



Annual Report of the Independent Monitoring Board at HMP Durham

**For reporting year
1 November 2021 – 31 October 2022**

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Introductory sections 1 – 3

1. Statutory role of the IMB

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

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

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

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

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

2. Description of the establishment

HMP Durham is a Georgian prison, opened in 1819, for adult prisoners and young adults. In May 2017, the prison changed its function to that of a reception prison and primarily serves the courts. In 2020, a further change was made into a reception and resettlement prison for adult men and young adults. The model for this is 65% on remand and 35% sentenced. Prisoners who have 16 months or less to serve of their sentence may complete their sentence in Durham. At the end of the year, 62% of prisoners were on remand, compared to 69% last year.

The change to and the ongoing management of such a prison (with its rapid churn) has presented many challenges, especially in the area of safety. The prison has continuously reviewed its working practices in order to address these issues. The Governor and staff are to be commended for the positive way in which they have approached this. The alignment of Durham court's catchment area (Carlisle to North Yorkshire) means the prison normally holds most prisoners close to their home. Last year 412 admissions came from the area. Again, this year, as Covid-19 has affected other prisons nationally, Durham has taken men out of area. Durham is a large sprawling prison made up of several wings with up to five landings. This limits mobility access. In 2017 a 12-bed integrated support unit (ISU) was opened, offering inpatient mental health support to Tees and Wear prisons. The prison also houses a six-cell healthcare unit.

During the pandemic and post pandemic, HMP Durham continued with its role as a reception prison, including managing men through the courts, receiving newly convicted prisoners and facilitating increasingly high numbers of video courts. The prison has faced many challenges, but again it is a credit to the Governor and his team that they have fulfilled its obligations to provide the necessary spaces to meet the courts and the population management needs.

Prison capacity has been measured by two figures, namely the certified normal accommodation (CNA) and the operational capacity (OpCap). The CNA figure records the ideal maximum population of the prison without overcrowding. The CNA for HMP Durham is 596 and the OpCap is 995. Due to the national pressure on prison spaces, the population management unit of His Majesty's Prison and Probation Service (HMPPS) are now talking of a new measure, maximum occupancy, which for HMP Durham is 1,041.

At year end, the prison population had turned over 5.6 times and the average length of stay was nine weeks. This is in line with the previous year and continues to be influenced by the number of prisoners with short sentences (5.1.2).

During the last monitoring year the prison experienced two national lockdowns, impacting greatly upon regime: November 2020 and January to April 2021. Prisoners experienced varying restrictions under different stages in the prison. At the start of this monitoring year, the prison had moved to Stage 1 restrictions (introduced on 7 November 2021), with changes to numbers attending work, education, visits and the gym. By December 2021 the Prime Minister had nationally reintroduced facemasks and just before Christmas, 22 December 2021, the prison returned to Stage 4 with a 23-hour prisoner lockdown and no non-essential visitors visiting the establishment. The Board visited and monitored throughout. In February a move to Stage 3 was announced with internal checks to limit the spread of Covid-19. The prison gradually

moved to Stage1 by April 2022 ahead of the national exit from restrictions. As in the community, there have been Covid-19 outbreaks, with infection control reintroduced in June.

For the majority of the monitoring year, reverse cohorting remained for new prisoners entering HMP Durham. These controls ended 25 August 2022. The Governor and his staff are to be commended for the way Covid-19 outbreaks have been managed throughout the year.

Services are provided by a number of commercial agencies, public services and charities:

Organisation	Outline of services provided
Rethink	Provides primary mental health services, including counselling and the RECONNECT service
Airedale NHS Foundation Trust	Telemedicine
Amey	Maintenance of facilities
Burgess and Hyder	Dental services
RVI-Royal Victoria Infirmary, Newcastle Hospitals	Supports hepatitis C in-reach service
County Durham and Darlington NHS Foundation Trust and Royal Victoria Infirmary	Visiting specialist services, covering general, orthopaedic, vascular and ear, nose and throat surgery, chest medicine, an epilepsy nurse specialist and specialist palliative care
County Durham and Darlington Foundation Trust (CDDFT)	Specialist diabetic nursing
Probation Service	Resettlement
Ethnic Minorities Training and Education Project	Providing similar support to that given by the Islamic Diversity Centre (see below)
Spectrum Community Health CIC	Lead provider for all healthcare services within the prison, sub-contracting to TEWV, Humankind, Premier and Rethink. Provides nursing; administration in the healthcare centre; the nursing aspect of the drug and alcohol recovery team (DART) service; GP and pharmacy services
GEOAmey	Court escort, transfer vehicles
His Majesty's Courts and Tribunal Service	Court listings, warrants
In-Health	Visiting X-ray and ultrasound services
Premier	Healthcare services
Islamic Diversity Centre	Diversity race equality action team – advice on matters involving Muslim prisoners; also providing training
Humankind	Psychosocial substance misuse services.

North East Prison After Care Society (Nepacs)	Visits, education, training and family ties. Attendance at resettlement meetings, involvement in the planning process
Newcastle Futures	Employment, training and partner events designed to offer support the re-employment of ex-prisoners
Novus	Provision of teaching services in education, including the workshops
Premier	Physiotherapy and chiropody
Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)	Mental health services including psychiatry, clinical psychology, speech and language therapy, etc.
The Samaritans	Attending suicide prevention meetings and offering regular training to Listeners
Time for Families	Relationship skills, financial management and parenting
Prison Optical Trust	Optician services
Thirteen Group	Rehabilitation provider for accommodation (community rehabilitation service)
Bridges Group	Established by the chaplaincy to support men in a 'revolving door syndrome', providing structured support
Prison Fellowship	Volunteer Christian organisation supporting prisoners across England and Wales
Junction 42	Organisation supporting prisoners in England and Scotland to transform their lives and get work
Angel Tree	Organisation working with prison chaplains and local churches to give imprisoned parents the opportunity to send their children a Christmas gift
Durham County Council	Social care
New Futures Network	Outside job assistance
Care after Combat	Support for ex-service personnel in prison
National Visits Booking Line	New online visits booking line with effect from 1 October 2022

3. Executive summary

3.1 Background to the report

This report presents the findings of the IMB at HMP Durham for the period 1st November 2021 to 31st October 2022. Evidence comes from observations made on visits, scrutiny of records and data, informal contact with prisoners and staff, surveys and prisoner applications. IMB members have physically monitored the prison for the full 12 months, following guidance during Covid-19 outbreaks to protect personal and prison safety.

The National Audit Office published a report on reducing the backlog in criminal courts in October 2021. Twelve months on this report has not been re-issued, however, the Board believes the essence of the report is still relevant. The report states:¹

‘The Covid 19 pandemic significantly affected the work of the criminal justice system and necessitated extensive changes in criminal courts to keep judges, court staff, and users safe.

In the year to 30 June 2021, criminal courts dealt with 1.24 million cases, including more than 90,000 in the Crown Court, which hears the most serious cases. By the end of June 2021, there were around 61,000 cases received and not yet completed in the Crown Court, and more than 364,000 cases received and not yet completed in the magistrates’ courts. The Crown Court backlog increased by 48% between 31 March 2020 and 30 June 2021...Despite the concerted efforts of HMCTS and the Ministry to increase capacity in criminal courts quickly and safely, the Crown Court backlog looks likely to be a pervasive issue beyond 2024.’

Principally HMP Durham serves the needs of the courts from Teesside across to the West coast and up to the Scottish borders. However, in the year there were 412 admissions from out of area. In general, this has been to support prisoners who have been locked out as a result of Covid-19 restrictions.

Unsentenced prisoners:

Prison Roll					
	Unsentenced		Sentenced		Total
End October 2019	626	65.3%	333	34.7%	959
End October 2020	653	72.6%	246	27.4%	899
End October 2021	673	69.1%	301	30.9%	974
End Oct 2022	601	61.6%	375	38.4%	976

¹ [Reducing the backlog in criminal courts - National Audit Office \(NAO\) Report - October 2021](#)

	Unsentenced		
	Number	No. in Durham > 1 year	Average No. Days in Durham
End Oct 2019	564	6	78
End Oct 2020	653	23	105
End Oct 2021	673	47	122
End Oct 2022	601	47	139

The average number of days spent in Durham by unsentenced prisoners stands at 139, an increase of 13% on the previous year and an increase of 78% from October 2019. There continue to be 47 unsentenced prisoners with us for more than one year. The average stay for this group is 576 days (1 year 6 months) and the longest stay is 1,168 days (3 years 3 months) See above regarding the backlog in court cases.

3.2 Main judgements

How safe is the prison?

The Board believes HMP Durham has kept as a priority the maintenance of safety as a key priority in the prison. The prison generally feels a safe environment: a view ratified by 93% of prisoners surveyed by the Board. The impact of the backlog in the courts continues to influence the length of stay of unsentenced prisoners in HMP Durham. The Board has concerns about the prisoners who leave reception for the separation and care unit (SACU) under the secreted items policy and are not guaranteed an induction process. The Board acknowledges the reduction in assessment, care in custody and teamwork (ACCT) documents opened over the monitoring year but is concerned at the lack of supervisor's daily checks completed. The Board continues to be disappointed in the percentage of times body worn video cameras (BWVC) are used and the quality of resultant videoed evidence.

How fairly and humanely are prisoners treated?

Whilst being satisfied cells meet minimum statutory requirements, the Board continues to remain concerned about the level of overcrowding. Generally cells remain inappropriate for disabled or aged prisoners; basic showering arrangements and issues with heat control remain endemic. The Board acknowledges that the prison works hard to maintain good standards of accommodation and the work of the clean, rehabilitative, enabling and decent (CRED) programme is operating, albeit very slowly. NEPACS supports prisoners and their families well, principally in the Visitors centre and early days in custody, The kitchens deliver an excellent service for the prisoners, responding to personal, social and cultural diversity. The Board remains concerned about men held under Immigration Act powers remaining for too long a period in HMP Durham. The chaplaincy team provides outstanding support for prisoners.

How well are prisoners' health and wellbeing needs met?

Prisoners have spoken highly of relationships with healthcare staff but have been frustrated by waiting lists. The Board acknowledges the work done by healthcare to reduce waiting times, but dental waiting times is a great cause of concern. There still

need to be improvements in ensuring all men arriving into reception receive a healthcare screening before moving into the first night centre. Improvements have been made in the percentage of men receiving secondary screening within seven days. Prisoners are well supported by the drug action and recovery team (DART). The mental health team offers an integrated support unit (ISU), a valuable regional resource. Staffing shortages have impacted upon the mental health team.

How well are prisoners progressed towards successful resettlement?

Covid-19 outbreaks and resultant disruption has had an impact on prison outcomes. Support has been given in-cell during outbreaks, but face-to face for most of the year. The backlog of personal learning plans has been a concern as has the allocation and low attendance of prisoners to education and work. The Board is pleased to see the award of qualifications and acknowledges the tenacious work of the library in supporting prisoners. The Board does have concerns about the number of foreign national prisoners (FNPs) in HMP Durham and 'out of area' prisoners who do not receive social visits because of distance from family. The Board is also concerned that the community rehabilitation service (CRS) provision excludes remand prisoners from support for accommodation on release.

3.3 Main areas for development

TO THE MINISTER

Yet again the Board continues to be concerned:

- by prison overcrowding (5.1.3) and its persistent impact on prisoner dignity. We ask again what, specifically for HMP Durham, can be done to alleviate this problem?
- by the increase in time that unsentenced prisoners are spending in HMP Durham. The Board awaits the Minister's response on what else can be done to reduce the backlog in criminal cases and hence reduce time on remand (3.1/ 4.1.2).

TO THE PRISON SERVICE

- The refurbishment of A wing was initiated at the beginning of November 2022. At best it is estimated to take two years. It would be speeded up considerably if the population management unit allowed the prison to decant prisoners. Why will they not do this (4.3.4 / 4.3.5)?
- Social video calls have been reduced to one per month per prisoner. What can be done to increase access for those living out of area or from overseas (7.4.6)?
- What can be done to give remand prisoners access to probation services prior to release (7.5.2)?
- How does the Prison Service intend to address the dire issue of access to dentistry (6.1.2)?

TO THE GOVERNOR

- How will you ensure that first night and first day inductions are delivered to those who move directly from reception to the SACU e.g., those under moved under the secreted items policy (4.1.5)?
- How will you ensure that all prisoners in reception receive healthcare screening before moving to first night centres (4.1.6)?
- The Board regularly reviews ACCT documents and is concerned at the number of them that do not have supervisors' daily checks completed (see 4.2.10).
- What more can the Governor do to embed the use of BWVC in the prison (4.4.5)?
- The prisoner consultation meeting is valued by prisoners, however, often it is cancelled at the last minute. What can be done to ensure this meeting is held regularly (5.3.9)?
- Since the contractual arrangement for running the tea bar in the visit's hall changed there has been a significant deterioration of the refreshments available. What can be done to rectify this (7.4.9)?
- The contract for early days in custody comes to an end in March 2023. The Board views this as an essential service; is there a possibility that the prison may decide to take this service in-house (7.4.11)?
- The implementation of the short sentence framework is now overdue; when will this be implemented (7.5.2)?

3. 4 Progress since the last report (2020-21)

Issue raised	Response given (precis)	Action taken
To the Minister		
The Board continues to be concerned by the level of overcrowding (5.1.4) and its impact on the dignity of prisoners. We ask again what, specifically for HMP Durham, can be done to alleviate this problem?	Generic response re the national position. Comments specific to Durham were: Whilst the average number of prisoners living in crowded conditions at HMP Durham and across the prison estate did fall during 2020/21, as a local prison there has been a need for HMP Durham to continue to operate in excess of its certified normal accommodation level. The challenge for HMP Durham remains in the turnover of the prisoner population and ensuring	The CRED programme has continued but progress is painfully slow (see 5.1.9) On 7 November 2022 work began on the internal A wing. At best the work will take two years to complete (5.1.4).

	that cells are maintained to required standards. In recognition of the condition within cells, the prison has implemented the CRED programme which is making improvements to the prison environment.	
IS91 men are not being moved on fast enough (5.4.8). How does the Minister intend to solve this problem?	Generic response re the national position and the impact of Covid-19.	There have been improvements, with numbers reducing.
Of concern is the rise in the number of unsentenced prisoners: there has been a 100% increase in the numbers who have been in Durham for more than one year. The Board awaits the Minister's response on what else can be done to reduce the backlog in criminal cases and hence reduce time on remand (4.1.2 / 4.1.4).	Generic response acknowledging the national backlog on criminal cases. Investment over the next three years expects the Crown Court backlogs to be reduced to an estimated 53,000 by March 2025.	The statistics evidence that there has been no progress and indeed the length of stay has increased (3.1).
To the Prison Service		
The Board is concerned at the loss of local control and accountability to the Governor of third-party providers to push with pace the work needed in the local context, for example healthcare and education. How can the Prison Service strengthen this line of accountability?	Locally at HMP Durham governance meetings are in place with all providers. To clarify regarding the two examples raised, Governors remain responsible for enabling education provision with their establishments. As per the governance framework for the education contract, Governors chair monthly performance meetings with their local provider supported by the regional learning and skills contract management team.	The Prison Service has provided no further strategies to ease the situation. However, locally the Board has seen improvements in education and healthcare.

	<p>Prison healthcare providers are accountable to NHS England and Improvement, who have been responsible for commissioning health services for people in prison and other places of detention since 2013, other than in a small number of privately managed prisons. However, a local delivery board (LDB) meets on a monthly basis that is attended by health providers and is chaired by the Governor or their representative.</p>	
<p>The Board looks forward to a response from the Prison Service as to its intentions to improve resources and the impact of contractors:</p> <ul style="list-style-type: none"> • In improving accommodation (5.1). • Healthcare provision - with particular reference to waiting lists and secondary screening (6.2). • Healthcare attendance at good order and/or discipline (GOoD) reviews remains woefully inadequate. What will be done to ensure attendance (5.1.2)? • In our 2019 /2020 report the question was asked "Why were the numbers of prisoners missing 3 days or more of medication no longer reported?". The 	<p>Response received regarding the six specific areas of concern. See next column for local updates.</p>	<p>The Board accepts the response from the Prison Service and has seen local improvements in strategy regarding accommodation; healthcare provision and attendance at GOoD boards; and education.</p>

<p>response was: “This is not part of the HJIP (Healthcare Joint Initiative Partnership)”. The Board considers this unsatisfactory and wants to know if this metric will be re-introduced.</p> <ul style="list-style-type: none"> • In terms of education, how can the contractor improve provision for qualifications and support further men with defined needs? 		
To the Governor		
<p>What more can the Governor do to embed the use of BWVC in the prison (4.4.6)?</p>	<p>We will continue to encourage staff to wear them, numbers of cameras drawn are monitored daily at both the residential and senior managers meeting. The reminder from the ECR to activate body worn cameras will also remain in place.</p> <p>Interestingly we had a visit from the BWVC lead from HQ last week who advised us that Durham was the stand out performer in the whole estate for BWVC usage!</p>	<p>New BWVCs were introduced mid-year which now provides improved audio/visual quality. The actual use of BWVCs has not significantly improved (see 4.4.5).</p>
<p>The Board is interested in understanding how the Governor intends to develop further the work in equality and diversity (5.4) by improving attendance at diversity and inclusion action team (DIAT) meetings and strand reports.</p>	<p>As we move into stage 1 and out of Covid-19 my expectation is that managers attendance at meetings will improve, not only in D&I but in a number of other key meetings- for example Safer Prisons.</p> <p>D&I is now a standing agenda item in every meeting and SMT are required to feedback anything raised under this</p>	<p>Frequent changes of the senior management team have resulted in loss of operational oversight.</p>

	agenda item for discussion at the monthly SMT.	
Use of force is disproportionate in the age groups 18–21 and 22–29. Other than actively pursuing the young adult strategy, what else can be done to address the behaviour of this demographic (4.4.9)?	Better use of CSIP, focus groups for those involved in violence to understand why they got involved in violence, more equitable provision of employment for this group.	No discernible improvement (see 4.4.9).
The Board is concerned at the length of time it takes for actions to be enacted in the minutes of prison meetings, e.g. DIAT and use of force (5.3.5).	I share this view that too often work is a can that is kicked down the road. Better use of bilats will hold FHs [function heads] to account.	No discernible improvement evidenced.
The Board is concerned that prisoners are working as cleaners before checks are completed and they are not receiving back-pay (5.3.10).	My concern is that they are often inappropriately employed without having the correct labour risk assessment and going through the appropriate checks. This is leading to prisoners who should not be employed in trusted roles having these jobs which they use to further their own nefarious activities. Back pay shouldn't be an issue if staff follow the correct procedures for employing prisoners.	The Board has evidenced further examples of this throughout the year with prisoners not receiving back-pay.

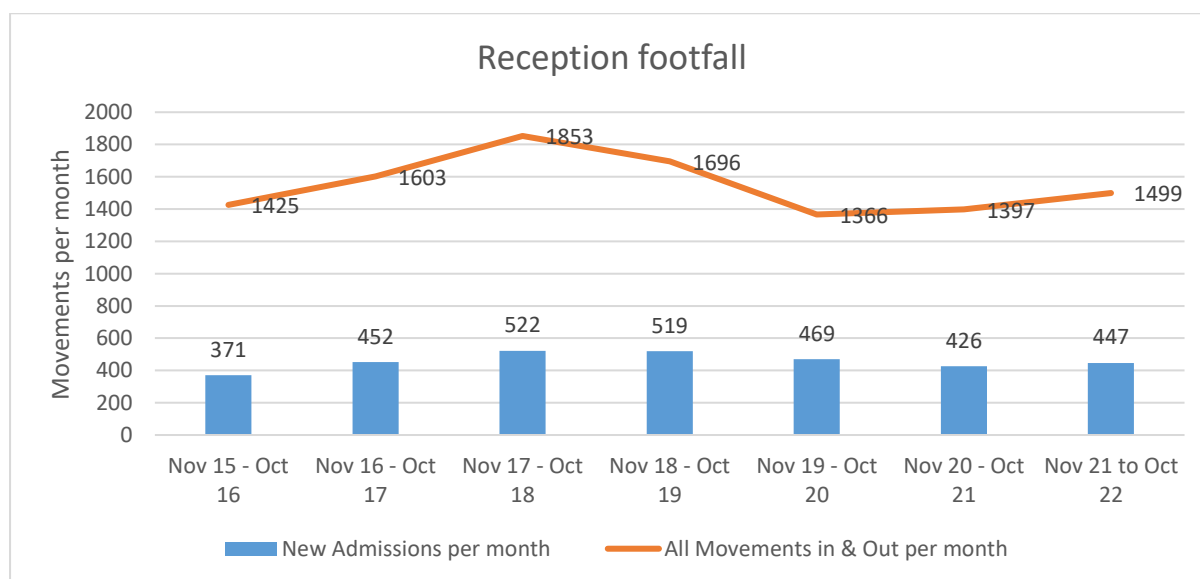
Evidence sections 4 – 7

4. Safety

There is no doubt, according to the observations of the Board, that maintaining levels of safety remains a priority for staff at all levels. Whilst at times the numbers associated with violence and use of force may contradict this view, the prison does generally feel a safe environment. Up until this year the Board has not been able to quantify its views, however, in the last year two of our members conducted a comprehensive survey on safety, see 4.3.3, which concluded that 93% of the prisoners surveyed felt safe or very safe in Durham.

The safer prisons team meeting is held monthly and attended by a cross-section of stakeholders. Samaritans now attend regularly following non-attendance due to Covid-19. Mental health, healthcare and senior personnel attendance has not been consistent. Changes in management over the year have led to slow implementation of action points. However, recent months have seen an improvement in numbers attending and completion of action points.

4.1 Reception and induction



4.1.1 Reception continues as a very busy area. Annual turnover of the population (churn) and length of stay remain remarkably consistent with previous years i.e., churn of 5.6 and length of stay 9.3 weeks.

4.1.2 New admissions and total reception footfall year on year have increased 5% and 7% respectively, compared to the monthly average for reporting year 2020-21. This appears to be in line with a year-on-year increase of the crime rate in England of +5.86%².

² [Crimerate.co.uk](https://www.crimerate.co.uk) - November 2022

- 4.1.3 Reverse cohorting came to an end on 25 August 2022. Reverse cohorting provided for the temporary separation of men newly arrived at the prison, allowing the prison to verify that each individual did not present a Covid-19 infection risk before they came into contact with the general population. Given the high level of new admissions, this was a resource-intensive logistical challenge. The Board considers that the prison handled this well.
- 4.1.4 Those prisoners identified as vulnerable continue to be separated from those considered to be suitable for the general population. These men are placed in a holding room close to the processing area. The Board is satisfied with this situation.
- 4.1.5 All newly admitted prisoners are supposed to undergo two levels of induction.
- first night induction – this is one to one between a prison officer and prisoner. During this induction a vulnerability assessment is carried out, the basic rules will be explained, and the prisoner will sign a prison compact.
 - first day induction – This is a one to one and peer to peer induction, normally carried out by the wing prisoner information desk (PID) workers. During this induction prisoners will be familiarised with, amongst other things, wing layouts, regimes, laundry times, use of kiosks, canteen and third-party support e.g. the IMB, NEPACS etc.

Both inductions are essential in ensuring a good start to a person's time in prison, particularly those incarcerated for the first time. Both sessions are recorded on the national offender management information system (p-NOMIS) when completed. Having, throughout the year, reviewed p-NOMIS case notes and spoken to newly admitted prisoners, the Board is happy that these two inductions are carried out. Typically, 10% of prisoners decline induction. In the main these are former prisoners who know Durham very well. However, there is a group of prisoners that give us concern, i.e., those who move from reception to the SACU under the secreted items policy. It is clear, again from our review of p-NOMIS case notes and speaking to prisoners in this group, that there is no consistent process for the delivery of inductions in the SACU. If a prisoner is fortunate enough to move from the SACU to the first night centre, then it is likely the induction processes will be completed, however, it is a different story if they move into the general population.

- 4.1.6 Talking to newly admitted prisoners and reception staff it is clear to the Board that both groups are concerned that due to a combination of arrival time and numbers to be processed, prisoners are regularly moved from reception to the first night centres without having been seen by healthcare. A review of reception paperwork has revealed that in the last year 327 (6% of admissions) were put in this position. There is no indication of an improving trend through the year.

The Board will continue to monitor.

4.2 Suicide and self-harm, deaths in custody

Deaths in custody as Indicated in PPO reports				
	2018-2019	2019-2020	2020-2021	2021-2022
Homicide	0	0	0	0
Natural causes	3	3	2	2
Self-inflicted / self-harm	3	6	0	0
PPO report awaited	0	0	2	3
Death within 14 days of release	0	0	1	1
Total deaths	6	9	3	3

- 4.2.1 Three deaths occurred this reporting year, of which one was a death within 14 days of release. There have been no homicides for five years. Deaths by natural causes and self-inflicted/self-harm remain as per 2020-2021 level. At the end of the reporting year the prison had not received the final Prisons and Probation Ombudsman (PPO) reports for these three deaths.
- 4.2.2 The Board has been informed promptly of these deaths and the prison has a system in place to record all relevant details in the death in custody questionnaire. The Board records deaths in the serious incidents log and communicates with the Governor. All PPO reports are scrutinised by the Board and where relevant discussed with the Governor. PPO findings relating to deaths in the reporting period have not been published and therefore the Board is unable to monitor the outcome and recommendations.
- 4.2.3 There is a system for men arriving on suicide and self-harm (SASH) warnings which is scrutinised, and a decision is then made on whether it is necessary to open an assessment, care in custody and teamwork (ACCT) document. This is detailed on the reception Supervising Officer SO daily log. New arrivals are also assessed by healthcare who may decide to open an ACCT. The custodial manager (CM) has ultimate responsibility for the decisions. The Board has reviewed 311 admissions to the prison; 54 (17%) arrived with SASH warnings of which 10 had ACCTs opened.
- 4.2.4 As previously mentioned, no final PPO reports have been received for the deaths in custody that occurred in this reporting year. A death in custody in July 2020 caused the PPO to report that this was a troubling case. This has led to the Board revisiting the action plan that was put in place. The Board is pleased to report that after a review of the action plan, all actions have been enacted and sustained albeit not within the target dates of August to October 2021.

Self-harm incidents			
2018-2019	2019-2020	2020-2021	2021-2022
751	542	589	486

- 4.2.5 There has been a 17.5% decrease in the number of self-harm incidents compared to the previous year. In the past 12 months 225 individuals self-harmed, compared to 239 in the period 2020–2021, i.e., a decrease of almost 6%. Of these individuals, 95 were repeat self-harmers and accounted for 356 (73%) of the incidents. The Board and prison have been unable to identify specific reasons for this decrease.
- 4.2.6 The severity of self-harm incidents is reviewed monthly by the safer prisons team and 87% of all incidents for the year were of low severity, with 13% classed as moderate or severe. There were three incidents classed as severe (0.6%). Cutting accounts for 71% of the self-harm incidents and remains the most reported method. Ligaturing, strangulation and noose making account for 7% of self-harm incidents.

ACCTS opened				
	2018 - 2019	2019 - 2020	2020 - 2021	2021 - 2022
Total ACCTS opened	1,307	1,252	1,306	1,048
Average per month	109	104	109	87
Opened in reception				289 (28%)
Opened on E wing				191 (18%)
Opened on F wing				102 (10%)

- 4.2.7 There has been a substantial decrease in the number of ACCTs opened this reporting period in comparison to the last three years. Whilst this is a welcome trend the Board has been unable to determine any influencing factors.
- 4.2.8 Unsurprisingly, 28% of ACCTs were opened in reception with a further 28% on E and F wing. Both wings operate as first night centres.
- 4.2.9 The Board has reviewed and monitored weekly 312 ACCT documents this year, in comparison to 263 last year.
- 4.2.10 The Board monitors and records details of ACCTs on all wings on a random basis. The Board is concerned that there are gaps in the completion of supervisors' daily checks. Over the last seven months (1 April 2022–31 October 2022) the Board monitored 182 ACCTs, of which 36% had one or more days with no supervisors' daily check completed. This has been raised, to no avail, during two safer prisons team meetings and brought to the attention of senior management.

The Board will continue to monitor.

- 4.2.11 The prison has a quality assurance (QA) system in place which is monitored by the safer prisons team and information is relayed to middle and senior management. Throughout the monitoring period there have been major

differences from month to month regarding Q.A. methodology. This is due to a combination of incorrect forms being used and the number of ACCT QAs completed. The situation has not improved and the levels of completion of post-closure QAs is disappointing.

The Board will continue to monitor.

4.2.12 It has been a very difficult year for the Samaritans as they were prohibited from entering the prison due to Covid-19 restrictions. At one stage the prison only had two active Listeners who could only do limited listening. Samaritans provided support through conference calls arranged by safer custody. HMP Durham has in-cell telephones which give prisoners access to the Samaritans helpline. During the Covid-19 period the number of calls to the Samaritans were hugely increased, resulting in long delays in calls being answered. Samaritans trained 13 Listeners in May 2022 but due to continuous transfers the number of active Listeners dropped to seven by the end of the reporting period. The optimum operational number for the prison is 20 Listeners. Prisoner Listener applications have been subjected to protracted prison clearance.

The Board will continue to monitor.

4.2.13 Samaritans on postvention. This is to provide an appropriate response when a death in custody occurs and hopefully prevent further deaths. Samaritans have provided material including leaflets and toolkit books to assist staff and prisoners when a death occurs in custody.

4.3 Violence and violence reduction, self-isolation

4.3.1 Year on year there has been an increase of total assaults from 193 in 2020-2021 to 280 in 2021-2022. Staff assaults has seen a marginal increase. This year's levels are in line with 2019-2020. A contributing factor this year was the reopening of wings following restrictions due to Covid-19.

4.3.2 Assaults on staff as a percentage of total assaults, at 19.6%, is on a par with 2019-2020.

	Assaults			
	2018-2019	2019-2020	2020-2021	2021-2022
Total assaults including staff	476	276	193	280
Staff assaults	84	54	49	55
% of staff assaults	17.6%	19.6%	25.4%	19.6%

4.3.3 The Board conducted a prisoner safety survey in August 2022 to establish how safe prisoners felt within HMP Durham. Three primary objectives were identified, and from these key tasks were formulated and methodology established. The methodology depended on one-to-one interviews, which therefore would allow an element of bravado in response. This was not triangulated with anonymized paper interviews. Nevertheless, the Board is

satisfied that a very creditable sample size of 204 face-to-face surveys were conducted, which represents 25.7% of the eligible prison population (794). The eligible prison population excluded those in the SACU, I wing (ISU) and new prisoners in E wing. The surveys were completed on six wings, education, training and the gymnasium, with 77 of the respondents commenting on safety. All respondents were keen to participate and responded decisively. The number of negative to positive comments was proportionate to responses to questions. The key findings were:

- 81% (165) of men had never felt threatened in Durham
- 94% (192) of prisoners felt safe or very safe in the exercise yard
- 94% (192) of respondents felt safe or very safe on the wing
- 93% (189) of participants felt safe or very safe in the shower
- Overall, 93% (189) of prisoners felt safe or very safe in HMP Durham

Examples of prisoner comments are:

- Safest I've felt of all the prisons I've been in
- Safety is well managed in this prison
- Comfortable on wing

In summary the Board is satisfied that the cross-section of respondents was balanced to reflect the profile of the general prison population. The Board is also satisfied that the prison management is diligent regarding all aspects of safety. The Board is satisfied that regardless of wing there is no differential of feeling of security on each wing.

The Board will continue to monitor.

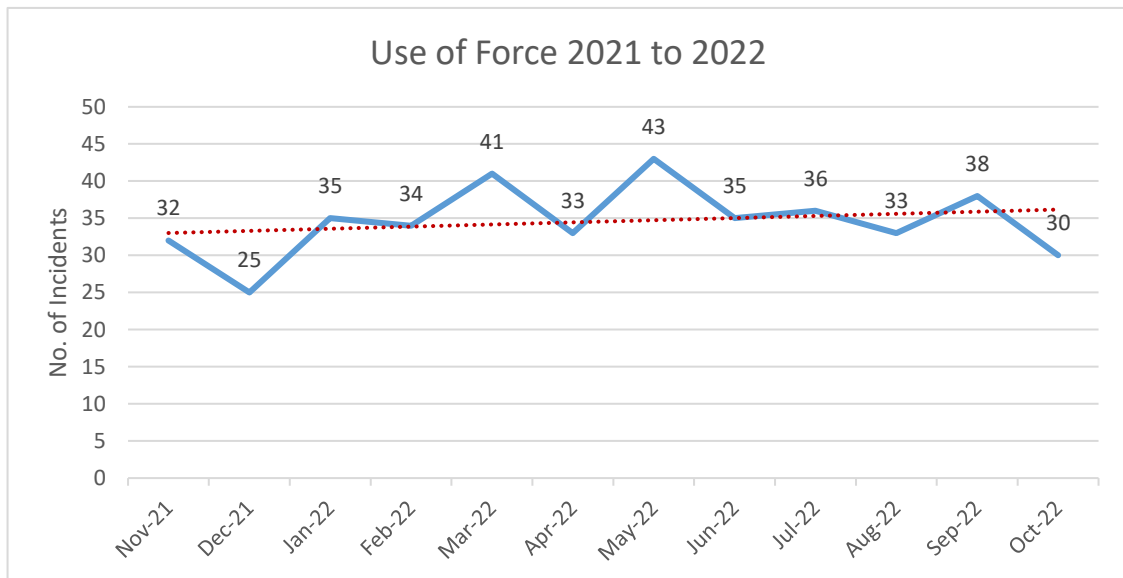
- 4.3.4 All newly admitted prisoners undergo a cell sharing risk assessment (CSRA). Those classified as high risk should not be sharing a cell. At any one time the prison has 350 high risk prisoners in this category. However, at best 100 are accommodated in single cells. For the remainder the prison ensures that prisoners with contraindicating risk factors do not share a cell.
- 4.3.5 Such is the pressure on cell spaces the Board has been informed by the Governor that the population management unit is now considering implementing a maximum capacity of 1,041. The Board is concerned that were this to happen it would compromise prisoner safety.

The Board will continue to monitor.

4.4 Use of force

- 4.4.1 The Board regularly observes the use of force (UoF) weekly and monthly meetings. The Board feels that the governance of UoF is in general very good. However, like so many other areas of operation, the prison has still to make actions from the minutes a priority following the meetings.

IMB Year (Nov - Oct)	UoF Incidents
2017/2018	612
2018/2019 (Pre Covid)	545
2019/2020	397
2020/2021	385
2021 / 2022 (Post Covid)	415



4.4.2 Throughout the height of the Covid-19 period we saw significant decreases in incidents as the prison was effectively in lockdown. In this reporting year, which was effectively post Covid-19, there was a 7.8% increase compared to the reporting year 2020-2021.

4.4.3 The trend in the last 12 months is effectively flat.

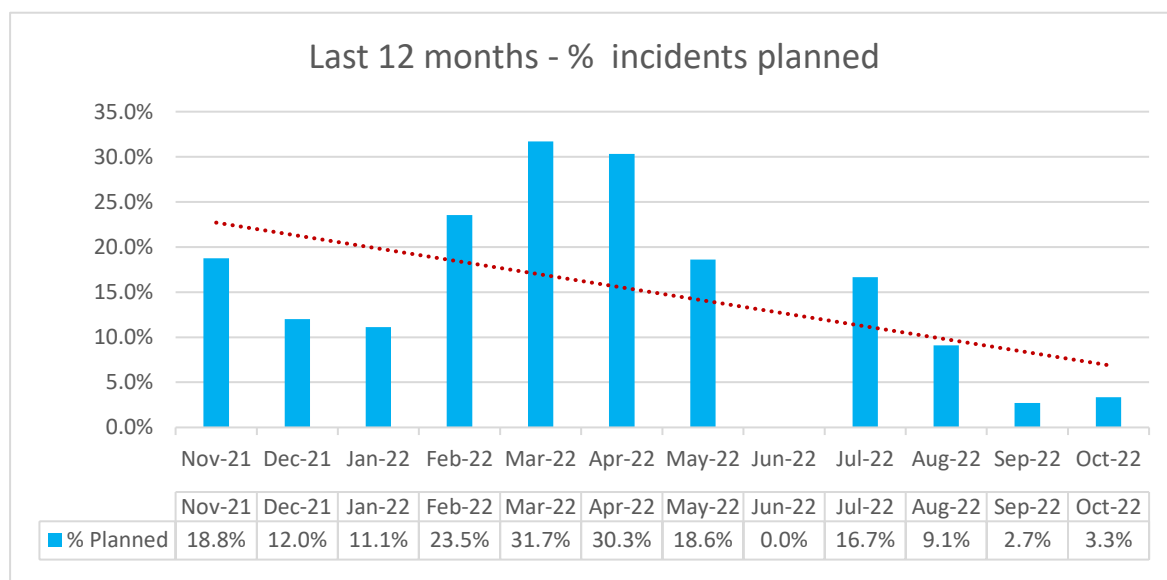
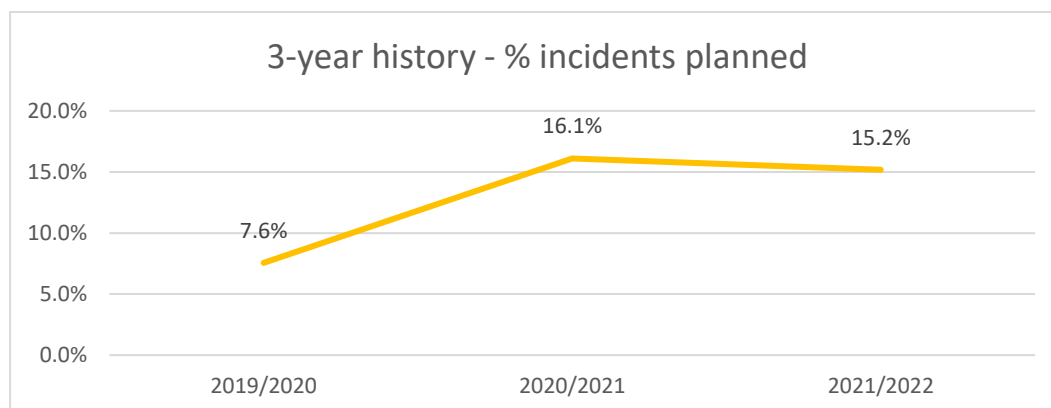
4.4.4 For the first time since it was rolled out nationally, i.e., April 2020, pelargonic acid, vanillylamide (PAVA) has been used. This was on five separate occasions. Batons were drawn on seven occasions. They were used on three and not used on four of these occasions. Whenever PAVA or batons were involved the Board and UoF committee reviewed the available body worn video camera (BWVC) footage. The reviews have not identified any concerns with the procedures used.

IMB Year (Nov - Oct)	% of incidents Where BWVC was used
2019/2020	61.20%
2020/2021	59.90%
2021/2022	67.00%

4.4.5 The Board continues to be disappointed in the percentage of incidents where BWVC is used. A new suite of video cameras was rolled out in June 2022. These cameras have longer battery life and produce much-improved images and audio. However, the quality of the images is often compromised due to

the wearers' involvement with the incident. A recommendation from the UoF committee at the end of the year is that at least one member of staff should position themselves on the fringe of incidents.

The Board will continue to monitor.



- 4.4.6 Following our report for 2019-2020 the prison looked to implement a strategy of increasing the number of planned incidents in the hope that this would drive up the use of BWVC. As demonstrated by the three-year history this has had some success. However, in reviewing the last 12 months in close detail, a significant decline is evident; this is despite an encouraging first six months. The Board remains concerned that the use of BWVCs is still not embedded into the prison's culture.

The Board will continue to monitor.

- 4.4.7 In June 2021 the European Committee for the Prevention of Torture (CPT) visited the prison. Concerns were expressed in relation to the timely submission and quality of F213 forms that are used to record injuries sustained following a UoF incident. The prison responded immediately by

holding UoF meetings on a weekly basis, which continue to this day. Part of the agenda is monitoring the timely submission of F213 forms. Submission rates have steadily increased each month from the base level of 56.7% to the point where in September and October 2022 100% submission on time was achieved.

- 4.4.8 White British/Northern Irish (W1) prisoners typically account for 81.2% of the population and were involved in 82.7% of UoF incidents. One category, Asian / Asian British: any other background (A9), was involved in disproportionately more incidents compared to the typical population. This typically represents 2.3% of the population and was involved in 4% of incidents. One prisoner accounted for 75% of incidents in this ethnic group. This prisoner was located in the SACU requiring a four officer unlock and subsequently transferred to a secure mental health facility. The prisoner was well known to us and the Board had no concerns over the individual's treatment.

UoF & Age			
Age Group	% of Population (Typical)	% of Incidents 2020/21	% of Incidents 2021/22
18-21	8.4%	21.4%	22.20%
22-29	27.8%	35.7%	32%
30-39	37.8%	28.6%	31.30%
40-49	17.9%	9.5%	11.10%
50 & Over	8.1%	4.8%	3.40%

- 4.4.9 The figures clearly show disproportionate UoF in the age groups 18–21 and 22–29. At the beginning of the year the prison implemented a young adult strategy. This strategy acknowledges that young adults are still maturing and uses recent research on brain development to inform strategy. As yet there has been no discernible improvement. Perhaps it is the volatility of youth and a false sense of having to show bravado that drives these numbers.

The Board will continue to monitor.

Wings	Description	% population (Typical)	% UoF Incidents	12-month trend
A	Gen pop	18.7%	16.1%	Decrease
B	Gen. pop	21.1%	19.6%	Flat
C	Gen pop	9.4%	6.9%	Decrease
D	Methadone	19.8%	14.0%	Decrease
E	1 st Night	12.0%	9.8%	Increase
F	V-P	16.6%	5.3%	Increase
I	Mental Health	1.1%	5.3%	Increase
SACU		1.4%	16.7%	Decrease
Reception			6.3%	Decrease

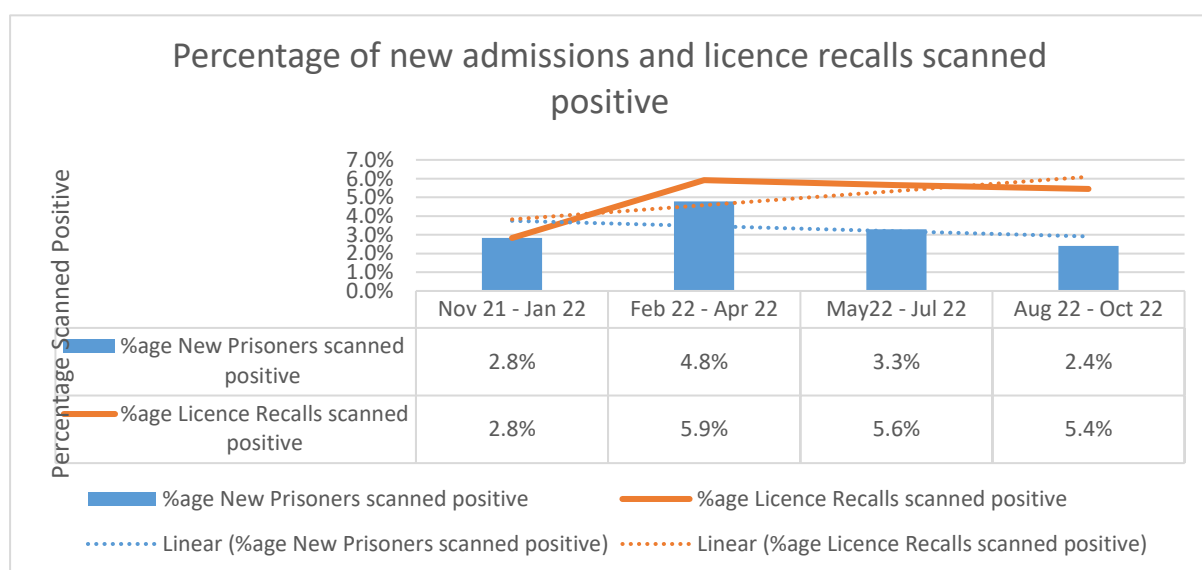
4.4.10 The SACU and I wing show a significantly disproportionate number of UoF incidents when compared to the percentage of the population held in those areas. However, the Board closely observes prisoner and staff relationships in those particular areas. We regularly observe professional engagement by staff.

4.4.11 In mid-October the prison received a visit from the HMPPS UoF evidence-based practice team. They were impressed with all aspects of monitoring in relation to UoF.

4.5 Preventing illicit items

4.5.1 Body scanning was originally introduced in July 2019, and a new body scanner was installed in July 2020. When a scan is positive, the prisoner can surrender the item. The process is then continued, with placement onto the first night or vulnerable prisoner wings. Failure to surrender the item leads to a placement in the SACU under the secreted items policy, until such time as the prisoner is scanned clear or the item is surrendered. During the year 172 newly admitted prisoners scanned positive in reception.

4.5.2 Body scans continue to have a positive impact on the route for illicit items entering the prison. Those on licence recall consistently return higher positive scans than new admissions.



4.5.3 In addition to the scanning of new admissions, the prison also carries out a number of intelligence-led scans. Typically, 25% of these scans are positive.

4.5.4 Enhanced gate security – after many delays, airport-style scanning of all staff has now been introduced.

4.5.5 Suspicion-led mandatory drug testing was undertaken throughout Covid-19. On 1 November 2021 the prison moved to Stage 1, with the reintroduction of

all types of mandatory drug testing. However, the Board has not availed itself of the results. We will do so in this current year.

4.5.6 The following table shows the impact of the dedicated search teams:

Category of find	No. of Incidents recorded in reporting year			
	2019/2020		2020/2021	2021/2022
Alcohol / Hooch Finds	36		50	19
Charger Finds	24		18	2
Distilling Equipment Finds	1			
Drug Finds	353		283	69
Drug Equipment Finds	50		27	12
Memory Card Finds			1	
Mobile Finds	27		24	5
Mobile Phone Related Item Finds	39		43	7
Other Reportable Item Finds	81		55	17
Sim Card Finds	16		17	3
Tobacco Finds	28		13	2
Weapon Finds	88		63	44
Finds	743		594	180

4.5.7 Clearly the restricted regimes in place since March 2020 have had a positive impact on the number of finds. This last year has seen a remarkable decrease. The dedicated search teams continue to operate assiduously but in addition the Board is aware that the prison has introduced a number of new security measures, the nature of which will not be disclosed in this report.

The Board will continue to monitor.

5. Fair and humane treatment

5.1 Accommodation, clothing and food

- 5.1.1 The Board remains concerned at the level of overcrowding. Around 90% of cells originally designed for single occupancy are now double occupied.
- 5.1.2 The Board is satisfied that all cells meet the minimum statutory requirements,³ but accommodation is largely pre-Victorian, overcrowded and generally unacceptable in 2022. Cells provide minimal separation (and in some cases none) between a person's toilet, sleeping and eating space. This is unhygienic and undignified, especially where two people are required to share a cell. It offers minimal to no privacy for using the toilet. The Board accepts that the prison works hard to maintain good standards of cellular accommodation and, given the listed status of the premises, it is limited in what it is able to do to modernise its facilities. There have also been issues where people have destroyed curtains fitted around toilets to try and provide more privacy. Still, it can never be acceptable for people to live in these conditions.
- 5.1.3 Historically C wing has had issues in the supply of electrical power. This resulted in the limitation of electrical sockets. During the year this was resolved.
- 5.1.4 The internal fabric of A wing is by far and away the worst in the prison. The cells suffer from damp, mould and water ingress and the flooring needs urgent replacement. Funding for the refurbishment of A wing has been in place since pre-Covid. This is the second largest of the wings, housing some 180 prisoners in general population. Work got underway on 7 November 2022; however, the project is being done piecemeal and will, at best, take two years to complete. The Board is frustrated by the lack of progress due to the prison's inability to decant prisoners when required to speed progress on the work. We look forward to commenting on the progress being made in next year's report.

The Board will continue to monitor.

- 5.1.5 Facilities for showering are basic and afford little privacy, especially when changing. Prisoners have had daily access to a shower for most of the year, the only exceptions being when a wing has been under the outbreak control team (OCT) or on restricted regime due to staff shortages.

³ Prison Act 1952:

s14(1) No cell shall be used for the confinement of a prisoner unless it is certified by an inspector that its size, lighting, heating, ventilation and fittings are adequate for health and that it allows the prisoner to communicate at any time with a prison officer.

s14(2) The certificate shall identify the cell to which it relates by a number or mark and the cell shall be marked by that number or mark placed in a conspicuous position; and if the number or mark is changed without the consent of an inspector the certificate shall cease to have effect.

- 5.1.6 Generally cells are not disability or age friendly. There are very few fully accessible cells in the prison. Men who cannot cope with even ground floor cells may have to be housed in the healthcare unit.

The Board will continue to monitor.

- 5.1.7 Temperature control continues to be an issue across the prison. Heating is controlled centrally, resulting in people in some parts of the prison experiencing sustained periods of extreme heat or cold, which does not seem to be easily rectified.
- 5.1.8 The prison has maintained a system of checks prior to cells being occupied, involving a checklist of items and kit which should be present. The Board sees this as a positive development and a helpful reminder to staff to ensure the standard and decency of the accommodation. The Board also views this as a potentially helpful input in the drive to ensure a consistent supply and maintenance of kit items across all wings.
- 5.1.9 The clean, rehabilitative, enabling and decent (CRED) programme introduced in 2020 continues to operate. However, the Board is disappointed to report that progress has been painfully slow. In the main this is due to pressure on spaces which makes it difficult to free up cells, coupled with the high churn of prisoners. Amey oversees the initiative. The programme is designed to encourage men to take pride in the appearance of the prison environment and to involve them in making improvements to their living conditions, so they meet the safe and decent standards set by HMPPS. The programme also provides work.
- 5.1.10 A programme to replace blankets with duvets was implemented mid-2021 and some 18 months later is still not completed. The idea behind the programme is that quilts and covers will remain with the individual while in HMP Durham. The rollout of the programme has been fraught with difficulties i.e., poor supply chain plus limitations on the volume of bedding sets that can be processed in-house to apply the HMP Durham logo. From day one of the initiative prisoners were no longer allowed to purchase quilts and covers. This along with the delayed rollout has caused much frustration amongst the population.
- 5.1.11 As part of an initiative that allows all prisoners to wear their own clothes, it was announced in mid-2021 that a charity clothes shop would be set up. This was widely welcomed by the prisoners. Sadly this facility is yet to be opened.

The Board will continue to monitor.

- 5.1.12 Food menus provide healthy balanced meal choices, and individuals medical, religious and cultural dietary requirements are properly catered for. Religious festivals and historical landmarks are celebrated with culturally appropriate menus, which have received praise from people in prison. However, in the last three months there has been a shortage of sealed meals

due to supply chain issues. This has resulted in there only being three meal choices being available.

5.1.13 Visits to the kitchens form part of the Board's rota schedule, and visits are made several times per week. No issues of poor hygiene have been identified. Board members regularly taste the food both in the kitchens and on the wings. Given the available budget and latterly the challenges faced in sourcing a full range of ingredients and products, the prison continually manages to offer a varied and balanced diet that can meet all requirements. The Board considers that the kitchens have served the prison well in the last year.

5.2 Segregation

SACU	Nov 2019 – Oct 2020	Nov 2020 – Oct 2021	Nov 2021 – Oct 2022
Total no. of days occupied	3,978	4,129	5,473
No. of individuals	548	534	629
Average stay (no. of days)	7.3	7.7	8.7

5.2.1 The SACU has 25 single cells, three of which are normally occupied by cleaners. In addition, there are two special accommodation cells.

5.2.2 The Board is satisfied that all men held in the SACU receive a good standard of care. There is strong evidence of multi-disciplinary working to produce progression and reintegration plans when circumstances call for them.

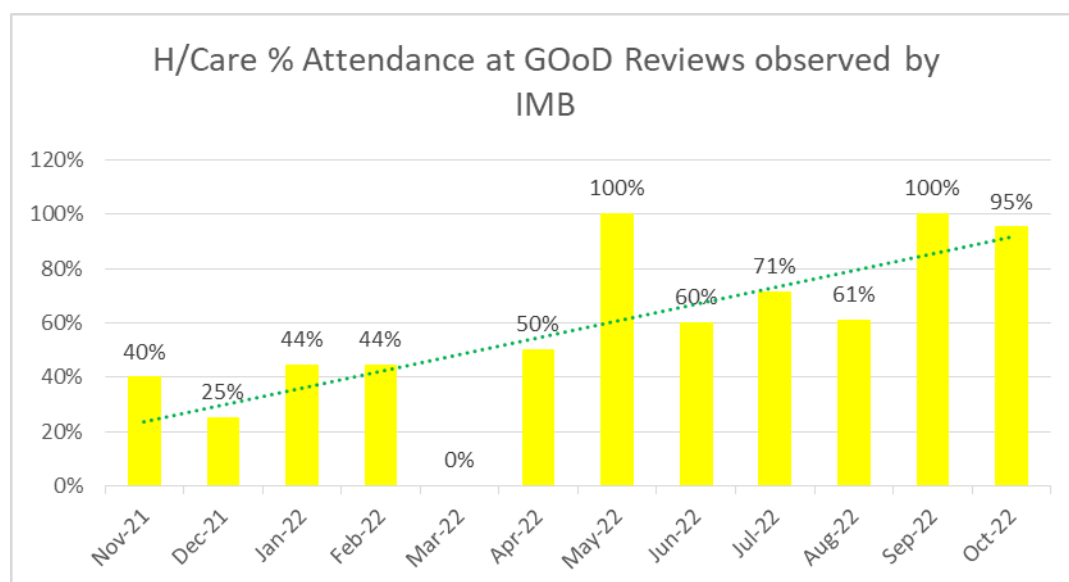
5.2.3 In the last 12 months, five prisoners have been held for periods in excess of 42 days.

- Two were transferred out to secure mental health facilities.
- One transferred to a local prison prior to his release.
- One remains in HMP Durham, moving between the mental health wing (I wing) and segregation.
- One remains in the SACU. At the end of our reporting year this person had spent a total of 177 consecutive days in SACU. This prisoner is well-known from a previous spell in Durham. The multi-disciplinary team caring for the prisoner consider his behaviour too unpredictable to be allowed in the general population. The prisoner has access to radio and television plus the allocation of in-cell work. The prisoner presents no issues when housed in SACU. The Board engages with him regularly and is assured that the prison is pursuing all options regarding his continued detention.

5.2.4 There has been a noticeable decline in timely submission and authorisation of the OT030 forms for detention beyond 42 days. There have been at least five occasions when the Board has identified prisoners being held beyond the authorised period. In each instance the authority has come through within a couple of days.

- 5.2.5 Unlike the previous year, the Board has no concerns relating to staffing levels.
- 5.2.6 The internal fabric of the unit continues to be maintained to a high standard.
- 5.2.7 During the year there have been 11 instances of prisoners living in dirty conditions. This is down from the previous year's number of 26. SACU staff and healthcare and mental health staff are regularly observed engaging with this group of prisoners.
- 5.2.8 Special accommodation has been used 11 times in the year. This is down from 22 in the previous year. The average time spent in special accommodation was 7 hours 5 minutes. The longest period was for one prisoner who had two periods of 18 hours and 10 hours 20 minutes. On both occasions this person had made multiple attempts at ligature. Staff inform the Board when special accommodation is used.
- 5.2.9 Prison Service Instruction 1700 is currently under review and the prison has informed the Board that completion is expected in 2023. However, in June 2022 an interim version was published. In this version it remains very clear that it is mandatory for an appropriate member of the healthcare team to be present at segregation reviews.

Healthcare attendance at GOoD reviews (72hrs and beyond)						
	Yes		No		Sample size	
18 May 20 – 31 Oct 20	126	51%	121	49%	247	100%
01 Nov 20 – 05 Mar 21	76	53%	67	47%	143	100%
01 Nov21 – 31 Oct 22	88	63%	51	37%	139	100%



The table shows improved attendance figures, but these are still far from satisfactory. However, the Board is encouraged by the increasing trend demonstrated in the above graph. The prison has participated in a national pilot on segregation. As part of that pilot two nurses have been recruited (registered general nurse 0.5 full-time equivalent and mental health nurse 0.5

full-time equivalent). It is planned that they will be operational from early November 2022 and hopefully will be able to sustain these much-improved attendance figures.

The Board will continue to monitor.

5.2.10 In the past 12 months there have been circa 2,000 adjudications, of which the Board has observed 364 (18%). The prison accommodates Board attendance by holding adjudications at the same time each day.

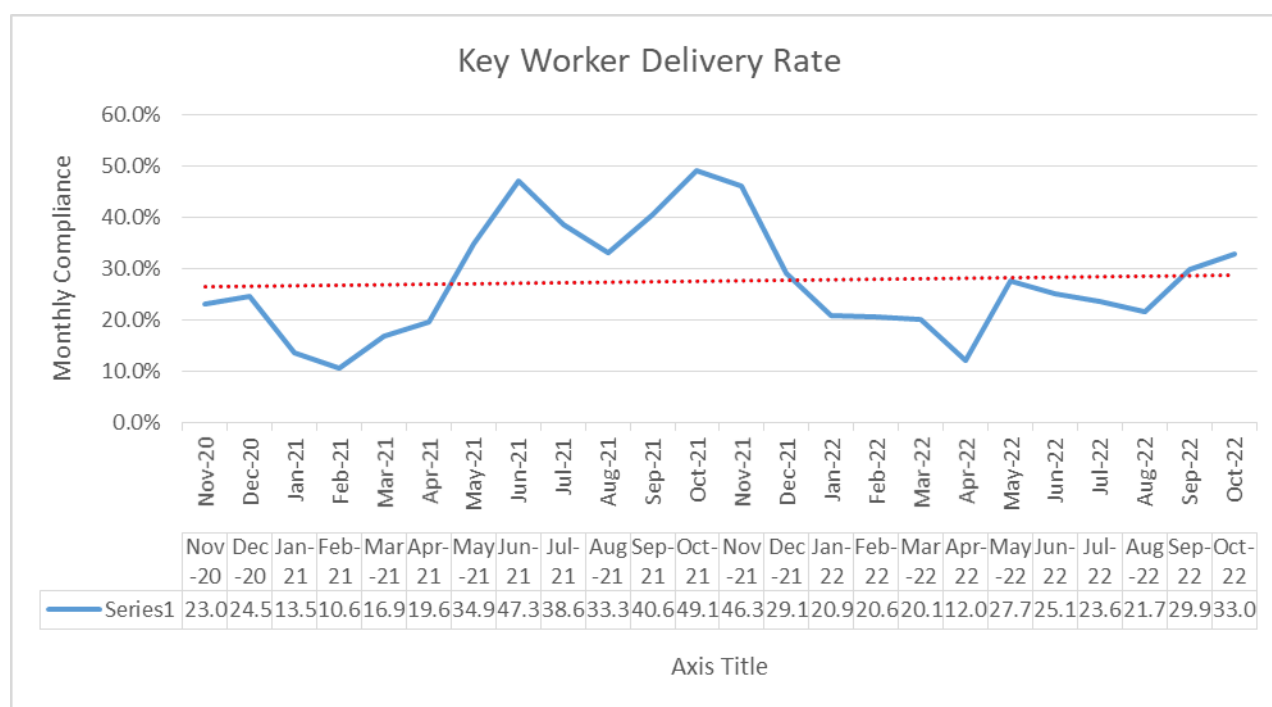
5.2.11 The Board has reviewed the outcomes of 1,958 adjudications. The results were as follows:

	Not proceeded with	Dismissed	Proven	Total
Number	428	182	1,348	1,958
%	22%	9%	69%	100%

5.2.12 In the adjudications observed by the Board there has been only one instance when we were dissatisfied with the process. This involved the presiding governor being wrongly advised in relation to a prisoner's right to access legal advice. The advice was challenged by the Board and accepted by the governor in question.

5.2.13 A review of adjudications shows no disproportionality in terms of ethnicity or age.

5.3 Staff-prisoner relationships, key workers



- 5.3.1 Key workers are trained by the offender management unit (OMU) but the head of residence is responsible for key work delivery. However, in practice delivery has been overseen by a custodial manager. In the year two different custodial managers have been in post, neither of whom was aware which governor had overall responsibility. The Board is concerned about the senior management team's acceptance of responsibility for this activity.
- 5.3.2 In the previous reporting year of November 2020 to October 2021 the Board was pleased to see key work delivery rates steadily increase to 49.1% at the end of the year, however, this optimism was short-lived, as from the above graph compliance rates had fallen to 12% by April 2022. On a positive note, from April 2022 there was a steady increase in delivery rate. At the end of October 2021 there were 164 trained key workers. By June this had increased to 179. Disappointingly, the number in October 2022 had fallen to 158. Given that there is a ratio of one key worker to six prisoners this gives potential coverage of 948 prisoners. In the Board's estimation this is a shortfall of at least five. When the prison first obtained key worker accreditation, in mid-2018, it had to achieve a monthly compliance rate of 60%. The Board looks forward to seeing a return to this rate and improvement on it.
- 5.3.3 The Board has familiarised itself with the regime management planning (RMP) process. While the prison struggles with manpower issues key work will be one of, if not the first, port of call to redeploy officers.

The Board will continue to monitor key work compliance.

6:1 Ratio Prisoners to keyworkers				
Key Worker KPIs'	Nov 21 - Jan 22	Feb 22 - Apr 22	May 22 - Jul 22	Jun 22 - Oct 22
Average No. of active key workers	169	159	174	165
% of prisoners with allocated key worker	96.3%	96.2%	97.1%	97.5%
Avg time from reception to allocation (Days)	1	1	1	1
Avg time from reception to first session (Days)	12	19	20	17
No. of projected keyworker sessions in the period	12343	11974	12554	12600
No. of recorded key worker sessions in the period	3957	2102	3199	3552
Compliance Rate	32.1%	17.6%	25.5%	28.2%

- 5.3.4 In respect of the other KPIs, the Board would welcome a sustained improvement in the average time from reception to a prisoner's first key work session.
- 5.3.5 On a positive note, the Board has observed the production and issuing of the following aids to key workers -
- Q cards prompting questions to prisoners which can be flexible depending on their nationality and ethnicity
 - guide on preparation for a key work session
 - tips on being a key worker

- It has been noted by the Board that a Q&A form was issued at the end of the year. Key workers need to complete it after each prisoner session for it to be evaluated by a senior officer to ensure key worker sessions are taking place on a regular basis and in accordance with current best practices. The Board looks forward to monitoring the outcomes of this process.

5.3.6 A member of the Board monitoring Key working, conducted a prisoner survey asking five key questions about the role and knowledge of a key worker, which 100 longer-term prisoners (i.e., who had been in Durham for a minimum of one month) took part in. This represented about 10% of the population. The survey was conducted from 1 May–31 October 2022 just as the prison was easing Covid-19 restrictions and getting back to a normal regime. The survey highlights a definite divide in the people who did and did not know or fully understand the prisoner/key worker relationship. Prisoners who were assigned work or education classes were almost unanimous in knowing who their key worker was and overall positive about the relationship, most prisoners who were not working and were locked up 20 hours a day did not know who their key worker was or what the program was about (see below).

Key worker survey – working prisoners	Yes	No	Not sure
Do you know who your key worker is?	90%	0%	10%
Do you know what a key worker role is?	60%	30%	10%
Do you find your sessions beneficial?	75%	10%	15%
Do you regularly see your key worker?	70%	30%	N/A
Can it improve?	50%	50%	0%

Key worker survey – non-working prisoners	Yes	No	Not sure
Do you know who your key worker is?	20%	75%	5%
Do you know what a key worker role is?	20%	80%	N/A
Do you find your sessions beneficial?	30%	70%	N/A
Do you regularly see your key worker?	30%	70%	N/A
Can it improve?	75%	5%	20%

The Board will continue to monitor and conduct a repeat survey during 2022-23.

5.3.7 Examples of prisoner comments were:

Negative responses

- ‘Don’t know who my KW is’
- ‘Have not had a proper 40/45 min session just a brief chat on the landing or cell’
- ‘My KW is based in another wing which is not right’
- ‘When I do see my KW the session is pretty good but very infrequent’
- ‘Do you think seeing my KW once a year is actually worth the effort’
- ‘Not interested in knowing my KW’
- ‘KW role given low priority’
- ‘Know who my KW is but never seen him/her’

Positive responses

- 'Staff stepped up to the plate during Covid 19 lockdown'
- 'KW's try hard to encourage prisoner incentives'
- 'Good sessions but staff shortages prevent improvement'

5.3.8 Based on our conversations with prisoners, and reviewing the outcomes of the survey, the Board is confident that when carried out well and frequently, key work is seen as beneficial by the prisoners.

5.3.9 During the height of Covid-19 the prison introduced a prisoner Covid forum. As some degree of normality returned this was renamed as the prisoner consultation meeting. Initially held weekly, this was then changed to fortnightly to improve attendance by prison departmental representatives. This is the only forum within the prison where representatives from all wings can meet, raise and discuss items of concern. As such it is valued by the prisoners. However, often the meetings are cancelled at short notice and when they are held it is yet another example of the prison not prioritising the action points from the minutes. In the coming year the Board looks forward to meetings being held regularly and actions being responded to in a timely fashion.

5.4 Equality and diversity

5.4.1 The prison monitors diversity and inclusion through the nine protected characteristics, with strand leads at governor level. There is a bi-monthly diversity and inclusion action team (DIAT) meeting, which has met five times in the past 12 months, with the January meeting being cancelled. It is still poorly attended by staff and prisoners, with few strand reports available. The meeting invites 10 function heads; the average attendance has been about five. All key function meetings include diversity and inclusion on their agendas, with that part of the minutes to be reported back to the DIAT meeting.

5.4.2 At reception, details of each prisoner's status in relation to the nine protected characteristics are recorded based on the prisoner's own identification. The major disabilities registered are mental illness and learning difficulties. Despite various requests those stating a disability have not had this verified by healthcare. Nor has healthcare attended the DIAT meeting to verify the information.

5.4.3 The age of the prison does not easily lend itself to provision for prisoners with impaired mobility, with accessibility between floors being considered throughout the year, but considered to be impractical and too costly. Within the wings, prisoners with a disability are accommodated on the ground or first floor. Personal emergency evacuation plans (PEEP) are arranged for those with a disability, and health and safety have looked at the disabled cells, with a capital bid being submitted for two cells on one wing.

5.4.4 Data collated in respect of safer prisons; use of force; self-harm; violence; adjudications; the incentives scheme; and complaints is scrutinised on a

monthly basis. This scrutiny analyses the nine protected characteristics and compares it to the total prison population to illuminate any trends. The Board has seen no evidence that any ethnic minority or vulnerable group is disproportionately affected in any form.

- 5.4.5 The equality and diversity officer within the safer custody team has organised meetings with the equality and diversity representatives on each wing, however, at least two have been cancelled due to other work commitments. He therefore visits the wing representatives for updates and is proactive in moving their concerns forward.
- 5.4.6 Throughout the year, prisoners from Black, Asian and minority ethnic (BAME) backgrounds made up between 19% and 21% of all prisoners, with the remaining 89% to 91% declaring themselves in the White ethnic group. The establishment has a group looking into the Lammy Review 2017 and establishing what areas need to be updated and reviewed. The national spreadsheet regarding the Lammy Review is updated on a quarterly basis. The Board has not identified any disproportionality in the treatment of BAME prisoners.
- 5.4.7 There have been nine transgender prisoners within the establishment. The Board is satisfied that they were provided with the opportunity to express their gender identity, were treated with respect, had local transgender case boards (LTCBs) and were aware of their single point of contact (SPOC), as well as having the opportunity to sign the voluntary agreements. The Board is very satisfied with the treatment of transgender prisoners.
- 5.4.8 In the past year there has been a range of 99 to 138 foreign national prisoners from between 30 to 35 different countries in HMP Durham at any one time. A foreign national liaison officer has been appointed as a point of contact for both prisoners, staff and the Home Office dealing with foreign national prisoner work. Foreign national prisoners are seen by the Home Office on a regular basis, with a weekly visit and regular video links being held. At the end of the reporting year Albanians and Iraqis were the two largest groups in the establishment. The Board has noted that the library is proactive regarding the availability of books in various languages and the establishment is looking into ways of communicating more easily with the foreign national prisoners through the kiosk and regarding regime. However, it is noted that there are limits regarding the kiosk, which is a national provision.
- 5.4.9 There have been between seven and 24 prisoners detained under Immigration Act powersIS91 immigration detainees held throughout the year. The Board has worked hard to establish good relationships and communication with those internally and externally involved in immigration. The Board is satisfied that contact is made on a regular basis by the Home Office to the prisoners and monthly updates are provided on their status and potential removal. The Board remains concerned, however, about the length of time these prisoners are kept in an environment that is not set up for, nor has the infrastructure to cater for, their specific needs. It is noted that these prisoners have started to be moved to immigration removal centers or

released using electronic tagging; this is a positive step forward. The Board receives regular updates regarding the position on prisoners held under immigration powers and noted that the longest held of these prisoners (held since 21 January 2021) remains due to the incorrect nationality being given initially; however, now that the Home Office has the correct information his case can be progressed.

- 5.4.10 Within the past year there have been 31 discrimination incident reporting forms (DIRFs) submitted, with the majority in respect of race. DIRFs are available in the establishment in 20 different languages. The deputy governor quality checks all the DIRFs on a regular basis and is looking for an external organisation to carry out additional checks. The establishment is in the process of updating the DIRF process including, due to the high churn of the prisoners, the transference of any information to onward establishments.

Reason	2021-2022	2020-2021
Age	1	
Disability	3	3
Disability; age; race		1
Disability & race		1
Disability; race; religion		1
Multiple reasons (6)		1
Race	21	23
Race & religion		2
Religion	4	3
Sexual orientation	2	1
Total	31	36

- 5.4.11 As at 31 October 2022 the breakdown of the population of the prison was -

Age Group	2021-22
18-24	16%
25-38	50%
39-59	30%
Over 60	4%

- 5.4.12 Similar to last year very few strand-led focus groups have taken place within the year due to Covid-19 restrictions/outbreaks; however, it has been noted that group meetings have recommenced when practical including the Vietnamese forums, the sexual orientation forum and the young adults forum.

- 5.4.13 The prison promoted national events including Young Adults Awareness Week; religious festivals; Autistic Pride Day; Father's Day; Deafblind Awareness Week; Autism Awareness Week; World Sight Day; Black History Month; Transgender Awareness Week; and Remembrance Day.

- 5.4.14 The Board notes that the prison assists those prisoners with learning difficulties through support in education (see 7.1.4 and 7.1.8)

5.5 Faith and pastoral support

- 5.5.1 The Board is very content that the chaplaincy team provides extensive support to prisoners and their families.
- 5.5.2 The core chaplaincy team covers many denominations and faiths, including Anglicanism, Catholicism, Free Church and Islam. Additionally, visiting ministers provide pastoral care across a range of religions: Buddhism; Hinduism; Judaism; Sikhism; Jehovah's Witness; Humanism and Paganism.
- 5.5.3 Over the past year the team has worked tirelessly and continued supporting the prisoners and staff, despite shortages in the team. There have been personnel on loan to the team. After lengthy security clearance the Free Church and Anglican chaplains have joined the team and with effect from 10 April 2022 the team was complete.
- 5.5.4 As part of the induction of new prisoners the team has continued to speak to all prisoners within 24 hours of arrival to ensure immediate contact with families and supported them regardless of religious beliefs. Additionally, all those in the SACU and healthcare are seen daily, those on ACCTs three times per week and all discharges are seen prior to release.
- 5.5.5 In conjunction with the kitchens and visiting chaplains, all religious festivals have been celebrated.
- At Christmas 2021, Wayout TV provided messages and services, along with carol services. In partnership with the Prison Fellowship and the Angel Tree programme, 98 prisoners had presents sent to their children, and through Junction 42 every prisoner received a gift including a card, chocolate bar, a hygiene product and small watercolour activity.
 - Easter was celebrated either in cells or in small services in the chapel on Good Friday and Easter Sunday.
 - Passover was prepared for but due to the high turnover of prisoners was not required.
 - Due to the preparation and teamwork between the staff and prisoners Ramadan was a great success this year with many complimentary comments from the Muslim prisoners.
 - The Vaisakhi Sikh festival is to be celebrated in the chapel on 29 April 2022
 - July saw the celebrations of Eid al-Adha and the Guru Harkishan Singh Jayanti Sikh festival.
 - The programme for Christmas 2022 is organised, with carol and Christmas services where local faith community will be in attendance,

and the Anglican and Roman Catholic bishops will lead the Christmas Services.

All religious celebrations and feasts are catered for by the chaplaincy team, with the in-house kitchens providing food when required for the feast.

- 5.5.6 Throughout the year the chaplaincy team has provided bereavement support and tried to use Zoom to enable the prisoners to virtually attend funerals and communicate with family members who were dying.
- 5.5.7 Refurbishment of the chapel has taken place to make the building more diverse and inclusive of all faiths. The C wing corridor is being decorated to include diverse faith posters and literature.
- 5.5.8 As the prison has started to open, focus groups and worship in the chapel have commenced, albeit on a small scale, which has been greatly appreciated by the prisoners. Since the lifting of Covid-19 restrictions the team has provided regular sessions including a Christian study group; Bible studies; Roman Catholic study group; Islamic class; Qur'an class; Emmaus course; and an Alpha course delivered by Junction 42. In addition, services were held for Free Church/Church of England; Buddhism; Sikhism; Jumu'ah/Friday prayers; Roman Catholic Mass; and a monthly Sunday service called The Bridges.
- 5.5.9 The chaplaincy team attends all operational meetings and is involved with all groups and departments in supporting and assisting the prisoners through their progress in the system. Additionally, the team is involved in collaborating with external organisations to assist the prisoners, such as Junction 42. In May and August, the team enabled the first Vietnamese forum, enabling the prisoners to have a full open meeting with a Vietnamese priest and safer custody. In October the chaplaincy team informed the staff about the availability of Official Prison Visitors on a monthly basis for those prisoners who have no regular visitors or are isolated from family and friends.
- 5.5.10 The Board continues to observe the chaplaincy team supporting those held in the establishment, and through discussions with the prisoners understands that the chaplaincy team provides a very important role.

5.6 Incentives schemes

Incentives scheme		Bronze (Basic)		Silver (Standard)		Gold (Enhanced)	
Date	Roll	No. of Men	% Roll	No. of Men	% Roll	No. of Men	% Roll
01/11/2021	947	0	0.0	588	62.1	359	37.9
26/01/2022	949	1	0.1	592	62.4	325	34.2
20/04/2022	913	1	0.1	587	64.3	325	35.6
27/07/2022	943	7	0.7	627	66.5	309	32.8
01/11/2022	972	24	2.5	605	62.2	346	35.6

- 5.6.1 The prison continued to use the Tees and Wear (T&W) prisons group recognition and progression scheme; this is unique to the T&W group. Similar to the national incentives scheme system of basic, standard and enhanced, this scheme recognises behaviours as bronze, silver and gold.
- 5.6.2 The prison adhered to HMPPS Covid-19 guidance of no prisoner being on bronze status except in exceptional circumstances. However, the prison reserved the right to use bronze status where appropriate and defensible decisions were recorded. It is noticeable that since the removal of Covid-19 restrictions at the end of August, the number of prisoners on bronze has steadily increased and as of 1 November 2022 there were 24 prisoners (2.5% of the roll) on this level. This is taking the prison back to pre-Covid times.
- 5.6.3 The Board is satisfied that the timing of the recognition and review levels takes place in line with the scheme's rules.
- 5.6.4 In line with HMPPS Covid-19 guidance, the only time that a prisoner was denied access to a television was if they were in the SACU as a punishment. However, access to television in the SACU is granted in cases where it is beneficial, as part of a progression plan to return to the general population, or when there have been unreasonable delays in the transfer to another establishment.
- 5.6.5 The head of residence has been determined to put in place significant differentiators between gold and silver status, thus making it attractive for prisoners to achieve the higher level. From March 2021, in addition to the standard benefits of the scheme, men have been able to send cards, special occasion flowers or Amazon gift cards to family and friends who are on their approved contacts list. The Board expects the details of a new scheme to be published in December 2022 and looks forward to reporting on its implementation.
- 5.6.6 Post-Covid the prison has experienced reluctance of men to return to work and education. In October 2021, the head of residence announced that no prisoner, remand or sentenced, would be eligible to progress from silver to gold unless they actively engaged with learning, skills and employment. On 1 November 2021 there was an unprecedented 37.9% of prisoners on gold. Throughout most of this period the prison has been on stage three lockdown. The prison moved to stage one on the 25 April 2022. The percentage of men on gold decreased to 32.8% at the end of July 2022 as Covid-19 restrictions were eased.
- 5.6.7 Staff, prisoners and partner agencies have been consulted in a review to amend the incentives scheme. The prison's vision is to 'have an incentives scheme that rewards positive behaviour and deters and motivates individuals from negative behaviour'. It is proposed that the existing gold, silver and bronze levels revert to enhanced, standard and basic levels. The amended scheme is due to be rolled out in November 2022.

5.7 Complaints

	Total complaints (comp 1 & comp 2)	Number of on time responses	% of on time responses
2017 / 2018	1,459	1,030	70.6
2018 / 2019	1,304	965	74.0
2019 / 2020	960	738	76.9
2020 / 2021	1,188	995	83.8
2021 / 2022	1,419	974	68.6

- 5.7.1 The on-time response rate to complaints has dropped hugely in this reporting year compared to the steady increase that was observed in previous years.

The Board will continue to monitor.

- 5.7.2 Just over 400 additional complaints were returned to prisoners to be redirected to the correct department, as they were deemed by staff to be applications, requests or duplicates of existing complaints. The Board is concerned by the number of returned complaints and would query whether this is sufficiently addressed at induction or whether the instructions on the kiosk have clarity.

5.7.3

Location	Number	% of Total	% of prison population
D wing	373	26.29	18%
A wing	263	18.53	19%
B wing	251	17.69	23%
F wing	226	15.93	16%
E wing	122	8.60	11%
C wing	89	6.27	10%
SACU / G wing	60	4.23	2%
Confidential / Unspecified	16	1.13	N/A
I wing	15	1.06	1%
Healthcare	4#	0.28	N/A
Total	1,419	100	

B wing has replaced A wing in previous years in showing a disproportionately high number of complaints when compared to its population. Both of these wings house the general population, and the Board has not been able to identify any specific reasons as to the disproportionality.

Most healthcare complaints were submitted through a different system and therefore this is not representative

5.7.4

Comparison of top six complaint categories			
Prison complaints system		Applications to IMB	
Category	% of complaints	Category	% of complaints
Property	20.9	Health inc. MH	17.6
Residential	18.8	Letters etc	14.9
Canteen	12.3	Property (internal)	13.1
Letters/censors	6.1	Accommodation	8.9
Staff	5.4	Sentence management	8.3
Work	5.4	Staff/prisoner concerns	8.3

The table above shows there some correlation of complaint categories when the Board compares prison complaints to IMB applications, i.e., letters and property, as well as staff.

The Board will continue to monitor.

- 5.7.5 An analysis of ethnicity shows that approximately 90% of complaints originate from White British prisoners, who typically account for 75% of the population. There is no disproportionate use of complaints in ethnic minority groups.
- 5.7.6 When a prisoner complains about an issue related to the nine protected characteristics, they are invited to complete a DIRF form. If there are multiple issues involved, it is handled under the complaints system. There have been, in the year, 18 complaints regarding the nine protected characteristics, a dramatic drop on last year's 46. These were seen in the form of comp 1s and DIRFs.

Protected characteristic (January to October 2022)	Number of complaints relating to protected characteristics
Ethnicity	7
Disability	5
Sexual orientation	2
Age	1
Gender	0
Religion	0
Other	5

5.8 Property

- 5.8.1 Property issues account for a substantial number of applications for the Board to deal with. In the reporting period an average of 20% of the applications to the Board related to concerns over property. A substantial number of the concerns raised related to not being allowed all the items brought with them or sent in and the alleged loss of property in the prison or when transferring prisons.
- 5.8.2 At times in the reporting year Covid-19 has had an impact on the levels of staffing within the prison, changing the process for prisoners to access their property several times. This can cause a delay to prisoners getting a response in relation to their property and is further exacerbated by some prisons allowing certain items whilst other prisons do not.
- 5.8.3 One of the biggest issues faced by the prison is the amount of property an inmate can accumulate over time. If being transferred from another prison the levels of property can far exceed the limits normally allowed and at times the bags of property can be damaged in transit, which are then often refused by the receiving prison, or depending on volume the transfer of property with the inmate may not be possible.
- 5.8.4 HMPPS has implemented a prisoners' property policy framework effective from 5 September 2022. Whilst it is too early to comment on the success of this, it can be evidenced from the document that property has an impact on the Measuring Quality of Prison Life results. It is apparent that property has an impact on all aspects of the prison, from prisoners' wellbeing to violence and misconduct within prisons.

The Board will continue to monitor.

6. Health and wellbeing

6.1 Healthcare general

- 6.1.1 The Board has been able to work more closely with healthcare and receive regular updates from the local delivery board and very cooperative staff. Not all boards have taken place this monitoring year.
- 6.1.2 The Board has observed healthcare provision regularly throughout the monitoring year. Prisoners have spoken highly about relationships with nurses and their professional behaviour. Prisoners have, however, expressed concern about waiting lists, particularly to see a dentist.
- 6.1.3 The Board received a total of 36 written and verbal applications about healthcare, compared to 43 the previous year. In addition, there were complaints to the prison about healthcare, which only amounted to 2.5% of the total complaints to the prison, almost identical to last year.

The Board will continue to monitor.

- 6.1.4 Staffing and vacancies have been an issue in healthcare throughout the year. In August 2022 there were six vacancies. Two deputy heads of healthcare have recently been appointed, to support the current head of transformation, who works across more than one prison.
- 6.1.5 In the 2020-21 reporting year the Board raised the issue of the uncertainty of healthcare presence at GOoD boards. There has been improvement (see 5.2.11).

The Board will continue to monitor.

- 6.1.6 Between 1 November 2021 to 31 October 2022, healthcare received 162 direct complaints. Evidence suggests complaints were at a similar level comparing this monitoring year to the previous. In both 2021 and 2022 the healthcare service acknowledged 100% of prisoner complaints within three days. Healthcare states 100% were answered on time this year.
- 6.1.7 The largest category of direct complaints to healthcare again remains medication and prescriptions. Prisoners complain as a result of having to wait for the GP summary to arrive in order to facilitate prescribing. Issues arise when a prisoner does not bring a prescription that can be verified, or if they are not registered with a doctor. For safety reasons two sources of evidence are needed to prescribe. Prisoners are also frustrated if they have been prescribed a medication in the community that is tradeable within the prison, in which case alternative medication will be prescribed. If a prisoner is displaying symptoms the GP or advanced nurse practitioner can prescribe. Sometimes medication has been prescribed in reception, but the pharmacy has closed, and medication is then dispensed the following day.

The Board will continue to monitor.

6.2 Physical healthcare

6.2.1 Durham has inpatient provision of a staffed healthcare centre with six hospital beds. Durham's status as a reception and resettlement prison continues to present problems owing to the constant high churn of prisoners entering and leaving the prison. The numbers arriving late in the day means that not everyone will not receive an initial healthcare screening before moving to the first night centre. This necessitates screening the following day.

6.2.2 In March 2020 (the start of the first lockdown) the prison had a higher figure for secondary screening within seven days, rising from 8.9% in April 2019 to 54.1% in March 2020. Screening started again in June 2021. The average percentage of men receiving secondary screening from June to October 2021 was 7.05% – lower than 2019 figures. Figures appeared similar until the first quarter of 2021; however, work had been done in reception around the digital first night screening template allowing the advanced nurse practitioner to have a forewarning of medical issues. Access to the digital access record allowed early access to records and a heads up if a prisoner had a SASH warning. Nurses are in reception until 9pm, with access to a clinical on-call service. From the middle of 2022 great gains were made with a dedicated nurse following up the screening.

Month	Secondary screening within 7 days
November 2021	6/0.1%
December 2021	22/6%
January 2022	30/7%
February 2022	25/6%
March 2022	77/16%
April 2022	52/13%
May 2022	22/5%
June 2022	52/14%
July 2022	266/57%
August 2022	269/56%
September 2022	322/82%

6.2.3 Covid-19 restrictions meant patients were reviewed virtually and were not seen face-to-face unless identified by a clinician. Consequently, in November 2021 waiting times to see a doctor or advanced nurse practitioner was 69 days. In July 2022 it was down to six days and subsequently, has not exceeded 10 days. In June 2022 the system changed so that prisoners were not put on a waiting list but triaged straight away. It has taken several months to recover from the backlog.

6.2.4 Under Covid-19 restrictions, dentists only saw certain patients, identified through triage, and other services were limited. In November 2021 the waiting

list was 210 days. In February 2022 it was 259 days. In the May local delivery board it was stated that there was hope that issues around air exchange could be resolved and treatments resumed. However, dental waiting lists have made no real improvement in 2022 with lists increasing during early months. In September 2022 the waiting list was 203 days with 211 prisoners on the waiting list by 24 October 2022. Dentists are allocated one day per week to see up to 11 men. With this allocation, how is it possible that the waiting list can be reduced? In addition, as HMP Durham is a reception prison, the churn of men is high. Therefore, the waiting time for dental appointments interpreted as 'not urgent' has meant that prisoners can wait months for treatment within Durham, be transferred and then face another waiting list on transfer to a different prison. The Board remains very concerned about dental provision.

The Board will continue to monitor.

- 6.2.5 Spirometry for chronic obstructive pulmonary disease has not been able to take place because of Covid-19. Routine diabetic care is provided by Spectrum. Specialist nursing is provided by CDDFT. The current situation is that patients with lung diseases are treated externally at hospital. However, one of the pharmacists has developed a speciality in respiratory cases and reviews patients and their condition. He is working closely with the community to provide further prescribing capability to enhance the current service. At the beginning of the year there was a rise in complex cases allowing the prison to display good evidence of multi-disciplinary team working.
- 6.2.6 Last year prisoners complained about not knowing where to go to get a repeat prescription on release. On planned release nurses in reception see the prisoner about medication. Contact is made with prisoners pre-release to try to support this, but the difficulty remains if a prisoner is released direct from court and the prison has no knowledge of the man's intended destination. If they are notified, for example if the release has been via a video-link, and are aware of destination, then the prison can notify a GP to prescribe. The prison has been involved in a quality improvement initiative to improve the number of released men receiving medication within seven days. The target of 95% success has been met since June 2022.
- 6.2.7 Pharmacy has been involved in several initiatives to improve the men's experience in line with community provision. The team has expanded. It is also undertaking work on pain management to ensure safe medication and management of patient expectations.
- 6.2.9 Since 2020 healthcare and duty managers have worked closer together to gain an understanding of healthcare decisions that require a prisoner escort. Healthcare staff are also in communication with doctors concerning a patient requiring a bed watch. The July local delivery board minutes evidenced that telephone appointments are maximised where possible to reduce the numbers of prisoners going to hospital and that all urgent cases were staffed. Planned escorts to hospital have increased as Covid-19 regulations have been removed. However, the prison did suffer a Covid-19 outbreak in late

spring/early summer. In December 2021 and August 2022 emergency escorts were high. There is no theme or trend that can explain these peaks.

6.2.10 Other screening programmes are undertaken at HMP Durham as well as Covid-19 vaccination, for example bowel cancer and chlamydia screening. Covid-19 vaccinations and boosters have been offered in line with community timings, and the age and vulnerability of the prisoner, but as in the community not all men accepted the invitation to be vaccinated. By the end of October 2022 about 100 men had had Covid-19 vaccinations in the autumn campaign and the same was true of the flu vaccine.

6.2.11 There has been one death by natural causes and one palliative death within the reporting year. Regulations have changed to include a coroner's inquest into deaths occurring within 14 days of a prisoner leaving prison. One note of investigation was announced at the end of October 2021 and another in September 2022.

6.3 Mental health

6.3.1 Through monitoring and observation in the prison, the Board is satisfied, overall, that prison staff care for prisoners with respect and dignity and are mindful of their mental health.

6.3.2 The mental health team has suffered issues of staffing and vacancies throughout the year. The new model focuses input into both urgent and planned care caseloads through separate staffing arrangements. In August 2022 the urgent care approach was still being embedded. A new manager of the mental health team took up post at the start of the year but was on sick leave by the end of the monitoring year. Consistent communication has been excellent with staff in the prison but has proved difficult externally. Information has been derived from the minutes of the safer prisons team meetings.

6.3.3 Issues deemed to have the biggest impact upon delivery are waiting times to see practitioners and psychiatrists; staff stress with high caseloads; and the reluctance of GPs to prescribe medication for mental health. The average wait for planned care was three months mid-year.

	Average monthly mental health referrals
2018/19	350
2019/20	440
2020/21	325
2021/22	270

6.3.4 At the start of the year the mental health team was receiving short notice to attend ACCT reviews. In November 2021 they attended 115 reviews. No further figures have been provided, despite requests. They now attend the morning meeting to allow improved time management. The team has raised awareness with prison staff on a training day to reduce the perception that

their main work is attending ACCT reviews. No data has been provided regarding the number of ACCT reviews the team attended.

- 6.3.5 The mental health team is now present in reception. Prisoners are triaged according to priority, and the mental health team responds accordingly if urgent care is required. Medication is prescribed by GPs and advanced nurse practitioners, or via external support if neither are available. GPs have been found to be reluctant to provide medication without access to a psychiatrist. This is not the case in the community. This leads to increased waiting lists to see a psychiatrist. Psychiatrists come in sessionally. The longest waiting time to see a psychiatrist is 24 weeks. Most are seen earlier.
- 6.3.6 On exit, prisoners with a planned release are discharged with medication and if they are willing, to the community mental health teams, or discharged to their GPs.
- 6.3.7 Mental health workshops have returned, with workshops on, for example, emotional regulation; anxiety; mood disorder; and hearing voices. From the start of August, they have been able to mix prisoners from different wings, which facilitates greater opportunities for workshops and cuts waiting lists for one-to-one therapy. Prisoners could wait up to 18 weeks for one-to-one therapy. It is hoped these workshops will reduce the waiting times for planned care.
- 6.3.8 The ISU was opened in 2017 and in October 2022 celebrated its 5th Anniversary. This 11 bed unit is a regional asset. The unit has a very clear vision statement with an overarching aim to promote patient safety by providing comprehensive clinical assessments, observations and therapeutic engagement of patients with acute mental health needs, who may require referral and treatment in hospital under the Mental Health Act. The service is delivered by a multidisciplinary team of Mental Health professionals along with a bespoke team of prison officers. In September 2022 the unit was awarded the NEPACS Ruth Cranfield award for Good Practice in Rehabilitation. The HMP Durham ISU team were highly commended for their work providing excellent patient care for challenging individuals throughout the pandemic. The Board regularly engages with the patients in ISU and consistently receives glowing testimonials in relation to the level of support made available to them.
- 6.3.9 The unit runs at 100% capacity. It housed 49 patients in the reporting year. i.e., 11.7 weeks was the average length of stay. The outcomes for these patients were as follows:

Outcome	Number of patients
Patients released into the community from ISU without the need for detention under the MHA	13

Patients transferred back to main location at HMP Durham and receiving prisons who were fit for discharge and no longer required assessment/treatment.	25
Patients transferred to secure hospital under the Mental Health Act.	11

6.3.10 Covid-19 has also presented challenges to the staff in the ISU as group interventions were suspended, with staff delivering one-to-one support. All patients who have required face-to-face contact have had this maintained, with urgent work prioritised. Resources and materials, including distraction, psychoeducation and information, are regularly sent to prisoners

6.3.11 The ISU and mental health team utilise a social worker to support with social care needs.

The Board will continue to monitor.

6.4 Social care

6.4.1 HMP Durham works with Durham County Council in terms of social care assessment and provision. The prison does not naturally lend itself to accessibility needs and social care. Currently there are 12 cells with wheelchair access, which includes six in the healthcare center. Some cells have en-suite facilities: the prison, however, is short of disability cells. Healthcare provides support if there are issues of accessibility on the wings. The prison has no buddy system, with prisoners trained to support other prisoners, but healthcare deploys support workers from their own staff to support individual men. Within the monitoring year two prisoners were supported within the wings to shower.

6.4.2 Individual needs are assessed in reception and determine whether a personal emergency evacuation plan is required. In reception men declare their disabilities to nurses which leads to social care referrals and interventions which are followed up at secondary screening. Complex needs are identified, and men placed on a care plan. The complex needs register is monitored and managed through monthly multi-agency meetings, resulting in an action-plan for patients. A MacMillan lead nurse works with palliative care patients. As on 18 October 2022 there were 18 such men.

6.4.3 All first night declarations are triangulated and verified. A snapshot on 11 May 2022 evidenced 158/935 men with declared disabilities (17% of the population) and as of 27 October 2022 103 men declared a disability, out of a roll of 960 (11% of the population). Not every disability requires social care support.

6.4.4 Most of the social care assessments are carried out by the occupational management care lead from Durham and Chester-Le-Street's locality team. Physiotherapy staff provide mobility aids, and Durham social care provides equipment such as hoists and slings, and occupational therapy aids such as

cutlery. Work is currently taking place to see if the prison can contain a 'P store' which would contain mobility aids, rather than staff having to order them in.

- 6.4.5 In March three men had a social care package and in May one prisoner required a formal social care package on the residential unit and two prisoners in healthcare required healthcare assistance for social care needs.

6.5 Exercise, regime

- 6.5.1 The regime has continued to be affected since the onset of Covid-19 in the last monitoring year, with slow recovery this year, despite a national exit from restrictions in May 2022. On a daily basis all prisoners have access to showers, wing kiosks, servery, and exercise. This amounts to approximately three hours per day unlocked. On top of that those engaging with work or education would be unlocked as necessary. Prisoners also have access to gym sessions of approximately 40 minutes. The frequency of these sessions is determined by incentives scheme status and engagement with work and education.
- 6.5.2 Structured on-wing activity – even though Covid-19 restrictions have been removed, wing association as known in pre-Covid times has not returned. The prison has been reviewing the options for structured on-wing activities but as yet nothing has been implemented. The Board looks forward to commenting on this aspect of the regime in next year's report.

The Board will continue to monitor.

- 6.5.3 New prisoners coming into HMP Durham have experienced reverse cohorting to limit the risk of infection; however, the prison has had outbreaks during 2022, and through mass testing and prison policy quickly brought them under control. The prison was under the OCT from January to April 2021, and evidenced outbreaks in June and July 2022. During the lockdown, exercise for prisoners on the wings was suspended. Persuading prisoners to return to work and education has been a barrier as men have become reluctant. The prison has had to revisit incentives to encourage men to return to work and education. The current focus is on purposeful activity as opposed to association as it was hitherto understood.
- 6.5.4 Lockdown has had an impact on prisoners' ability to exercise in the gyms. Prior to Covid-19 the gym averaged about 235 prisoner hours per day, which is about 3,055 per month. This drastically changed, but has seen some recovery this monitoring year, except for Covid-19 outbreaks in the prison. As HMP Durham is a reception prison with a high churn, there is high demand for gym inductions in order to access the gym.

Month	Daytime prisoner PE hours	PE induction prisoner hours
November 2021	1,445.25	91.5
December 2021	1,503.75	106.5
January 2022	0	0
February 2022	103.5	0
March 2022	863.25	35
April 2022	2,184	45
May 2022	2,757.75	252.75
June 2022	2,631.25	158.75
July 2022	2,569.25	382.25
August 2022	3,854	170.75
September 2022	2,078.25	63.25
October 2022	3,099.50	436.75

6.6 Drug and alcohol rehabilitation

- 6.6.1 The Board continues to be impressed by the work of the drug and alcohol recovery team (DART) with prisoners in HMP Durham. DART staff are proactive in engaging men from reception and supporting them until they leave the prison. They have had a very strong impact. DART workers carry heavy caseloads in a prison with a high churn. DART attempts to contact all men who have requested to be seen by non-clinical DART staff in reception within 24 hours (excluding weekends) as part of the initial induction process. During Covid-19 restrictions, initial contact was attempted via in-cell telephones or by speaking to the prisoner through his cell door. The lead practitioner attends the SACU to see men who are located there due to the secreted items policy. DART staff attended ACCT reviews when requested.
- 6.6.2 During lockdowns, DART supported men through telephone contact, packs of materials, and encouraging the use of prisoner applications on the kiosk. These practices have continued alongside the reintroduction of group work, not always possible during the pandemic. Groups cover, for example, harm reduction; overdose awareness; support for narcotics and alcoholics. DART, alongside other health services has been affected by staff shortage and staff absence and vacancies. Prisoners, however, continue to receive very good face-to-face and in-cell support.
- 6.6.3 HMP Durham is part of an accelerator project to reduce reoffending, concentrating upon education, employment, accommodation and substance misuse. HMP Durham is the lead for substance misuse. What started out as a pilot has led to roles becoming substantive and staff sharing good practice externally. Their impact has raised staff knowledge by men sharing their story with staff, which has been effective in breaking down barriers and increasing staff knowledge; posters and leaflets on wings; and staff training. They have also improved prisoner knowledge by supplying and playing videos via in-cell

screens and published communications from Spectrum, included in the in-cell education packs.

- 6.6.4 A new supportive adjudications policy has been introduced aimed at those prisoners who have tested positive on an MDT or are found in possession of hooch, to offer engagement with DART without a punishment if the prisoner fully participates. Security and DART have focused on how both departments can work closely together regarding throw overs and also with the three aims of reducing supply, reducing demand and building recovery.
- 6.6.5 Finance from the accelerator project has led to the appointment of a 0.5 full-time equivalent Band 7 worker from healthcare to be based in the SACU (with the other half of the post supporting healthcare and training) and a similar allocation for a mental health worker. Neither have yet taken up post, although the nurse has been appointed. It is hoped this post will have an impact on improving healthcare attendance at GOoD Boards.
- 6.6.6 Processes in reception have allowed all unplanned releases to be offered naloxone on release if they are opiate users. HMP Durham is part of a national project where intranasal naloxone is supplied to areas of the establishment. Naloxone awareness videos have been created and played via Wayout TV. The impact of the programme is reflected in the percentage of men taking kits on release: for example, in February 2022 the take-up was 81% and in July 2022 63%.
- 6.6.7 Men making positive progress on their recovery path are celebrated and on 25 May 2022, a former prisoner and addict attended HMP Durham and conducted a motivational speech for 11 service users.
- 6.6.8 DART focus groups were utilised well to discuss topics such as overdose, naloxone, young adult prisoners and disengagement with services, as well as a 'you said, we did' focus. DART has responded to suggestions such as support for veteran prisoners. There is evidence of improved communication and improved staff awareness of the DART services. Group attendance is high: for example, in December 2021 attendance was 98%, in May 2022 95% and in August 2022 97%.
- 6.6.9 The non-clinical DART had a caseload of 390 prisoners in October 2020, compared with 437 in 2019. Referrals to DART in 2022 were higher again, with figures reaching 571 in August.

6.7 Soft skills

- 6.7.1 A chess club was started in September this year. It runs on Tuesday afternoons in the library.

7. Progression and Release

The model of delivery for work and education is based on 'recording and reporting progression' (RARP).

- Education: individual learning plans
- Industries: progression in workshop booklets introduced this year
- Prison work: record progression and delivering qualifications on employability skills. Within prison work (cleaners, red bands, painters, barbers), there are employment coaches. These are provided by People Plus.
- For every prisoner in work or education in HMP Durham, their employability skills are recorded. The IMB has observed that the model of delivery for work and education constitutes purposeful activity.

Last year, the Board was concerned that prisoners chose not to attend work/education, preferring to access wing regime (showers, access to kiosks) instead.

This year, attendance at purposeful activity is as follows: 1 April – 30 September 2022: 50.3% (year to date).

This low attendance figure remains a concern to the Board.

7.1 Education, Library

7.1.1 Education in HMP Durham is delivered by Novus via the prison education framework (PEF). The model of education and work focusses on 'engagement and employability skills'. It is based on five core principles: teamwork, communication, self-management, problem-solving and presentation. Currently, Novus has 34 members of staff. There are three vacancies.

There are no outstanding contractual issues.

7.1.2 To maximise places, all education is offered on a part-time basis. This year, education was provided face to face. During instances of lockdown education reverted to a blend of in-cell and face to face teaching. This turbulence to some extent impacted adversely on prisoner outcomes.

7.1.3 The backlog of personal learning plans (PLPs) remains a concern. PLPs establish a prisoner's starting level and outline the education plan for that individual whilst in custody. At the end of August 2022, there were just under 500 outstanding PLPs. This amounts to just over 50% of the prison population. A regional directive in September 2022 from HMPPS, requested that Novus focus on completing PLPs for all new arrivals to the prison instead of attempting to clear the backlog, there was still a backlog of 314 plans. This remains a concern to the Board.

The Board will continue to monitor.

- 7.1.4 The Board has observed a variety of methods in the delivery of education e.g. Wayout TV, Way2Learn, in-cell telephony and kiosks; rapid screeners for LDD prisoners; and intensive support from tutors. SENCOs engage with prisoners in the segregation unit and those known to self-isolate. There are two peripatetic tutors, one for English for speakers of other languages (ESOL) and one for maths and English.

The Board will continue to monitor

- 7.1.5 Novus introduced accreditations and qualifications on 1 October 2021. In the previous year there were 26 qualifications achieved in functional skills (maths and English). The Board is pleased to see that in this current year a total of 176 successful qualifications were achieved as evidenced in the following table:

Course	Successfully completed
Barbering	12
Customer service	46
English	15
Social enterprise	10
ESOL	8
IT	51
Maths	23
Think lifestyle	11
Success rate	98% (achieved accreditation) 1 failed level 2

- 7.1.6 A major concern this year has been allocation and the low levels of prisoner attendance in education. Typically allocated capacity compared to planned capacity has run at 80%. However, more worryingly, the attendance rate is typically 50%. Notwithstanding spikes in Covid-19 and prison lockdowns, the Board has also observed other factors that have impacted adversely on prisoner outcomes in accessing education.
- The activities hub is responsible for allocating prisoners to activities, which include work and education. The hub lost experienced members of the team this year and has had to train new members of staff.
 - An inaccurate unlock list of prisoners allocated to education has not helped in getting the correct prisoners to the right place at the right time for education.
 - Newly appointed discipline members of staff are getting to grips with their role of physically unlocking prisoners in good time for education/work.
 - The learning and skills CM vacated his post in October 2021. There has been no replacement this year, resulting in partial loss of operational oversight.

The Board has observed the combination of these factors, which have significantly contributed to the low levels of prisoner attendance to education.

- 7.1.7 On 4 September 2022, a head of education, skills and work was appointed. This is a 12-month appointment, funded through the accelerator project. The impact and outcome of this appointment will be monitored and evidenced in next year's annual report.

The Board will continue to monitor.

- 7.1.8 A new special education needs co-ordinator (SENCo) was employed by Novus. The SENCo works with the industries staff to support those with learning difficulties and disabilities (LDD). Learner support is provided through joint working between prison staff and other organisations and services, including mental health, healthcare, safer custody, probation, and family support. Learners with LDD needs are supported by a learning support plan, enabling the prisoner to develop skills and knowledge at the same pace as peers by adapting ways of working.
- 7.1.9 Access to and engagement with education from across the prison population is evidenced by the uptake and successful completion of courses by the different cohorts of prisoners. This is depicted in the table below. Alongside the increased number of successful qualifications, this is a positive outcome this year.

Prisoner cohort	Numbers started	Numbers completed	Numbers achieved	Success rate	Numbers outstanding
18–21-year-olds (YAs)	123	101	100	99%	1 awaiting result
LDD	415	317	312	98%	5 awaiting results
Other adult men	871	721	713	98%	1 failed, 7 awaiting results
Over 50s	Not available	100	99	99%	1 awaiting result

The Board will continue to monitor.

7.1.10 Library

	Physically attended	Remotely accessed	Total attendance
April 2022	65	262	327
October 2022	487	293	749

Face-to-face prisoner access to the library recommenced on 21 March 2022. Since then, the direct usage of the library has increased significantly. The number of prisoners who choose to access remotely remained steady throughout the year. All wings utilise the library. No wing has been identified as having disproportionate over- or under-usage of the service. A mobile library service continues to operate on a Tuesday afternoon. This service

caters to the 'hard to reach' group of prisoners, such as those with mobility or mental health issues (prisoners on I wing).

- 7.1.11 The library service supported prisoners throughout the year and the Board observed the diligence and dedication of library staff. This resulted in positive outcomes for prisoners in HMP Durham.

7.2 Vocational training, work

- 7.2.1 There are 24 wide-ranging vocational activities available in the prison. Some of the most recent additions are barbering and Think Lifestyle.

	Typical number of activity spaces	Activity spaces as a percentage of population
Pre-Covid 19	733	75%
31/10/2021	478	49%
31/10/2022	606	62%

Year on year there has been an increase in the number of activity spaces but disappointingly these only provide opportunities for 62% of the population compared to the pre-Covid level of 75%.

The Board will continue to monitor.

- 7.2.2 The appointment of wing cleaners before security and health and safety checks are completed remains a concern to the Board. The Board has raised its concern to senior management on several occasions this year

The Board will continue to monitor.

- 7.2.3 New Futures Network (an HMPPS employment service) is now working off-site.

7.3 Offender management and progression

- 7.3.1 There are no offender assessment system (OASys) backlogs of any significance for prisoners in HMP Durham this year. On occasions, there may have been prisoners from out of area (including the Scottish prisons) who may have arrived in Durham with outstanding OASys assessments. As a reception prison, the offender management unit (OMU) in HMP Durham is not mandated to complete OASys. Nevertheless, the OMU undertakes OASys and sentence planning for prisoners who remain for six weeks or longer in the prison. There is an expectation that OASys assessments are completed within 10 weeks of sentence for prisoners sentenced to 10 months or more and within 16 weeks for life sentences. Reviews are conducted annually for a standard prisoner and three-yearly for prisoners on a life sentence or if there is a significant change in circumstances. Reviews are conducted by the community offender managers (COMs).

- 7.3.2 The OMU is fully staffed by POMs (prison offender managers). There are still a few vacancies in the administration department. Prison POMs answer all prisoner queries on the kiosks. This was previously undertaken by the probation POMs. Staffing numbers have improved and consequently there are no backlogs in sentence calculations this year.
- 7.3.3 This year the OMU has started POM clinics on all wings apart from the first night centre, segregation unit and healthcare centre. These clinics take place on the residential wings between 10am–11:00am. Prisoners have direct access to the POMs. The POMs contact the prisoners personally within a week post-sentence. This is a good initiative which has been welcomed by the prisoners and the Board.
- 7.3.4 The second stage of the offender management in custody (OMiC) model was fully implemented in March-April 2020. The OMU has implemented best practice in advocating that POMs make three face-to-face visits with sentenced prisoners within the first 12 weeks in custody. In-cell telephony is now a back-up option only in the event of wing lockdowns due to Covid-19. The OMU provides training for key workers but the responsibility for delivering key work to prisoners lies with the residential discipline staff.

The Board will continue to monitor.

- 7.3.5 There are no offending behaviour programmes at HMP Durham. The OMU identifies the programmes needed for the prisoners' progression and then works with the receiving prison to try to facilitate the prisoners' needs. The Choices and Changes programme is delivered to the under-25s by key workers. This is not always taken up or delivered routinely due to the availability of key workers.
- 7.3.6 There are currently eight prisoners serving imprisonment for public protection (IPP) sentences in HMP Durham, of whom 6 are on licence recall. IPP prisoners arrive at HMP Durham at different stages of their sentences or as recalls. The public protection casework section (PPCS) is in charge of IPP prisoners on recall to Durham. It is usually the case that IPP prisoners are transferred out from the prison before the involvement of PPCS. The following table evidences the reasons for IPP prisoners held in HMP Durham and their admission dates:

Reason for custody in HMP Durham	Date of admission to HMP Durham
Transferring to Scotland	03/11/22
Held on immigration matters	30/09/22
Category D failure, parole hearing in HMP Durham	27/04/22
Waiting for transfer, vulnerable prisoner spaces few and far between	31/08/22
Currently on further charges	14/06/22
Category D failure, parole hearing at HMP Durham	03/03/22
Waiting for transfer, vulnerable prisoners on main location can be challenging to move	16/07/22
Waiting for transfer, vulnerable prisoner spaces few and far between	14/10/22

7.3.7 There are no prisoners on release on temporary licence (ROTL) or home detention curfew (HDC) this year.

7.4 Family contact

7.4.1 Prisoners continue to have access to in-cell telephony for contact with family, in addition to the e-mail a prisoner service and general mail access for prisoners. These are handled by the prison's censor's department. For those without visitors, HMP Durham has introduced the Official Prison Visitors scheme (OPV) from 24 October 2022, facilitating monthly visits to prisoners.

7.4.2 NEPACS was contracted for booked visits until 30 September 2022. Prisoners requested visits via the wing kiosks, then NEPACS would arrange the visit. There were significant problems in booking social visits and social video calls as evidenced in last year's report.

7.4.3 From 1 October 2022, visits are now handled by a national call centre, with a simpler booking process. Initial feedback from the CM for the new visits booking process has been very positive.

7.4.4 The table below (as of 5 October 2022) sets out prisoner entitlement to visits, determined by their incentives scheme status:

Proposed privileges	Basic	Standard	Enhanced
Visits per week	<u>Unconvicted</u> 3 X 30-minute sessions	<u>Unconvicted</u> 3 X 30-minute sessions	<u>Unconvicted</u> 4 X 30-minute sessions
	<u>Convicted</u> 2 X 30-minute sessions	<u>Convicted</u> 2 X 30-minute sessions per month	<u>Convicted</u> 4 X 30-minute sessions per month

- 7.4.5 Social visits and social video calls are held daily on weekdays (am and pm), with the exception of Mondays and Fridays when visits are only in the morning.

The Board will continue to monitor.

- 7.4.6 Social video calling remains an offer and not an entitlement, as an additional method of contact and not a substitute to face-to-face social visits. The current offer enables one free 30 minute video call per prisoner per month.

At the end of this reporting year, there were 110 FNP's in HMP Durham, in addition to a cohort of 'out of area' prisoners who do not receive social visits because of distance from family. This is a concern. However, we are now aware that additional calls at the Governor's discretion may be granted in certain circumstances. In the reporting year 2022/23 the Board will look to monitor where this discretion has been exercised.

The Board will continue to monitor.

- 7.4.7 NEPACS runs the visitors centre to support families to ease the visits process. NEPACS has just had the families and significant others (FSOs) contract renewed for five years. The team offers support and advice (both practical and emotional), and sign posts families to more specialised agencies if required. The team also links with Citizens Advice, the NEPACS helpline and the NEPACS early days in custody worker. It inducts new visitors with a 'first-time visits talk' and pack; provides assisted prison visits; provides family support work; runs a NEPACS youth project; provides help in accessing social video calls; and follows up with new visitors to see if there is any further help that can be offered.

- 7.4.8 During visits, the play team has activity packs made up that the children can take back to their tables. Children are also given activity packs and care teddies after a visit. They fundraise to raise funds for toys and crafts for the visitors' centre and craft packs. The Board has observed the enthusiasm and good work of NEPACS staff in delivering positive outcomes for prisoners in HMP Durham.

The Board will continue to monitor.

- 7.4.9 The visits hall is clean, well maintained and there is a soft play area for children under six.

Vulnerable prisoners (VPs) are brought into the visits hall separately from other prisoners, and staff remain vigilant regarding the safety of the VPs throughout the visits process.

In October 2022 we started to receive feedback from prisoners that the range of refreshments available in the visits hall had deteriorated i.e., no hot options available and no healthy options available for children.

The Board will continue to monitor.

7.4.10 The family support worker left HMP Durham in January 2022; the position was refilled in July. In September 2022 an early day in custody officer was appointed from NEPACS. The Board has observed the diligent working of early days intervention and their support to prisoners during the first 14 days in custody, and the subsequent support provided by the family support worker, who continues to support prisoners in all family-related matters. There are extended family days available to prisoners on enhanced incentives scheme levels. Since May 2022, father and child visits have been reinstated, with a new initiative, Storybook Dads, starting in November. Family interventions are part of the family and significant others strategy (published June 2022), overseen and actioned by the head of reducing reoffending. The Board has monitored and observed his meetings.

The Board will continue to monitor.

7.4.11 The early days in custody project is now in its final year of three, due to end in March 2023. The Board believes this is a risk to prisoner outcomes should funding come to an abrupt end. The 'first 14 days in custody' assistance is critical in providing stability and support to prisoners, particularly for those new to prison

The Board will continue to monitor.

7.4.12 Storybook Dads is due to start on 14 November. The library manager is also working on Raising Readers. This is a distinct but separate programme designed to promote family links.

7.5 Resettlement Planning

7.5.1 The through the gate team has transitioned into the resettlement/pre-release team. A senior probation officer (SPO) oversees a team of eight staff based in HMP Durham. The SPO is also responsible for the team at HMP Northumberland. A reduction in staffing from 12 has resulted in fewer staff this year, and there is also understaffing: staffing numbers are running at about 60-70% of complement. The SPO has reassured the IMB that prisoner outcomes this year have not been compromised by staff shortages and the Board itself has not identified any issues directly related to staffing levels. Nevertheless, ongoing staffing shortages in itself carries a risk.

The Board will continue to monitor.

7.5.2 Last year, the Board raised concerns in its annual report at the high number of unplanned releases from HMP Durham. Unplanned releases are those prisoners that are released from court due to time served (after sentencing) or due to being found not guilty. These are prisoners who have not had the support of the Probation Service whilst in custody because they were on remand. Currently, the community rehabilitation service (CRS) provision for accommodation on release excludes prisoners on remand.

	Jan 21 to Sept 2021	Nov 21 to Oct 2022
Unplanned releases	717	903

- 7.5.3 The Board is concerned that the CRS provision excludes remand prisoners from support for accommodation on release. It has been 16 months since the transition from the CRCs to the Probation Service. Yet remand prisoners continue to be excluded from the CRS provision for accommodation on release.
- 7.5.4 In addition, the OMU cannot evidence or confirm that in these unplanned releases, support is provided by a COM. This carries the real risk that these prisoners are released without accommodation. The Board looks forward to a time when the CRS includes provision for remand prisoners.
- 7.5.5 In HMP Durham, the resettlement team is conscious of this situation. The team works collaboratively with the OMU to mitigate the situation by anticipating those prisoners likely to be released directly from court. In these cases, the resettlement team makes referrals to the finance, benefits and debt service providers in the community.
- 7.5.6 Where the resettlement team is involved in unplanned releases, it has a duty to refer the prisoner (with his consent) to his local authority for accommodation on release.

The Board will continue to monitor.

- 7.5.7 At the end of this reporting year, the short sentence framework has yet to be published. It was due in December 2021. A short sentence is defined as up to a 20-month sentence, with 10 months in custody. A significant number of prisoners in HMP Durham will fall into this category. This framework would provide clarity and lines of responsibility to the resettlement team in supporting this cohort of prisoners. This ongoing delay is unacceptable.

The Board will continue to monitor.

- 7.5.8 The resettlement team continue to fulfil their duty in completing the basic custody screening tool part 2 (BCST 2) within five days of receipt of the BCST part 1 from reception. For all new arrivals at reception, the BCST part 1 must be completed within three days by reception staff. This applies to all low to medium risk level prisoners, whilst the high to very high-risk prisoners are dealt with by the COMs with support from the resettlement team where needed.
- 7.5.9 The resettlement team outsources aspects of their workstream to the CRS as follows:
- Accommodation support provider – Thirteen

For this reporting year, this provision applies only to sentenced prisoners. The Probation Service is expecting a contract variation to include remand prisoners.

The Board will continue to monitor.

- Finance, benefits and debt service provider - Wise, St. Giles
The above provision started on 3 October 2022. Until 31 October this support applied only to sentenced prisoners. As from 1 November 2022, remand prisoners will be included. This will be evidenced in next year's annual report.

The Board will continue to monitor.

- Personal wellbeing service provider – Ingeous
Social inclusion and personal wellbeing with one contracted session in the prison, the rest in the community.
- ETE (employment, training, education)
This is community-based. The Probation Service refers the prisoner on release.

7.5.10 On 1 August 2022, a prison employment lead was appointed to co-ordinate exit services. The lead networks with employment agencies such as Recruitment Junction and Clean Slate Solution, offering prisoners employment opportunities on release. Novus Exit was replaced by Jobs Unlocked Mentoring West Midlands in October 2022. Their role is to identify prisoners within 12 weeks of release and to prepare them for the job market. They started with two members of staff, visiting residential wings, job matching and doing CVs.

7.5.11 Although the through the gate service was not extended by HMPPS, NEPACS continues to offer released prisoners access to charge phones and some release packs with toiletries. Warm, clean clothing and coats (from donations) are provided to released prisoners.

7.5.12 The resettlement team makes additional necessary links with other agencies/providers in delivering overall support to prisoners. Examples of these links are as follows:

- Department for Work and Pensions (DWP)
- Housing and healthcare providers
- NEPACS

Over the course of this reporting year, the IMB has observed that the range of CRS provision has increased.

The work of the IMB

At the beginning of the monitoring year, the Board had 16 members. We have had four resignations, taking us to end of year figure of 12. Of the current complement five are new members; four have just been signed off to visit the prison unaccompanied and the fifth is to attend the new members' course in December. The service profile of the Board are as follows:

Less than 1 year	1
1 to 2 years	4
3-5 years	4
6-10 years	3

We currently have two members on sabbatical giving us an active membership of 10. Board meetings have been held monthly with an average attendance of 79%. The Board's profile is: six female members and six male, one of whom is from an ethnic minority. Two members, one female and one male, are registered disabled. We have engaged with national and internal training to ensure new members are trained and operational. The Board has been very active throughout the year and during Covid-19 outbreaks, whilst ensuring personal safety.

The Board has carried out 588 visits, including 214 visits by new members and their mentors, over the year, including a night visit. All serious incidents have been followed up. All monitoring has been on site. The Board has continued to be assiduous in its monitoring role and has visited the prison for monitoring on 87% of weekdays and 11.5% of weekend days, a combined 240 (65.8%) days of the year. This is an increase of last year's figure of 63%.

Great efforts have been made to continue to develop the relationship with prison staff at all grades and it is fair to say that the Board's independent monitoring role is valued within the prison and its monitoring findings are seen as, whilst challenging at times, constructive towards improving all areas of the prison. The Board has received positive feedback from prisoners, for example individual successes in terms of access to property, medical services, etc. The Board has also engaged for the first time with Lay Observers to the courts who support prisoners, has cooperated with other Boards to deal with transfer issues and has responded in a timely manner to the issues of any family members raised via the Secretariat. The Board believes it provides outstanding value for money.

There is an active monthly training programme for all Board members and wrap-around informal support for new members as well as regular formal training for those new to the role. Unfortunately, we have still not been able to visit other prisons this year, but are in the process of arranging visits for the next monitoring year. At each Board meeting we welcome speakers from various departments in the prison and raising awareness in changes in prison policy.

Board statistics

	At the start of the monitoring year	At the end of the monitoring year
Recommended complement of Board members	15	15
Number of Board members	16 (with 3 on sabbatical, 4 new members)	12 (with 2 on sabbatical)

	2019-2020	2021-2022
Total number of visits to the establishment	435	588 (includes 224 visits by new members and their mentors)
Total number of segregation reviews attended	66	139

Applications to the IMB (including via the 0800 telephone line)

Applications to the Board have risen from 236 in the last reporting year to 336 this year. A partial cause of this is due to the increase of 'on the hoof' applications which account for approximately half. This increase is because of the gradual opening up of the prison after Covid-19, allowing more face-to-face contact between Board members and prisoners.

For the last two years, healthcare has been the most common cause for applications to the Board, and this trend remains this reporting year. Healthcare remains a high priority for Board monitoring.

The second most common cause this year is letters, visits and telephone, which is likely due in part to the continually fluctuating Covid-19 regime throughout the year.

Code	Subject	Previous reporting year 2020-2021	Current reporting year 2021-2022
A	Accommodation, including laundry, clothing, ablutions	22	30
B	Discipline, including adjudications, incentives schemes, sanctions	3	9
C	Equality	8	4
D	Purposeful activity, including education, work, training, library, regime, time out of cell	26	11
E1	Letters, visits, telephones, public protection restrictions	40	49
E2	Finance, including pay, private monies, spends	8	22
F	Food and kitchens	4	10
G	Health, including physical, mental, social care	43	58
H1	Property within this establishment	19	44
H2	Property during transfer or in another establishment or location	8	17
H3	Canteen, facility list, catalogue(s)	3	12
I	Sentence management, including HDC, release on temporary licence, parole, release dates, recategorisation	20	28
J	Staff/prisoner concerns, including bullying	31	28
K	Transfers	2	12
L	Miscellaneous, including complaints system	0	0
	Total number of applications	237	334

In the current year three applications were generated from the 0800 line.

Glossary of terms

ACCT	assessment, care in custody and teamwork
BAME	Black, Asian and minority ethnic
BCST 2	basic custody screening tool part 2
BWVC	body worn video cameras
CAB	Citizens Advice Bureau
CM	custodial managers
CNA	certified normal accommodation
COM	community Offender Manager
CPT	Committee for Prevention of Torture
CRED	clean, rehabilitative, enabling and decent programme
CDDFT	County Durham and Darlington Foundation Trust
DART	drug and alcohol recovery team
DIAT	diversity and inclusion action team
DIRF	discrimination incident reporting form
FNPs	foreign national prisoners
FSOs	families and significant others
GOoD	good order and/or discipline
HDC	home detention curfew
HJIP	healthcare joint initiative partnership
HMPPS	His Majesty's Prison and Probation Service
IPP	imprisonment for public protection
ISU	integrated support unit
LDD	learning difficulties and disabilities
LTCBs	local transgender case boards
NEPACS	North East Prison After Care Society
p-NOMIS	prison national offender management information system
OCT	outbreak control team
OMiC	offender management in custody
OpCap	operational capacity
OPCAT	Optional Protocol to the Convention against Torture and

	other Cruel, Inhuman or Degrading Treatment or Punishment
OPV	Official Prison Visitors
PAVA	pelargonic acid vanillyl amide
PEEP	personal emergency evacuation plan
PEF	prison education framework
PID	prisoner information desk
PLP	personal learning plans
POM	prison offender manager
PPCS	Public Protection Casework Section
PPO	Prisons and Probation Ombudsman
QA	quality assurance
RMP	regime management plan
ROTL	release on temporary licence
SACU	separation and care unit
SASH	suicide and self-harm
SENCo	special educational needs co-ordinator
SPO	senior probation officer
SPOC	single point of contact
UoF	use of force
VP	vulnerable prisoner



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