



Annual Report of the Independent Monitoring Board at HMP Durham

**For reporting year
1 November 2022 to 31 October 2023**

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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. Throughout this time the prison has changed its function several times; the most recent in 2020 from a Reception Prison to a Reception and Resettlement Prison for adult men and young adult men. 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, 75.6%¹ of prisoners were on remand, compared to 62% last year.

HMP Durham, as a Reception and Resettlement Prison, manages men through the courts, receives newly convicted prisoners and facilitates increasingly high numbers of video courts. The impact of Covid-19 on the courts resulted in men facing long stays in the prison as a result of court backlogs, as mentioned in the report last year. This has eased. In October 2022 there were 47 unsentenced prisoners who had been in the prison for over one year. In October 2023 that figure had reduced to 29. At year end 2022, the prison population had turned over 5.6 times and the average length of stay was nine weeks. This year, the churn is six times and the average length of stay has reduced to 8.7 weeks. The average stay for those unsentenced in Durham for greater than 1 year is 602 days (1 year 8 months) and the longest stay is 1,411 days (3 years 10 months).

In 2023 Durham became involved in Operation Safeguard: one of a number of prisons in the North East and Yorkshire receiving men from local constabularies when they are deemed to be too vulnerable to remain in police custody for the night.

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. In this reporting year there has been a 22.6% increase in incidents of self-harm and a 21% increase in the number of assaults, including on staff. The prison has continuously reviewed its working practices in order to address these issues.

The alignment of Durham court's catchment area (Carlisle to North Yorkshire) means the prison normally holds most prisoners close to their home. In the last reporting year, Durham had taken 412 men out of the area; this year, it has taken 570, the vast majority coming from the Scottish courts and the North West.

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 the Tees & Wear Prisons Group. The prison also houses a six-cell healthcare unit.

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 985.

¹ Figures included in this report are local management information. They reflect the prison's position at the time of reporting, but may be subject to change following further validation and therefore may not always tally with Official Statistics later published by the Ministry of Justice.

In the previous reporting year, 2021-22, the prison was still managing post Covid-19 related issues. This reporting year, November 2022 to October 2023, has witnessed that the regime for prisoners has not returned to a pre-Covid experience.

Since December 2022, the prison has been run by an Acting Governor, who received a substantive Governor post in another prison in December 2023. Also, in December 2023, a new substantive Governor was appointed and has taken up the post.

3. Key points

Background to the report

This report presents the findings of the IMB at HMP Durham for the period 1 November 2022 to 31 October 2023. Evidence comes from observations made on visits, scrutiny of records and data, informal contact with prisoners and staff, surveys and prisoner applications (written submissions to the Board). IMB members have physically monitored the prison for the full 12 months.

Principally HMP Durham serves the needs of the courts from Teesside across to the West coast and up to the Scottish borders. However, in this reporting year, there were 570 admissions from out of area.

Unsentenced prisoners:

PRISON ROLL					
	UNSENTENCED		SENTENCED		TOTAL
End Oct 2020	653	72.6%	246	27.4%	899
End Oct 2021	673	69.1%	301	30.9%	974
End Oct 2022	601	61.6%	375	38.4%	976
End Oct 2023	741	75.6%	240	24.4%	981

UNSENTENCED LENGTH of STAY			
	Number	Average No. of days in Durham	No. in Durham for more than 1 year
End Oct 2020	653	105	23
End Oct 2021	673	122	47
End Oct 2022	601	139	47
End Oct 2023	741	101	29

The end of the reporting year saw the prison with the largest number and percentage of unsentenced prisoners in the last 4 years. On a positive note, the average number of days spent in the prison by unsentenced prisoners and the number of prisoners with a length of stay greater than 1 year both fell. The average stay for those unsentenced in Durham for greater than 1 year is 602 days (1 year 8 months) and the longest stay is 1,411 days (3 years 10 months).

3.1 Main findings

Safety

The Board believes HMP Durham has kept the maintenance of safety as a key priority in the prison. The prison generally feels a safe environment, a view ratified by 92% of prisoners surveyed by the Board, compared with 93% last year. However, the Board is concerned about late arrivals to reception, who miss healthcare assessments on their first night. There have been improvements in the delivery of the induction process but further induction improvements need to be made for those

prisoners going directly to the Segregation unit (SACU/Separation and Care Unit) under the Secreted Items Policy (SIP).

The Board is also concerned about population pressures leading to the accommodation of vulnerable prisoners (VPs) in the main body of the prison. Self-harm incidents have increased this monitoring year, from 486 last year to 596, acknowledging the high number of men this year who harmed themselves on a repeat basis. Whilst the Board noted last year's concerns about the completion of the assessment, care in custody and teamwork (ACCT) documents (used to support prisoners who are at risk of self-harm or suicide), 63% monitored this year are incomplete.

The number of prisoner-on-prisoner and prisoner-on-staff assaults has increased significantly, by 21%. Use of force (UoF) by staff has also evidenced a rising trend and the Board has observed a significant rise in the use of an incapacitant spray called PAVA. Nevertheless, the Board remains impressed by the use of de-escalation techniques adopted by prison staff. The Board is pleased to comment on the increased use of body worn video cameras (BWVC) and the use of video-footage evidence in staff training. In the Board's view, the prison is proactive in minimising the supply of drugs into the prison.

Fair and humane treatment

Whilst being satisfied that cells meet minimum statutory requirements, the Board, yet again, is concerned about the level of overcrowding. This renders cells with little privacy and minimal separation between toilet, eating and sleeping; and showering facilities are basic. A wing is of particular concern, with slow programmes of refurbishment. At times throughout the reporting year, furniture, kit and bedding shortages have caused problems for some prisoners. A programme introduced in 2020 to improve accommodation came to a standstill because of staffing and supply issues. Temperature control remains an issue across the prison.

NEPACS (North East Prison After Care Society charity) 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 is satisfied that men in SACU receive a good standard of care, and the internal fabric is maintained to a high standard. Staffing pressures have caused SACU and other areas of the prison such as Healthcare and I wing to go into 'patrol state' (where the prison is locked, with no movement of prisoners) on many occasions. The Board does not consider this to be satisfactory. Staffing has also affected key worker compliance, which is disappointing. Nevertheless, from the Board's observations, relations between staff and prisoners in the prison are good and largely supportive.

The Board is pleased to see a vast improvement in the use of focus groups to consult with prisoners about the nine protected characteristics. (It's unlawful to discriminate against people with protected characteristics, which include gender, age, race, religion, disability and sexual identity.) The Board is satisfied with the treatment of transgender, non-binary and gender-fluid prisoners. Language barriers cause difficulties for foreign national prisoners. Work has been done this year to translate several key documents into a range of languages. Communication on the

kiosk (a self-service computer system, based on the wings, that allows prisoners to manage their daily affairs) remains a barrier, Foreign national prisoners have regular access to the Home Office Immigration Service. The Board remains concerned about men held under the Immigration Act. In the Board's view, the Chaplaincy, in particular, provides outstanding support for this group of prisoners.

Health and wellbeing

Staff vacancies have affected all areas of healthcare provision: general nursing staff; the hospital wing; mental health services; pharmacy; and the work of the drug and alcohol recovery team (DART). There have been vacancies in the healthcare senior leadership team, as well as in the mental health team, with much hard work and effectiveness provided by staff acting up. Prison staffing issues have resulted in healthcare facilities such as the hospital wing and I wing (the ISU, which supports men with mental health issues) being placed in patrol state on several occasions.

Staffing issues have become a barrier to maintaining the regular regime. There remains prisoner frustration about healthcare appointment waiting times, particularly with mental health and dentistry. When prisoners are supported by staff, they speak highly of that support. From the Board's observations, the ISU provides good support for the patients. Staffing issues in DART have led to external support being brought in. Nevertheless, they have provided a range of interventions for prisoners and have assisted a high number of men.

The number of healthcare complaints has reduced this year. However, medication and prescriptions remain the most common theme of complaints to the IMB. The Board is concerned about medical screening for late arrivals. Healthcare screening of prisoners within seven days from Reception is mandatory. Performance in this area has steadily declined throughout the year (6.2.3). The prison's age and design do not lend themselves to support prisoners who are disabled.

Progression and resettlement The prison has faced obstacles engaging prisoners in meaningful activity for a variety of reasons, including that engagement is not mandatory for remand prisoners (those who have been found guilty but are waiting to be sentenced or they are being held until their next court appearance). The backlog of personal learning plans (PLPs) was a concern during the last reporting year and this has not changed. The Board is concerned about the low levels of men attending the careers centre for education assessment. The full reintroduction of face-to-face education, post Covid-19, has also presented challenges, such as staff shortages and course cancellations, for example. Regime curtailment this year has had a negative impact on work attendance.

The Board acknowledges the hard work of the library staff in supporting prisoners. The Offender Management Unit (OMU) has implemented best practice in the support given by Prison Offender Managers (POMs) to prisoners. The Board remains concerned about the lack of visitors for foreign national prisoners and prisoners from out of the immediate area. The early days in custody and the HMP Family support workers are a positive force within the prison. The Board is concerned about accommodation support for prisoners post-release.

3.2 Main areas for development

TO THE MINISTER

- The Board has raised, annually, concerns about the levels of overcrowding and its impact on the dignity of prisoners, but we have received answers offering no hope of improvement. This reporting year, the situation is further exacerbated by the necessity of mixing vulnerable and Mains prisoners on the same wing, due to overcrowding on the vulnerable prisoners' wing. How does the Minister intend to restore dignity to prisoners and ensure the safety of both vulnerable and Mains prisoners? (4.1.7/5.1.1)
- What plans does the Minister have to make tangible and rapid improvements in the availability of accommodation for the planned release of prisoners leaving prison? (7.5.3)
- What plans does the Minister have to support issues that are faced by HMP Durham in the availability of accommodation for the unplanned releases from the courts? (7.5.3)

TO THE PRISON SERVICE

- Prisoners arriving late in the day, en masse, present major issues in processing through reception and often results in healthcare assessments not being carried out. The Board sees this as a major risk. What can be done to smooth out the arrival of prisoners to HMP Durham? (4.1.2/6.2.2)
- Last reporting year, the Board raised the issue of A wing refurbishment, a project initiated at the beginning of November 2022 and still live today. What does the Prison Service intend to do to speedily improve the fabric of A wing and generally improve accommodation across the wing? (5.1.4)
- What plans does the Prison Service have to improve the number of accessible cells for ageing or disabled prisoners? (5.1.6)
- The Board understands that within the soon-to-be-implemented "Joint Care & Separation Units Standard Framework", it is not mandatory for the prison to evidence compliance with the six principles of the framework. Why? (5.2.9)
- Why are vetting processes taking so long? The delay has resulted in some successful candidates for healthcare positions taking other posts whilst awaiting clearance. (6.1.2)
- How does the Prison Service hold to account contractors for education, healthcare, mental health services and drug-treatment support to ensure they have sufficient staff to deliver the contract? (6.1.2/6.3.2/6.6.1/7.1.4)
- What penalties have been imposed when third-party providers have failed to meet their contractual commitments? (6.1.2/6.3.2/6.6.1/7.1.4)

TO THE GOVERNOR

- How will you ensure that all prisoners arriving at reception receive screening by healthcare staff before being moved to the first night centre? (4.1.2/6.2.2)
- What do you intend to do to improve the induction process for prisoners located in the segregation unit (SACU) who have failed the body scanner search in reception? (4.1.6)

- How will you ensure that all healthcare staff in reception have access to SASH (suicide and self-harm) and PER (person escort record) documents? (4.2.4)
- How will you reduce the level of open and post ACCT documents that present with omissions/administrative errors? (4.2.8)
- How will you ensure there are sufficient trained 'Listeners' in, and distributed across, the prison, and that they are given access to prisoners requesting support? (4.2.13)
- How will you ensure that cells are adequately furnished and that new receptions have access to bedding and clothing? (5.1.8 - 5.1.11)
- How will you ensure there are sufficient staff in the prison to maintain the regime and ensure wings such as SACU and I wing are not placed in patrol state because of staff shortages? (5.2.4/6.3.14/6.5.3)
- What plans will be put in place to achieve an improved and sustained delivery of "secondary health screening within 7 days"? (6.2.3)
- What plans will be implemented to reduce the level of "did not attend" for healthcare appointments? (6.2.6)
- There has been a continued issue throughout the year of wing staff allocating work to prisoners before final approval has been given. How will you stop this? (7.2.5)

3.3 Progress since the last report (2021-22)

Issue raised	Response given (precis)	Action taken
To the Minister		
The Board continues to be concerned by the level of overcrowding and its impact on the dignity of prisoners. We ask again what, specifically, for HMP Durham, can be done to alleviate this problem?	Although not desirable, accommodating two prisoners in a cell designed for one remains necessary in order to accommodate all in custody until the prison population growth slows. There are no current plans to alter the prisons operational capacity to facilitate maintenance projects. In respect of CSRA (cell sharing risk assessment), HMP Durham fully applies the appropriate policy.	No action to increase capacity in Durham or reduce cell sharing. Numbers classified as high risk for cell share continues to outstrip single-cell availability.
The Board continues to be concerned by the increase in time that unsentenced prisoners are spending in HMP Durham. The Board	Investments have been made to increase the number of cases able to be heard by up to 250 per year. HMP Durham is working proactively with	Number of unsentenced prisoners increased from 601 at end of 2022 to 741 at end of 2023. However, number of days spent in Durham dropped from

awaits the Minister's response on what else can be done to reduce the backlog in criminal cases and hence reduce time on remand	HMC&TS (HM Courts & Tribunal Service) to identify unsentenced convicted prisoners to enable cases to be reviewed in a timely manner and sentencing processes to be progressed.	139 to 101 in the same period.
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?	There are no plans to reduce the population of HMP Durham to allow refurbishment.	Refurbishment of A wing continues, slowly. Project expected to be completed in early 2026.
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?	Entitlement is one 30-minute call per month. Additional calls are at the Governor's discretion. Work is underway to better understand how social video calling best fits in prisons alongside the established contact on offer.	The Board has evidenced the use of Governor discretion, which is particularly useful with the numbers of foreign national prisoners and out of area prisoners the prison has accommodated.
What can be done to give remand prisoners access to probation services prior to release?	In December 2022 the CRS accommodation services were extended to provide a service to those on remand. This became available in January 2023. Those released as time served with a licence are able to access this service. There is an embedded pre-release provision delivered by the Probation Service that provides support for all those released.	No update for the current year. The Board will pursue in 2023-24.
How does the Prison Service intend to address	There is a contractual agreement in place which assumes clinics start and	At the end of the reporting year the waiting time for a dentist's appointment was

the dire issue of access to dentistry?	end on time and all slots are filled and attended. NHS England has committed to an additional 320 dental appointments in Northeast prisons to reduce the waiting lists. It has been noted that waiting lists have been reduced to six weeks for initial treatment in December 2022 and urgent care are seen within 24/48 hours.	165 days, as reported in the December minutes of the Local Delivery Board meeting, although urgent slots are available.
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 moved under the secreted items policy?	<ul style="list-style-type: none"> This will be managed via a number of measures including: Data will be reported and scrutinised daily with regards to the number of prisoners requiring and receiving inductions. This will be reported at the daily morning briefing and any gaps will be looked into to gain an understanding of what has happened to delay the process and to ensure this is then immediately followed up. The secreted items policy is updated to reflect the requirement for an initial induction. A B4 supervising officer will be allocated to and deployed to manage the segregation unit on 	<p>The Board has evidenced that Inductions delivered including those in SACU are reported at and reviewed at the Governor's daily meeting.</p> <p>B4 now in place to support the head of residence in managing SACU.</p> <p>The Board has evidenced the introduction of an evening shift in reception to improve prisoner processing.</p>

	<p>a daily basis, drawing this resource from elsewhere in the residential profiles and providing a more consistent managerial presence which will support assurance processes.</p> <ul style="list-style-type: none"> • The prison will trial a twilight shift which will allow greater time for the completion of some tasks in the reception area on a busy evening and support staff staying later in the prison to deliver key tasks such as the initial induction/first night information. 	
How will you ensure that all prisoners in reception receive healthcare screening before moving to first night centres?	<p>Data will be reported and scrutinised daily with regards to the number of prisoners requiring and receiving first night health screening. This will be reported at the daily morning briefing and any gaps will be looked into to gain an understanding of what has happened to delay the process and to ensure this is then immediately followed up. The prison will trial a twilight shift which will allow greater time for the completion of some tasks in the reception area on a busy evening and support staff staying later in the prison to deliver key tasks such as enabling the healthcare team to deliver first night screening.</p>	<p>No evidence in the data from the Governor's daily meeting regarding the number of prisoners moving to the first night centre (FNC) without an initial healthcare assessment.</p> <p>A review of the reception logs shows that some 12% of prisoners are not receiving an initial healthcare assessment.</p> <p>No evidence that initial healthcare screening is being reviewed in any depth at the monthly Healthcare Delivery Boards.</p>

	<p>The Governor will meet monthly with the Director of Operations for Spectrum to review progress against key deliverables, discuss and resolve enabling issues, and appropriately challenge performance gaps.</p> <p>The Governor will meet quarterly with the health commissioner to review areas of good practice and issues in relation to the delivery of health. This meeting will support the ability to directly challenge contractual issues which impact on the delivery of care to prisoners.</p> <p>The Governor will chair the local Health Delivery Board, where an amended agenda will encourage the open and transparent sharing of performance data from prison and health services and enable delivery issues to be resolved.</p>	
<p>The Board regularly reviews ACCT documents and is concerned at the number of them that do not have supervisors' daily checks completed.</p>	<p>We will seek direct support in the training of B4 case co-ordinators for HMP Durham from the National Safety Team.</p> <p>We will provide local support and guidance to managers to enable awareness of requirements to review ACCT documents and sign when completed.</p> <p>We will identify a B4 supervising officer role to undertake ACCT QA checks in healthcare.</p> <p>We will ring fence the safety team as far as is</p>	<p>Despite the actions indicated by the Governor the Board has no evidence of improvement. The Board monitored 591 ACCTs on all wings during the reporting period and found issues with 63.5% of them. 40.1%, had missing Supervisors' Daily Checks and 21.8%, missing Night Staff Summaries. Other issues include omitted Risks, Triggers and Protective Factors, Residents Contribution, Sources of Support Plan, Support Actions and</p>

	<p>possible to enable more time for assurance. The Governor will review the staffing of the safety team, placing a non-operational colleague into the role of Head of Safety will prevent loss of hours to duty governor roles, and allow greater focus on safety as a whole. In addition, replacing the analyst role with a hub manager, will increase the scope of work that can be completed in this area and free up the time of the officer group to deliver face to face contact with prisoners. We will maintain staffing levels in the B4 supervising officer group to support delivery of tasks.</p>	<p>photographs on Key Information Sheets.</p>
<p>What more can the Governor do to embed the use of BWVC in the prison?</p>	<p>Data will be reported and scrutinised daily with regards to the number of staff members collecting a body-worn video camera (BWVC). The number of cameras will be checked against staffing levels to ensure all operational colleagues are carrying a camera as a minimum daily. The security team will run a report of those staff carrying cameras against those staff on duty and staff who don't carry cameras will be identified and challenged. Continued failure will result in performance management processes. The NCM (new colleague mentor) will deliver training to all new colleagues to</p>	<p>The use of body BWVC in the use of force has increased this year. This is a positive outcome. The Board has observed good practice when camera footage has been used for staff training and at times as evidence during the adjudication process. Between January and December 2022, the percentage of incidents videotaped with either a hand-held or body worn video camera was 67.37%/66.14% of these unplanned. For the equivalent time in 2023, the figures were 87.29%/89.41% unplanned.</p>

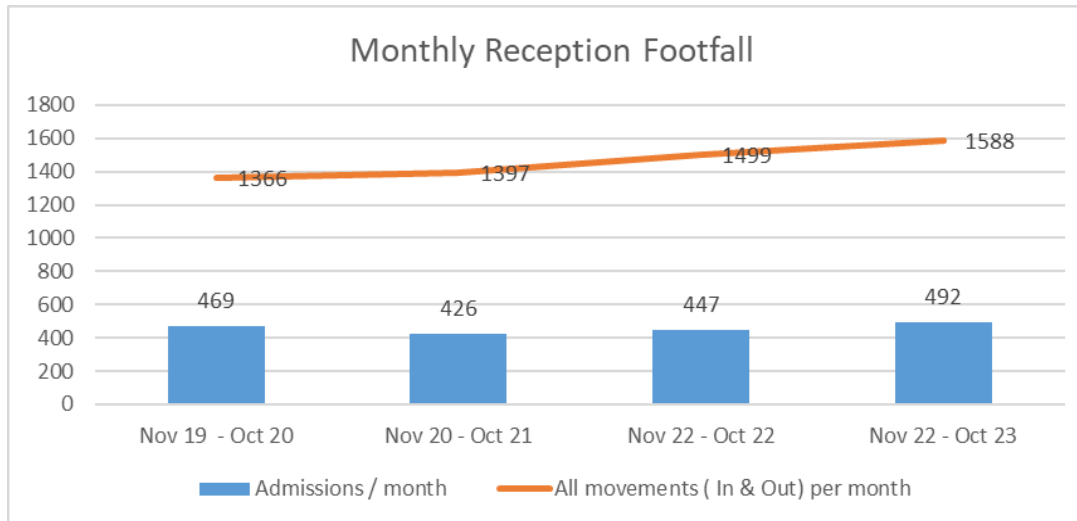
	<p>advise of the use of BWVCs and promote how effective they are in reducing violence and de-escalating situations. Comms will announce to all staff to activate BWVCs on the sounding of a general alarm.</p> <p>The security team will conduct a random check monthly of the BWVC usage for appropriateness and complete recording.</p> <p>The UoF weekly meeting will monitor the use of cameras for incident management and UoF.</p> <p>Letters will be sent to staff to advise of good practice and to encourage wider use.</p>	
<p>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?</p>	<p>We will identify a CM (custodial manager) and back up to cover this meeting to ensure that it continues to take place.</p> <p>Feedback from the meeting will be provided to several sources, including the SMT (senior management team), to support actions and outcomes and maintain a focus on it taking place.</p>	<p>Meeting moved from weekly to fortnightly. Steps have been taken to provide consistent chairmanship.</p> <p>Action points continue to take far too long to close off.</p>
<p>Since the contractual arrangement for running the tea bar in the visits' hall changed there has been a significant deterioration of the refreshments available. What can be done to rectify this?</p>	<p>The refreshments will be reviewed and additional items will be provided.</p> <p>The purchase of equipment such as a freezer and microwave will be made for the visits tea bar to enable a greater selection of items to be sold.</p> <p>A review of the workspace will be conducted to assist</p>	<p>Feedback from prisoners is still that there is little or no offering by way of items from the tea bar, i.e. limited hot or healthy options.</p>

	<p>with the purchasing of the above and enable greater choices on how to develop this area.</p> <p>Work will be undertaken to link this work area with the kitchen or coffee shop to enable the provision of sandwiches and other items for sale.</p> <p>Prisoners and families will be consulted on what items they would like to see.</p>	
<p>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?</p>	<p>NEPACS were able to secure additional funding to continue this role until 2024. They are consulting with the prison to seek funding for a further period into 2024, this is currently being looked into. It is, however, not possible to bring the role in house at this time, although this will remain under review as the prison has seen huge benefits from directly employing a family support worker.</p>	<p>NEPACS have been given funding until May 2024</p> <p>The Board continues to believe there is a risk to prisoner outcomes should funding end abruptly. Given Durham's role as a Reception Prison and the high numbers of prisoners out of area, the 'first 14 days in custody' assistance is critical in providing stability and support to prisoners.</p>
<p>The implementation of the short sentence framework is now overdue; when will this be implemented?</p>	<p>The Acting Governor did not believe it was within her remit to respond to this question.</p>	<p>The short sentence framework was originally intended to be implemented in December 2021. It has now been introduced in October 2023. The Board will monitor its impact on HMP Durham in the coming year.</p>

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction



4.1.1 Reception continues to be a very busy area. New admissions and total reception footfall year-on-year have increased 10% and 6% respectively, compared with the monthly average for reporting year 2021-22. Annual turnover of the population (churn) has increased year-on-year from 5.6 to 6.0 and length of stay has reduced from 9.3 weeks to 8.7 weeks.

4.1.2 Late arrivals to reception (prisoners arriving at 19:30 hrs. or later) have been an on-going concern throughout the year. When the bulk of receptions arrive together late afternoon/early evening (from 17:30 hrs. onwards), staff have shared with the Board that it is often not physically possible for all prisoners to be seen by reception and healthcare staff before being located to the first night centre, where they are expected to be behind their cell doors by 20:30 hrs. The reception process can take up to two hours, depending on the complexity of the prisoner.

Reception nurses have also shared concerns regarding prisoners missing healthcare assessments at reception; anecdotally, they claim that, on average, 20% of arrivals miss their healthcare assessment. The Board has attempted to verify this claim by a review of reception logs. A review of logs from January, April, August and October shows that 1,957 prisoners were admitted and 240 (12.2%) did not receive a healthcare assessment in reception. There were isolated days within this review period when around 20%+ of prisoners were not seen by healthcare. Without this assessment, prisoners only receive three welfare checks during the night by the nurse on duty. These checks take place through the cell doors, do not offer any confidentiality and it is highly unlikely that prisoners will engage in a meaningful manner with the nurse. This scenario carries a very significant risk and is a concern the Board will continue to monitor.

Operation Safeguarding has compounded late arrivals to the prison. Staff report that they have had to work until 23:00 hrs. on some evenings in order to complete the reception process. The prison has tried to mitigate this by introducing twilight shifts on Monday and Friday, supported by overtime working of staff.

- 4.1.3 On arrival, every prisoner undergoes the full body search process. No prisoner is searched “fully naked” (they replace clothing on the top half of their body before removing items on the lower half). All prisoners are scanned for illicit items. Scanning “positive” results in a breach of prison rule 45 (where a prisoner is separated from the rest of the prison population because of their behaviour or for their own protection). The prisoner will then be located in the segregation unit under HMP Durham’s local Secreted Items Policy (SIP).
- 4.1.4 The reception process includes the recording of biometrics (such as being fingerprinted) and identifying vulnerabilities and risks; the Supervisory Officer (SO) interview and Healthcare assessment are key components. During the SO interview, prisoners’ vulnerabilities are identified.
- 4.1.5 The Board has observed a range of support available to prisoners during the early days in custody. Prisoners with learning difficulties and disabilities (LDD) are supported by the neurodiversity lead and trained mental health nurses. There is also multidisciplinary input from the family support worker; clinical and non-clinical Drug and Alcohol Recovery Team (DART); and the Chaplaincy team, who visit all men within the first 24 hours. For foreign national prisoners, there is the use of ‘Big Word’, a programme to help non-English speakers. From what the Board has seen, the family support worker works hard in assisting family contact for prisoners during their first few days in custody.
- 4.1.6 The induction process is delivered by an induction officer from the first night centre and takes place at reception. This is a positive outcome and has been embedded as part of the reception process. For late arrivals, this occurs the following day in the first night centre. In the first night centre, trained prisoner information desk (PID) workers deliver the prisoner-to-prisoner component of induction the day after arrival. The second part to the induction process takes place on day two, consisting of an informal question-and-answer session between the PID workers and the new arrivals.

The Board has received and investigated complaints from prisoners located in the segregation unit because they failed the body scanner search at reception, that they have not received their prison induction. The Board is not satisfied that a robust system of induction is in place in the segregation unit and will continue to monitor this closely.

- 4.1.7 Although there is a vulnerable prisoner wing in the prison, there are insufficient spaces to accommodate all VPs on that wing, so they have had to be located in the first night centre. This is a concern, as VPs will inevitably come into contact with Mains prisoners and the servery is manned by Mains

prisoners. Staff have expressed concerns to the Board that running two separate regimes in the first night centre is an on-going challenge.

4.2 Suicide and self-harm, deaths in custody

Deaths in custody, as indicated in Prisons & Probation Ombudsman (PPO) reports				
	2019-2020	2020-2021	2021-2022	2022-2023
Homicide	0	0	0	0
Natural causes	3	2	2	2
Self-inflicted/self-harm	6	0	0	3
Apparent SIDs (final report not published)				2
Death within 14 days of release	0	1	1	1
Total deaths	9	3	3	8

- 4.2.1 Eight deaths have occurred in the reporting year, of which one was a death within 14 days of release and two were deaths in hospital. There have been no homicides for six years and deaths by natural causes remain at the 2020-2021 level. There have been three self-inflicted deaths and two other, apparent self-inflicted deaths: at the end of the reporting period, the prison had not received the final PPO reports for two of these deaths. A prison becomes a Cluster Death Site (CDS) if it has three or more deaths in a rolling 12-month period. Such prisons are given additional support from the National Safety Team. Durham became a CDS in November 2022. All objectives identified from PPO reports had been met by the July/August review. The norm is that support would be removed at this stage; however, at the request of the Acting Governor, the prison remained in the CDS. This enabled the Safety Team to complete ACCT training, Risks and Trigger training, ACCT QA (Quality Assurance) training and SO and Custodial Manager (CM) training. The prison remained a CDS at the end of the reporting period.
- 4.2.2 The prison has informed the Board promptly of the deaths and all relevant details are recorded in the death-in-custody questionnaire. The Board records deaths in the serious incident log and communicates with the Governor. All PPO reports are scrutinised by the Board, discussed with the Governor as necessary and action points monitored.
- 4.2.3 In July, the V8, a vulnerability assessment, completed in reception, was updated to the V9. Men arriving on a Suicide and Self Harm (SASH) warning are interviewed and the information scrutinised by an SO in reception to determine if an ACCT document should be opened. Decisions are logged in the Reception SO daily log and, following recommendations from two initial PPO reports in July 2023, defensible decisions are now recorded on the prisoner's NOMIS (an internal computer data base). New prisoners are also assessed by Healthcare, which may decide to open an ACCT. The Board has reviewed 1,999 admissions on Tuesdays and Fridays in the reporting period: of the 349 (17.5%) who arrived with SASH warnings, ACCTs were

subsequently opened for 79 prisoners. Six arrivals already had an ACCT open.

4.2.4 In this monitoring year, PPO reports regarding two deaths in custody (DIC) have concluded that staff in reception must not base a prisoner's vulnerability on how they present, but make an objective assessment based on risk factors. Not all healthcare staff in reception are able to access SASH documents, Prison Escort Records (PERs) and the digital prison system (DPS) to identify risks. At the end of the reporting year, healthcare had six staff with full access but a further 14 without which is a concern the Board will continue to monitor.

4.2.5 This reporting period saw a 22.6% increase in self-harm incidents from 2021-2022. A total of 388 individuals self-harmed, compared with 225 in 2021-2022, an increase of 72.4%. This year, 87 men were repeat self-harmers, accounting for 182 incidents. Last year, 95 repeat self-harmers accounted for 356 incidents.

Self-Harm Incidents			
2019-2020	2020-2021	2021-2022	2022-2023
542	589	486	596

4.2.6 The Safer Prisons Team reviews self-harm incidents monthly and classifies them as low, moderate or severe. 492 incidents (82.6%) were classed as low severity, with 103 incidents (17.3%) classed as moderate, and one incident classed as severe. The most prolific method of self-harm is cutting, usually with a razor. The razor policy, which is essentially "1 in and 1 out", was reissued in June with the objective of reducing spare razors on wings. Reasons cited for self-harm include staff not reacting to prisoners' demands for vapes, wing/cell moves, mental health issues and problems relating to phones, canteen and medication removal.

ACCTs opened				
	2021-2022	2021-2022	2022-2023	2022-2023
	No.	%	No.	%
Opened in reception	289	28	120	11
Opened in E wing	191	18	328	30
Opened in F wing	102	10	140	13
Opened in SACU	132	12	149	14
Miscellaneous	334	32	346	32

4.2.7 The number of ACCTs opened in the reporting year was 1,083, compared with 1,048 in the previous year. 11% of ACCTs were opened in reception in contrast to 28% the previous year. However, in E wing, a first night centre, 30% of ACCTs were opened compared with 18% the previous year. F wing, also a first night centre, opened 13% of ACCTs compared with 10% in the last reporting year. The Board has yet to identify why there has been a significant drop in the number of ACCTs opened in reception and the corresponding

ACCTs opened in the first night centre. The Board has begun to monitor the number of ACCTs opened in SACU.

4.2.8 The Board monitored 591 ACCTs on all wings during the reporting period and found issues with 63.5% of them. A total of 40.1% had missing Supervisors' Daily Checks and 21.8% were missing Night Staff Summaries. Other issues included omitted Risks, Triggers and Protective Factors, Residents Contribution, Sources of Support Plan, Support Actions and photographs on Key Information Sheets.

4.2.9 153 post-closure ACCTs were monitored, with issues in 55 (35.9%). These had between one and five days' entries omitted.

4.2.10 Safer Prisons holds monthly multidisciplinary meetings, eight of which were attended by the mental health team and three by the healthcare team. Each month the Board provides the head of safer prisons with the number of ACCTs monitored and the issues identified with details logged in the minutes. In addition, ACCT QA issues are identified by the Safer Prisons Team and relayed to middle and senior management. Prison QA issues include:

- missing dates
- times
- signatures
- evidence of conversations
- evidence of prisoners' contributions.

Examples of good practice, any common themes and the importance of ACCT completion to a high standard are discussed in weekly residential meetings, involving SOs and CMs. The Board has seen no improvement in ACCT completion, despite evidence it provided to the prison.

4.2.11 The prison holds a multidisciplinary ACCT Safety Intervention Meeting (SIM) fortnightly, where complex ACCTs are discussed in detail and support measures instigated, and the Board will monitor to observe these meetings.

4.2.12 The Samaritans' postvention (support offered to those affected by a suicide in custody) has been promptly and effectively implemented following a death, providing an appropriate response. The Samaritans provide leaflets and toolkits to assist staff and prisoners after a death. The Samaritans' helpline ran out of credit over a weekend in March. The business hub now checks the balance daily during the week and top it up if necessary.

4.2.13 Following a death in custody, Listeners speak to all men on the impacted wing. The optimum number of Listeners (prisoners trained by the Samaritans to provide peer support) in Durham is 20. Due to continuous transfers, the prison had nine in January. At the end of July, there were 20 Listeners. At the end of the reporting period, there were 11, with some wings having none.

Listeners have reported being refused visits to prisoners after lock-up. They have cited a case where a man went on to self-harm. The key issues

Listeners have dealt with relate to mental health and family matters. Other concerns are not being able to make phone calls, not being unable to access medication or medication being stopped.

4.2.14 Safer Custody has always provided a contact phone number that concerned family members could ring with concerns regarding imprisoned family and friends. The Prisoner Advice and Care Trust (PACT) is the national prisoner charity and since they have included this number on their site, calls have increased. The Board understands that most contacts are made by mothers and partners regarding prisoner welfare and physical and mental health concerns.

4.2.15 The Board conducted a prisoner safety survey in August 2023 (see Annex B) to establish how safe prisoners feel in HMP Durham. Three primary objectives were identified, key tasks were formulated, and methodology established. One-to-one interviews were conducted with a creditable sample of 207 prisoners, which represents 25.1% of the eligible prison population of 826. The eligible population excluded those in SACU, healthcare, I wing and new prisoners on E wing. Prisoners were surveyed on six wings, education, work/training and the gymnasium. A total of 88 participants commented on safety in Durham with 40 negative, 39 positive and nine neutral comments. All respondents were keen to participate and responded decisively. The key findings were:

- 79% (163) of men had never been threatened in Durham
- 94% (194) of prisoners felt safe or very safe in the exercise yard
- 96% (199) of respondents felt safe or very safe on the wing
- 91% (189) of participants felt safe or very safe in the shower
- Overall, 92% (190) of prisoners felt safe or very safe in HMP Durham

2022 v 2023 comparison

	2022 No./%	2023 No./%
Prisoners that have never been threatened	165/81	163/79
Prisoners feel safe or very safe in exercise yard	192/94	194/94
Prisoners feel safe or very safe on wing	192/94	199/96
Prisoners feel safe or very safe in showers	189/93	189/91
Prisoners feel safe or very safe in Durham	189/93	190/92
Prisoners surveyed	204	207

Examples of positive prisoner comments are:

- 'Never had any trouble as the staff are good and help sort issues'
- 'Good for me but some people are scared'
- 'Staff respond quickly to incidents, so I feel safe'

Examples of negative prisoner comments are:

- 'Some officers say they'll do things and they don't and that makes you angry'
- 'Alright, not bad but some of the screws are arseholes'
- 'Mental health is affected by the 50:50 regime Saturdays and Sundays'
- '23hrs a day banged up is too much and will only lead to trouble as we're bored'

In summary, the Board is satisfied that the cross-section of respondents was balanced to reflect the profile of the general prison population. The responses in 2023 show no major differentials to the responses in 2022. There was, however, an increase in negative comments made.

The Board is also satisfied that the prison management is diligent regarding all aspects of safety. The Board is satisfied that regardless of the wing, there is no differential of feeling of security on each wing.

4.3 Violence and violence reduction, self-isolation

4.3.1 The total number of assaults that have occurred this year are shown in the following table:

	Assaults		
Year	2020-21	2021-22	2022-23
Total number (including prisoner on prisoner assaults and assaults on staff)	193	280	340
Prisoner-on-staff assaults	49	55	77
% of assaults perpetrated on staff	25.4	19.6	22.6

There has been a significant increase in total number of assaults, of 21%, from 2021-2022 and the number and percentage of assaults on staff have also increased. A majority of these incidents occurred on A and B wings, which accommodate the largest prisoner populations. Thursdays and Fridays are identified by Safer Custody as the days when assaults occur more frequently. It has been reported to the Board that 'debt' and 'arguments' feature strongly as underlying causes of violence. In its efforts to mitigate the levels of violence, Safer Custody has promoted an understanding of 'debt awareness' amongst prisoners on arrival at reception via the prisoner induction booklets.

Although levels of violence have increased this year, HMP Durham is second lowest in terms of assaults on staff when compared with other prisons in its comparator group, i.e. Bristol, Chelmsford, Hull, Lewes, Lincoln, Norwich, Nottingham and Preston.

The Board has been alarmed by the significant increases in self-harm and violence, yet there is still the prisoner perception that the prison is a safe place as evidenced in the prisoner safety survey (4.2.15).

The Board has observed that during the months of August and September this year, there were issues in getting the roll count correctly in good time. There were also staff shortages. These resulted in regimes being curtailed and prisoners spending more time behind their cell doors. The Board observed a sense of frustration amongst the prisoner population during this episode. The Board has not been able to evidence any correlation between roll call delays and instances of violence or self-harm, but will continue to monitor this.

- 4.3.2 All perpetrators and victims of violence in the prison can be referred by the wing CMs or other staff to the Challenge, Support and Intervention Plan (CSIPs) process. This is a personalised intervention offered to individuals who may benefit from the support provided from Safer Custody and other departments. They discuss individuals who are on CSIPs at the weekly Safety Intervention Meetings (SIM). There are approximately 15-20 open CSIPs at any one time. Safer Custody has developed a CSIP awareness package for CMs and there is now an 'interventions catalogue' for reference when setting interventions for the individual.

The Board has observed SIM meetings where CSIPs are shared within the multidisciplinary team. It is evidence of good practice in HMP Durham.

- 4.3.3 Bullying, gang activity, serious incidents and self-isolators are all discussed at the SIM meeting. When there have been any serious acts of self-harm (which could have resulted in a fatality), it is investigated via a 'near miss investigation' to ensure continuous learning. There is a process in place whereby 'near misses' are referred by the CM-in-charge to the Deputy Governor. On average, there have been one or two near misses per month. Bullying remains an issue amongst prisoners in the prison. Safer Custody addresses bullying within the CSIP violence reduction plan. Heads of functions conduct monthly focus groups within their function as evidence of good practice.
- 4.3.4 Cases of serious incidents are investigated within 72 hours and fully reviewed at the weekly Use of Force meeting. If the prisoner is located in the SACU, then Safer Custody engages with the prisoner at that location.
- 4.3.5 Self-isolators have not been a significant issue in HMP Durham. There have been three self-isolators this reporting year. They have all been supported through the CSIP process. These prisoners were highlighted by wing staff, who then continue to support these individuals by keeping them safe.

4.4 Use of force

- 4.4.1 The Board has monitored the use of force (UoF) through observations at monthly and weekly UoF meetings (weekly meetings go beyond the mandatory expectation of one per month) and the use of force in incidents that have occurred throughout the reporting year.

There has been a rising trend in the UoF this reporting year: in November 2022, there were 31 incidents (three planned), with 63 in September 2023 (six planned). A significant proportion occurred in instances when prisoners refused to relocate from their cells. As a reception prison, receiving prisoners from the courts and other prisons around the country, cell spaces need to be available to receive new receptions, so prisoners are relocated around the prison to release space. The Board has observed the complexity of this challenge.

The Board is reassured from the UoF committee, that full control and restraint is the option of last resort when relocating prisoners. The Board has observed that wherever necessary, guiding holds (the lowest-level technique that can be applied by one or two officers to enable them to escort a prisoner through or away from an area) are used in relocating prisoners.

The Board also recognises the large churn of prisoners in the prison and the consequent pressures that staff face on a daily basis. Nevertheless, the Board has also observed a “destabilising” effect on prisoners who are forced to relocate against their will.

From attending and observing the Safer Prisons meeting, held monthly, the two most common reasons for UoF in 2022-2023 emerged as prevention of self-harm (21 occasions) and the intervention between prisoner-on-prisoner fights (13 occasions).

The UoF meetings consider incidents of the previous week and discuss and analyse video footage as a means to improve staff performance and knowledge. The Board has observed these positive multidisciplinary meetings through a standing invitation, facilitating the Board to raise any monitoring concerns and issues. The Board also reviews camera footage of Control and Restraint (C&R) incidents.

The National Incident Management Unit (NIMU) reported after their visit to HMP Durham in January 2023, that these weekly meetings are evidence of best practice in the oversight of UoF in the prison.

The Board has observed the positive outcomes to staff by way of sharing best practice by analysing video footage of real incidents.

Despite the rising trend in UoF, HMP Durham compares favourably alongside other reception prisons and within the North East region. In the reporting year, the prison sits second lowest in the comparator group of reception prisons for the UoF.

- 4.4.2 The predominant de-escalation technique used in the prison is positive staff-prisoner relationships. Wing staff often speak to prisoners to de-escalate a challenging situation. Throughout the reporting year, the Board has witnessed this positive work.

- 4.4.3 The use of batons and rigid-bar handcuffs (which restricts movement and can be more painful for the prisoner than other types of handcuffs) has been proportionate this reporting year. The Board has no concerns. The Board has observed a significant rise in the use of PAVA (a type of pepper spray). In July 2023, there was a spike in PAVA drawn and used. The UoF committee has put in place stringent quality assurance processes and strict guidance for the justification and use of PAVA. Dissemination of best practice through the (C&R) instructors and continuous quality assurance through the weekly UoF meetings has reassured the Board that there are processes in place to ensure continuous oversight for the justification and use of PAVA spray. Between January and September 2022, PAVA was drawn and used five times. Between January and September 2023, it was used 21 times. Over the same period, it was drawn but not used once in 2022, and it was drawn and used 15 times in 2023. The Board will continue to monitor the use of PAVA.
- 4.4.4 The use of BWVCs in UoF incidents has increased this reporting year. This is a positive outcome. The Board has observed good practice when camera footage has been used for staff training and, at times, as evidence during the adjudication process (a disciplinary hearing when a prisoner is alleged to have broken prison rules). Between January and December 2022, the percentage of incidents videoed with either a hand-held or body-worn video camera was 67.37%, of which 66.14% were unplanned. For the equivalent time in 2023, the figures were 87.29%, with 89.41% unplanned.
- 4.4.5 Call-outs from the National Tactical Response Group (NTRG; a specialist unit that provides support to the prison) are for incidents at height (where a prisoner climbs on to the netting or the roof, or over bars) or alleged hostage-taking. The Board has observed one call-out, when the team was on site but not used.
- 4.4.6 The Board is satisfied that UoF is not disproportionately higher in black, Asian and minority ethnic groups of prisoners. The largest group involved in UoF incidents are white British and the age of prisoners most affected are aged 22 to 39. The prison continues to work with young adults who are seen to be involved in more fighting than other age groups. A Young Adults Forum takes place and is co-ordinated by Safer Custody to establish reasons, etc, and actions from these meetings are completed.
- 4.4.7 The Board is notified in good time of all serious incidents. The Board has observed that prison staff use appropriate de-escalation techniques to avert potential serious incidents. This includes the use of rigid-bar handcuffs. Following a serious incident, a nurse from healthcare visits the prisoner, who may be located in the segregation unit. It is now policy that nurses attend all UoF incidents and complete the UoF report (this involves filling in a form, the F213, which records injuries to prisoners, including those arising from assaults and accidents).

All officers involved in UoF incidents are required to complete the Annex A 'Officer's Statement' form and to file them digitally. There is currently a new trialled process for the submission of F213s following a UoF incident.

- 4.4.8 The Board has observed due process in the management of serious incidents. The Board is also satisfied that serious incidents are dealt with judiciously and proportionately.

4.5 Preventing illicit items

- 4.5.1 Minimising the supply of drugs in the prison, whether through the gate or over the perimeter, is the first step in reducing their prevalence in HMP Durham. The prison has a range of techniques in place that minimises the supply. The Board has observed a variety of measures adopted to prevent the entry of illicit items.
- 4.5.2 All prisoners are meant to be seen on arrival at reception; however, late arrivals may miss the interview and be picked up the next day and asked if there are any issues with drug and alcohol. A positive response initiates a triage assessment. A recovery co-ordinator is allocated and a comprehensive assessment completed within five working days. A recovery plan is included, if required.
- 4.5.3 Random or targeted cell searches are conducted: Intelligence dictates when and where cell searches take place. These are co-ordinated by security and the Drug Search Team (DST). For this report, the Board has been unable to ascertain the level of illicit finds.
- 4.5.4 Even with enhanced security protocols in place, the availability of drugs, alcohol and other illicit items remains an area of concern for the Board. Certain occasions throughout the year, e.g. Christmas, football competitions, etc, always put the prison on a higher alert, as illicit items activity increases.
- 4.5.5 From observing prisoner focus groups and drug strategy meetings, it is clear the drug of choice remains Subutex.
- 4.5.6 As the prison curtails the flow of drugs, the knock-on effect is an increase in the market price. This leads to increased debt which, in turn, leads to increases in levels of violence, self-harm, and isolation. HMP Durham is aware that drug debt is often key to instability within the prison. It remains a prison priority to deal with the issue. Safer Custody has developed a debt-action plan and debt strategy. Due to the complexity of this issue, the Board has been unable to verify the effectiveness of this strategy.
- 4.5.7 Following strict national guidelines, the prison conducts several random MDTs (Mandatory Drugs Tests) every month. Typically, about 15% of these tests return positive results. The most popular substances detected are buprenorphine (Subutex), cannabis, Gabapentin and opiates.
- 4.5.8 HMP Durham is part of a national pilot, called Incentivised Substance Free Living (ISFL), promoting substance-free living whilst in custody. Participants agree to undertake regular drugs testing and in return receive enhanced privileges (this is the top level of a prison's incentives scheme and includes

extra benefits, such as being allowed more visits or a TV in their cell). Starting in early May 2023, it made progress, with an uptake of 30 prisoners. However, numbers throughout the year have declined rapidly, to four at the end of October. Amongst some of the challenges experienced were staffing issues and the complexity of running a separate, incentivised regime alongside a general population wing that was already suffering in terms of curtailed regime. A new Drug Strategy Lead was appointed in late October to head up this project. Outcomes of the pilot will be evidenced in next year's report.

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 requirements², but accommodation is largely pre-Victorian, overcrowded and generally unacceptable in 2023. 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 given most of the prison dates to 1819 it is limited in what it can do to modernise its facilities.
- 5.1.3 When curtains around toilets are provided to give some element of privacy, they are often pulled down and used for other purposes. Similarly, with window curtains.
- 5.1.4 The internal fabric of A wing is by far 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 before Covid-19. This is the second largest of the wings, housing some 180 prisoners in the general population. Work began on 7 November 2022 and is progressing to plan. Completion is expected in early 2026. The areas that have been completed are significantly improved.
- 5.1.5 Facilities for showering are basic and afford little privacy, especially when changing. Prison rules 1999, section 28, require that prisoners are given access to a hot bath or showers at least once per week. Prior to Covid-19, prisoners had daily access to a shower for most of the year. Now that Covid-19 is behind us, we have not seen a return to this situation. For large parts of the reporting year, wings have had what is called '50/50 regimes', which gives access to showers every other day. In the main, this has been caused by staff shortages.
- 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, resulting in bed blocking due to lack of facilities.

² 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.

5.1.7 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 In the 2021-2022 report, we commented:

“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 saw this as a positive development and a helpful reminder to staff to ensure the standard and decency of the accommodation. The Board also viewed this as a potentially helpful input in the drive to ensure a consistent supply and maintenance of kit items across all wings.”

Sadly, the Board is not able to report that this system has been sustained. Throughout the reporting year it has been commonplace to find that basic furniture and mattresses have not been readily available. At the end of October, the results of a prison inventory showed that there were four mattresses and 13 pillows in reserve inside the prison. The Board is aware that there are stocks off site of mattresses and pillows. However, the Board has no evidence of the accessibility of such items, particularly at weekends and on Bank Holidays.

5.1.9 At the height of Covid-19, in 2021, two initiatives were announced, one of the benefits being cost-saving. These were:

- All prisoners would be allowed to wear their own clothes. In order to assist those who had no means, a charity shop would be set up. It would be stocked with clothing donated by prisoners and staff.
- The prison would stop the issue of sheets, blankets and pillowcases. These would be replaced with duvets, covers and pillowcases. This bedding pack would remain with a prisoner throughout their time in Durham. On release or transfer, the bedding pack would be cleaned and recycled back into use.

Even though it would have taken some months to introduce this change, the opportunity for prisoners to purchase additional bedding was stopped immediately. Neither of these programmes have been successful and in the opinion of the Board have been instrumental in the issues with prison clothing and bedding that we have seen throughout the reporting year.

5.1.10 The announcement of a charity shop for clothing was welcomed by prisoners and the Board. Throughout the year it has been reported at the prisoner consultation meetings that prisoners were coming into prison with nothing more than the clothes they were wearing, and there was no clothing that could be issued in the first night centres. At end of March the NEPACS clothing grant ceased due to lack of funds. This meant they could no longer provide socks and underwear to those in need. Throughout the year Board members

have universally come across individuals who suffered the indignity of having no clothing other than what they were wearing. There have been several attempts to get this facility up and running, but it has not been possible to sustain. At the end of October, the decision was taken to transfer all the donated clothing to Reception where it could be distributed on release to those who needed it. At the end of October, 50 prisoners were registered with the charity shop as needing clothing.

5.1.11 Even though the prison has purchased more than enough bedding packs, there has been a continuous shortage of them for issue in the first night centres. Traditional bedding of blankets and sheets have had to be issued and even they have been in short supply. An unintended consequence of this programme is that the quilts have become a currency within the prison. Occasionally, the prison will do a purge, when it is not unusual to find prisoners with up to four quilts and covers. The Board is extremely disappointed that a fool-proof system of control has as yet not been introduced.

5.1.12 The Board was also disappointed to learn that the clean, rehabilitative, enabling and decent (CRED) programme, introduced in 2020, was paused at the end of 2022. This was due to staffing and material supply issues. As well as providing the opportunity to work, the programme was 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 HM Prison & Probation Service (HMPPS). However, the Board is pleased to learn that in October 2023 a meeting has taken place between the Deputy Governor and Amey (the provider) with a view to the programme being resumed early in 2024. The Board looks forward to reporting on this next year.

5.1.13 Funding was available to create an ISFL area (see 4.5.8), which was to be on A5 landing. Prisoners were required to sign a compact of behaviour that included an agreement to undergo regular drugs testing. Originally, this should have been operational in May 2023 but, despite efforts to get up and running, it is yet to be implemented. The Board looks forward to this area being embedded in 2024.

5.1.14 Food menus provide healthy, balanced meal choices, as well as catering for medical, religious and cultural dietary requirements. Religious festivals and historical landmarks are celebrated with culturally appropriate menus, which have received praise from prisoners.

5.1.15 Visits to the kitchens form part of the Board's rota schedule, and visits are made several times each 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 occupancy	Nov 2019 – Oct 2020	Nov 2020 – Oct 2021	Nov 2021 – Oct 2022	Nov 2022 – Oct 2023
Total no. of days occupied	3,978	4,129	5473	5207
No. of individuals	548	534	629	680
Average stay (no. of days)	7.3	7.7	8.7	7.7

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 multidisciplinary working to facilitate progression with reintegration plans as required.

5.2.3 In the reporting period, three prisoners have been held for periods more than 42 days, the maximum being 168 days. All three were eventually transferred to medium-security mental-health facilities. The Board is satisfied that in all three cases:

- OT030 forms for detention beyond 42 days were submitted and approved in a timely manner.
- Regular multidisciplinary team meetings were held to develop and review re-integration plans.

5.2.4 As in most other areas of the prison, staffing levels have presented enormous challenges and the SACU has gone into patrol state on many occasions. This is not a satisfactory situation.

5.2.5 The internal fabric of the unit continues to be maintained to a high standard.

5.2.6 The number of prisoners living in dirty conditions within SACU has increased from 11 in 2021-2022 to 24 in 2022-23. However, it must be noted that 11 of the 24 instances concerned one particular prisoner. SACU, healthcare and mental health staff are regularly observed engaging with this group of prisoners.

5.2.7 A check of the Special Accommodation Log in November 2023 by a Board member evidenced that special accommodation had been used 10 times in the reporting year. This had decreased, from 11, in the previous year. The average time spent in special accommodation was 6 hours and 36 minutes. The longest period was when one prisoner was detained for 18 hours and 15 minutes. SACU staff have not been as consistent as the previous year in informing the Board when special accommodation has been used. We have spoken to the head of residence and hopefully this will be much improved in 2023-2024.

5.2.8 In April 2021, a pilot project began to produce a ‘Joint Care and Separation Unit standards Framework’. HMP Durham, along with 10 other establishments, participated, covering some 281 SACU beds. The project finished its work in September 2023. The framework encompasses six principles, i.e.

- Person-centred care
- Right care
- Co-ordinated care
- Competent care
- Safe care
- Reintegration

The six principles of the framework will be provisionally incorporated into a revised PSO (Prison Service Order) 1700 in March 2024, followed by an interim period until June 2025, when the new framework will be completely embedded into the PSO. At the heart of the framework lies an emphasis on multidisciplinary teamwork reviews looking at the reasons for prisoners being in segregation and re-integration plans to get them back into the general population. The Board is pleased to report that it has seen a positive impact of the introduction of the six principles, e.g:

- The Board is satisfied that all men held in the SACU receive a good standard of care. There is strong evidence of multidisciplinary working to produce progression and reintegration plans when circumstances call for them.
- Care is taken in the recruitment of officers to SACU to ensure they possess the qualities demanded of the framework.
- Dedicated healthcare and mental health professionals are now allocated to SACU.
- It is mandatory that a healthcare professional attends Good Order or Discipline (GOoD) reviews. (When a prisoner is given a GOoD, for behaviour that endangers others or causes disruption for the rest of the prison, he is separated from the rest of the population. After 72 hours, a review board decides if they should remain separated for longer.) The Board is pleased to report that, in the last year, it has seen a 28% improvement in attendance – see the table below:

Healthcare attendance at GOoD reviews observed by the IMB			
	No. observed	Healthcare in attendance	% attendance
1 Nov 2021 – 31 Oct 2022	139	88	63%
1 Nov 2021 – 31 Oct 2023	159	145	91%

5.2.9 Whilst the Board is delighted to see the planned introduction of the national framework, it is disappointed to learn it will not be mandated that prisons have to evidence compliance with the six principles if resources do not allow. This appears to be an all too easy way of getting around the framework and raises questions about its sustainability.

5.2.10 The prison accommodates Board attendance by holding adjudications at the same time each day. Adjudications are conducted by the duty Governor and whilst the Board has seen a range of styles, we are satisfied that procedures and outcomes for the adjudications observed were fair.

	Adjudications held	Adjudications proven	% proven	Observed by IMB	% observed
2021 – 2022	1905	1253	66%	374	19.6%
2022 – 2023	2100	1349	64%	364	17.3%

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

5.3 Staff and prisoner relationships, key workers

5.3.1 The key worker scheme was introduced by HMPPS in 2018 as part of the Offender Management in Custody (OMiC) model. The scheme seeks to provide positive staff-prisoner interaction and encouraged the development of constructive staff-prisoner relationships, associated with improved safety and security and offender rehabilitation. The scheme allows for all prisoners to have up to 45 minutes per week with an allocated key worker. Each key worker is to be allocated no more than six prisoners. At the end of the reporting year, we had 155 key workers, i.e. coverage for 930 prisoners. Given that the prison population hovers around 980, it means the prison was short of 8-10 key workers.

Key working	Aug 22 – Oct 22	Nov 22 – Jan 23	Feb 23 – Apr 23	May 23 – Jul 23	Aug 23 – Oct 23
Compliance rate	28.2%	25.7%	26.4%	24.5.9%	17.9%

5.3.2 As can be seen from the above table, the average key-working delivery compliance rate for the reporting year was about 25%. This is a sad situation and is largely due to the ongoing struggles in the prison with staffing levels. Various initiatives, including financial, have been tried but have not had the desired effect. The Board is disappointed with this performance. In previous annual reports, it has been reported from prisoner surveys that contact with key workers was, generally, seen to be beneficial.

- 5.3.3 Based on conversations with prisoners, the Board is confident that when carried out well and frequently, key work is seen as beneficial by the prisoners and will provide the outcomes listed in 5.3.1.
- 5.3.4 Prisoner consultation meetings continue to be held fortnightly. In the early part of the reporting year, cancellation was common, along with constantly changing Chairs. However, as the year progressed, there has been greater consistency with timing and leadership. The Board views this consistency as valuable, as this meeting is the only forum where representatives from across all wings can interact and air their concerns. Departmental representation can often be sparse and there is a tendency when responding to prisoner concerns that people over-promise and under-deliver. The Board sees the current Chair of the meeting working hard to overcome these issues, particularly with the planned introduction of a “You said, we did” style of feedback early in 2024.
- 5.3.5 The Board maintains a high profile across the prison. There is someone from the Board present in the prison on around 88% of weekdays and 19% of weekend days. In the main, the Board observes excellent interaction between prisoners and staff. If the Board is concerned, the matter will be brought to the attention of the wing CM or SO. There is always the fear that staff modify their behaviour when they see Board members on the wing. One of the Board members has specifically spoken to prisoners throughout the year and across all wings, asking the question: “Do staff modify their behaviour towards you when they see the IMB on the wing?” The Board is pleased to report that in the majority of cases, the answers have been, “No”, or “They may tone their language down a bit”. However, some prisoners reported negatively about staff behaviour in the IMB survey (see Annex B).

5.4 Equality and diversity

- 5.4.1 The prison monitors diversity and inclusion through the nine protected characteristics (including, among others, race, religion, gender and sexual orientation, which it is unlawful to discriminate against), with strand leads at Governor level. There is a bi-monthly Diversity and Inclusion Action Team (DIAT) meeting, which has met four times in the reporting year: January, March, July and September. Requested reports are not always submitted in advance, with some verbal updates given by strand leads. From March 2023, a new standard regional format for the meeting was adopted. Between September and January 2023, the only strand reports available were Religion and Beliefs (January 2023); Marriage and Civil Partnership (January 2023); and Age (January 2023), with focus group minutes from the Young Adults Forum (December 2022). Since January, there has been much greater activity and consistency in producing reports and creating focus groups to listen to prisoner voice.

The meeting invites function heads. 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. Progress against the 2017 Lammy Review³ is discussed, evidenced and RAG-rated (which stands for Red, Amber and Green, the traffic light colour coding scheme for categorising project status) at the meeting.

The prison has made a deliberate attempt to improve communication with prisoners this reporting year: for example, lesbian, gay, bisexual, transgender and queer (LGBTQ+) rights are to be advocated throughout the year (North East Prison Group/NEPG minutes, 10.5.23). A new framework for the care and management of transgender prisoners was reported in March, and a new Gypsy, Roma and Traveller communities' strategy was proposed but has been addressed within the meetings on race.

In May, a new champion for people with care experience in custody was launched, with subsequent drop-ins. The Family Support Worker has provided clothing for prisoners without families. A visually impaired footballer visited the prison, attracting a lot of interest from prisoners, keen to know his story.

The Board understands that focus groups with prisoners have been held throughout the year, discussing issues related to the protected characteristics. Examples of such groups are:

- **Race, including colour, nationality, ethnic or national origin**
At the Equality and Diversity Rep Meeting (on 25 March 2023), multi-language signs were requested on wings. Language barriers for foreign national prisoners were raised on the digital kiosk, as well as in the canteen, on menus and when advertising Listeners. The subject of international social video calls was raised, as well as a lack of understanding of the core day. In May and June, two adult forums were held with Romanian prisoners.
- **Age**
The prison has established a focus group for young adults. In July, it was noted the impact on positive NOMIS entries for this age group. By September, the group had increased to 71. An over-50s age group meets regularly on F wing, which has the largest over 50s population. Age UK has supported the over 50s prison group.
- **Care leavers**
The prison has established a drop-in for care leavers. By the end of September, there had been two drop-ins, with up to 12 prisoners who had been in care visiting the group.
- **Disability**
Two consultations have taken place, involving F and E wings. Whilst prisoners acknowledged help for men with physical disabilities, the old building, lack of accessibility and the paucity of disabled cells are persistently problematic. Prisoners in wheelchairs face issues with the showers and exercise yards

³ [The Lammy Review: An independent review into the treatment of, and outcomes for, Black, Asian and Minority Ethnic individuals in the Criminal Justice System](#)

without ramps. Men also face issues with the second day induction process (sparse); access to work; and education. Prisoners believe more support is needed to get access to and support in work. They also struggle with the kiosk; waiting times to see a GP; lack of physical exercise access for disabled prisoners; access to visits; engagement with mental health and long waiting lists.

- **Sex/gender**

In April 2023, a new focus group was established for transgender prisoners, with three attendees. The Board understands that when invitations have been issued, not all transgender prisoners are willing to attend. Prisoners feel supported and appreciative of the help they are given. Prisoners would like to see more general awareness raising: for example, staff awareness days and staff training.

- **Sexual orientation**

It has been reported to the Board that prisoners have been hesitant in forming a focus group, as they are reluctant to have their sexuality publicised.

- **Religion or belief**

Regular focus groups take place with prisoners to discuss all elements of religion.

- 5.4.2 At reception, details of each prisoner's status in relation to protected characteristics are recorded, based on the prisoner's own identification. However, prisoners are not asked about their sexual orientation during the reception screening. This is not then followed up during key worker sessions. Therefore, a lot of data around sexual orientation is displayed as "not known". The main declared disabilities are mental illness and learning difficulties. Despite various requests, those stating a disability have not had this verified by healthcare.

A snapshot of prisoner declaration (dated 4 May 2023, from the NEPG Diversity and Inclusion Leads meeting, 10 May 2023) shows high "not known" rates in HMP Durham, compared with HMP Holme House, which has a larger population than Durham (1173 at the date of the snapshot).

Durham (roll 979)	"Not known" statistics			
	HMP Durham		HMP Holme House	
Roll count 04/05/2023	979		1173	
Disability	476	48.6%	44	3.75%
Ethnicity	9	0.9%	1	0.09%
Religion	6	0.6%	0	0%
Sexual orientation	429	43.8%	19	1.62%

This has been discussed at a DIAT Meeting, with a view that the approach to Reception needs revisiting.

Historically, HMP Durham has not asked about sexuality in Reception. Nationally, there is some work being done on the way disability is recorded, because of the wide variation of disabilities. A simple “yes” to the answer about disability can be confusing, as some disabilities have been mixed up, such as neurodiversity, mental health issues and physical issues.

- 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 believed to be impractical and too costly. On the wings, prisoners with disabilities are accommodated on the ground or first floor. Personal emergency evacuation plans (PEEP) are arranged for those with disabilities.
- 5.4.4 In looking at the nine protected characteristics, the Board has reviewed the data collected from a number of forums, e.g. Safer Prisons, UoF, adjudications and the incentives scheme. The major concern has been provision for the disabled prisoners.
- 5.4.5 In the 2021-2022 IMB annual report, the Board was pleased to see proactive engagement by the equality and diversity officer in the Safer Custody team. In January 2023, prisoners complained they had not had a diversity meeting for several months and the next meeting was scheduled for 25 March. Whilst diversity and inclusion is a standard agenda item, very little is raised. It is a standard topic for discussion to include monthly figures from the prison’s Discrimination Incident Reporting Forms (DIRFs). Minutes reveal that the issues are not regularly accorded discussion time or data presented: for example, DIRF figures were presented once between January and July. A review of the minutes in the first six months of the year reveals regular comments from prisoners about the lack of dedicated equality meetings and knowledge of named representatives.
- 5.4.6 Throughout the year, prisoners from black, Asian and minority ethnic backgrounds made up 19%-21% of all prisoners, with the remaining 79%-81% declaring themselves to be in the white ethnic group. White British prisoners continued to be the largest ethnic group in the prison. The establishment has a group looking into the Lammy Review 2017 and establishing which 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 black, Asian and minority ethnic prisoners. However, several prisoners referred to racist behaviour of staff and prisoners in the prisoner survey (see Annex B).
- 5.4.7 From November 2022 until October 2023, HMP Durham had 10 prisoners who identify as transgender, non-binary or gender fluid:
- 6 x transgender
 - 2 x non-binary
 - 2 x gender fluid

Relevant internal paperwork has been completed for every person supported.

The Board has analysed the documentation and is satisfied that they have been provided with the opportunity to express their gender identity; have been treated with respect; have had local transgender case boards (LTCBs); and were aware of their single point of contact (SPOC). They have also had the opportunity to sign the voluntary agreements (on how they should be searched).

Three prisoners at an April focus group spoke highly of their treatment and staff-prisoner relationships. They were invited to make suggestions for future comfort and wellbeing. In April 2023, a prisoner in his case review commented on the care received on F Wing; opportunities provided to express his sexuality; and the respect shown for his dignity, including the opportunity for lone showers. Similar comments were made in meetings through May and July. A common theme was the support given by HMP Durham's Family Support Worker.

The Board remains satisfied with the treatment of transgender, non-binary and gender fluid prisoners.

- 5.4.8 In 2021-22 there was a range of foreign national prisoners from 30-35 different countries in the prison at any one time. At the end of the reporting year there were 129 foreign national prisoners in the prison.

A snapshot reveals the range of nationalities:

Date	Number of nationalities
31.10.22	35
22.5.23	26
14.7.23	25
31.8.23	31
26.10.23	29

A foreign national liaison officer is a point of contact for 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 2021-2022 reporting year, people from Albania and Iraq were the two largest groups in the establishment. In the 2022-2023 annual report, the largest group was made up of people from Albania. 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 foreign national prisoners through the Board kiosk and regarding regime. However, it is noted that there are limits regarding the kiosk, which is a national provision, despite efforts of the Board to raise this issue and improve outcomes.

- 5.4.9 During the 2021-2022 reporting year, there were 7-24 prisoners detained under the powers of the Immigration Act IS91. At the start of the monitoring year there were 13. A snapshot over several months reveals that there were fewer numbers during the course of the 2022-2023 reporting year.

Date	Number of nationalities
31.10.22	13
22.5.23	3
14.7.23	5
31.8.23	2
26.10.23	3

The Board has worked hard to establish good relationships and communication with those internally and externally involved in immigration detention. The Board is satisfied that contact is made on a regular basis by the Home Office with 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. The Board receives regular updates regarding the position on prisoners held under immigration powers. Last year, the longest imprisonment was from 21 January 2021 until the end of the reporting year, due to the incorrect nationality being initially given. However, the Home Office determined the correct information to progress his case. In 2022-2023, the longest serving detainee entered the prison as an immigration detainee on 14 November 2022 and has been here ever since. His crimes make him unsuitable for immigration bail. He has an extant claim for asylum and awaits a decision.

5.4.10 In the reporting year, 46 DIRFs were submitted, which is higher than in the last monitoring year. Issues concerning race continue to be the main reason for submission. DIRFs are available in the establishment in 20 languages. DIRFs are quality-assured (QA) on a regular basis and external QA is provided by Durham County Council.

DIRFs submitted: reason	2022-23	2021-2022	2020-2021
Age		1	
Disability	12 (1 upheld)	3	3
Disability; age; race			1
Disability and race			1
Disability; race; religion			1
Multiple reasons (6)			1
Race	22 (3 upheld)	21	23
Race and religion		4	3
Sexual orientation	4	2	1
Gender reassignment	1		
Religion and belief	5 (1 upheld)		
Not stated	2 (1 upheld)		
Total	46	31	34

5.4.11 As of 31 October 2022, the breakdown of the population of the prison was:

Age group	2021-2022	2022 - 2023
18-24	16%	15%
25-38	50%	49%
39-59	30%	32%
Over 60	4%	4%
	100%	100%

There was no discernible difference in a year-on-year comparison of the prison's population demographics.

5.4.12 The prison promotes national events including Young Adults Awareness Week; numerous religious festivals, for example Ramadan; Islamic New Year; Eid al-Adha; Lent; Easter; Christmas. Celebrated events include Autistic Pride Day; Father's Day; Deafblind Awareness Week; Autism Awareness Week; World Sight Day; Black History Month; Transgender Awareness Week; Remembrance Day; International Youth Day; Deaf Awareness Month; World Suicide Prevention Day; National Inclusion Week; Hidden Heroes Day; Movember; and International Men's Day.

5.4.13 The Board notes that the prison assists those prisoners with learning difficulties through support in education and through the Neurodiversity Support Manager.

5.5 Faith and pastoral support

5.5.1 The Board is very content that the chaplaincy team gives extensive support to prisoners and their families. This ranges from providing the opportunity for all prisoners to attend their faith worship or group weekly, to bereavement support; liaising with prisoners, the prison and relatives over the possibility of attending a funeral; supporting faith groups; and generally giving pastoral support. They visit men; support corporate worship; deliver written and verbal messages and support group study. Chaplains are expected to visit all prisoners of faith at least once per fortnight. 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.

As part of the induction of new prisoners, the team speaks to all prisoners within 24 hours of arrival to ensure immediate contact with families and supports 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.

5.5.2 Christianity continues to be the largest religious group within the prison. Men in HMP Durham follow a range of religions and beliefs. As a snapshot, in September 2023, declared religions covered the following range:

Adventist; Agnostic; Atheist; Buddhist; Christian; Anglican (Church of England); Church of Jesus Christ of the Latter Day Saints; Eastern Orthodox; Greek Orthodox; Hindu; Jehovah's Witnesses; Methodist; Muslim; No religion; Other; Pagan; Protestant; Rastafarian; Roman Catholic; Russian Orthodox; Spiritualist.

Of the 956 declarations, 489 men said they had no religion. A total of 141 declared they belonged to the Church of England; 122 Roman Catholics; 78 Christians; 72 Muslims; and 11 Buddhists. Chaplains do their best to support all denominations. 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 Witnesses; Humanism; and Paganism. In April, three new volunteer chaplains and a Pagan chaplain joined the team. In September, there were only three prison Rastafarian chaplains nationally, so Rastafarians wait longer to see a chaplain. By the end of the monitoring year, roll checks were impacting on prisoners attending the chapel for prayers.

5.5.3 Men who have had a recent bereavement are supported in the chapel, regardless of faith or belief. Between November 2022 and October 2023, the chaplaincy had supported 80 men dealing with a dying relative or a relative who had died. Almost half of these men had no religion.

5.5.4 Focus groups, religious studies and worship in the chapel are regular. The team has provided regular sessions, including an Islamic class; Buddhist group; Church of England Bible study group; a Jehovah's Witnesses' group; Quran class; New Life Study group as well as groups for Roman Catholics, Quakers and Pagans.

5.5.5 The chaplaincy team attends all operational meetings and is involved with all groups and departments in supporting and assisting the prisoners throughout their prison journey. Additionally, the team is involved in collaborating with external organisations to assist the prisoners, such as Junction 42 (a charity offering education, creative arts and Christian faith support to prisoners).

5.5.6 When food is required for a religious festival or feast, food menus are provided by the catering department, recognising religions, culture and festivals.

5.6 Incentives schemes

Incentives scheme		Basic		Standard		Enhanced	
Date	Roll	No. of men	% roll	No. of men	% roll	No. of men	% roll
01/11/2021 (Covid-19)	947	0	0.0	588	62.1	359	37.9
01/11/2022	972	24	2.5	605	62.2	346	35.6
01/11/2023	974	39	4.0	646	66.3	289	29.7

5.6.1 Following a consultation with staff, partner agencies and prisoners, a new incentives scheme policy was implemented in November 2022, in accordance with the Incentives Policy 2020 to support positive behaviour. Prisoners' behaviour is reflected in the levels of Basic, Standard and Enhanced. Since October 2021, remand and sentenced prisoners must actively engage with work or education to achieve Enhanced status.

5.6.2 In the reporting year, there were 3,895 positive prisoner behaviour entries out of a total of 12,859 entries, i.e. 30.3% of entries were positive compared with 8,964 - 69.7% - negative entries. Comparing the reporting period with the previous year, the number of men on Enhanced has declined, with those on Basic and Standard increasing.

5.6.3 The Lammy Review 2017, recommended:

"To increase the fairness and effectiveness of the IEP system, each prison governor should ensure that there is a forum in their institution for both officers and prisoners to review the fairness and effectiveness of their regime. All ethnic minorities should be represented in this."

The Board is not aware of any incentives scheme forum that directly addresses the concerns of the Lammy Report. In July, the incentives scheme (previously called the IEP) became a standing agenda item in PCC meetings to discuss the differentiation between the three levels. In reality, there has been no discussion.

5.6.4 A panel consisting of the Head of Residence, CMs and SOs monitors the incentives scheme. The panel quality-assures Basic, Standard and Enhanced reviews.

5.6.5 Since March 2021, enhanced prisoners can send cards, special occasion flowers and Amazon gift cards to approved family members and friends. Some Enhanced prisoner privileges became unavailable due to non-availability or security issues, which resulted in an amended incentives scheme being issued in May 2023 and August 2023.

5.7 Complaints

5.7.1 From the table below, it would appear that the prison has addressed the on-time response rate with an improvement from 2021-2022 of 68.6% to 2022-2023 of 83.3%. However, the Board is concerned to see the total number of complaints received has also risen by 71%. The Board has not been able to identify why this is the case but will continue to monitor the complaints process.

	Total complaints (Comp 1 & Comp 2)	Number of on-time responses	% of on-time responses
2020-2021	1,188	995	83.8
2021-2022	1,419	974	68.6
2022-2023	2,428	2023	83.3

- 5.7.2 A total of 956 of Comp 1s (ordinary complaints) and 2s (complaints about sensitive matters) received by the complaints department were rejected by the prison and returned to the prisoner. This compares to around 400 in the previous year.

Reason	Number	%
Should have been an application to a department	468	49.0
Wrong complaint form used	169	17.7
Duplication of complaint	110	11.5
Healthcare complaint (use separate system)	92	9.6
Miscellaneous/others	113	11.8

This suggests that signage regarding how to contact the prison about different subjects is unclear. Board members' conversations with prisoners suggest that many do not know how to make applications to different departments.

The number of complaints returned that should have been sent to healthcare under their separate system is nearly 100 over the course of a year. This suggests that signage information about that separate system is insufficient and the Board will continue to monitor the effectiveness of the information available to prisoners.

- 5.7.3 A review of complaints by wing shows that the number of complaints are proportionate to the size of the wings. This shows there is no disproportionate dissatisfaction within any one wing.
- 5.7.4 An analysis of ethnicity in relation to Comp 1s and Comp 2s shows no disproportionality in numbers of complaints being made by minority ethnic groups. Better access to translation systems may reduce barriers and make it easier for those with poor English skills to submit complaints.
- 5.7.5 There is no correlation between the subject of complaints made to the prison and those applications made direct to the IMB.

5.8 Property

- 5.8.1 This reporting year, 21% of the complaints made to the prison were regarding property – the second highest of any category.
- 5.8.2 The process for the receipt of property after entering the prison is explained verbally during the reception/induction process.
- 5.8.3 A cause of much frustration throughout the year has been due to the fact that nationally, prisoners are only allowed to receive approved clothing as part of their reception visit, i.e. the first visit in the prison. This was raised many times during the Prisoner Consultation meetings. However, it has been clearly stated at those meetings that particularly for those prisoners who are out of area or on remand for extended periods that the heads of residence can use their discretion to allow clothing to be sent in.
- 5.8.4 Cell clearances, i.e. when a non-compliant prisoner is moved from their cell and relocated elsewhere - frequently into SACU - continue to be a regular source of property issues. Cell clearance is done without the presence of the prisoner and staff refer to the prisoner's property card. The Board has observed that this procedure is not always followed correctly. The prison management has instituted a training programme to try to rectify this.
- 5.8.5 Property is often lost when prisoners are transferred between prisons, and if bags of property are damaged during transit, they are returned to GeoAmey. The Board has had to deal with these issues through applications.

6. Health and wellbeing

6.1 Healthcare general

- 6.1.1 The Board receives regular updates from healthcare's local delivery board (LDB) and finds the staff very co-operative. Only one board meeting was cancelled this year; however, reports were provided by the various departments in advance of that meeting.
- 6.1.2 Staffing and vacancies have continued to be an issue in healthcare throughout the reporting year. Vacancy rates have fluctuated from five to 11 vacant positions between December 2022 and September 2023. The head of transformation, two pharmacists and the deputy heads of healthcare all resigned mid-year. A new head of healthcare was appointed in May prior to the post being vacant; however, as of 31 October 2023, she was not in post. The management of healthcare has been carried out by a newly appointed deputy head of healthcare, who took up the post on 1 June 2023 and has been supported by a Spectrum Cluster Manager. Issues regarding staff vacancies and clinical risk have been raised by Spectrum staff at the Local Health Board on a number of occasions and, in turn, escalated to the Cluster Manager and Regional Leads. The Board will continue to monitor healthcare staffing levels closely.
- 6.1.3 The Board received a total of 75 written and verbal applications about healthcare, compared with 58 in the previous year.
- 6.1.4 Between 1 November 2022 and 31 October 2023, healthcare received 70 direct complaints in comparison with 162 complaints last year, a significant reduction. In both 2021-2022 and 2022-2023 reporting years, the Board was told that the healthcare service acknowledged 100% of prisoner complaints within three days. Healthcare states 100% were answered on time this year. The largest category of direct complaints to healthcare again remains medication and prescriptions, followed by treatment, access to appointments and staff attitude.

6.2 Physical healthcare

- 6.2.1 Durham has a staffed healthcare centre with six hospital beds. This unit is always fully occupied, mainly due to the ageing prison population requiring palliative care and care based on their disability due to the lack of appropriate accessible cells within HMP Durham and the region.
- 6.2.2 As referenced in 4.1, reception prisoner churn is high, with regular late arrivals that present challenges to the healthcare staff regarding screening the men. Whilst healthcare providers are available 24/7 on site, nurses are only in reception until 9pm, although there is a cut-off time of 8.30pm when prisoners can be screened face-to-face on their first night in custody. With an average of 500 new prisoners per month, it is considered, by healthcare staff, that around 20% are not seen within the first 24 hours of arrival, or within the first two days of imprisonment. This is constantly recorded and tracked by

healthcare and has been escalated but remains a concern for the healthcare staff. Due to this issue of screening, inevitably there could be a delay in prisoners obtaining the appropriate medication, as there is no ability to obtain the information externally until administrative staff are available. If a prisoner is received without medication or prescription and this is considered life threatening, they are regularly monitored until the medication need is verified and able to be administered. The nursing staff are, therefore, only able to work based on the information available at that time from the prisoner and police.

- 6.2.3 In reporting on Deaths in Custody, the PPO has been critical of “secondary health screening within 7 days” performance. The table, below, shows that in the last quarter of 2021-2022, there was a significant improvement in performance. However, the Board is disappointed to report that this improvement has not been sustained throughout 2022/23.

	Secondary health screening within 7 days	
	Nov 2021-Oct 2022	Nov 2022-Oct 2023
November	0.1%	76%
December	6%	70%
January	7%	56%
February	6%	52%
March	16%	53%
April	13%	50%
May	5%	64%
June	14%	52%
July	57%	56%
August	56%	42%
September	82%	45%
October		75%

- 6.2.4 Waiting times to see healthcare personnel has fluctuated over the reporting year for the different services:

- GP and Advanced Nurse Practitioner (ANP): varied between 6 and 14 days, in line with the previous year.
- Dentistry: waiting times have fluctuated between 21 and 154 days, with it being closer to 154 than 21 for most of the year, for an initial appointment. This is an improvement on the previous reporting year

when, in September 2022, there was a 203-day wait. The wait is between 21 and 63 days for ongoing appointments.

- GUM (sexual health): consultations have a waiting time of between 3 and 10 days.
- Podiatrist: between 86 and 152 days waiting time for an appointment.
- Optician: between 77 and 218 days
- Physiotherapist: between 2 and 33 days.

6.2.5 Dentistry services are provided by Burgess & Hyder. It has been noticed by the Board that although some reports have been provided for the monthly LDB meetings, there have been no representatives attending from the company, despite numerous requests by the Governor and Head of Healthcare. Demand for this service is high in the prison; the number of prisoners requiring urgent treatment affects the waiting list for routine treatment. IMB concerns during the reporting year have been raised about the impact and the starting times of the dentist and the Board will continue to monitor this.

6.2.6 Over the reporting year, there have been a considerable number of “did not attends” for both primary care and mental health appointments, fluctuating between 340 and 491 per month. Work has been carried out to try to understand these high rates, involving prisoner consultations, surveys, and both written reminders and reminders on the kiosk sent to the men of their appointments. Explanations for non-attendance have included work and education attendance; a change of mind about attending; and staff availability to take them. However, the Board has seen no evidence of a plan for improvement.

6.2.7 Over the reporting year, there have been team changes in both pharmacists and technician posts. New pharmacists joined in August and October 2023. It has been reported to the Board that the pharmacists have ensured that all eligible men have had access to all vaccinations, including Covid, flu, hepatitis B, MMR (mumps, measles and rubella), and MenACWY (four strains of meningococcal bacteria). Pharmacists have, however, raised issues about access to prisoners and not having officers present at the medication hatch on the wings.

Their other work has included:

- Regular medication audits to ensure that prisoners have in their possession the correct medication and the prescribed amount. Audits evidence compliance is between 89% and 100%. Spot-checks have been carried out on prisoners found not to have the correct medication. Pharmacy review on a regular basis those patients on high-risk medication.
- Monthly-themed medicine management meetings about medication and the pain-management process.
- MDT meetings take place to discuss all new prison receptions previously prescribed medication on the outside that are not usually prescribed in the prison. They look at reduction plans and a new

prescription of “non-trade-able” medication. Mirtazapine (an antidepressant) has proved to be the top “trade-able” medication, with associated reduction plans for prisoners reliant on this medication.

- 6.2.8 Evidence provided at the LDB meetings demonstrates that whether prisoners transfer into HMP Durham from other prisons with or without their medication is a lottery. Over the reporting year, between 3% and 99% of prisoners have been without medication. Prisons failing to send medication are notified to NHS England for further attention.
- 6.2.9 The target is that 95% of prisoners transferring out will have sufficient medication to last for seven days. This target has been achieved in 10 out of the reporting 12 months.
- 6.2.10 In the reporting year there has been a number of escorts to hospitals for both pre-arranged appointments and medical emergencies. Figures range from 40 to 67 in any month. As was the case last year, there has been no identifiable trend to the number of escorts undertaken. In an attempt to reduce the number of prisoners having to leave the prison, there has been a steady increase in the use of telemedicine appointments, such as for attending a diabetic clinic and tissue viability appointment, for example. Telephone consultations have been used for hematology and neurosurgery. Visiting consultants have included a neurologist as well as an epilepsy nurse. The Board looks forward to reporting on the progress of this development in the future.
- 6.2.11 Screening and vaccination programmes are undertaken in the prison, including those for: asthma; atrial fibrillation; blood-borne viruses; blood pressure; bowel cancer; cancer; COPD; Covid; chlamydia; cholesterol; chronic kidney disease; dementia; depression; diabetes; epilepsy; heart failure; hepatitis B and C; hypertension; learning disabilities; MMR; MenACWY; mental health; obesity; osteoporosis; peripheral arterial disease; rheumatoid arthritis; secondary prevention of coronary disease; smoking cessation; stroke and transient ischemic attacks; and well-man clinics. In March 2023, a HITT event tested 957 of the 978 prison population, i.e. 97.85%, which resulted in 24 patients being diagnosed and subsequently treated for hepatitis C.
- 6.2.12 Within the reporting year there have been eight deaths in custody, two of which were post-release. In the available PPO reports, recommendations have been made to the Governor and the head of healthcare in respect of reception procedures, food refusal policy, assessment of a prisoner’s risk factors and clinical assessment and referrals. Action plans have been put in place and are constantly reviewed by the appropriate Governor and head of healthcare.

6.3 Mental Health

- 6.3.1 Through both monitoring and observation in the prison, the Board continues to be satisfied overall that prison staff care for prisoners with respect and dignity and are mindful of their mental health. Nevertheless, prisoner voice is critical of the length of time it takes to receive initial assistance from the mental health team.
- 6.3.2 The mental health team has continued to suffer issues of staffing and vacancies throughout the year, along with a lack of telephone lines. The original manager of the team remained on sick leave throughout the reporting year, with an Acting Team Manager appointed in April 2023: this person became the substantive Team Manager on 1 November 2023.
- 6.3.3 Due to the changes in management, data has not always been available in the first quarter of the Board's reporting year. However, from the available data, the Board has been able to establish the following:

The average monthly mental health referrals were 296, an increase from 270 in the previous reporting year.
The average monthly case load was 136.
Between March and October 2023, the mental health team attended 748 ACCT reviews, an average of 93 per month.
The average wait to have a full assessment by a nurse was 29 days.
The average wait to see a psychiatrist was between 4 and 128 days, averaging at 59 days. This is an improvement on last year, when the longest wait was 168 days.
The average wait to see a counsellor was between 63 days and 294 days, averaging at 154 days.

- 6.3.4 Whilst the Board acknowledges that external waiting times in the NHS mental health services may also be extensive, the Board has no comparative data from the community.
- 6.3.5 The ISU opened in 2017, providing a 12-bed unit for the in-house prisoners (I wing). Referrals are received from HMPs Deerbolt, Holme House, and Northumberland.
- 6.3.6 At the start of the reporting year, there were 11 patients on I wing. A total of 45 patients were referred, accepted and discharged by 31 October 2023. Patients stayed, on average, about 10.5 weeks.
- 6.3.7 After discharge, 37 men transferred back to the referring establishment; nine to the community, without the need for detention under the Mental Health Act (MHA); four to the community, with detention under the MHA; and 10

transferred to a secure hospital, under the MHA. This demonstrated a 76% success rate for those men discharged without the requirement to be detained under the MHA.

- 6.3.8 Treatment and therapy are provided by registered mental health nurses; occupational health staff; speech therapists and bespoke prison officers.
- 6.3.9 In April 2023, an awareness day was held to provide an overview of the ISU to all partner agencies, aiming to improve awareness of the unit, its aims and an understanding of what a patients' journey may look like.
- 6.3.10 A Christmas fayre was held in December 2022, when patients invited two members of their family to a morning of Christmas activities, followed by eating lunch together. This was also attended by HMPPS and Tees, Esk and Wear Valley NHS Foundation Trust (TEWV).
- 6.3.11 Throughout the reporting year, the team has constantly made improvements to the wing's environment and the treatment and care it provides. I wing has consequently received recommendations and awards.
- 6.3.12 Environmental changes include an upgrade to the main area to provide a more comfortable relaxation area, with a table to enable patients to dine together. The group room has been redecorated and a tree has been painted on an entrance corridor wall with advice and welcoming quotes. Patients' artwork is displayed. Future plans include the development of the exercise yard and the kitchen.
- 6.3.13 Changes in the care of the patients have included a one-page profile board, a 'get to know me file' with one-page profiles of the staff, and hospital passports. Specific group timetables are now available and improved induction packs.
- 6.3.14 Issues that have affected the ISU over the year have included it being one of the first prison wings to be placed in patrol state due to staff absence or shortages of the bespoke staff that assist the regime. Therapy sessions have been affected and the Board will continue to monitor the impact of staff shortages.

6.4 Social care

- 6.4.1 Social care referrals are made by healthcare, with an occupational therapy case manager from Durham County Council (DCC) assessing care needs and any necessary equipment. The assessment can take up to 28 days. The six cells in healthcare all have wheelchair access. There are an additional seven cells in Durham with wheelchair access and a shower; however, this is not enough to meet the needs of the number of prisoners using wheelchairs. There is no buddy system for prisoners to support other prisoners, although healthcare provides support workers to help individuals, as necessary. At the beginning of the reporting year, three men had a formal social care package, and at the end, one man had support to shower three times a week.

- 6.4.2 During the reception healthcare screening, men are asked to declare any disabilities, including those that require a PEEP. Those needing social care referrals and any interventions are followed up in secondary health screening. Men with complex needs are placed on a care plan and added to the complex needs' register. The individuals are discussed in the monthly LDB, multi-agency meetings, and action plans formulated. A MacMillan nurse was working with two palliative care patients at the end of the reporting year.
- 6.4.3 The table, below, shows two snapshots of the self-declared disabled population, as recorded in reception. Not all disabilities require social care support. Wherever possible, first night reception declarations are triangulated and verified; however, the data showing verified conditions is not available.

Self-declarations of disability		
	Apr 2023	Sept 2023
Average roll count	972	973
Disabled prisoners	177	168
Mental illness	88	96
Learning difficulties	39	36
Learning difficulty, including autism	0	10
Reduced mobility	24	24
Misc/others	35	44
Total	363	378
Percentage of population	37%	39%

6.4.4 The Peripheral, or 'P Store', became operational in November 2022. The stock of low-level equipment such as mobility aids is minimal and manageable. Additional equipment can be requested by trained nurses from DCC. Physiotherapy staff provide mobility aids, Durham social care provides hoists and slings and occupational therapy aids such as cutlery. Healthcare can commission an emergency package to cover weekends when personal care is needed immediately.

6.5 Exercise, regime and time out of cell

- 6.5.1 The prison has attempted to collect data regarding time out of cell. However, by the end of the monitoring year, the system had not been fully implemented. This made providing an accurate figure impossible for the Board. However, as a general overview, the situation looks as follows. These are best-case

figures, which will be significantly diluted when the wing is put into patrol state or 50/50 regime (see 6.5.3).

Weekdays and weekends			
All prisoners	Time out of cell	Time locked up	
Showers and kiosk	30 mins		
Meals	20 mins		Meals collected from servery but eaten in the cell.
Exercise	40 mins		
Total	90 mins		

In addition to the above, those who engage with work or education access a further 2.5 hours or 5 hours per day of unlock, depending on whether they are part-time or full-time. Approximately 45% of the population engage in this way. Prisoners who engage with work and education can also access the gym. Spaces are limited and highly sought-after as, mid-week, approximately 150 men can be accommodated per day in 1-hour long sessions. At weekends, there is no opportunity to attend education and the number of workspaces is significantly reduced.

6.5.2 Following Covid-19, there has been no re-introduction of association. Instead, HMPPS looked to introduce Structured on Wing Activity (SOWA), the idea being that time out of cell would be purposeful. Small-scale attempts have been made to introduce SOWA but, as yet, nothing has been sustained. For those that do take place, i.e. drop-in POM clinics, addiction clinics, wing forums and meetings, etc, accurate data is not readily available. The Board looks forward to commenting on this aspect of the regime in next year's report.

6.5.3 Whilst on paper it may appear that the prison has sufficient staff, the reality is that on many occasions it has been impossible to maintain wing regimes. This results in wings going into patrol state or a 50/50 regime. The prison has a Regime Management Planning (RMP) process, carried out weekly, which reviews future staffing levels and agrees the actions to be taken. The reasons for the shortfall are: staff redeployment (HMPPS dictates that if an establishment has more than 92% of its approved complement, it has to redeploy staff to struggling establishments); new staff with pre-booked holidays, and the absence and poor management of staff leave. It has not been possible to evaluate the overall outcomes of the RMP process and whether patrol states, etc, have been evenly spread across the prison. However, as a specific example, from 4 October 2023 to 4 November 2023, I wing was put into patrol state on 10 separate occasions. In the previous month, it was 12 occasions. I wing is the integrated support unit housing some of the prisons most vulnerable prisoners. Whilst in patrol state, prisoners were not be able to access the range of therapies delivered under normal conditions.

6.6 Drug and alcohol rehabilitation

6.6.1 This provision has been understaffed, with a 50% staff shortage in January 2023. Between three and seven positions have been vacant throughout the monitoring year and assistance has been required from staff in other local establishments. This has enabled the DART team to continue to see or telephone a referred prisoner within one working day. If the prisoner agrees to work with DART, then within three days they are triaged, and a comprehensive assessment is completed within five days.

6.6.2 All SIP prisoners held in SACU have been seen for three days in a row to offer support/help and potentially be triaged. The staffing issues, however, have, impacted on group work throughout the year. Not all staff from assisting establishments had access into the prison. Drop-in sessions were held when staff became available.

6.6.3 When possible, sessions that have been held include:

- 'Breaking Free Online' for support before and after release
- Narcotics Anonymous
- Peer-mentoring training for all departments
- Social Inclusion and Family
- Naloxone training (which teaches people to identify opioid overdoses and administer Naloxone, an antidote)
- Focus wing groups to establish what service users required.

Additionally, as staffing levels have improved, attendance at events and other sessions have included:

- A Community Day held in partnership with the Reconnect partners
- Suicide Awareness Day
- Family information Day
- Drop-in sessions on each wing to promote employment opportunities and reintegration back into the community for service users
- Recovery Month was celebrated with a football match.

Discussions about the future have commenced about partnership group sessions for acupuncture and mindfulness/relaxation.

6.6.4 Attendance at sessions has ranged from three to 58 per month, depending on the availability of DART staff. Additionally, prison staff enabling issues have also affected the service provided.

6.6.5 As can be seen from the table below, the team has a heavy caseload. Yet, despite staffing issues, it continues to assist a high number of prisoners to become drug- or alcohol-free.

	Referrals	Face-to-face and phone sessions	Assessments	Treatment completed drug-/alcohol-free
Nov 22	513	883	181	26
Jan 23	543	812	286	37
Mar 23	545	732	179	20
May 23	545	748	126	22
July 23	643	802	118	19
Oct 23	555	948	331	22

6.6.6 Naloxone, in needle or nasal form, is offered as a kit and is available in reception on release. There has been an uptake of between 16 and 27 kits issued every month, equating to a 53% average uptake. A disclaimer is required to be signed by those being released who refuse to take a kit. Ongoing discussions have taken place to find a solution as how to provide Naloxone kits to those prisoners released directly from the courts.

6.6.7 The Board has observed the good work the DART team in assisting those with addictions who wish to change their lives.

6.7 Reconnect Hub Service

6.7.1 The Reconnect Hub Service, in North East Prisons, is a new provision that opened its doors adjacent to HMP Durham in November 2022. This is led by Spectrum, in partnership with TEWV, Humankind and Rethink Mental Illness. The hub aims to provide a care-navigator service for people being released from all local prisons, with a goal to prevent a return to ill health, reduce health inequalities and promote independence, as well as a reduction in reoffending. Additionally, support is provided to homeless people. This is done through robust reconnection with health services in the community, helping to reduce health inequalities in this vulnerable group.

6.7.2 The hub works alongside other agencies to provide assistance in GP registration and support; wellbeing support; accessing mental health care; accessing substance misuse support; accessing social care support; and accessing dental support.

6.7.3 Work with the prisoners begins 12 weeks before release, with support lasting up to six months, ensuring all prisoner healthcare plans are in place. Support includes overdose awareness; harm reduction; Naloxone; employment and volunteering opportunities; housing; and benefits support. Practical support is also provided regarding local amenities; reintegration into the community; IT and finance. Health sessions have included Cocaine Anonymous; Alcoholics Anonymous; substance awareness; and mental health.

- 6.7.4 Additionally, there is the enhanced reconnect model, designed to support those deemed as high-risk and high-complexity for an enhanced pathway of care. This provided longer term support, lasting up to 12 months to help men engage and remain with community health and support services. In a five-month period six clients have been helped by this provision.
- 6.7.5 The Board has visited the hub and has seen for itself the valuable support it offers. It is disappointing to report that the numbers attending the hub on release have declined throughout the year – see the table below. The Board looks forward to being able to report an improved picture for next year.

Month	Releases from HMP Durham who attended the hub	Clients who continued to engage
June	31	12
July	24	15
August	18	10
September	10	10
October	16	6

6.8 Soft skills

- 6.8.1 Mentors within the prisoners exist for the Shannon Trust; DART; mental health; 'every contact matters'; careers; and within the workshops and educational classes. Additionally, other supporting roles include the PID workers; Listeners; and equality and diversity reps.
- 6.8.2 Prisoners' skills are enhanced through courses, including barbering; English; Maths; English for speakers of other languages (ESOL); digital skills; horticulture; multi-skills and construction. There are also activities, such as specific father-children visits, with book reading to children; packs to relieve boredom; distraction packs; and the provision of posters to mark special days, including Remembrance Day.
- 6.8.3 Innovation Unlocked, in partnership with industries and education, facilitates the design of products for sale within the community.
- 6.8.4 The prison provides support for prisoners through the well-man clinic; healthy lifestyle instruction, provided by the gym staff; banking and ID workshops; music group; DART; POM drop-in sessions; and employment events, where outside employers come into the prison to speak to potential workers prior to release.
- 6.8.5 The prison is actively looking to provide a buddy system and is establishing this process through contacts with other establishments.

7. Progression and Resettlement

As a designated reception and resettlement prison, one of the major challenges faced internally is the engagement of prisoners in some form of meaningful activity. It is not mandatory for prisoners on remand to participate. There will be many obstacles in relation to allocation of spaces. The Board has observed the following: the high churn of prisoners, poor communication between wing staff and the activities' hub, and new discipline staff still learning their craft.

7.1 Education, Library

Education

7.1.1 Education in the prison is delivered by Novus via the PEF (Prison Education Framework). The model of education and work focuses on 'assessment, engagement and employability skills'. It is based on five core- principles:

- teamwork,
- communication
- self-management
- problem-solving
- presentation.

Prisoners are encouraged to engage with learning through the offer of education and work placements. All education is offered on a part-time basis. This creates the maximum number of places for the prison population. Since coming out of lockdown, teaching staff have developed professionally. Learners are engaged in project-based learning.

PLPs establish a prisoner's starting level and outlines the education plan for that individual whilst in custody. PLPs are completed by IAG induction, advice and guidance (IAG) in the careers centre.

7.1.2 Assessments of education needs are carried out in the careers centre. The Board is concerned about low levels of attendance, evidenced in the table below.

Education assessment attendance		
July 2023	Aug 2023	Sept 2023
52%	48%	42%

7.1.3 Education is delivered broadly under three subject headings:

- Functional skills
- Accredited vocational learning
- Unaccredited vocational learning

Novis has employed a range of delivery strategies, including:

- Way-Out TV
- Way2 Learn
- In-cell telephony and kiosks
- Rapid screeners for Learning Difficulties and Disability (LDD) prisoners
- Intensive support from tutors and Special Education Needs Co-ordinator (SENCo)
- Classroom-based teaching.

Monthly establishment performance meetings (EPM) and quality improvement group (QIG) meetings are governance meetings that offer oversight of the delivery of education in the prison. The Board has observed varied delivery and observed meetings. The Board remains satisfied with what it has seen.

7.1.4 This is the first full year, post Covid, that education has been delivered face-to-face, but it has not been without its challenges. Staff shortages have impacted, e.g. barbering was closed for three months and multi-skills on the VP wing was closed for five months. Whilst the Board is unable to evaluate the impact, it has observed that restricted regimes have had a significant impact on all types of out-of-cell activity.

7.1.5 All prisoners in the Mains/VP population can access the full agreed curriculum, depending on their security-risk levels. There are a small number, typically around 50, of other groups of prisoners who are subject to “limited” or “no access”. These include VP prisoners who have limited mobility and cannot use the stairs, accessing only a limited curriculum, and men on I wing, SACU and healthcare, who have no access other than to in-cell learning, if agreed.

Access to education for some prisoners has reduced this year. Prisoners located in the SACU have lost their access to functional skills, as peripatetic tutors are no longer providing support to the “hard-to-reach group of prisoners with maths and English”.

7.1.6 In general, due to the relative short stays in Durham, qualifications are no longer offered. The Board, however, is pleased to see an increase in the number of prisoners enrolled in education.

Number of learners enrolled in education				
May 23	June 23	July 23	Aug 23	Sept 23
155	204	323	280	350

Library

7.1.7 In addition to direct access, prisoners can access the library remotely. Prisoners who are wing-bound or located in SACU, healthcare or on I wing have benefited from this remote service. During June to August 2023, prison regime was disrupted as changes to roll-count methodology were implemented. Direct access to the library was curtailed, leaving the remote service only. This issues around roll-count were resolved in the latter part of this reporting year.

7.1.8 The library can draw on the resources of 39 other libraries (through the public library service) outside the prison. There is also a significant quantity of books in foreign languages. The Board is satisfied that prisoners have access to a large volume of materials in the library or on request.

7.1.9 The library has evidenced the following activities this year:

- Storybook Dads (where prisoners record stories on DVD or CD to send to their children): since November 2022, the library team has recorded and posted out 13 CDs to prisoners' children.
- Raising Readers (where prisoners can choose a book to be sent home to their child): this was introduced in HMP Durham in early October.
- Reading groups (books read aloud): these are run in partnership with education
- Chess group: this has been very popular and a success.

In addition to these activities, a daily timetable operates, providing access for prisoners located in the different residential wings.

The Board has observed the continuing enthusiasm of library staff promoting prisoner access to the library services in the prison.

7.2 Vocational training and work

7.2.1 The prison offers around 400 spaces within this category. The majority are part-time roles to provide maximum prisoner access.

7.2.2 With a population churn of 6 x per year and an 8.7 week average length of stay, vocational training is geared towards offering the skillsets required for future employment. Therefore, vocational training does not lead to any qualifications. An electronic tracker is also used to monitor the up-to-date progress of the prisoner's employability skills. The Employer Training Portfolio (ETP) is still used by prisoners as an additional record of their engagement with work/training.

7.2.3 There are insufficient places for all prisoners to engage with work. The prison is operating at an efficiency rate of 64%, in terms of workspaces available for the prison population. This compares with 62% last year. Typically, there are about 140 vocational workplaces available, 90% of which are part-time roles. The most popular work includes MoD nets (camouflage netting for the Ministry of Defence/MoD), print-shop, waste management, tea-packing and warehousing.

7.2.4 In the Board's judgement, the activities in these workshops constitute purposeful activity that provide transferable skillsets needed for future employment.

Attendance at the workplace this year is approximately 65% of allocation. Regime curtailment due to staff shortages has had a negative impact on attendance.

- 7.2.5 As well as vocational training, the prison offers a whole range of opportunities for traditional work roles, i.e. kitchen workers, cleaners, Listeners, etc. The Board understands there is an ongoing issue with prison staff appointing prisoners to the roles of cleaner ahead of security clearance being given. This results in prisoners not being paid for the work they have done. Understandably, this is the cause of great frustration.

7.3 Offender management and progression with family contact

- 7.3.1 There were no offender assessment system (OASys) backlogs during the reporting year. 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) or the prison offender managers (POMs).
- 7.3.2 Prison POMs answer all prisoner queries on the kiosks. This was previously undertaken by the probation POMs. There are currently no backlogs in sentence calculations this reporting year.

Under the early release scheme introduced by the Government late in 2023, HMP Durham has released six prisoners 18 days earlier than their initial sentencing allowed. The Board notes that two were back in prison within two weeks of being released and will continue to monitor the success of this scheme.

- 7.3.3 The POMs contact the prisoners personally within a week post-sentence. This is a good initiative that has continued in this reporting year and which has been welcomed by the prisoners and the Board. On top of this, the prison has created POM clinics, which are available to all prisoners held on all wings, apart from the first night centre, SACU and the healthcare centre. 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, but this is difficult to achieve in a reception prison, as prisoners are often moved on quickly and are, on average, transferred within 10 days.
- 7.3.4 The OMU also provides training for key workers, but the responsibility for delivering key work to prisoners lies with the residential discipline staff.
- 7.3.5 There are no offending behaviour programmes at HMP Durham. The OMU identifies the programmes needed for a prisoner's progression, then works with the receiving prison to try to facilitate the prisoner's needs. The 'choices and changes' toolkit 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 and the reluctance of remand prisoners. (See 5.3)

- 7.3.6 The number of IPP (imprisonment for public protection) prisoners throughout the year has varied, but is typically about six, all of whom are on licence recall. However, it is usually the case that the IPP prisoners are rapidly relocated elsewhere within the prison estate.

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 vetted and handled by the prison's censors' department.
- 7.4.2 For those without visitors, the prison briefly introduced the Official Prison Visitors scheme (OPV) on 24 October 2022, to facilitate monthly visits to prisoners. Chaplaincy has taken responsibility for this scheme, which will start in the coming year, when volunteers are recruited.
- 7.4.3 From 1 October 2022, visits were handled by a national call centre, which created numerous issues. 'Better digital prisons service' has now been rolled out and visitors are able to book visits online. This is an improved process but the Board is aware that the prison has some concern, which will be followed up in the new reporting year.
- 7.4.4 Nationally, unconvicted prisoners are allowed visits of 60-minutes in duration. However, in practice, the prison endeavours to give all prisoners visits of two hours. The table below (as of 31 July 2023) sets out prisoners' entitlement to visits, determined by their incentives scheme status:

Visits' entitlement	Basic	Standard	Enhanced
Unconvicted	3 visits per week	3 visits per week	3 visits per week
Convicted	2 visits per month	2 visits per month	4 visits per month

7.4.5 Social visits and social video calls are held daily. Social video calling remains an offer and not an entitlement. It is an additional method of contact but not a substitute for face-to-face social visits. The current offer enables one free 30-minute social video call per prisoner, per month. This has not changed throughout the reporting year. Foreign national prisoners and 'out of area' prisoners who do not receive social visits because of the distance from family may be granted additional social video calls at the discretion of the Governor in certain circumstances. In the current reporting year the prison has not restricted the use of social video calls and it is possible for a weekly video call to be authorised by the family support worker via the head of operations.

- 7.4.6 NEPACS runs the visitors centre to support families and help ease the visits' process. The team offers practical advice, emotional support and directs families to more specialised agencies, if required, e.g. Citizens Advice.
- 7.4.7 The visits' hall has a soft play area for children under six years of age and it appears clean and well maintained. NEPACS also provides activity packs for children.
- 7.4.8 In the reporting year, the Board received feedback from prisoners and visitors that the range of refreshments available in the visits' hall had deteriorated. The issue has not been fully resolved and the Board will continue to monitor it.
- 7.4.9 The Early Days in Custody worker and the HMP Family Support worker in HMP Durham are a positive force within the prison. They consult with visitors, promote Father and Child visits, Family Learning and Extended Family Day visits. The Board has been impressed that the prison has introduced support for new fathers enabling the father to bond with their new child. Storybook Dads started at the end of 2022, is becoming more established in the prison with fathers and significant others able to record a story for their children that can then be played to them at home.
- 7.4.10 The Early Days in Custody (EDiC) project, long established, has been taken over by NEPACS until March 2024, which can only be seen as a positive step in the Board's view.

The Board is hopeful that funding will continue, as the 'first 14 days in custody' assistance is critical in providing stability and support to prisoners, particularly for those in prison for the first time.

7.5 Resettlement planning

- 7.5.1 The Senior Probation Officer (SPO) oversees a team of 21 staff based in the prison. This is the equivalent of 17.5 FTE, against the target of 22.5.
- 7.5.2 Last year, the Board raised concerns about the lack of support offered to the high number of unplanned releases from the prison, i.e. prisoners who are released from court due to time served, or those found not guilty. These are prisoners who have not had the support of the Probation Service whilst in custody because they were on remand. The number of unplanned releases has risen from 903 last year to 985 this year.
- 7.5.3 A final PPO report, published during the monitoring year, concerning the death of a HMP Durham prisoner, commented on the national accommodation issue for prisoners leaving prison:

"The provision of suitable accommodation for people leaving prison, particularly for those with complex risks and needs, is an issue that extends beyond the remit of Durham or the local probation services. Housing, accommodation services and the local authority may want to be aware of the issues raised in this case."

The prison's resettlement team is conscious of these issues. It works collaboratively with the OMU to mitigate the situation by anticipating those prisoners likely to be released directly from the court and engaging external providers.

- 7.5.4 The short sentence framework, initially due in December 2021, was eventually introduced towards the end of this reporting year. The Board looks forward to reporting on its impact in our next report.
- 7.5.5 The resettlement team continues to fulfil its duty in completing basic custody screening. However, an issue was identified where recent releases from prison were not having a BCST (Basic Screening Custody Tool) assessment (part 1) completed in full. On discussing this with the relevant staff, who were aware of the issue where a prisoner has returned to prison after a brief spell in the community, a new process was created to rectify any changes to their circumstances and to ensure the issue is resolved.
- 7.5.6 The resettlement team outsources aspects of its workstream to the Community Rehabilitation Service (CRS). This includes support for accommodation, finance, benefits, debt, personal wellbeing, employment, training and education. Plus, it makes other external links to support prisoners, as required (see organisations listed in Annex A).

The work of the IMB

At the beginning of the monitoring year, the Board had 12 members. We have had two resignations and one new recruit (who joined in October), taking us to an end-of-year figure of 11. The service profile of the Board is as follows:

Less than 1 year	1
1-2 years	0
3-5 years	6
6-10 years	4

At the end of the reporting year, there was one member on sabbatical, who was planning to return in December 2023. Board meetings have been held monthly, with an average attendance of 80%. There is diversity including disability, age, ethnicity and gender within the makeup of the Board.

We have engaged with national and internal training to ensure new members are trained and operational.

The Board has carried out 507 visits in the year, including two-night state visits. 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 on 246 days: 226 weekdays and 20 days on weekends. IMB member visits amount to about 2,000 hours of monitoring. They are carried out weekly by members assigned on the rota, and regularly by all Board members monitoring their assigned 'Areas of Special Interest' (ASIs) coming together monthly to analyse and discuss. The regularity, depth and variety of the Board's monitoring places it in a unique position to offer a valid insight into how prisoners in this prison are treated humanely and justly and provide an evidence-based view. The Board believes its work is of value.

Great efforts have been made to maintain our independence from the prison whilst, at the same time, continuing to develop the relationship with prison staff at all grades. From the comments we receive throughout the year, 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 where we have facilitated resolutions to issues such as access to property and medical services, etc. We have co-operated with other Boards on issues arising when a prisoner has transferred out and have responded in a timely manner to the issues of any family members raised via the Secretariat.

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 not been able to visit another establishment 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 raise awareness of changes in prison policy.

Board statistics

	At the start of the reporting year	At the end of the reporting year
Recommended complement of Board members	15	15
Number of Board members	12 (with 2 on sabbatical)	11 (with 1 on sabbatical)

	2021-2022	2022-2023
Total number of visits to the establishment	588	507
Total number of segregation reviews attended	139	159

Applications to the IMB

Applications to the Board have risen from 334 in 2021-2022 to 456 this reporting year. The Board has identified two reasons for this increase. Firstly, an increase of 80 applications taken directly on the wings, mainly due to the diligence of one particular Board member; and secondly, we revised our system to ensure that stocks of blank application forms were always available on the wings.

Code	Subject	Previous reporting year 2021-2022	Current reporting year 2022-2023
A	Accommodation, including laundry, clothing, ablutions	30	57
B	Discipline, including adjudications, incentives schemes, sanctions	9	11
C	Equality	4	11
D	Purposeful activity, including education, work, training, library, regime, time out of cell	11	46
E1	Letters, visits, telephones, public protection restrictions	49	53
E2	Finance, including pay, private monies, spends	22	31
F	Food and kitchens	10	8
G	Health, including physical, mental, social care	58	75
H1	Property within this establishment	44	29
H2	Property during transfer or in another establishment or location	17	17
H3	Canteen, facility list, catalogue(s)	12	12
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, recategorisation	28	56
J	Staff/prisoner concerns, including bullying	28	39
K	Transfers	12	11
L	Miscellaneous, including complaints system	0	0
	Total number of applications	334	456

In the reporting year, no applications were generated from the now defunct 0800 line.

Annex A

List of service providers

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 Minority Training & 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 provides 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 for the re-employment of ex-prisoners
Novus	Provision of teaching services in education, including workshops
Premier	Physiotherapy and chiropody services

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
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)
Thirteen Group	Provides accommodation support for prisoners leaving the prison - remand and sentenced, outsourced by the Resettlement Team
Wise, St Giles	Finance, benefits and debt service provider for prisoners, outsourced by the Resettlement Team
Ingeous	Personal wellbeing provider for prisoners, outsourced by the Resettlement Team
ETE (Employment, training and education)	Community-based provision: prisoners are referred by the Probation Service
Jobs Unlocked Mentoring West Midlands	Identifies prisoners 12 weeks before release, to prepare them for the job market
Department for Works and Pensions (DWP)	Links are made by the Resettlement Team to deliver overall support for prisoners
NEPACS	Links are made by the Resettlement Team to deliver overall support for prisoners
PACT	Prisoner Advice and Care Trust

Annex B

IMB Prisoner Safety Survey HMP Durham, August 2023, to Establish How Safe Prisoners Feel Within HMP Durham

Primary objectives

- To establish how safe prisoners feel in HMP Durham
- To establish any areas where prisoners feel unsafe
- To compare findings with the 2022 survey
- To ensure the survey is conducted in line with The National Monitoring Framework

Key tasks

- To survey a credible sample of at least 10% of the prison population
- To receive comments from at least 33% of respondents

Methodology

- To conduct “one-to-one” interviews in a confidential manner
- To survey prisoners on six wings, plus the kitchen, vocational training areas, education and the gym
- Obtain prisoners’ views based on five specific, open questions, each having three optional answers
- Participants to be from different age groups and different minority ethnic groups to provide proportional representation across the prison population
- Respondents to be invited to make additional comments

Sample size

- A total of 207 face-to-face prisoner interviews were conducted across the prison, a creditable sample size, comparable with 204 in 2022
- Average number of prisoners in August was 969
- Sample does not include healthcare, SCU, I wing or new E wing prisoners, leaving an eligible population of 826 prisoners
- Comments were received from 88 respondents, which represents 42.5% of those surveyed

Audience surveyed

- 207 Prisoners were interviewed
- This represents 25% of the eligible population of 826 prisoners

Survey key findings

Q1: Have you ever been threatened in Durham?

- 78.7%, 163 men, said they had never been threatened in Durham
- 17.9%, 37 men, stated they had occasionally been threatened
- 3.4%, 7 men, had often been threatened

Q2: How safe do you feel in the exercise yard?

- 6.3%, 13 men, said they felt unsafe

- 61.4%, 127 men, stated they felt safe
- 32.4%, 67 men, felt very safe

Q3: How safe do you feel on your wing?

- 3.9%, 8 men, said they felt unsafe
- 60.4%, 125 men, stated they felt safe
- 35.7%, 74 men, felt very safe

Q4: How safe do you feel in the shower?

- 8.7%, 18 men, said they felt unsafe
- 63.8%, 132 men, stated they felt safe
- 27.5%, 57 men, felt very safe

Q5: Overall, how safe do you feel in Durham?

- 8.2%, 17 men, said they felt unsafe
- 65.2%, 135 men, stated they felt safe
- 26.6%, 55 men, felt very safe

Responses by area

A Wing

Answers from Prisoners Surveyed in A Wing					Responses by Percentage of Respondents in A Wing				
	Never	Occasionally	Often	Total		Never	Occasionally	Often	Total
Q1	22	1	1	24	Q1	91.7	4.2	4.2	100
	Unsafe	Safe	Very Safe			Unsafe	Safe	Very Safe	
Q2	2	16	6	24	Q2	8.3	66.7	25.0	100
Q3	1	11	12	24	Q3	4.2	45.8	50.0	100
Q4	2	16	6	24	Q4	8.3	66.7	25.0	100
Q5	2	17	5	24	Q5	8.3	70.8	20.8	100

B Wing

Answers from Prisoners Surveyed in B Wing					Responses by Percentage of Respondents in B Wing				
	Never	Occasionally	Often	Total		Never	Occasionally	Often	Total
Q1	39	6	0	45	Q1	86.7	13.3	0.0	100
	Unsafe	Safe	Very Safe			Unsafe	Safe	Very Safe	
Q2	2	29	14	45	Q2	4.4	64.4	31.1	100
Q3	1	29	15	45	Q3	2.2	64.4	33.3	100
Q4	2	30	13	45	Q4	4.4	66.7	28.9	100
Q5	2	32	11	45	Q5	4.4	71.1	24.4	100

C Wing

Answers from Prisoners Surveyed in C Wing					Responses by Percentage of Respondents in C Wing				
	Never	Occasionally	Often	Total		Never	Occasionally	Often	Total
Q1	18	3	1	22	Q1	81.8	13.6	4.5	100
	Unsafe	Safe	Very Safe			Unsafe	Safe	Very Safe	
Q2	1	14	7	22	Q2	4.5	63.6	31.8	100
Q3	0	17	5	22	Q3	0.0	77.3	22.7	100
Q4	0	17	5	22	Q4	0.0	77.3	22.7	100
Q5	0	18	4	22	Q5	0.0	81.8	18.2	100

D Wing

Answers from Prisoners Surveyed in D Wing					Responses by Percentage of Respondents in D Wing				
	Never	Occasionally	Often	Total		Never	Occasionally	Often	Total
Q1	29	14	2	45	Q1	64.4	31.1	4.4	100
	Unsafe	Safe	Very Safe			Unsafe	Safe	Very Safe	
Q2	3	30	12	45	Q2	6.7	66.7	26.7	100
Q3	3	31	11	45	Q3	6.7	68.9	24.4	100
Q4	7	30	8	45	Q4	15.6	66.7	17.8	100
Q5	6	32	7	45	Q5	13.3	71.1	15.6	100

E Wing

Answers from Prisoners Surveyed in E Wing					Responses by Percentage of Respondents in E Wing				
	Never	Occasionally	Often	Total		Never	Occasionally	Often	Total
Q1	11	1	0	12	Q1	91.7	8.3	0.0	100
	Unsafe	Safe	Very Safe			Unsafe	Safe	Very Safe	
Q2	1	3	8	12	Q2	8.3	25.0	66.7	100
Q3	0	4	8	12	Q3	0.0	33.3	66.7	100
Q4	0	5	7	12	Q4	0.0	41.7	58.3	100
Q5	0	3	9	12	Q5	0.0	25.0	75.0	100

F Wing

Answers from Prisoners Surveyed in F Wing					Responses by Percentage of Respondents in F Wing				
	Never	Occasionally	Often	Total		Never	Occasionally	Often	Total
Q1	20	8	1	29	Q1	69.0	27.6	3.4	100
	Unsafe	Safe	Very Safe			Unsafe	Safe	Very Safe	
Q2	1	21	7	29	Q2	3.4	72.4	24.1	100
Q3	1	20	8	29	Q3	3.4	69.0	27.6	100
Q4	4	17	8	29	Q4	13.8	58.6	27.6	100
Q5	2	18	9	29	Q5	6.9	62.1	31.0	100

Education/work/gym

Prisoners Surveyed in Work/Education/Gym					Responses by Percentage of Respondents in Work/Education/Gym				
	Never	Occasionally	Often	Total		Never	Occasionally	Often	Total
Q1	24	4	2	30	Q1	80.0	13.3	6.7	100
	Unsafe	Safe	Very Safe			Unsafe	Safe	Very Safe	
Q2	3	14	13	30	Q2	10.0	46.7	43.3	100
Q3	2	13	15	30	Q3	6.7	43.3	50.0	100
Q4	3	17	10	30	Q4	10.0	56.7	33.3	100
Q5	5	15	10	30	Q5	16.7	50.0	33.3	100

Total surveyed

Total number of prisoners surveyed					Responses, by percentage, of respondents in prison				
	Never	Occasionally	Often	Total		Never	Occasionally	Often	Total
Q1	163	37	7	207	Q1	78.7	17.9	3.4	100
	Unsafe	Safe	Very Safe			Unsafe	Safe	Very Safe	
Q2	13	127	67	207	Q2	6.3	61.4	32.4	100
Q3	8	125	74	207	Q3	3.9	60.4	35.7	100
Q4	18	132	57	207	Q4	8.7	63.8	27.5	100
Q5	17	135	55	207	Q5	8.2	65.2	26.6	100

Respondents' comments

1. 23hrs a day banged up is too much and will only lead to trouble as we're bored
2. Think it's fine, just get on with it
3. Unsafe because people get bullied
4. Never had any trouble as the staff are good and help sort issues
5. A-wing staff are very caring good people. Even the young staff are well trained and I feel safe
6. 75% of screws are very unprofessional
7. Some vulnerable people won't go in the shower or exercise yard
8. There's racial discrimination from some staff and prisoners
9. Everything's fine
10. Do as you're told
11. People are suffering with Mental Health, stuck in their pad too long
12. It takes officers too long to respond to the buzzer
13. Not enough officers to be safe
14. Can never feel safe in prison
15. Nobody is your mate
16. Get on with everyone, it makes life easier
17. Vulnerable lads, first timers on the wing can be targeted and taken advantage of
18. Not too bad for jail
19. I think there should be more Listeners
20. A screw whacked me unnecessarily when I was being attacked by another prisoner and was trying to defend myself
21. The guys are doing a terrific job, they talk to you and help you

22. Safety is ok
23. Just get on with things
24. I was padded up with a psycho and then the new pad mate was up for stabbing. I don't feel safe
25. Staff don't let us out enough, it's still like Covid regime
26. Some staff are very young and don't treat us properly
27. Mental health is affected by the 50:50 regime Saturdays and Sundays
28. Too long spent in pad
29. We're banged up too long as there aren't sufficient staff. It's an easy job to keep us banged up
30. Officers are nice, good on here but could do with extra staff
31. I feel intimidated by staff
32. A staff member told me to cut my wrists
33. I'm alright here
34. Keep myself to myself and have no problems
35. There's not enough staff on the wing to feel safe
36. Staff respond quickly to incidents so I feel safe
37. It's not safe on the exercise yard as there are no officers on the yard
38. It's not safe in the waiting room for visits
39. Staff do a good job
40. It's not too bad
41. Staff try to ensure everybody is safe and treated fairly
42. Power goes to some officers' heads
43. Don't get in debt and you'll be fine
44. Some of the staff won't help and that causes mental health problems but experienced staff are ok
45. There's no safety in Durham, it's a shithole
46. It's all down to your personal conduct, it can be very unsafe if you're a debt head
47. Everything's alright
48. The regime's too restricted
49. Safe as it can be for prison. Officers break any fights up quickly
50. Prison officers are outstanding and are quick to deal with any issues professionally
51. They do a good job on the wing
52. Some of the guards are very rude and abrupt
53. Very sound
54. It's safe
55. I feel safe
56. Overall safety's good, (staff) well trained
57. Depends if you're a debt-head
58. If you cause trouble, it will catch up with you
59. It's difficult with non-associates on the same wing
60. Good for me but some people are scared
61. It's safe when there's enough officers on the landing but sometimes they're all in the office as though they can't be bothered
62. If you're an idiot you won't be safe. If you're not (an idiot) you'll be alright
63. Nobody's safe in prison
64. There's a lot of bullying and officers are lazy

65. Vulnerable prisoners are targeted as they're the first to get off the bus in reception so other prisoners assume they're sex offenders
66. Never had any problems
67. Can't find a safer wing
68. I've mental health issues and don't feel safe
69. I've encountered racist behaviour from officers and prisoners where you're not treated with respect
70. Very good
71. One of the quietest jails I've been to
72. They're doing all they can
73. When you first come in it's very scary and intimidating but as you learn the regime it gets better
74. Nobody's tried to fight with me
75. Alright, not bad but some of the screws are arseholes
76. You'll always get some minor disagreements but they are stamped out pretty quickly
77. Some prisoners are bullied repeatedly, but not me
78. Staff and prison workers have brilliant relationships keeping the wing running
79. They're all good people on here
80. I can look after myself but there are people on here with mental health issues who are unpredictable
81. You don't get searched going in the exercise yard and anybody could have anything
82. Feel safe in Durham
83. Good in general
84. Staff and workers are excellent
85. I respect everybody and try to help
86. People are banged up too long so they're angry when they're let out of their pads and that causes fights
87. Some officers say they'll do things and they don't and that makes you angry
88. It's good when we're locked down, there are no fights and I feel safer

Summary

The 2023 survey revealed the following:

- Q1 – 78.7% of men, 163 men, stated they had never been threatened in Durham
- Q2 – 93.8% of prisoners felt safe or very safe on the exercise yard
- Q3 – 96.1% of those surveyed felt safe or very safe on their wing
- Q4 – Regarding how men felt in the shower, 91.3% felt safe or very safe
- Q5 – Overall, 91.8% of men said they felt safe or very safe in Durham
- There were no major differentials in responses to questions by wing or other vocational areas surveyed
- There was no evidence of areas surveyed having any specific hotspots
- Satisfied that respondents were balanced to reflect the profile of the prison population within Durham
- Regarding respondents' comments: 40 were negative, 39 positive and 9 balanced
- Prisoners were eager to participate in the survey and responses were decisive

Comparison of how prisoners feel regarding their safety from the 2022 and 2023 surveys

2022 v 2023 Comparison				2022		2023	
				No.	%	No.	%
Prisoners that have never been threatened				165	81	163	79
Prisoners feel safe or very safe in exercise yard				192	94	194	94
Prisoners feel safe or very safe on wing				192	94	199	96
Prisoners feel safe or very safe in showers				189	93	189	91
Prisoners that feel safe or very safe in Durham				189	93	190	92
Prisoners Surveyed				204		207	

In conclusion, the number of prisoners surveyed in 2023 who have never been threatened and who feel safe or very safe in Durham is comparable to 2022.

Annex C

Glossary of terms

ACCT	assessment, care in custody and teamwork
BCST 1	basic custody screening tool - part 1
BWVC	body-worn video camera
CA	Citizens Advice
CDDFT	County Durham and Darlington Foundation Trust
CDS	cluster death site
CM	custodial manager
CNA	certified normal accommodation
COM	community offender manager
CPT	Committee for Prevention of Torture
CRED	clean, rehabilitative, enabling and decent programme
CRS	community rehabilitation service
CSIP	Challenge, Support and Intervention Plan
DART	drug and alcohol recovery team
DIAT	diversity and inclusion action team
DIC	Death in custody
DIRF	discrimination incident reporting form
DPS	digital prison system
DST	drug search team
FNP	foreign national prisoner
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
ISFL	incentivised substance free living
ISU	integrated support unit

LDB	local delivery board
LDD	learning difficulties and disabilities
LGBTQ+.	lesbian, gay, bisexual, transgender and queer; the '+' holds space for the expanding and new understanding of different parts of the very diverse gender and sexual identities
LTCBs	local transgender case boards
MDT	mandatory drugs tests
NEPACS	North East Prison After Care Society
NEPG	North East Prison Group
NTRG	National Tactical Response Group
p-NOMIS	prison national offender management information system
OMiC	offender management in custody
OMU	offender management unit
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
PER	prisoner escort record
PID	prisoner information desk
PLP	personal learning plan
POM	prison offender manager
PPO	Prisons & 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

SIM	safety intervention meeting
SIP	secreted item policy
SO	supervisory officer
SOWA	structured on wing activity
SPO	senior probation officer
SPOC	single point of contact
UoF	use of force
VP	vulnerable prisoner



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