about benefit advice.

Recommendation

- 4.48** **Prisoners should be assisted to open a bank account.**

Housekeeping point

- 4.49** The prison should ensure that more prisoners are aware of how to get benefit advice at the prison

Children, families and contact with the outside world

- 4.50** Although in our survey, only 25% of prisoners said that staff had supported and helped them to maintain contact with family and friends against the comparator of 34%, we found that the level of support was broadly appropriate. Convicted prisoners on standard and basic regime levels received only two visits every 28 days while prisoners on enhanced level were entitled to four; remanded prisoners could have three visits a week.
- 4.51** Visits could be booked by telephone, e-mail and in person through the visitors' centre. Telephone booking was not accessible during lunchtimes, evenings or weekends. Visitors complained about the difficulty of using the telephone booking line, and this was confirmed by visitors' centre staff and prison managers. Despite this, we were able to speak to the booking clerk on our second attempt one morning.
- 4.52** Visitors were booked in at the large, new visitors' centre managed by NEPACS, a charity based in the North East of England working to support prisoners and their families. There was good support and advice available for first-time visitors. Visits did not start at the advertised time and could be delayed by up to 45 minutes. Unusually, prisoners had to wear prison-issue jeans and shirts in the visits room, despite security systems to identify visitors.
- 4.53** Prisoners indicated by a drug dog either had their visit cancelled or had a closed visit; no other intelligence was required. If more than one closed visit was taking place, the facility did not afford privacy. In the previous six months, only two of the 58 closed visits arose from incidents that had taken place in visits.
- 4.54** The family links officer, a seconded probation officer based in the prison, managed family visits and provided information and support to prisoners and families about family and child issues, including signposting to other services. The play area was suitably equipped and supervised, and staff were aware of prisoners who were subject to child or public protection restrictions. Some unfixed, easy seating allowed enhanced prisoners to sit beside their visitors.
- 4.55** Prisoners were not able to receive incoming calls from children or to deal with arrangements for them. Only a few prisoners had been able to use ROTL to support family contact. Father/child visits ran weekly and 'homework' visits for school children ran on Friday evenings, irrespective of a prisoner's IEP status; visiting orders were not required. Although family visits were available to vulnerable prisoners, none had applied for them.
- 4.56** A prison officer, part funded by Durham local authority, had a family support role with prisoners, families and schools in that area.

Recommendation

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

Housekeeping points

- 4.58** A visit refusal or a closed visit should be justified by security intelligence and not simply a drug dog indication.
- 4.59** Prisoners should not have to wear prison clothes in the visits room.
- 4.60** Family visits should be advertised to vulnerable prisoners who should be encouraged to apply.

Attitudes, thinking and behaviour

- 4.61** A rolling alcohol programme was available and a 12-step drug programme was delivered on I wing (see section on substance misuse). There were no accredited offending behaviour programmes and prisoners were transferred to another prison for these.
- 4.62** Most prisoners were able to move quickly to other establishments to undertake programmes, but there were difficulties in transferring category B prisoners to enable them to progress in a suitable timeframe. This was a source of frustration for prisoners, and offender supervisors found it hard to maintain motivation for some.
- 4.63** In our survey, 6% of prisoners against the comparator of 8% said they were currently involved in an offending behaviour programme, an improvement from 4% in 2011. None of the vulnerable prisoners participated in such programmes, compared with 7% of other prisoners.

Section 5. Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points 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, or in the previous report where recommendations have been repeated.

Main recommendations

To the governor

- 5.1 Comprehensive first night risk assessments should always be completed on the day of arrival. New arrivals should receive a shower and sufficient funds to make a telephone call on their first night and should be located in designated, well prepared cells. Handover arrangements and care for new arrivals should be improved. (S41)
- 5.2 There should be a needs assessment of the young adult population, and a clear strategy developed for their overall management. (S42)
- 5.3 The governance of and accountability for the use of force, including special accommodation, planned interventions and all associated issues, should be improved. (S43)
- 5.4 A strategy should be developed to promote and deliver positive staff-prisoner relationships and to ensure that prisoners feel supported and cared for. (S44)

Recommendation

To NOMS

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

Recommendations

To the escort contractor

Courts, escorts and transfers

- 5.6 Person escort records should be completed fully and prisoners should be transferred to prison shortly after the conclusion of their court appearance. (1.4)
- 5.7 Prisoners should arrive at the prison before 7pm. (1.5, repeated recommendation 1.7)

Recommendations

To the governor

Early days in custody

- 5.8 Prisoners should spend less time in reception. (1.17)
- 5.9 The content and delivery of induction and monitoring of attendance should be improved and all prisoners should be kept purposefully engaged until allocated to activities. (1.18)

Bullying and violence reduction

- 5.10** The violence reduction strategy should be reviewed, based on an analysis of patterns of violence and a prisoner survey. Monitoring should be improved and interventions for perpetrators and support for victims of violence should be enhanced. (1.25)
- 5.11** The collection, collation and analysis of data on violent and antisocial behaviour should be improved to facilitate the management of violence and antisocial behaviour. Action should be taken to address identified concerns. (1.26)

Self-harm and suicide

- 5.12** Death in custody action plans should be reviewed regularly and actions addressed. (1.34)
- 5.13** The quality of ACCT case management documents and support for prisoners in crisis should be improved and prisoners subject to ACCT should only be located in the segregation unit in exceptional circumstances. (1.35)

Safeguarding

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

Security

- 5.15** Prisoners should only be strip or squat searched on the basis of intelligence or specific suspicion. (1.47)
- 5.16** Closed visits should only be applied when there is evidence of the trafficking of unauthorised items in to visits. (1.48)
- 5.17** An up-to-date supply reduction strategy should be developed and integrated into the wider strategic response to drugs and alcohol. (1.49)
- 5.18** The mandatory drug testing programme should be adequately resourced to undertake target testing within the required timescale. (1.50, repeated recommendation 3.54)

Incentives and earned privileges

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

Discipline

- 5.20** All disciplinary charges should be fully investigated and reasons given for decisions. The quality assurance of adjudication records should be improved. (1.62)
- 5.21** Analysis of data for disciplinary procedures, use of force and segregation should be improved and used more effectively to reduce the number of adjudications and the throughput in the segregation unit. (1.63)

- 5.22** The exercise yards and showers in the segregation unit should be improved. (1.76)
- 5.23** The regime in the segregation unit should be improved, including daily access to both showers and telephone calls. (1.77)
- 5.24** Segregation review documentation should be timely and comprehensive, including meaningful targets and reintegration plans for longer-term residents. (1.78)

Substance misuse

- 5.25** Opiate substitution prescribing should be flexible, based on individual need and should conform to national guidelines. (1.87)
- 5.26** The clinical drugs team should be further integrated with the drug and alcohol recovery team to improve outcomes for prisoners. (1.88)
- 5.27** Discipline staff working on recovery and therapeutic wings should be selected for the role and should be given additional training to facilitate a recovery-focused environment. (1.89)
- 5.28** Joint working between the clinical substance misuse and the mental health in-reach teams should be developed, and a dual diagnosis service should be introduced for prisoners with mental health and substance-related problems. (1.90, repeated recommendation 3.53)
- 5.29** The drug strategy document should be updated, contain performance measures and development targets, and be informed by a population needs analysis. (1.91, repeated recommendation 9.56)

Residential units

- 5.30** Cells designed to hold one prisoner should not be used to hold two. (2.10, repeated recommendation 2.6)
- 5.31** Cells should be decorated to a good standard, free of graffiti and offensive displays and adequately equipped. All toilets should be screened and deep cleaned. (2.11)
- 5.32** All prisoners should have weekly access to cell cleaning materials, clean prison clothes of an acceptable quality and clean sheets. (2.12)
- 5.33** Prisoners' mail and telephone PIN applications should be processed without delay. (2.13)

Staff-prisoner relationships

- 5.34** Staff should address prisoners courteously, using their preferred names. (2.20, repeated recommendation 2.19)
- 5.35** Personal officers should have regular and proactive interviews with prisoners that focus on their progression and resettlement needs, as well as welfare issues. (2.21, repeated recommendation 2.23)

Equality and diversity

- 5.36** There should be a strategic focus on equality and diversity supported by an effective action plan to ensure that the needs of all minority groups are met. (2.31)
- 5.37** SMART data should be monitored consistently and action taken if activity is found to be out of range. Minority groups not covered by SMART data should also be monitored. (2.32)
- 5.38** There should be systematic engagement with and support for minority group prisoners. This should include regular prisoner support forums. (2.40, repeated recommendation 4.9)
- 5.39** Welfare and immigration-related needs of foreign national prisoners should be systematically assessed and met. (2.41, repeated recommendation 4.27)
- 5.40** All prisoners who consider themselves to have disabilities should be identified and assessed. Where appropriate, they should be involved in developing care plans and deciding on reasonable adjustments. (2.42, repeated recommendation 4.39)
- 5.41** Residential staff should be aware of the individual needs of older prisoners and those with disabilities, particularly those requiring assistance during an emergency. (2.43, repeated recommendation 4.40)
- 5.42** Managers should ensure that the specific perspectives of gay and bisexual prisoners are considered and their needs are met. (2.44, repeated recommendation 4.45)

Complaints

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

Health services

- 5.44** Patients should not have to wait for excessive periods in the health centre before and following their appointments. (2.69, repeated recommendation 5.8)
- 5.45** Health service bed spaces should not form part of the prison's certified normal accommodation. (2.79, repeated recommendation 5.63)
- 5.46** A complete pharmaceutical service should be provided to prisoners, including pharmacy-led clinics and medicine use reviews. (2.91)
- 5.47** The health partnership board should ensure that patients' established patterns of prescribed medication are not interrupted at reception unless individual risk assessment indicates otherwise or until individual clinical reviews have taken place. (2.92)
- 5.48** Patients sectioned under the Mental Health Act should be transferred within the transfer timescale guideline. (2.102)
- 5.49** All uniformed officers should receive mental health awareness training. (2.103, repeated recommendation 5.70)

Catering

- 5.50** There should be effective managerial oversight of wing servery procedures. (2.110)

Purchases

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

Time out of cell

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

Learning and skills and work activities

- 5.54** The substantive plans for increasing the range of activities should be implemented promptly when funding becomes available in March 2014. (3.19)
- 5.55** Further training and support should be given to teaching staff to ensure that they have the skills to manage effectively poor behaviour in education sessions. (3.28)
- 5.56** Supervision mechanisms should be set up for mentors once they have completed their programme. (3.29)
- 5.57** Data should be analysed on the number of accredited units achieved, the timescales and the number of prisoners who achieve full vocational qualifications to inform curriculum development. (3.35)
- 5.58** Movement to and from activities, particularly in afternoon sessions, should be improved to prevent excessive delays that reduce learning time and to improve punctuality. (3.36)
- 5.59** Arrangements for prisoners to use the library should be reviewed, to facilitate visits of varying duration. (3.40)
- 5.60** There should be a trolley service of books to F wing until F wing vulnerable prisoners have the same access to the library as other wings. (3.41)

Physical education and healthy living

- 5.61** The PE facilities should be brought back to full use as a matter of urgency and planned developments should be implemented so that all prisoners have the opportunity for recreational PE and remedial support. (3.46)
- 5.62** The poor condition of the sports hall, including the toilets and showers, should be improved to a good standard. (3.47)

Strategic management of resettlement

- 5.63** There should be a 'whole prison' approach to reducing reoffending and resettlement planning, with staff from all departments taking an active role in assessing and implementing resettlement objectives. (4.7, repeated recommendation HP53)
- 5.64** The reducing reoffending strategy, action plan and needs analysis should be updated annually. (4.8, repeated recommendation 9.6)

Offender management and planning

- 5.65** All prisoners, including those on remand, should be subject to custody or sentence planning and this should be applied consistently. (4.21)
- 5.66** Offender supervision should be consistent and should reflect the level of need presented by prisoners at Durham. (4.22)
- 5.67** All departments working with a prisoner, including their personal officer, employment, training and education providers and drug and alcohol services, should attend sentence planning boards, or provide written contributions. (4.23)
- 5.68** 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. (4.24, repeated recommendation 9.68)

Reintegration planning

- 5.69** All prisoners should be reviewed before their release against their identified need and, where necessary, appropriate arrangements should be made before their discharge. Reviews should be informed by previous assessments and sentence or custody plans. If prisoners are subject to post-release licence supervision, plans identified by pathway providers should be shared with offender supervisors. (4.35)
- 5.70** Suitable private interview space should be provided for accommodation staff. (4.40)
- 5.71** Prisoners should be assisted to open a bank account. (4.48)
- 5.72** All prisoners should be able to receive at least one visit a week, there should be no upper limit on the number of visits for unconvicted prisoners, and visits should last for the advertised duration. (4.57)

Housekeeping points

Bullying and violence reduction

- 5.73** Attendance at the safer custody meeting should be improved. (1.27)

Self-harm and suicide

- 5.74** Minutes of safer custody meetings should reflect discussions at the meetings. (1.36)
- 5.75** Constant observation cells should be clean, decorated and furnished. (1.37)

Security

- 5.76** Senior managers should monitor the reconciliation of the prison roll to ensure that it does not have an adverse impact on the regime. (1.51)
- 5.77** Links between the security department and the drug strategy team and violence reduction committee should be improved. (1.52, repeated recommendation 7.9)

Residential units

- 5.78** The application system should be improved. (2.14)

Faith and religious activity

- 5.79** The negative perceptions of prisoners about faith and religious activity should be investigated. (2.48)

Legal rights

- 5.80** All new arrivals should be offered bail information. (2.57)

Health services

- 5.81** Barrier protection should be freely available to prisoners. (2.70)
- 5.82** Triage algorithms should be used to ensure equity of care for patients. (2.80)
- 5.83** The cancellation of external hospital appointments for security reasons should be minimised. (2.81)
- 5.84** 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. (2.93)
- 5.85** Only the most recent edition of reference books should be kept. (2.94)

Learning and skills and work activities

- 5.86** The OLASS provider's observation and assessment procedure should be implemented across the prison to support quality improvement. (3.14)
- 5.87** Teachers should correct prisoners' spelling and grammar to motivate them and provide useful written feedback. (3.30)
- 5.88** Wing officers should inform induction staff in advance of prisoners likely to need support, for example when completing forms. (3.31)
- 5.89** The books for easy reading should be coded more clearly to help prisoners find them easily. (3.42)

Offender management and planning

- 5.90** Offender supervisors, and all resettlement pathway providers, should record information about and contact with prisoners on prisoner electronic case notes rather than separate contact logs. (4.25)

Reintegration planning

- 5.91** The prison should ensure that more prisoners are aware of how to get benefit advice at the prison. (4.49)
- 5.92** A visit refusal or a closed visit should be justified by security intelligence and not simply a drug dog indication. (4.58)
- 5.93** Prisoners should not have to wear prison clothes in the visits room. (4.59)
- 5.94** Family visits should be advertised to vulnerable prisoners who should be encouraged to apply. (4.60)

Examples of good practice

Health services

- 5.95** The protocol for the management of tuberculosis in prisons provided clear but concise guidance and there was associated guidance for prisoners. (2.71)
- 5.96** The administrator assisting with health care on induction ensured that contact was made with external health care agencies to facilitate coordination of care, and that nurses were not distracted from clinical screening by administrative procedures. (2.82)
- 5.97** The administration of dental waiting lists and appointments was carefully coordinated to ensure an efficient throughput of patients with a negligible did-not-attend rate. (2.97)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas
Kieron Taylor
Keith McInnis
Andy Lund
Kellie Reeve
Alissa Redmond
Rachel Prime
Joe Simmonds
Samantha Booth

Deputy Chief Inspector
Team leader
Inspector
Inspector
Inspector
Researcher
Researcher
Researcher
Senior researcher

Specialist inspectors

Paul Roberts
Paul Tarbuck
Helen Jackson
Julia Horsman
Sheila Willis
Jen Walters

Substance misuse inspector
Health services inspector
Pharmacist
Ofsted inspector
Ofsted inspector
Ofsted inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2011, 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 were not sufficiently good against this healthy prison test.

Main recommendations

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)

Partially achieved

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)

Partially achieved

Recommendations

Prisoner journey times longer than two and half hours should always include a toilet break. (1.6)

Partially achieved

Prisoners should arrive at the prison before 7pm. (1.7)

Not achieved (Recommendation repeated, 1.5)

Reception interviews should take place in private. (1.15)

Achieved

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

Not achieved

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

Not achieved

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)

Not achieved

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

Not achieved (Recommendation repeated as housekeeping point, 1.52}

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

Achieved

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

Not achieved

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

Not achieved

There should be a prisoner survey to inform the anti-bullying strategy, and better consultation with prisoners about their feelings of safety. (3.8)

Not achieved

All alleged bullying and reported violent incidents should be fully investigated. (3.9)

Not achieved

Residential staff should actively engage in violence reduction procedures. (3.10)

Not achieved

Victims of antisocial behaviour should be supported. (3.11)

Not achieved

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)

Not achieved

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)

Not achieved

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)

Partially achieved

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)

Not achieved (Recommendation repeated, 1.90)

The mandatory drug testing programme should be adequately resourced to undertake target testing within the required timescale. (3.54)

Not achieved (Recommendation repeated, 1.50)

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2011, 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 were reasonably good against this healthy prison test.

Main recommendations

There should be a needs assessment of the young adult population, and a clear strategy developed for their overall management. (HP49)

Not achieved (Recommendation repeated, S45)

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)

Not achieved

Recommendations

Cells designed to hold one prisoner should not be used to hold two. (2.6)

Not achieved (Recommendation repeated, 2.10)

Cells should be adequately equipped and all toilets should be screened. (2.7)

Not achieved

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

Not achieved

All prisoners should have weekly access to cell cleaning materials and dedicated domestic time to clean their cells. (2.13)

Not achieved

Prisoners should be able to shower daily, and the showers should have adequate privacy screening. (2.14)

Partially achieved

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

Not achieved

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

Not achieved

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

Not achieved (Recommendation repeated, 2.20)

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)

Not achieved (Recommendation repeated, 2.21)

Breakfast packs should be issued on the morning they are to be eaten, and lunch should not be served before 12 noon. (8.7)

Not achieved.

Prisoners should be able to dine in association. (8.8)

Not achieved (Recommendation repeated, 2.111)

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

Not achieved

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)

Not achieved (Recommendation repeated, 2.39)

There should be systematic engagement with and support for minority group prisoners. This should include regular prisoner support forums. (4.9)

Not achieved (Recommendation repeated, 2.40)

Investigations resulting from discrimination incident report forms should be rigorous, leading when appropriate to action against perpetrators and support for victims. (4.10)

Achieved

Gypsy, Romany and Traveller prisoners should be identified and supported. (4.15)

Not achieved

There should be formal interventions to challenge prisoners who engage in racist behaviour. (4.16)

Not achieved

Welfare and immigration-related needs of foreign national prisoners should be systematically assessed and met. (4.27)

Not achieved (Recommendation repeated, 2.41)

All foreign national prisoners should be able to make a free monthly international telephone call, irrespective of whether they receive visits. (4.28)

Achieved

Staff should use professional interpreting services when important and sensitive information is being discussed, especially where it relates to risk assessment. (4.29)

Achieved

All prisoners who consider themselves to have disabilities should be identified and assessed. Where appropriate, they should be involved in developing care plans and deciding on reasonable adjustments. (4.39)

Not achieved (Recommendation repeated, 2.42)

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)

Not achieved (Recommendation repeated, 2.43)

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)

Achieved

Retired prisoners should be able to have their television free of charge. (4.42)

Achieved

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

Not achieved (Recommendation repeated, 2.44)

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

Achieved

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

Achieved

There should be an up-to-date prison health development plan. (5.7)

Achieved

Patients should not have to wait for excessive periods in the health centre before and following their appointments. (5.8)

Not achieved (Recommendation repeated, 2.69)

There should be a prison health promotion group and strategy for health promotion. (5.9)

Achieved

Information on health care should be widely available to prisoners in formats and languages that they can understand. (5.10)

Achieved

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)

Achieved

Every patient with a complex or lifelong condition should have an up-to-date and comprehensive care plan. (5.20)

Achieved

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)

Partially achieved

The prescribing of medication identified as high risk or liable to abuse should be reviewed. (5.48)

Achieved

There should be a written policy for the provision of out-of-hours medication. (5.49)

Achieved

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

Not achieved (Recommendation repeated, 2.80)

Meaningful day services should be available to prisoners who need additional therapeutic support for emotional problems. (5.69)

Achieved

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

Not achieved (Recommendation repeated, 2.104)

Purposeful activity

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

At the last inspection, in 2011, 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 against this healthy prison test.

Recommendations

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

Not achieved

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

Not achieved

Prisoner attendance at activities should be improved. (6.14)

Achieved

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

Partially achieved

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

Achieved

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

Achieved

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

Achieved

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

Achieved

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

Achieved

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

Achieved

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

No longer applicable

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

Achieved

Resettlement

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

At the last inspection, in 2011, 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 were reasonably good against this healthy prison test.

Main 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. (HP53)

Partially achieved (Recommendation repeated, 4.7)

Recommendations

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

Partially achieved (Recommendation repeated, 4.8)

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)

Not achieved

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)

Achieved

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)

Not achieved

The prison should use release on temporary licence to facilitate and support resettlement for prisoners. (9.21)

Achieved

Prisoners should only be transferred during home detention curfew reviews in exceptional circumstances. (9.22)

Not achieved

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

Achieved

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

Achieved

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)

Partially achieved

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

Achieved

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

Not achieved. (Recommendation repeated, 1.91)

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

Partially achieved

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)

Not achieved (Recommendation repeated, 4.24)

Appendix III: 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	Other	%
Sentenced	35	435	0	50.0
Recall	3	19	0	2.3
Convicted unsentenced	20	159	0	19.0
Civil prisoners	0	0	0	0.0
Detainee	0	3	0	0.3
Other	16	250	0	28.3
Total	74	866	0	100

Sentence	18 - 20 yr olds	21 and over	Other	%
Unsentenced	36	421	0	48.6
Less than 6 Months	9	65	0	7.9
6 Months to less than 1 Year	6	30	0	3.8
1 Year to less than 2 Years	8	59	0	7.1
2 Years to less than 3 Years	6	76	0	8.7
3 Years to less than 4 Years	2	65	0	7.1
4 Years to less than 10 Years	6	98	0	11.1
10 Years or more and Less than Life	1	35	0	3.8
Life	0	17	0	1.8
ISPP	0	0	0	0.0
Total	74	866	0	100

Age	No. of Prisoners	%		
Minimum Age: 18	-	-		
Under 21	74	7.9		
21 years to 29 years	328	34.9		
30 years to 39 years	288	30.6		
40 years to 49 years	163	17.3		
50 years to 59 years	66	7.0		
60 years to 69 years	16	1.7		
70 plus years	5	0.5		
Maximum Age: 79	-	-		
Total	940	100		

Nationality	18 - 20 yr olds	21 and over	Other	%
British	67	815	0	93.8
Foreign nationals	3	31	0	3.6
Not stated	4	20	0	2.6
Total	74	866	0	100

Security Category	18 - 20 yr olds	21 and over	Other	%
Cat B	0	52	0	5.5
Cat C	1	352	0	37.6

Cat D	0	5	0	0.5
Uncategorised Sentenced Male	0	1	0	0.1
Unclassified	1	10	0	1.2
Unsentenced	49	445	0	52.6
YOI Closed	23	1	0	2.6
Total	74	866	0	100

Ethnicity		18 - 20 yr olds	21 and over	Other	%
White	White : Irish	0	1	0	0.1
	White: Any other background	0	14	0	1.5
	White: Eng./Welsh/Scot./N.Irish/British	69	790	0	91.4
	White: Gypsy or Irish Traveller	0	5	0	0.5
		69	810	0	93.5
Mixed	Mixed: Any other background	1	3	0	0.4
	Mixed: White and Asian	0	0	0	0.0
	Mixed: White and Black African	0	1	0	0.1
	Mixed: White and Black Caribbean	0	1	0	0.1
			1	5	0
Asian or Asian British	Asian/Asian British: Any other backgr'nd	1	9	0	1.1
	Asian/Asian British: Bangladeshi	0	0	0	0.0
	Asian/Asian British: Chinese	0	0	0	0.0
	Asian/Asian British: Indian	0	2	0	0.2
	Asian/Asian British: Pakistani	0	2	0	0.2
			1	13	0
Black or Black British	Black/Black British: African	0	7	0	0.7
	Black/Black British: Any other backgr'nd	0	1	0	0.1
	Black/Black British: Caribbean	0	1	0	0.1
			0	9	0
Other ethnic group	Other: Any other background	1	1	0	0.2
	Other: Arab	0	1	0	0.1
			1	2	0
Not stated	Code Missing	2	26	0	3.0
	Prefer not to say	0	1	0	0.1
			2	27	0
	Total	74	866	0	100

Religion	18 - 20 yr olds	21 and over	Other	%
Baptist	0	0	0	0.0
Church of England	9	335	0	36.6
Roman Catholic	5	155	0	17.0
Other Christian denominations	7	36	0	4.6
Muslim	2	23	0	2.7
Sikh	0	0	0	0.0
Hindu	0	0	0	0.0
Buddhist	0	5	0	0.5
Jewish	0	0	0	0.0
No religion	50	305	0	37.8
Other	0	1	0	0.1
Not stated	1	6	0	0.7
Total	74	866	0	100

Sentenced prisoners only

Length of stay	18 – 20 yr olds	%	21 and over	%	Other	%
Less than 1 month	17	1.8%	119	#####	0	0.0
1 month to 3 months	13	1.4%	134	#####	0	0.0
3 months to 6 months	6	0.6%	92	9.8%	0	0.0
6 months to 1 year	2	0.2%	67	7.1%	0	0.0
1 year to 2 years	0	0.0%	30	3.2%	0	0.0
2 years to 4 years	0	0.0%	1	0.1%	0	0.0
4 years or more	0	0.0%	2	0.2%	0	0.0
Total	38	4.0%	445	#####	0	0.0

Unsentenced prisoners only

Length of stay	18 – 20 yr olds	%	21 and over	%	Other	%
Less than 1 month	11	2.4%	157	#####	0	0.0
1 month to 3 months	10	2.2%	148	#####	0	0.0
3 months to 6 months	14	3.1%	85	#####	0	0.0
6 months to 1 year	1	0.2%	12	2.6%	0	0.0
1 year to 2 years	0	0.0%	0	0.0%	0	0.0
2 years to 4 years	0	0.0%	1	0.2%	0	0.0
4 years or more	0	0.0%	18	3.9%	0	0.0
Total	36	3.8%	421	#####	0	0.0

Main Offence	18 – 20 yr olds	%	21 and over	%	Other	%
Not currently available						

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

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

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 2 December 2013 the prisoner population at HMP Durham was 914. Using the method described above, questionnaires were distributed to a sample of 212 prisoners.

We received a total of 188 completed questionnaires, a response rate of 89%. This included two questionnaires completed via interview. Eleven respondents refused to complete a questionnaire, six questionnaires were not returned and seven were returned blank.

Presentation of survey results and analyses

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

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

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

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Durham in 2013 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 35 local prisons since April 2008.
- The current survey responses from HMP Durham in 2013 compared with the responses of prisoners surveyed at HMP Durham in 2011.
- A comparison within the 2013 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 2013 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2013 survey between the vulnerable prisoners' wing (C) and the rest of the establishment.

Survey summary

Section I: About You

Q1.2	How old are you?		
	Under 21	13 (7%)	
	21 - 29.....	68 (36%)	
	30 - 39.....	66 (35%)	
	40 - 49.....	21 (11%)	
	50 - 59.....	13 (7%)	
	60 - 69.....	6 (3%)	
	70 and over.....	1 (1%)	
Q1.3	Are you sentenced?		
	Yes.....	99 (53%)	
	Yes - on recall.....	9 (5%)	
	No - awaiting trial.....	44 (24%)	
	No - awaiting sentence	35 (19%)	
	No - awaiting deportation.....	0 (0%)	
Q1.4	How long is your sentence?		
	Not sentenced.....	79 (43%)	
	Less than 6 months.....	22 (12%)	
	6 months to less than 1 year	10 (5%)	
	1 year to less than 2 years.....	11 (6%)	
	2 years to less than 4 years	33 (18%)	
	4 years to less than 10 years.....	19 (10%)	
	10 years or more.....	8 (4%)	
	IPP (indeterminate sentence for public protection).....	0 (0%)	
	Life.....	3 (2%)	
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship.)		
	Yes.....	9 (5%)	
	No.....	176 (95%)	
Q1.6	Do you understand spoken English?		
	Yes.....	184 (99%)	
	No.....	2 (1%)	
Q1.7	Do you understand written English?		
	Yes.....	186 (99%)	
	No.....	1 (1%)	
Q1.8	What is your ethnic origin?		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	174 (94%)	Asian or Asian British - Chinese
	White - Irish	0 (0%)	Asian or Asian British - other.....
	White - other.....	6 (3%)	Mixed race - white and black Caribbean. 1 (1%)
	Black or black British - Caribbean	1 (1%)	Mixed race - white and black African
	Black or black British - African	1 (1%)	Mixed race - white and Asian
	Black or black British - other.....	0 (0%)	Mixed race - other.....
	Asian or Asian British - Indian	0 (0%)	Arab
	Asian or Asian British - Pakistani.....	2 (1%)	Other ethnic group.....
	Asian or Asian British - Bangladeshi	0 (0%)	

Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes		10 (5%)
	No.....		172 (95%)
Q1.10	What is your religion?		
	None	67 (36%)	Hindu
	Church of England.....	70 (38%)	Jewish
	Catholic.....	35 (19%)	Muslim.....
	Protestant	3 (2%)	Sikh
	Other Christian denomination.....	2 (1%)	Other.....
	Buddhist.....	2 (1%)	
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight.....		183 (99%)
	Homosexual/Gay		1 (1%)
	Bisexual.....		1 (1%)
Q1.12	Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs.)		
	Yes.....		51 (28%)
	No.....		133 (72%)
Q1.13	Are you a veteran (ex- armed services)?		
	Yes.....		7 (4%)
	No.....		176 (96%)
Q1.14	Is this your first time in prison?		
	Yes.....		45 (24%)
	No.....		140 (76%)
Q1.15	Do you have children under the age of 18?		
	Yes.....		113 (61%)
	No.....		72 (39%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?		
	Less than 2 hours		140 (74%)
	2 hours or longer		35 (19%)
	Don't remember		13 (7%)
Q2.2	On your most recent journey here, were you offered anything to eat or drink?		
	My journey was less than two hours		140 (75%)
	Yes.....		9 (5%)
	No.....		37 (20%)
	Don't remember		1 (1%)
Q2.3	On your most recent journey here, were you offered a toilet break?		
	My journey was less than two hours		140 (76%)
	Yes.....		1 (1%)
	No.....		43 (23%)
	Don't remember		1 (1%)
Q2.4	On your most recent journey here, was the van clean?		
	Yes.....		110 (59%)
	No.....		68 (36%)
	Don't remember		9 (5%)

Q2.5	On your most recent journey here, did you feel safe?	
	Yes	126 (67%)
	No.....	55 (29%)
	Don't remember	6 (3%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	37 (20%)
	Well.....	86 (46%)
	Neither.....	43 (23%)
	Badly.....	9 (5%)
	Very badly	8 (4%)
	Don't remember	4 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	Yes, someone told me	120 (64%)
	Yes, I received written information	5 (3%)
	No, I was not told anything	55 (29%)
	Don't remember	10 (5%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	161 (86%)
	No.....	18 (10%)
	Don't remember	9 (5%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	45 (24%)
	2 hours or longer	127 (69%)
	Don't remember	12 (7%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes.....	132 (73%)
	No	46 (25%)
	Don't remember	3 (2%)
Q3.3	Overall, how were you treated in reception?	
	Very well	28 (15%)
	Well.....	75 (41%)
	Neither.....	46 (25%)
	Badly.....	23 (13%)
	Very badly.....	8 (4%)
	Don't remember	1 (1%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Loss of property	19 (10%)
	Housing problems.....	36 (20%)
	Contacting employers.....	10 (6%)
	Physical health	39 (22%)
	Mental health	43 (24%)
	Needing protection from other prisoners	12 (7%)
	Contacting family.....	70 (39%)
	Childcare.....	6 (3%)
	Money worries.....	45 (25%)
	Feeling depressed or suicidal.....	46 (25%)
	Getting phone numbers	65 (36%)
	Other.....	8 (4%)
	Did not have any problems	39 (22%)

Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?	
	Yes.....	29 (16%)
	No.....	110 (62%)
	Did not have any problems	39 (22%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply)	
	Tobacco	146 (78%)
	A shower	103 (55%)
	A free telephone call	48 (26%)
	Something to eat	136 (73%)
	PIN phone credit.....	136 (73%)
	Toiletries/ basic items.....	113 (61%)
	Did not receive anything	9 (5%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)	
	Chaplain	84 (46%)
	Someone from health services	109 (60%)
	A Listener/Samaritans	59 (32%)
	Prison shop/ canteen	30 (16%)
	Did not have access to any of these.....	47 (26%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)	
	What was going to happen to you	52 (30%)
	What support was available for people feeling depressed or suicidal	48 (27%)
	How to make routine requests (applications)	46 (26%)
	Your entitlement to visits	58 (33%)
	Health services	69 (39%)
	Chaplaincy	65 (37%)
	Not offered any information.....	73 (41%)
Q3.9	Did you feel safe on your first night here?	
	Yes.....	122 (66%)
	No.....	54 (29%)
	Don't remember	8 (4%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	50 (27%)
	Within the first week.....	61 (33%)
	More than a week.....	57 (31%)
	Don't remember	15 (8%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	50 (27%)
	Yes.....	45 (25%)
	No.....	69 (38%)
	Don't remember	18 (10%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment.....	34 (19%)
	Within the first week.....	42 (24%)
	More than a week.....	84 (47%)
	Don't remember	17 (10%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	12 (7%)	37 (21%)	31 (18%)	46 (26%)	35 (20%)	15 (9%)
	<i>Attend legal visits?</i>	22 (13%)	67 (40%)	33 (20%)	20 (12%)	8 (5%)	18 (11%)
	<i>Get bail information?</i>	5 (3%)	20 (12%)	29 (18%)	38 (23%)	38 (23%)	34 (21%)
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>						24 (14%)
	<i>Yes.....</i>						85 (48%)
	<i>No.....</i>						68 (38%)
Q4.3	Can you get legal books in the library?						
	<i>Yes.....</i>						64 (36%)
	<i>No.....</i>						17 (10%)
	<i>Don't know.....</i>						95 (54%)
Q4.4	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>Do you normally have enough clean, suitable clothes for the week?</i>	85 (48%)	89 (50%)	3 (2%)			
	<i>Are you normally able to have a shower every day?</i>	126 (70%)	53 (30%)	0 (0%)			
	<i>Do you normally receive clean sheets every week?</i>	145 (81%)	29 (16%)	4 (2%)			
	<i>Do you normally get cell cleaning materials every week?</i>	61 (34%)	110 (61%)	8 (4%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	48 (27%)	106 (60%)	24 (13%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	97 (54%)	79 (44%)	4 (2%)			
	<i>If you need to, can you normally get your stored property?</i>	27 (15%)	113 (64%)	37 (21%)			
Q4.5	What is the food like here?						
	<i>Very good.....</i>						2 (1%)
	<i>Good.....</i>						30 (16%)
	<i>Neither.....</i>						43 (24%)
	<i>Bad.....</i>						52 (29%)
	<i>Very bad.....</i>						55 (30%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?						
	<i>Have not bought anything yet/ don't know</i>						17 (9%)
	<i>Yes.....</i>						80 (44%)
	<i>No.....</i>						84 (46%)
Q4.7	Can you speak to a Listener at any time, if you want to?						
	<i>Yes.....</i>						83 (45%)
	<i>No.....</i>						17 (9%)
	<i>Don't know.....</i>						84 (46%)
Q4.8	Are your religious beliefs respected?						
	<i>Yes.....</i>						66 (36%)
	<i>No.....</i>						25 (14%)
	<i>Don't know/ N/A.....</i>						91 (50%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?						
	<i>Yes.....</i>						84 (46%)
	<i>No.....</i>						8 (4%)
	<i>Don't know/ N/A.....</i>						91 (50%)

Q4.10 How easy or difficult is it for you to attend religious services?

<i>I don't want to attend</i>	43 (24%)
<i>Very easy</i>	27 (15%)
<i>Easy</i>	48 (27%)
<i>Neither</i>	11 (6%)
<i>Difficult</i>	9 (5%)
<i>Very difficult</i>	4 (2%)
<i>Don't know</i>	38 (21%)

Section 5: Applications and complaints**Q5.1 Is it easy to make an application?**

<i>Yes</i>	123 (69%)
<i>No</i>	40 (22%)
<i>Don't know</i>	15 (8%)

Q5.2 Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option.)

	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
<i>Are applications dealt with fairly?</i>	28 (16%)	62 (36%)	83 (48%)
<i>Are applications dealt with quickly (within seven days)?</i>	28 (17%)	24 (15%)	109 (68%)

Q5.3 Is it easy to make a complaint?

<i>Yes</i>	74 (43%)
<i>No</i>	40 (23%)
<i>Don't know</i>	60 (34%)

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

	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
<i>Are complaints dealt with fairly?</i>	87 (50%)	22 (13%)	66 (38%)
<i>Are complaints dealt with quickly (within seven days)?</i>	87 (51%)	12 (7%)	70 (41%)

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

<i>Yes</i>	36 (22%)
<i>No</i>	126 (78%)

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

<i>Don't know who they are</i>	82 (47%)
<i>Very easy</i>	9 (5%)
<i>Easy</i>	13 (7%)
<i>Neither</i>	24 (14%)
<i>Difficult</i>	27 (16%)
<i>Very difficult</i>	19 (11%)

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

<i>Don't know what the IEP scheme is</i>	37 (21%)
<i>Yes</i>	71 (40%)
<i>No</i>	42 (24%)
<i>Don't know</i>	28 (16%)

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

<i>Don't know what the IEP scheme is</i>	37 (21%)
--	----------

Yes	63 (36%)
No.....	52 (30%)
Don't know	23 (13%)

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

Yes	19 (11%)
No.....	160 (89%)

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

<i>I have not been to segregation in the last 6 months</i>	137 (81%)
Very well	6 (4%)
Well.....	10 (6%)
Neither	4 (2%)
Badly.....	4 (2%)
Very badly.....	9 (5%)

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

Yes	104 (59%)
No.....	73 (41%)

Q7.2 Is there a member of staff you can turn to for help if you have a problem?

Yes	82 (48%)
No.....	88 (52%)

Q7.3 Has a member of staff checked on you personally in the last week to see how you are getting on?

Yes	33 (19%)
No.....	145 (81%)

Q7.4 How often do staff normally speak to you during association?

<i>Do not go on association</i>	17 (9%)
Never	56 (31%)
Rarely	52 (29%)
Some of the time	33 (18%)
Most of the time.....	15 (8%)
All of the time.....	7 (4%)

Q7.5 When did you first meet your personal (named) officer?

<i>I have not met him/her</i>	142 (79%)
<i>In the first week</i>	15 (8%)
<i>More than a week</i>	14 (8%)
<i>Don't remember</i>	8 (4%)

Q7.6 How helpful is your personal (named) officer?

<i>Do not have a personal officer/ I have not met him/ her</i>	142 (81%)
Very helpful	12 (7%)
Helpful	13 (7%)
Neither	6 (3%)
Not very helpful	2 (1%)
Not at all helpful.....	1 (1%)

Section 8: Safety**Q8.1 Have you ever felt unsafe here?**

	Yes.....	67 (37%)
	No.....	113 (63%)
Q8.2	Do you feel unsafe now?	
	Yes.....	30 (17%)
	No.....	147 (83%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	Never felt unsafe.....	113 (65%)
	Everywhere.....	29 (17%)
	Segregation unit.....	10 (6%)
	Association areas.....	19 (11%)
	Reception area.....	20 (11%)
	At the gym.....	8 (5%)
	In an exercise yard.....	16 (9%)
	At work.....	10 (6%)
	During movement.....	19 (11%)
	At education.....	9 (5%)
	At meal times.....	14 (8%)
	At health services.....	11 (6%)
	Visits area.....	13 (7%)
	In wing showers.....	24 (14%)
	In gym showers.....	10 (6%)
	In corridors/stairwells.....	9 (5%)
	On your landing/wing.....	14 (8%)
	In your cell.....	14 (8%)
	At religious services.....	2 (1%)
Q8.4	Have you been victimised by other prisoners here?	
	Yes.....	36 (20%)
	No.....	143 (80%)
Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	Insulting remarks (about you or your family or friends).....	15 (8%)
	Physical abuse (being hit, kicked or assaulted).....	12 (7%)
	Sexual abuse.....	2 (1%)
	Feeling threatened or intimidated.....	24 (13%)
	Having your canteen/property taken.....	13 (7%)
	Medication.....	13 (7%)
	Debt.....	7 (4%)
	Drugs.....	9 (5%)
	Your race or ethnic origin.....	3 (2%)
	Your religion/religious beliefs.....	2 (1%)
	Your nationality.....	4 (2%)
	You are from a different part of the country than others.....	5 (3%)
	You are from a traveller community.....	1 (1%)
	Your sexual orientation.....	1 (1%)
	Your age.....	2 (1%)
	You have a disability.....	5 (3%)
	You were new here.....	6 (3%)
	Your offence/ crime.....	8 (4%)
	Gang related issues.....	7 (4%)
Q8.6	Have you been victimised by staff here?	
	Yes.....	59 (33%)
	No.....	119 (67%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	Insulting remarks (about you or your family or friends).....	24 (13%)
	Physical abuse (being hit, kicked or assaulted).....	12 (7%)
	Sexual abuse.....	4 (2%)
	Feeling threatened or intimidated.....	26 (15%)
	Medication.....	19 (11%)
	Debt.....	6 (3%)
	Drugs.....	8 (4%)
	Your race or ethnic origin.....	2 (1%)

Your religion/religious beliefs	2 (1%)
Your nationality	2 (1%)
You are from a different part of the country than others.....	8 (4%)
You are from a traveller community	2 (1%)
Your sexual orientation	2 (1%)
Your age	5 (3%)
You have a disability.....	4 (2%)
You were new here.....	9 (5%)
Your offence/ crime.....	7 (4%)
Gang related issues	2 (1%)

Q8.8 If you have been victimised by prisoners or staff, did you report it?

Not been victimised	111 (66%)
Yes.....	13 (8%)
No.....	45 (27%)

Section 9: Health services**Q9.1 How easy or difficult is it to see the following people:**

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	26 (15%)	13 (7%)	30 (17%)	22 (12%)	55 (31%)	31 (18%)
The nurse	28 (16%)	20 (12%)	44 (25%)	25 (14%)	34 (20%)	22 (13%)
The dentist	40 (23%)	3 (2%)	13 (8%)	9 (5%)	43 (25%)	64 (37%)

Q9.2 What do you think of the quality of the health service from the following people:

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	33 (19%)	15 (8%)	30 (17%)	25 (14%)	38 (21%)	36 (20%)
The nurse	40 (23%)	15 (9%)	36 (21%)	24 (14%)	32 (18%)	28 (16%)
The dentist	68 (40%)	6 (4%)	23 (14%)	18 (11%)	23 (14%)	32 (19%)

Q9.3 What do you think of the overall quality of the health services here?

<i>Not been</i>	26 (15%)
<i>Very good</i>	9 (5%)
<i>Good</i>	29 (17%)
<i>Neither</i>	28 (16%)
<i>Bad</i>	44 (25%)
<i>Very bad</i>	38 (22%)

Q9.4 Are you currently taking medication?

Yes.....	92 (51%)
No.....	87 (49%)

Q9.5 If you are taking medication, are you allowed to keep some/ all of it in your own cell?

<i>Not taking medication</i>	87 (49%)
<i>Yes, all my meds</i>	28 (16%)
<i>Yes, some of my meds</i>	14 (8%)
<i>No</i>	47 (27%)

Q9.6 Do you have any emotional or mental health problems?

Yes.....	81 (45%)
No.....	100 (55%)

Q9.7 Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)

<i>Do not have any emotional or mental health problems</i>	100 (58%)
Yes.....	25 (14%)
No.....	48 (28%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes.....	79 (44%)
	No.....	101 (56%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes.....	48 (27%)
	No.....	131 (73%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy.....	38 (21%)
	Easy.....	34 (19%)
	Neither.....	9 (5%)
	Difficult.....	9 (5%)
	Very difficult.....	11 (6%)
	Don't know.....	78 (44%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	16 (9%)
	Easy.....	29 (16%)
	Neither.....	14 (8%)
	Difficult.....	15 (8%)
	Very difficult.....	19 (11%)
	Don't know.....	86 (48%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	18 (10%)
	No.....	159 (90%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	16 (9%)
	No.....	160 (91%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	Did not / do not have a drug problem.....	92 (54%)
	Yes.....	41 (24%)
	No.....	37 (22%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	Did not / do not have an alcohol problem.....	131 (74%)
	Yes.....	19 (11%)
	No.....	26 (15%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	Did not have a problem/ did not receive help.....	120 (70%)
	Yes.....	36 (21%)
	No.....	16 (9%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	30 (17%)	13 (7%)	38 (22%)	23 (13%)	39 (22%)	31 (18%)
	Vocational or skills training	30 (18%)	18 (11%)	49 (30%)	28 (17%)	23 (14%)	16 (10%)

Education (including basic skills)	29 (18%)	22 (13%)	68 (41%)	19 (12%)	14 (8%)	13 (8%)
Offending behaviour programmes	55 (33%)	5 (3%)	24 (15%)	27 (16%)	25 (15%)	29 (18%)

Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)

<i>Not involved in any of these</i>	52 (31%)
Prison job	66 (39%)
Vocational or skills training	26 (15%)
Education (including basic skills)	51 (30%)
Offending behaviour programmes	10 (6%)

Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?

	<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
Prison job	53 (36%)	46 (31%)	31 (21%)	17 (12%)
Vocational or skills training	43 (37%)	41 (35%)	25 (21%)	8 (7%)
Education (including basic skills)	42 (31%)	53 (39%)	32 (23%)	10 (7%)
Offending behaviour programmes	58 (47%)	32 (26%)	19 (15%)	14 (11%)

Q11.4 How often do you usually go to the library?

<i>Don't want to go</i>	38 (22%)
<i>Never</i>	68 (40%)
<i>Less than once a week</i>	30 (18%)
<i>About once a week</i>	34 (20%)
<i>More than once a week</i>	1 (1%)

Q11.5 Does the library have a wide enough range of materials to meet your needs?

<i>Don't use it</i>	77 (46%)
<i>Yes</i>	63 (38%)
<i>No</i>	28 (17%)

Q11.6 How many times do you usually go to the gym each week?

<i>Don't want to go</i>	44 (26%)
<i>0</i>	53 (31%)
<i>1 to 2</i>	27 (16%)
<i>3 to 5</i>	44 (26%)
<i>More than 5</i>	4 (2%)

Q11.7 How many times do you usually go outside for exercise each week?

<i>Don't want to go</i>	37 (21%)
<i>0</i>	23 (13%)
<i>1 to 2</i>	44 (25%)
<i>3 to 5</i>	32 (18%)
<i>More than 5</i>	38 (22%)

Q11.8 How many times do you usually have association each week?

<i>Don't want to go</i>	8 (5%)
<i>0</i>	6 (3%)
<i>1 to 2</i>	19 (11%)
<i>3 to 5</i>	45 (26%)
<i>More than 5</i>	96 (55%)

Q11.9 How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)

<i>Less than 2 hours</i>	64 (37%)
<i>2 to less than 4 hours</i>	37 (21%)
<i>4 to less than 6 hours</i>	18 (10%)
<i>6 to less than 8 hours</i>	14 (8%)

8 to less than 10 hours.....	12 (7%)
10 hours or more	20 (11%)
Don't know	9 (5%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes.....	43 (25%)
	No.....	129 (75%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes.....	97 (56%)
	No.....	77 (44%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes.....	79 (45%)
	No.....	95 (55%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	23 (13%)
	<i>Very easy</i>	19 (11%)
	<i>Easy</i>	34 (20%)
	<i>Neither</i>	15 (9%)
	<i>Difficult</i>	45 (26%)
	<i>Very difficult</i>	25 (14%)
	<i>Don't know</i>	12 (7%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	79 (44%)
	Yes.....	62 (35%)
	No.....	37 (21%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	116 (65%)
	<i>No contact</i>	22 (12%)
	<i>Letter</i>	18 (10%)
	<i>Phone</i>	5 (3%)
	<i>Visit</i>	32 (18%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes.....	37 (22%)
	No.....	129 (78%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	79 (45%)
	Yes.....	41 (23%)
	No.....	55 (31%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	134 (77%)
	<i>Very involved</i>	8 (5%)
	<i>Involved</i>	12 (7%)
	<i>Neither</i>	8 (5%)

Not very involved 7 (4%)
 Not at all involved..... 4 (2%)

- Q13.6 Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)**
- Do not have a sentence plan/ not sentenced..... 134 (78%)
 Nobody 11 (6%)
 Offender supervisor 17 (10%)
 Offender manager 10 (6%)
 Named/ personal officer 2 (1%)
 Staff from other departments 4 (2%)
- Q13.7 Can you achieve any of your sentence plan targets in this prison?**
- Do not have a sentence plan/ not sentenced..... 134 (77%)
 Yes 15 (9%)
 No..... 10 (6%)
 Don't know 14 (8%)
- Q13.8 Are there plans for you to achieve any of your sentence plan targets in another prison?**
- Do not have a sentence plan/ not sentenced..... 134 (77%)
 Yes 11 (6%)
 No..... 9 (5%)
 Don't know 19 (11%)
- Q13.9 Are there plans for you to achieve any of your sentence plan targets in the community?**
- Do not have a sentence plan/ not sentenced..... 134 (78%)
 Yes 9 (5%)
 No..... 14 (8%)
 Don't know 15 (9%)
- Q13.10 Do you have a needs based custody plan?**
- Yes 5 (3%)
 No..... 67 (41%)
 Don't know 90 (56%)
- Q13.11 Do you feel that any member of staff has helped you to prepare for your release?**
- Yes 14 (9%)
 No..... 148 (91%)
- Q13.12 Do you know of anyone in this prison who can help you with the following on release: (please tick all that apply to you.)**
- | | Do not need help | Yes | No |
|-------------------|------------------|----------|----------|
| Employment | 37 (23%) | 34 (21%) | 90 (56%) |
| Accommodation | 34 (22%) | 35 (22%) | 89 (56%) |
| Benefits | 30 (19%) | 39 (25%) | 90 (57%) |
| Finances | 32 (21%) | 28 (18%) | 96 (62%) |
| Education | 40 (26%) | 30 (19%) | 84 (55%) |
| Drugs and alcohol | 39 (25%) | 60 (39%) | 56 (36%) |
- Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?**
- Not sentenced..... 79 (46%)
 Yes 33 (19%)
 No..... 58 (34%)

Main comparator and comparator to last time



Prisoner survey responses HMP Durham 2013

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

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Number of completed questionnaires returned		188	5,969	188	185
SECTION 1: General information					
1.2	Are you under 21 years of age?	7%	6%	7%	14%
1.3	Are you sentenced?	58%	68%	58%	50%
1.3	Are you on recall?	5%	9%	5%	10%
1.4	Is your sentence less than 12 months?	17%	21%	17%	12%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	3%	0%	1%
1.5	Are you a foreign national?	5%	14%	5%	6%
1.6	Do you understand spoken English?	99%	98%	99%	
1.7	Do you understand written English?	99%	96%	99%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	3%	25%	3%	6%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	5%	6%	4%
1.1	Are you Muslim?	2%	12%	2%	3%
1.11	Are you homosexual/gay or bisexual?	1%	3%	1%	3%
1.12	Do you consider yourself to have a disability?	28%	22%	28%	21%
1.13	Are you a veteran (ex-armed services)?	4%	5%	4%	
1.14	Is this your first time in prison?	24%	31%	24%	26%
1.15	Do you have any children under the age of 18?	61%	54%	61%	56%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	19%	19%	19%	19%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	19%	39%	19%	
2.3	Were you offered a toilet break?	2%	10%	2%	
2.4	Was the van clean?	59%	61%	59%	
2.5	Did you feel safe?	67%	76%	67%	
2.6	Were you treated well/very well by the escort staff?	66%	67%	66%	72%
2.7	Before you arrived here were you told that you were coming here?	64%	65%	64%	
2.7	Before you arrived here did you receive any written information about coming here?	3%	4%	3%	
2.8	When you first arrived here did your property arrive at the same time as you?	86%	81%	86%	79%

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SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	25%	47%	25%	
3.2	When you were searched in reception, was this carried out in a respectful way?	73%	77%	73%	75%
3.3	Were you treated well/very well in reception?	57%	63%	57%	59%
When you first arrived:					
3.4	Did you have any problems?	78%	74%	78%	76%
3.4	Did you have any problems with loss of property?	11%	15%	11%	16%
3.4	Did you have any housing problems?	20%	22%	20%	25%
3.4	Did you have any problems contacting employers?	6%	6%	6%	8%
3.4	Did you have any problems contacting family?	39%	31%	39%	33%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	5%	3%	6%
3.4	Did you have any money worries?	25%	23%	25%	24%
3.4	Did you have any problems with feeling depressed or suicidal?	26%	21%	26%	27%
3.4	Did you have any physical health problems?	22%	17%	22%	
3.4	Did you have any mental health problems?	24%	20%	24%	
3.4	Did you have any problems with needing protection from other prisoners?	7%	8%	7%	12%
3.4	Did you have problems accessing phone numbers?	36%	29%	36%	27%
For those with problems:					
3.5	Did you receive any help/ support from staff in dealing with these problems?	21%	35%	21%	
When you first arrived here, were you offered any of the following:					
3.6	Tobacco?	79%	85%	79%	89%
3.6	A shower?	55%	32%	55%	65%
3.6	A free telephone call?	26%	60%	26%	39%
3.6	Something to eat?	73%	75%	73%	78%
3.6	PIN phone credit?	73%	58%	73%	
3.6	Toiletries/ basic items?	61%	61%	61%	
SECTION 3: Reception, first night and induction continued					
When you first arrived here did you have access to the following people:					
3.7	The chaplain or a religious leader?	46%	47%	46%	
3.7	Someone from health services?	60%	70%	60%	
3.7	A Listener/Samaritans?	32%	37%	32%	
3.7	Prison shop/ canteen?	17%	19%	17%	7%
When you first arrived here were you offered information about any of the following:					
3.8	What was going to happen to you?	30%	49%	30%	36%
3.8	Support was available for people feeling depressed or suicidal?	27%	46%	27%	40%
3.8	How to make routine requests?	26%	42%	26%	36%
3.8	Your entitlement to visits?	33%	45%	33%	41%
3.8	Health services?	39%	51%	39%	45%
3.8	The chaplaincy?	37%	46%	37%	39%
3.9	Did you feel safe on your first night here?	66%	74%	66%	72%

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3.10	Have you been on an induction course?	73%	80%	73%	83%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	34%	59%	34%	46%
3.12	Did you receive an education (skills for life) assessment?	81%	73%	81%	
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	28%	41%	28%	35%
4.1	Attend legal visits?	53%	57%	53%	64%
4.1	Get bail information?	15%	22%	15%	17%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	48%	39%	48%	45%
4.3	Can you get legal books in the library?	36%	38%	36%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	48%	55%	48%	56%
4.4	Are you normally able to have a shower every day?	70%	78%	70%	62%
4.4	Do you normally receive clean sheets every week?	82%	79%	82%	89%
4.4	Do you normally get cell cleaning materials every week?	34%	61%	34%	35%
4.4	Is your cell call bell normally answered within five minutes?	27%	35%	27%	37%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	54%	64%	54%	56%
4.4	Can you normally get your stored property, if you need to?	15%	25%	15%	34%
4.5	Is the food in this prison good/very good?	18%	23%	18%	29%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	47%	44%	46%
4.7	Are you able to speak to a Listener at any time, if you want to?	45%	57%	45%	53%
4.8	Are your religious beliefs are respected?	36%	53%	36%	43%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	46%	54%	46%	46%
4.10	Is it easy/very easy to attend religious services?	42%	46%	42%	
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	69%	77%	69%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	43%	57%	43%	56%
5.2	Do you feel applications are dealt with quickly (within seven days)?	18%	44%	18%	54%
5.3	Is it easy to make a complaint?	43%	52%	43%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	25%	32%	25%	30%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	15%	34%	15%	44%
5.5	Have you ever been prevented from making a complaint when you wanted to?	22%	18%	22%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	13%	22%	13%	15%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	40%	46%	40%	51%

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6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	45%	36%	40%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	7%	11%	8%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	48%	37%	48%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	59%	74%	59%	66%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	48%	74%	48%	68%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	19%	30%	19%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	12%	19%	12%	15%
7.5	Do you have a personal officer?	21%	45%	21%	48%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	74%	65%	74%	58%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	37%	40%	37%	46%
8.2	Do you feel unsafe now?	17%	16%	17%	22%
8.4	Have you been victimised by other prisoners here?	20%	24%	20%	20%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	8%	11%	8%	12%
8.5	Hit, kicked or assaulted you?	7%	7%	7%	8%
8.5	Sexually abused you?	1%	1%	1%	2%
8.5	Threatened or intimidated you?	13%	14%	13%	
8.5	Taken your canteen/property?	7%	5%	7%	6%
8.5	Victimised you because of medication?	7%	5%	7%	
8.5	Victimised you because of debt?	4%	3%	4%	
8.5	Victimised you because of drugs?	5%	4%	5%	6%
8.5	Victimised you because of your race or ethnic origin?	2%	3%	2%	3%
8.5	Victimised you because of your religion/religious beliefs?	1%	2%	1%	2%
8.5	Victimised you because of your nationality?	2%	3%	2%	
8.5	Victimised you because you were from a different part of the country?	3%	3%	3%	6%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	3%
8.5	Victimised you because of your age?	1%	2%	1%	3%
8.5	Victimised you because you have a disability?	3%	3%	3%	2%
8.5	Victimised you because you were new here?	3%	5%	3%	7%
8.5	Victimised you because of your offence/crime?	5%	5%	5%	7%
8.5	Victimised you because of gang related issues?	4%	4%	4%	6%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	33%	27%	33%	26%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	14%	11%	14%	13%

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	Percentages which are not highlighted show there is no significant difference				
8.7	Hit, kicked or assaulted you?	7%	4%	7%	10%
8.7	Sexually abused you?	2%	1%	2%	2%
8.7	Threatened or intimidated you?	15%	11%	15%	
8.7	Victimised you because of medication?	11%	5%	11%	
8.7	Victimised you because of debt?	3%	1%	3%	
8.7	Victimised you because of drugs?	5%	3%	5%	7%
8.7	Victimised you because of your race or ethnic origin?	1%	4%	1%	4%
8.7	Victimised you because of your religion/religious beliefs?	1%	3%	1%	3%
8.7	Victimised you because of your nationality?	1%	3%	1%	
8.7	Victimised you because you were from a different part of the country?	5%	3%	5%	6%
8.7	Victimised you because you are from a Traveller community?	1%	2%	1%	
8.7	Victimised you because of your sexual orientation?	1%	0%	1%	3%
8.7	Victimised you because of your age?	3%	2%	3%	3%
8.7	Victimised you because you have a disability?	2%	2%	2%	2%
8.7	Victimised you because you were new here?	5%	5%	5%	7%
8.7	Victimised you because of your offence/crime?	4%	4%	4%	7%
8.7	Victimised you because of gang related issues?	1%	2%	1%	3%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	22%	33%	22%	25%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	24%	25%	24%	36%
9.1	Is it easy/very easy to see the nurse?	37%	48%	37%	59%
9.1	Is it easy/very easy to see the dentist?	9%	10%	9%	15%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	31%	43%	31%	42%
9.2	The nurse?	38%	55%	38%	47%
9.2	The dentist?	28%	30%	28%	36%
9.3	The overall quality of health services?	26%	38%	26%	37%
9.4	Are you currently taking medication?	51%	50%	51%	61%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	47%	62%	47%	
9.6	Do you have any emotional well being or mental health problems?	45%	35%	45%	42%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	34%	42%	34%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	44%	34%	44%	44%
10.2	Did you have a problem with alcohol when you came into this prison?	27%	26%	27%	36%

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10.3	Is it easy/very easy to get illegal drugs in this prison?	40%	29%	40%	36%
10.4	Is it easy/very easy to get alcohol in this prison?	25%	13%	25%	
10.5	Have you developed a problem with drugs since you have been in this prison?	10%	7%	10%	13%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	9%	8%	9%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	53%	63%	53%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	42%	60%	42%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	69%	77%	69%	80%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	29%	30%	29%	
11.1	Vocational or skills training?	41%	29%	41%	
11.1	Education (including basic skills)?	55%	44%	55%	
11.1	Offending behaviour programmes?	18%	18%	18%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	39%	44%	39%	32%
11.2	Vocational or skills training?	15%	9%	15%	15%
11.2	Education (including basic skills)?	30%	26%	30%	36%
11.2	Offending behaviour programmes?	6%	8%	6%	4%
11.3	Have you had a job while in this prison?	64%	69%	64%	66%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	49%	40%	49%	53%
11.3	Have you been involved in vocational or skills training while in this prison?	63%	55%	63%	63%
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	55%	47%	55%	58%
11.3	Have you been involved in education while in this prison?	69%	67%	69%	76%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	56%	54%	56%	60%
11.3	Have you been involved in offending behaviour programmes while in this prison?	53%	53%	53%	57%
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	49%	45%	49%	43%
11.4	Do you go to the library at least once a week?	21%	34%	21%	40%
11.5	Does the library have a wide enough range of materials to meet your needs?	38%	35%	38%	
11.6	Do you go to the gym three or more times a week?	28%	29%	28%	35%
11.7	Do you go outside for exercise three or more times a week?	40%	39%	40%	41%
11.8	Do you go on association more than five times each week?	55%	43%	55%	51%
11.9	Do you spend ten or more hours out of your cell on a weekday?	12%	10%	12%	5%

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better	HMP Durham 2013	Local prisons comparator	HMP Durham 2013	HMP Durham 2011
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 12: Friends and family				
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	25%	34%	25%	36%
12.2 Have you had any problems with sending or receiving mail?	56%	47%	56%	47%
12.3 Have you had any problems getting access to the telephones?	45%	33%	45%	32%
12.4 Is it easy/ very easy for your friends and family to get here?	31%	37%	31%	
SECTION 13: Preparation for release				
For those who are sentenced:				
13.1 Do you have a named offender manager (home probation officer) in the probation service?	63%	61%	63%	
For those who are sentenced what type of contact have you had with your offender manager:				
13.2 No contact?	36%	42%	36%	
13.2 Contact by letter?	29%	28%	29%	
13.2 Contact by phone?	8%	13%	8%	
13.2 Contact by visit?	52%	36%	52%	
13.3 Do you have a named offender supervisor in this prison?	22%	32%	22%	
For those who are sentenced:				
13.4 Do you have a sentence plan?	43%	39%	43%	46%
For those with a sentence plan:				
13.5 Were you involved/very involved in the development of your plan?	51%	58%	51%	40%
Who is working with you to achieve your sentence plan targets:				
13.6 Nobody?	30%	44%	30%	
13.6 Offender supervisor?	46%	32%	46%	
13.6 Offender manager?	27%	27%	27%	
13.6 Named/ personal officer?	6%	12%	6%	
13.6 Staff from other departments?	11%	19%	11%	
For those with a sentence plan:				
13.7 Can you achieve any of your sentence plan targets in this prison?	38%	59%	38%	47%
13.8 Are there plans for you to achieve any of your targets in another prison?	28%	26%	28%	
13.9 Are there plans for you to achieve any of your targets in the community?	24%	32%	24%	
13.10 Do you have a needs based custody plan?	3%	7%	3%	
13.11 Do you feel that any member of staff has helped you to prepare for release?	9%	14%	9%	15%
For those that need help do you know of anyone in this prison who can help you on release with the following:				
13.12 Employment?	27%	30%	27%	
13.12 Accommodation?	28%	39%	28%	
13.12 Benefits?	30%	40%	30%	
13.12 Finances?	23%	24%	23%	
13.12 Education?	26%	30%	26%	
13.12 Drugs and alcohol?	52%	45%	52%	
For those who are sentenced:				
13.13 Have you done anything, or has anything happened to you here to make you less likely to offend in future?	36%	47%	36%	48%

Diversity Analysis



Key question responses (Disability and Age over 50) HMP Durham 2013

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

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		51	133	20	168
1.3	Are you sentenced?	51%	60%	55%	58%
1.5	Are you a foreign national?	4%	5%	0%	6%
1.6	Do you understand spoken English?	100%	98%	100%	99%
1.7	Do you understand written English?	100%	99%	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	2%	4%	0%	4%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	10%	4%	11%	5%
1.1	Are you Muslim?	4%	2%	0%	2%
1.12	Do you consider yourself to have a disability?			50%	25%
1.13	Are you a veteran (ex-armed services)?	6%	2%	0%	4%
1.14	Is this your first time in prison?	34%	20%	60%	20%
2.6	Were you treated well/very well by the escort staff?	66%	68%	80%	64%
2.7	Before you arrived here were you told that you were coming here?	53%	70%	55%	65%
3.2	When you were searched in reception, was this carried out in a respectful way?	70%	75%	79%	72%
3.3	Were you treated well/very well in reception?	55%	59%	58%	57%
3.4	Did you have any problems when you first arrived?	84%	76%	69%	80%
3.7	Did you have access to someone from health care when you first arrived here?	49%	65%	65%	59%
3.9	Did you feel safe on your first night here?	58%	70%	60%	67%
3.10	Have you been on an induction course?	78%	71%	65%	74%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	24%	30%	37%	27%

Key to tables

Diversity Analysis

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	53%	47%	85%	43%
4.4	Are you normally able to have a shower every day?	68%	72%	85%	69%
4.4	Is your cell call bell normally answered within five minutes?	20%	30%	55%	23%
4.5	Is the food in this prison good/very good?	27%	15%	65%	12%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	47%	43%	60%	42%
4.7	Are you able to speak to a Listener at any time, if you want to?	34%	50%	60%	43%
4.8	Do you feel your religious beliefs are respected?	27%	41%	60%	33%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	32%	52%	60%	44%
5.1	Is it easy to make an application?	63%	73%	83%	68%
5.3	Is it easy to make a complaint?	37%	46%	53%	41%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	29%	45%	47%	39%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	24%	41%	40%	36%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	9%	0%	12%
7.1	Do most staff, in this prison, treat you with respect?	62%	58%	95%	54%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	53%	48%	80%	44%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	15%	12%	50%	8%
7.4	Do you have a personal officer?	21%	21%	58%	16%
8.1	Have you ever felt unsafe here?	47%	33%	45%	36%
8.2	Do you feel unsafe now?	15%	17%	15%	17%
8.3	Have you been victimised by other prisoners?	33%	14%	25%	20%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	19%	11%	10%	14%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	0%	0%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%	0%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	2%	0%	3%
8.5	Have you been victimised because of your age? (By prisoners)	2%	1%	5%	1%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	10%	0%	5%	3%
8.6	Have you been victimised by a member of staff?	37%	31%	30%	34%
8.7	Have you ever felt threatened or intimidated by staff here?	17%	13%	5%	16%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	1%	0%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	1%	0%	1%
8.7	Have you been victimised because of your nationality? (By staff)	2%	1%	0%	1%
8.7	Have you been victimised because of your age? (By staff)	6%	2%	10%	2%
8.7	Have you been victimised because you have a disability? (By staff)	6%	1%	5%	2%
9.1	Is it easy/very easy to see the doctor?	18%	27%	58%	20%
9.1	Is it easy/ very easy to see the nurse?	25%	42%	58%	34%
9.4	Are you currently taking medication?	72%	44%	80%	48%
9.6	Do you feel you have any emotional well being/mental health issues?	72%	34%	40%	45%
10.3	Is it easy/very easy to get illegal drugs in this prison?	32%	42%	26%	42%
11.2	Are you currently working in the prison?	28%	44%	22%	41%
11.2	Are you currently undertaking vocational or skills training?	19%	15%	11%	16%
11.2	Are you currently in education (including basic skills)?	33%	30%	33%	30%
11.2	Are you currently taking part in an offending behaviour programme?	7%	6%	0%	7%
11.4	Do you go to the library at least once a week?	13%	24%	21%	20%
11.6	Do you go to the gym three or more times a week?	17%	33%	10%	30%
11.7	Do you go outside for exercise three or more times a week?	36%	42%	30%	42%
11.8	On average, do you go on association more than five times each week?	43%	60%	45%	57%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	10%	12%	20%	10%
12.2	Have you had any problems sending or receiving mail?	53%	57%	40%	58%
12.3	Have you had any problems getting access to the telephones?	51%	44%	35%	47%



Prisoner survey responses HMP Durham 2013: Vulnerable prisoners

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

Key to tables

		C wing	All other wings (excluding segregation unit)
	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		20	165
SECTION 1: General information			
1.2	Are you under 21 years of age?	5%	7%
1.3	Are you sentenced?	60%	58%
1.3	Are you on recall?	0%	6%
1.4	Is your sentence less than 12 months?	0%	19%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	0%
1.5	Are you a foreign national?	0%	5%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	0%	4%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	6%
1.1	Are you Muslim?	5%	2%
1.11	Are you homosexual/gay or bisexual?	5%	1%
1.12	Do you consider yourself to have a disability?	35%	27%
1.13	Are you a veteran (ex-armed services)?	0%	4%
1.14	Is this your first time in prison?	60%	20%
1.15	Do you have any children under the age of 18?	30%	66%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	10%	20%
2.5	Did you feel safe?	58%	69%
2.6	Were you treated well/very well by the escort staff?	70%	65%
2.7	Before you arrived here were you told that you were coming here?	55%	65%
2.8	When you first arrived here did your property arrive at the same time as you?	80%	86%
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	25%	24%
3.2	When you were searched in reception, was this carried out in a respectful way?	55%	75%
3.3	Were you treated well/very well in reception?	55%	57%

Key to tables

	Any percentage highlighted in green is significantly better	C wing	All other wings (excluding segregation unit)
	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		
	When you first arrived:		
3.4	Did you have any problems?	85%	77%
3.4	Did you have any problems with loss of property?	20%	9%
3.4	Did you have any housing problems?	10%	21%
3.4	Did you have any problems contacting employers?	5%	6%
3.4	Did you have any problems contacting family?	50%	38%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	4%
3.4	Did you have any money worries?	30%	25%
3.4	Did you have any problems with feeling depressed or suicidal?	40%	24%
3.4	Did you have any physical health problems?	30%	20%
3.4	Did you have any mental health problems?	15%	25%
3.4	Did you have any problems with needing protection from other prisoners?	30%	4%
3.4	Did you have problems accessing phone numbers?	50%	34%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	40%	83%
3.6	A shower?	35%	57%
3.6	A free telephone call?	15%	27%
3.6	Something to eat?	65%	74%
3.6	PIN phone credit?	45%	76%
3.6	Toiletries/ basic items?	55%	61%
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	50%	45%
3.7	Someone from health services?	60%	59%
3.7	A Listener/Samaritans?	35%	31%
3.7	Prison shop/ canteen?	20%	15%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	37%	28%
3.8	Support was available for people feeling depressed or suicidal?	47%	25%
3.8	How to make routine requests?	26%	26%
3.8	Your entitlement to visits?	26%	33%
3.8	Health services?	37%	39%
3.8	The chaplaincy?	26%	38%
3.9	Did you feel safe on your first night here?	40%	69%
3.10	Have you been on an induction course?	50%	75%
3.12	Did you receive an education (skills for life) assessment?	75%	81%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	33%	27%
4.1	Attend legal visits?	44%	53%

Key to tables

	Any percentage highlighted in green is significantly better	C wing	All other wings (excluding segregation unit)
	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		
4.1	Get bail information?	6%	16%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	37%	49%
4.3	Can you get legal books in the library?	45%	34%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	70%	45%
4.4	Are you normally able to have a shower every day?	79%	69%
4.4	Do you normally receive clean sheets every week?	80%	81%
4.4	Do you normally get cell cleaning materials every week?	25%	34%
4.4	Is your cell call bell normally answered within five minutes?	47%	24%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	60%	53%
4.4	Can you normally get your stored property, if you need to?	21%	14%
4.5	Is the food in this prison good/very good?	35%	15%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	50%	45%
4.8	Are your religious beliefs are respected?	55%	33%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	60%	44%
4.10	Is it easy/very easy to attend religious services?	69%	38%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	79%	68%
5.3	Is it easy to make a complaint?	55%	40%
5.5	Have you ever been prevented from making a complaint when you wanted to?	28%	22%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	26%	11%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	45%	39%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	30%	36%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	10%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	80%	56%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	65%	46%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	45%	14%
7.4	Do staff normally speak to you most of the time/all of the time during association?	20%	11%
7.5	Do you have a personal officer?	47%	17%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	60%	34%
8.2	Do you feel unsafe now?	20%	16%
8.4	Have you been victimised by other prisoners here?	40%	17%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	15%	8%
8.5	Hit, kicked or assaulted you?	10%	6%

Key to tables

	Any percentage highlighted in green is significantly better	C wing	All other wings (excluding segregation unit)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Sexually abused you?	0%	1%
8.5	Threatened or intimidated you?	25%	11%
8.5	Taken your canteen/property?	5%	7%
8.5	Victimised you because of medication?	5%	8%
8.5	Victimised you because of debt?	5%	3%
8.5	Victimised you because of drugs?	10%	4%
8.5	Victimised you because of your race or ethnic origin?	5%	1%
8.5	Victimised you because of your religion/religious beliefs?	5%	1%
8.5	Victimised you because of your nationality?	0%	3%
8.5	Victimised you because you were from a different part of the country?	0%	3%
8.5	Victimised you because you are from a traveller community?	5%	0%
8.5	Victimised you because of your sexual orientation?	0%	1%
8.5	Victimised you because of your age?	0%	1%
8.5	Victimised you because you have a disability?	5%	3%
8.5	Victimised you because you were new here?	5%	3%
8.5	Victimised you because of your offence/crime?	20%	3%
8.5	Victimised you because of gang related issues?	5%	4%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	50%	31%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	5%	15%
8.7	Hit, kicked or assaulted you?	0%	8%
8.7	Sexually abused you?	0%	3%
8.7	Threatened or intimidated you?	10%	15%
8.7	Victimised you because of medication?	10%	11%
8.7	Victimised you because of debt?	0%	3%
8.7	Victimised you because of drugs?	5%	4%
8.7	Victimised you because of your race or ethnic origin?	0%	1%
8.7	Victimised you because of your religion/religious beliefs?	5%	1%
8.7	Victimised you because of your nationality?	0%	1%
8.7	Victimised you because you were from a different part of the country?	0%	5%
8.7	Victimised you because you are from a traveller community?	5%	1%
8.7	Victimised you because of your sexual orientation?	0%	1%
8.7	Victimised you because of your age?	5%	3%
8.7	Victimised you because you have a disability?	5%	2%
8.7	Victimised you because you were new here?	10%	5%
8.7	Victimised you because of your offence/crime?	10%	3%
8.7	Victimised you because of gang related issues?	5%	1%

Key to tables

	Any percentage highlighted in green is significantly better	C wing	All other wings (excluding segregation unit)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	42%	22%
9.1	Is it easy/very easy to see the nurse?	60%	34%
9.1	Is it easy/very easy to see the dentist?	17%	8%
9.4	Are you currently taking medication?	75%	48%
9.6	Do you have any emotional well being or mental health problems?	45%	45%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	16%	48%
10.2	Did you have a problem with alcohol when you came into this prison?	16%	28%
10.3	Is it easy/very easy to get illegal drugs in this prison?	28%	42%
10.4	Is it easy/very easy to get alcohol in this prison?	17%	26%
10.5	Have you developed a problem with drugs since you have been in this prison?	5%	10%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	5%	10%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	37%	28%
11.1	Vocational or skills training?	33%	41%
11.1	Education (including basic skills)?	47%	55%
11.1	Offending Behaviour Programmes?	0%	19%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	22%	41%
11.2	Vocational or skills training?	11%	16%
11.2	Education (including basic skills)?	56%	27%
11.2	Offending Behaviour Programmes?	0%	7%
11.4	Do you go to the library at least once a week?	22%	20%
11.5	Does the library have a wide enough range of materials to meet your needs?	44%	36%
11.6	Do you go to the gym three or more times a week?	6%	31%
11.7	Do you go outside for exercise three or more times a week?	11%	44%
11.8	Do you go on association more than five times each week?	33%	57%
11.9	Do you spend ten or more hours out of your cell on a weekday?	11%	11%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	28%	24%
12.2	Have you had any problems with sending or receiving mail?	61%	55%
12.3	Have you had any problems getting access to the telephones?	33%	47%
12.4	Is it easy/ very easy for your friends and family to get here?	22%	31%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	44%	20%
13.10	Do you have a needs based custody plan?	0%	3%
13.11	Do you feel that any member of staff has helped you to prepare for release?	0%	9%