



# **Annual Report of the Independent Monitoring Board at HMP Durham**

**For reporting year  
1 November 2023 to 31 October 2024**

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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

Opened in 1819, HMP Durham is a Georgian era, category B prison (for those considered a risk to public safety but not categorised as a maximum security threat) for adult and young adult men. Throughout this time, the prison has changed its function several times. The most recent change was in 2020, when it changed from reception prison to a reception and resettlement prison, with a small cohort of 200<sup>1</sup> convicted prisoners. 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, a total of 701 prisoners fell into the remand/unsentenced category of prisoners. This represents 71.2% of the year end prison population (75.6% the previous year). For men in this group who have been in Durham for more than 12 months, the average stay was 484 days (1 year, 4 months) and the longest stay was 889 days (2 years, 5 months). In October 2023, there were 29 Remand / Convicted Unsentenced prisoners who had been in the prison for over one year. In October 2024 that figure had reduced to 19. At year-end, 2023, the prison population had turned over 6.0 times and the average length of stay was 8.7 weeks. This year, the churn is 5.6 times and the average length of stay has increased to 9.3 weeks.

HMP Durham serves the courts in the northeast and Cumbria. The alignment to these courts means that the prison usually holds most prisoners close to their home. In the last reporting year, Durham took 911 men out of the area - a significant increase on the 570 taken in 2022-2023. Of those out of area, 272 men came from HMP Doncaster, 220 from HMP Hull and 163 from HMP Leeds; clearly a result of the national crisis regarding lack of prison spaces.

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 and 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 561 and the OpCap is 985. The average population for the reporting year was 974, i.e. 98.9% of the OpCap.

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<sup>1</sup> 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.

### **3. Key points**

#### **3.1 Main findings**

##### **Safety**

- The Board is concerned that 14% of arrivals in Durham did not receive their first night healthcare assessment. (4.1.3)
- Prisoners failing the scanner in reception are taken to the segregation unit (also known as the care and separation unit, or CSU) under the Secreted Items Policy (SIP). These prisoners have complained that they do not receive a first night induction. The Board considers that this process needs to be more robust. (4.1.8)
- Self-harm incidents have increased by 34%, from 596 last year to 798 this year. (4.2.5)
- The prison was a cluster death site (CDS) at the beginning of the reporting period, ceased to be so in January 2024, then became a CDS again in July.
- The Board continues to monitor the completion of the assessment, care in custody and teamwork (ACCT) documents, which are used to support prisoners at risk of self-harm or suicide. This year, there were omissions in 78% of those monitored, in contrast to 63% last year. (4.2.8)
- The results of our prisoner survey found that 80% of prisoners who responded said they feel safe in Durham compared with 92% in the previous reporting year. (4.2.16)
- Combined prisoner-on-prisoner and prisoner-on-staff assaults increased year on year by 52%. (4.3.1)
- The number of use of force incidents has shown an increase of 76%, from 500 to 882 in the reporting year. (4.4.1)
- Finds of illicit items were 33% higher than in the previous reporting year and drug finds were 50.5% higher. (See table below, 4.5.5 & 4.5.6)
- The preponderance of psychoactive substances, commonly called, 'Spice', along with prisoners manufacturing drugs using everyday items such as shower-gel and toothpaste, is of concern to the Board. (4.5.7 & 4.5.8)

##### **Fair and humane treatment**

- The prison continues to be overcrowded, and the internal fabric is unsatisfactory. (5.1.1 through 5.1.7)
- At the inaugural decency meeting in April 2024, the prison confirmed that it was not compliant with the HM Prisons and Probation Service (HMPPS) National Standard for Cleanliness and Physical Decency of Prisons (October 2020). (5.1.8-5.1.11)
- In the Board's view, the Head of Residence's monitoring of the CSU needs to improve (5.2.7)
- The attendance of a healthcare professional at good order or discipline (GOoD) reviews (where it is determined if a prisoner should remain segregated) needs to improve, in the Board's view. (5.2.8)
- The prison needs to improve its delivery of key working, which is an important aspect of staff and prisoner relationships. (5.3)

- The chaplaincy team continues to provide excellent faith and pastoral support. (5.5)
- The Board considers that rules surrounding the receipt of clothing parcels is not clearly understood across the prison. This is particularly important, given that in excess of 900 prisoners have been admitted from out of the area. (5.8.4)

## **Health and wellbeing**

- In the Board's opinion, delivery of secondary health screening within seven days of admission needs to improve. (6.2.3)
- The prison has failed to identify and correct the root causes of the high 'did not attend' (DNA) figures for healthcare appointments. (6.2.6)
- Cooperation between the healthcare and operational regimes needs to improve. (6.2.13)
- Throughout the year, the mental health team has reported poor availability of meeting rooms on the wings for private one-to-one, as well as, group meetings. The Board hopes to see an improvement in the new monitoring year. (6.3.9)
- There has been no significant improvement in time out of cell or structured on-wing activities, despite the publication of a new core day, which theoretically would give increased time out of cell. The prison itself was non-compliant by virtue of the fact that it did not sustainably deliver the new regimes. (6.5.1)

## **Progression and resettlement**

- In the Board's view, there was a lack cohesion in educational provision throughout the year. (7.1.1)
- There was poor attendance of prisoners at education classes. (7.1.3)
- There was a lack of motivation of non-mandated remand prisoners to engage in education or work. (7.1.6, 7.2.1)
- There was an increasing number of links with external employers. (7.2.12)
- The early release scheme impacted 114 prisoners. (7.3.2)
- The Board is concerned about issues with the social visits' booking phone line and, in particular, the problems with booking in children over the age of 10. (7.4.3)
- Refreshments were available in the visits' hall. (7.4.7)
- The early days in custody worker and the prison's family support worker in HMP Durham are a positive force within the prison. (7.4.8)
- The number of unplanned releases since 1 November 2023 has increased year on year and in the reporting year HMP Durham had 1170 unplanned releases. (7.5.2)
- The Board is concerned about the poor availability of accommodation for prisoner when they are released. (7.5.3)
- The Board looks forward to a strengthening of the links between the Reconnect Hub (an external provision run by partners of the prison to support prisoners when they are released). (7.5.6)

### 3.2 Main areas for development

#### **TO THE MINISTER**

- Yet again, the Board has raised concerns about the levels of overcrowding and its impact on the dignity of prisoners. Yet again, we have received answers offering no hope of improvement. When will the Minister this issue actually resolve this issue? (5.1.1)
- Could the Minister let the Board know how many additional Tier 2 (CAS2) and Tier 3 (CAS3) bed spaces are planned for the northeast and Cumbria in 2025? (7.5.2)

#### **TO THE PRISON SERVICE**

- Last year we asked, 'What plans does the Prison Service have to improve the number of accessible cells for ageing or disabled prisoners?' What investment do you intend to make within a reasonable time scale to improve prison experience for disabled prisoners? (5.1.6)
- What investment does the Prison Service intend to make to replace temporary and failing boilers so that prisoners are guaranteed heat and hot water when required? (5.1.7)
- The prison was, again, designated as a cluster death site in July. What urgent steps will the Prison Service take to prevent deaths in custody?

#### **TO THE GOVERNOR**

- What are the Governor's plans to reduce violence, self-harm and assaults in the prison?
- How will you ensure that prisoners are offered the minimum kit they are entitled to? (5.1.9)
- How will you ensure the alignment of operational and healthcare regimes? (6.2.13)
- What does the Governor intend to do to make sure that the key worker scheme is meaningful to prisoners, with a guaranteed time investment for staff so that key working becomes high profile and relevant? (5.3.1)
- What does the Governor intend to do to secure a consistent and coherent approach to diversity across the prison? (5.4.19)
- How will you ensure that staff fully understand the eligibility and process for clothing parcels to be handed in/delivered to the prison so that consistent guidance is given to prisoners? (5.8.4)

### 3.3 Response to the last report

Issue raised	Response given (abridged)	Progress
<b>To the Minister</b>		
The Board has raised, annually, concerns about the levels of overcrowding and its impact on the dignity of prisoners, but we have received answers	A generic response, assuring the Board that accommodation is closely monitored by the PGD [prison group directors] to be	The status quo remains.

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)	of sufficient size and condition.	
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)	A generic response, giving details of Tier 2 (CAS2) and Tier 3 (CAS3) accommodation.	The Board is aware of 124 available bed spaces under Tier 3 (CAS3). The utilisation of the bed spaces is effectively 100%. The bed spaces provide 84 nights of accommodation for each prisoner.
What plans does the Minister have to support issues that are faced by HMP Durham in the availability of accommodation for unplanned releases from the courts? (7.5.3)	A generic response, citing current arrangements with no evidence of further planned intervention.	No progress. The Board is still dissatisfied.
<b>To the Prison Service</b>	<b>Response given in January 2025</b>	<b>Progress</b>
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)	PGD has led with headquarters to review the court distribution in the region. This is leading to a re-role of HMP Holme House in January 2025 to take four courts south of the region from HMP Durham. This should enable more prisoners to get to HMP Durham in a timelier fashion to allow prompt reception processes to take place on first night in custody.	This happened at the end of 2024, so not impacting the monitoring year. As the PDG did not respond until January 2025, the response reflects actions that were after the monitoring year.



<p>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)</p>	<p>There is an ongoing investment in HMP Durham to refurbish the whole wing. Unfortunately, the external contractor undertaking the project went into administration this year. Work is currently ongoing to re-tender this project to a new contractor, with the aim to get the project back up and running as soon as possible.</p>	<p>The contractor refurbishing A Wing went into liquidation mid-year. A replacement is not yet in place. Some progress was made regarding decency across the wings.</p>
<p>What plans does the Prison Service have to improve the number of accessible cells for ageing or disabled prisoners? (5.1.6)</p>	<p>A review has been conducted for cell reclamation. These areas, which were previously cells, could be put back into use as cells, with the aim to make them accessible cells. The project is still in the feasibility stage, reviewing how many this could be and whether it is achievable and makes economic sense.</p>	<p>There has been no impact.</p>
<p>The Board understands that within the soon-to-be-implemented 'Joint Care &amp; 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)</p>	<p>The framework sets out how a prison might use the principles to deliver quality care in the units. The principles are not mandated to allow prisons to adapt the framework to suit the needs on its own prison.</p>	<p>Response understood.</p>
<p>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)</p>	<p>At the beginning of the reporting year, there were local and national issues with the backlog in vetting causing delays. However, both national and local changes have ensured that the backlog is now minimal. The prison ensures it chases all vetting processes in a timely fashion</p>	<p>Vacancies remain an issue, although vetting seems to have smoothed itself out.</p>
<p>How does the Prison Service hold to account</p>	<p>The prison Governor holds responsibility for delivery in</p>	<p>The Board agrees that mechanisms are in place to</p>

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)	their prison and monitors staffing resources in this. The education contract is reviewed and monitored at the local monthly QIG [quality improvement group] meeting. Health provision is monitored at the local delivery board meeting. Health is also monitored at a quarterly meeting with prison Governors and NHS health commissioners. AMEY delivery is monitored through the monthly meeting by the Governor. PGD holds this contract to account through a regional meeting.	monitor. However, the response does not address improving efficiency and speed of actions to impact on improved prisoner outcomes. In addition, the reporting of staffing levels is clumsy and not easily understood.
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)	Any penalties imposed would depend on the individual contract and what specific elements of the contract had not been delivered. This is monitored nationally. Providers who consistently fail to hit targets will receive notifications to improve, which can ultimately lead to contract termination.	This is a generic response, which does not answer the question.
<b>To the Governor</b>		
<b>Issue raised</b>	<b>Response given in October 2024</b>	<b>Progress</b>
How will you ensure that all prisoners arriving at reception receive screening by healthcare staff before being moved to the first-night centre?	Prisoners have the opportunity to see a nurse when they come into prison. However, sometimes, due to the time they arrive and the number of prisoners to be seen late on a night can cause a delay. We have increased our staffing until 10pm, from 9pm, and changed the way prisoners are processed through reception to make sure the nurses have access to the prisoners at the earliest opportunity. The daily	We have observed an improvement. However, this is still an issue that is reported at the local delivery board (LDB) meeting every month by the healthcare department.

	stability report includes data of who isn't seen and this is now relatively low.	
What do you intend to do to improve the induction process for prisoners located in the segregation unit (CSU) who have failed the body scanner search in reception?	CSU staff now contact the induction unit daily, reporting any new prisoners who have come directly to the unit. They provide details so that the induction officer can ensure they receive an induction in line with all other prisoners.	No update on progress.
How will you ensure that all healthcare staff in reception have access to SASH (suicide and self-harm) and PER (person escort record) documents?	All healthcare staff now have access to the dPER (digital personal escort records) system and should be reviewing this document for any information pertinent to risk or health, including any information recorded around SASH. The self-harm warning forms are not a prison document - they are raised/completed by GEO Amey, depending on the access they have to dPER. This is governed by which site they are at, or where in the transfer process that risk is when it becomes known, such as on the bus, for example. This paper document will always be in a prisoner's file, which is handed to the healthcare department for adding any documentation they are required to complete.	Numbers with access to SASH and dPER are reported every month at the LDB meeting. At the end of the reporting year, there were still a number of mental health staff who did not have access. See 4.2.4.
How will you reduce the level of open and post ACCT documents that present with omissions/administrative errors?	A change to how we quality assure ACCT documents has been introduced. This includes both newly opened and ongoing ACCT documents and involves a band 5 - or above - manager reviewing the document and completing the ACCT	No improvement. The Board is looking forward to the outcome of the HMPPS coaching team session in February 2025.

	<p>assurance document to record their check. This will be used by the safety custody team to monitor the ACCT and ensure any concerns are addressed. Over time, this will produce risks' and trends' data that can be used to manage performance and identify any knowledge gaps/individual learning needs.</p>	
<p>How will you ensure there are sufficient trained Listeners [prisoners trained by the Samaritans to offer confidential emotional support to fellow prisoners] in, and distributed across, the prison, and that they are given access to prisoners requesting support?</p>	<p>This continues to be a 'challenge' to manage and we are taking a more proactive approach in recruiting training and retaining Listeners. We are doing this by liaising with our offender management unit (OMU) colleagues to recruit prisoners with known court dates that will see them remain at Durham for longer periods of time before sentencing or moving on. We have vetted/cleared volunteers waiting to commence training and we can place a 'hold' on a small number of prisoners to support this scheme going forward.</p> <p>Recent communications have been issued reminding staff of the Listener scheme and how this should be operated. We also monitor any enablement or access issues through forums such as the Listeners meeting, the SPT [safer prisons team] and the PCC [prisoner consultation committee].</p>	<p>This is an ongoing issue. At the reporting year end, there were only four Listeners in post. See 4.2.14.</p>
<p>How will you ensure that cells are adequately</p>	<p>We now have a monthly decency walk that all</p>	<p>This has been an ongoing issue. By the reporting year</p>

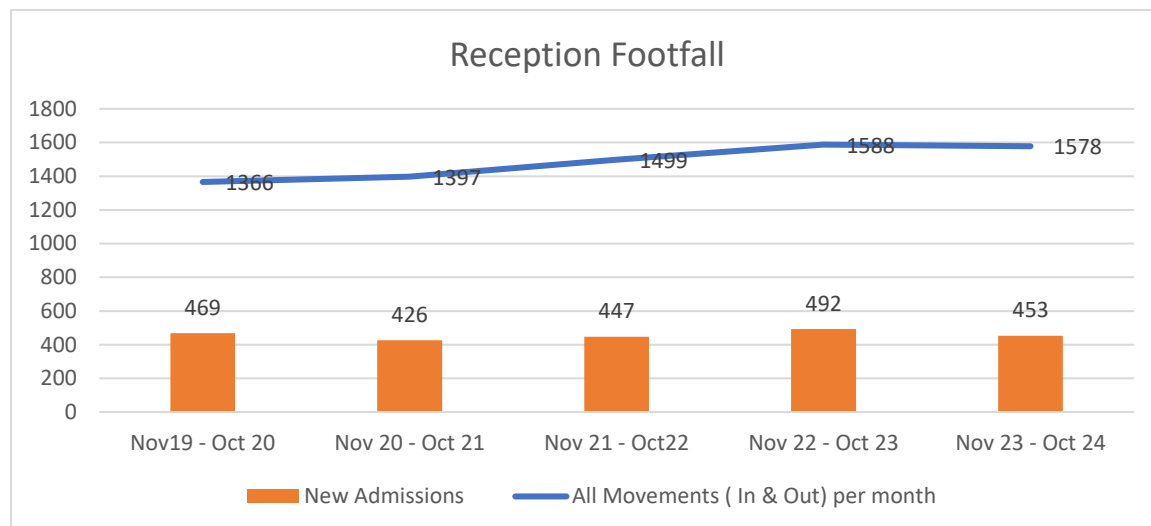
<p>furnished and that new receptions have access to bedding and clothing? The profile of decency across the prison is being raised.</p>	<p>managers participate in to ensure standards are being met and, when not, we address the issue. Now a decency meeting is in place to ensure that we meet the minimum standards of providing the right kit and cell contents for all prisoners. Cell marshals will be introduced to ensure cells are clean and fit for purpose before a prisoner moves into the cell. The E wing custody manager (CM) will ensure that kit packs are in place for all new prisoners to ensure they receive the right clothing and bedding on their first night in custody. A new painting party is starting on E wing to bring the standard of cells up and ensure they are clean and decent.</p>	<p>end, frontline staff have now been allocated specific blocks of cells to monitor, although the minimum required kit is still not being issued.</p> <p>An inaugural decency meeting took place in April 2024, with further meetings scheduled monthly. By the end of October 2024, no further meetings had taken place.</p>
<p>How will you ensure there are sufficient staff in the prison to maintain the regime and ensure wings such as the CSU and I wing are not placed in patrol state [when the prison is locked down and there is no movement of prisoners] because of staff shortages?</p>	<p>In line with the current reprofiling exercise, a revised regime management plan (RMP) will be drafted, and used via the weekly RMP meeting to ensure there is a clear, fair and consistent approach to any regime curtailments. This meeting will also review the previous week's curtailments to ensure no area is disproportionately impacted by staffing shortages.</p> <p>Prior to this review being finalised, the weekly RMP meeting sets establishment regime priorities and identifies tasks, which orderly officers should curtail first and which they should not curtail in the event of reduced staffing levels.</p>	<p>Improvements have been seen by the CSU and I wing not being placed in patrol state.</p> <p>The reprofiling exercise hasn't been finalised or introduced.</p>

	All regime curtailments are now discussed at the daily morning meeting, to increase scrutiny and transparency of any staff redeployment.	
What plans will be put in place to achieve an improved and sustained delivery of 'secondary health screening within seven days'?	Since a ledger for the seven-day screening has been implemented and a staff member allocated on the off duty rota to undertake updating it, we have seen a sustained improvement in adherence. Late receptions have the most impact on our ability to undertake seven-day screenings as initial screenings are prioritised over secondary screenings.	No improvements have been seen. See 6.2.3.
What plans will be implemented to reduce the level of 'did not attends' (DNAs) for healthcare appointments?	We have commenced a separate movement period for healthcare appointments before morning activities, which reduces non-attendance from prisoners who thought that they should attend other activities. We are planning to commence 'attendance mentors' after the launch of the digital prison services activity allocation application (due in November 2024). They will assist prisoners in being aware of their appointments and activity allocations during the session before, to ensure that prisoners know where they are scheduled to be (and, if they no longer wish to attend an elective appointment, to be able to get a timely message back to the department concerned).	Figures continue around 550 per month. No improvement seen. See 6.2.6.

## Evidence sections 4 – 7

### 4. Safety

#### 4.1 Reception and induction



- 4.1.1 Reception continues to be a very busy area. There were 5,436 new admissions this year. The total footfall in reception, i.e. all movements, were 18,930 or 1,578 per month.
- 4.1.2 The Board continues to be concerned about the late arrival of prisoners to reception and prisoners arriving en mass. These are prisoners arriving after 7.30 pm. There were 217 late arrivals this year. In a single evening in October, 25 prisoners arrived between 7pm and 8pm.
- 4.1.3 Under NICE (National Institute for Health and Care Excellence) guidelines, all prisoners should be offered healthcare screening within 24 hours of arrival. The prison, however, adopts a best-practice approach of screening on the first night. From reports seen by the Board, 14% of arrivals (746 prisoners) missed the first-night healthcare screening in the reporting period. This carries a significant risk to any prisoners who has been missed on the first night.
- 4.1.4 The search process is carried out by officers at the rear of reception. Prisoners are then screened with a scanner for secreted items. The Board has observed that these are conducted in a professional manner.
- 4.1.5 Prisoners' vulnerabilities are assessed and identified by the supervising officer, using HMP Durham's V10 (vulnerability form) and the cell sharing risk assessment documents. The late arrival of prisoner usually results in incomplete documents.
- 4.1.6 Reception orderlies and red bands (prisoners with a greater degree of trust and autonomy in their jobs in the prison) offer peer support to new arrivals at reception.
- 4.1.7 First night induction is carried out by the induction officer at reception. Prisoners arriving late in the day miss their first night induction. With a high remand population and many who are new to custody, missing the prison induction on arrival is unacceptable, in the Board's view.

- 4.1.8 Prisoners who fail the scanner screening are located directly to the CSU. Some of these prisoners have complained that they have not received their first induction. The Board is concerned that the induction process is inconsistent.
- 4.1.9 The second day induction is delivered by trained prisoners in the first night centre. New arrivals receive support from prisoner information desk (PID) workers and peer supporters. There is also input from the drug and alcohol recovery team (DART) and the family support worker.
- 4.1.10 For education and work, prisoners are assessed by the information, advice and guidance (IAG) team in the careers centre, with individual needs tailored to suit.
- 4.1.11 In-cell accommodation in the first night centre has been a subject of many complaints, with one prisoners stating: '...I arrived late last night, was rushed through reception, had no access to my personal property or medications and was put into a cell with no kettle or a decent mattress!'.
- 4.1.12 During periods of the reporting year, the vulnerable prisoner (VP) unit has been used to locate mains prisoners, due to population pressures on the first night centre. From conversations with both 'mains' and VP prisoners, the Board believes that the mixed regime has been unsatisfactory, causing suspicion and anguish in the prison population.
- 4.1.13 It has been observed that second day inductions have not been carried out consistently, due to F wing being used as a first night centre for a significant period of the reporting year. The system for second day inductions has not been robust enough to identify the prisoners who have been located outside of the traditional first night centre.

**The Board will continue to monitor.**

## 4.2 Suicide and self-harm, deaths in custody

Deaths in Custody as Indicated in PPO Reports				
	20-21	21-22	22-23	23-24
Homicide	0	0	0	0
Natural Causes	2	2	2	1
Self-Inflicted/Self-Harm	0	0	5	3
Death Within 14 days of Release	1	1	1	0
Total	3	3	8	4

- 4.2.1 Four deaths have occurred in the reporting year, one of which was, apparently, from natural causes, while the other three were suspected to have been self-inflicted. At the end of the reporting period, the prison had not received the final Prison and Probation Ombudsman (PPO) reports for any of these deaths. A prison becomes a cluster death site (CDS) if there have been three or more self-inflicted deaths in a rolling 12-month period. The prison was a CDS at the beginning of the reporting period, ceased to be so in January 2024, then became a CDS again in July.
- 4.2.2 The prison has informed the Board promptly of the deaths and records all relevant details in the death-in-custody questionnaire. The IMB 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.

Year	Admissions Monitored on Tuesdays and Fridays	Admissions with post closure ACCT on arrival	With ACCT open on arrival	With SASH warning on arrival	ACCT opened in Reception	% of Admissions where ACCT opened in Reception	% of Admissions with SASH where ACCT opened in Reception
22-23	1999	0	6	349	79	4.0	22.6
23-24	1748	2	13	241	60	3.4	24.9

- 4.2.3 In February, the vulnerabilities assessment (V9) completed in reception was updated to V10. There is a system for men arriving on a suicide and self-harm (SASH) warning, whereby they are interviewed and the information scrutinised by an SO (supervising officer) in reception to determine if an ACCT should be opened. Decisions are logged in the reception SO daily log and defensible decisions are recorded on the prisoner's Nomis (the internal computer system). New prisoners are also assessed by the healthcare department, which may decide to open an ACCT. The Board has reviewed 1,748 admissions on Tuesdays and Fridays in the reporting period: 241, or 13.8%, arrived with SASH warnings, and ACCTS were subsequently opened for 60 prisoners. Some 13 men had an ACCT open and two had post-closure ACCTs on arrival.
- 4.2.4 PPO reports regarding two deaths in custody in the previous reporting year noted that not all healthcare staff in reception were able to access SASH documents, prison escort records (PER) and the digital prison system (DPS). Apart from new starters, healthcare staff now have access, although, at the end of the reporting period, no one in the mental health team seemed to have had access to the DPS.
- 4.2.5 There has been a 34% increase in self-harm incidents since the previous reporting year. In the reporting period, 429 individuals self-harmed on 798 occasions, compared with 388 self-harmers on 596 occasions last year, an increase of 10.6%. This year, 134 men were repeat self-harmers, accounting for 498 incidents. Last year, 87 men were repeat self-harmers, accounting for 182 incidents.

Self-harm incidents			
2020-21	2021-22	2022-23	2023-24
589	486	596	798

- 4.2.6 The safer prisons team reviews self-harm incidents monthly and classifies them as low, moderate or severe. Some 650 incidents (81.5%) were classed as being of low severity, 145 incidents (18.2%) classed as moderate and three incidents classed as severe. The most prolific method of self-harm is cutting, usually with a razor. Reasons cited at the monthly SPT meeting include self-harm; prisoner frustration; community issues; vapes; wing/cell moves; mental health; phones; canteen; and medication issues.

4.2.7 The number of ACCTs opened in the reporting year was 1007, compared with 1083 in the previous year. A total of 13% of ACCTS were opened in reception, in contrast to 11% last year.

ACCTs Opened	21-22	21-22	22-23	22-23	23-24	23-24
	No.	%	No.	%	No.	%
Opened in Reception	289	28	120	11	131	13
Opened in E Wing	191	18	328	30	214	21
Opened in F Wing	102	10	140	13	142	14
Opened in Segregation			149	14	149	15
Opened Elsewhere	466	44	346	32	371	37
Total ACCTS opened	1048		1083		1007	

4.2.8 The Board has monitored 678 ACCTS on all wings during the reporting period and found issues with 77.9% of them. Some 35.4% had one or more missing supervisor's daily checks in the previous week, while 26.5% had one or more missing night staff summaries in the previous week.

Year	22-23	23-24
No. ACCTs Monitored	591	678
No. ACCTs with Issues	375	528
% ACCTs Monitored with Issues	63.5	77.9
No. with Missing Supervisors Daily Checks	237	240
No. with Missing Night Staff Summary	129	180
No. with Missing Photos	52	136
1.1 No. with Missing Risks Triggers	25	50
1.2 No. with Missing Resident Contribution	48	184
1.3 No. with Missing Sources of Support Plan	19	61
1.4 No. with Missing Support Actions	13	29
Review on NOMIS but not in ACCT	Not Monitored	29
Food Refusal Log not in ACCT	Not Monitored	2

4.2.9 A total of 320 post-closure ACCTs were monitored, with 193 (60.3%) having omissions of between one and six days.

4.2.10 The safer prisons team holds monthly multi-disciplinary meetings (MDT), seven of which were attended by the healthcare department and three by the mental health team. Each month, the Board provides the head of the safer prisons team with the number of ACCTs monitored and the issues identified and these are logged in the minutes. ACCT quality assurances, identified by the safer prisons team, are relayed to prison staff via the monthly safety bulletin. Prison ACCT quality assurance issues include missing dates, times, signatures, evidence of conversations and evidence of prisoners' contribution being considered.

4.2.11 The Board has had reassurances from two Governors that as this is a national prison service document requiring compliance, all elements should be completed. Yet, despite comments during this and the previous monitoring year about the lack of full entries, the Board has evidenced further deterioration year on year. If this equated to a formal hospital document, grave concerns would be raised about the lack of completion.

4.2.12 Fortnightly MDT safety intervention meetings (SIMs) and ACCT meetings have been replaced by weekly MDT SIMs, where prisoners of concern are discussed in detail and support measures instigated. The prisoner may have a complex ACCT or CSIP (challenge, support and intervention plans, which are used to support and manage prisoners who pose an increased risk of violence).

**The Board will continue to monitor.**

4.2.13 The Samaritans' 'postvention' has been promptly and effectively implemented following a death in custody, providing an appropriate response. The Samaritans provide leaflets and toolkits to support staff and prisoners when there is a death in custody.

4.2.14 Following a death in custody, Listeners, who are volunteers, speak to all men on the impacted wing. Due to continuous transfers out of HMP Durham, the prison only had eight Listeners in January. In May, this increased to the optimum number of 20. However, by June, there were ten and by the end of the reporting year there were only four. The key issues that Listeners have dealt with related to family concerns; mental health; worries in the prison; social visits and phone calls.

**The Board will continue to monitor.**

4.2.15 The safer custody team provides a contact number that concerned family members can ring regarding family and friends imprisoned in HMP Durham. This number is also included on the website of the Prisoner Advice and Care Trust (PACT), the national prison charity. Most contacts are made by mothers and partners regarding prisoner welfare, including physical and mental health concerns.

4.2.16 The Board conducted a prisoner safety survey in August 2024 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 size of 222 prisoners, which represents 27% of the eligible population of 832 prisoners. The eligible population excluded those in the CSU, the healthcare department, I wing and new arrivals in E wing. Prisoners were surveyed on six wings, including education, work/training and the gymnasium. Some 122 participants (55%) commented on safety in Durham, with 71 negative comments compared with 40 last year. A total of 33 comments were positive compared with 39 last year, while 18 comments were balanced compared with nine last year. Prisoners spoke openly about debt and drugs in the prison leading to violence. The key findings were:

- Q1 - 73% (162) of respondents said they had never been threatened in Durham
- Q2 – 86% (191) of men felt safe or very safe on the exercise yard
- Q3 – 87% (194) prisoners felt safe or very safe on the wing
- Q4 – 83% (184) participants felt safe or very safe in the shower
- Q5 – Overall, 80% (178) of those surveyed felt safe or very safe in HMP Durham

Year on Year Comparison				2022		2023		2024	
				No.	%	No.	%	No.	%
Prisoners that have never been threatened				165	81	163	79	163	73
Prisoners feel safe or very safe in exercise yard				192	94	194	94	191	86
Prisoners feel safe or very safe on wing				192	94	199	96	194	87
Prisoners feel safe or very safe in showers				189	93	189	91	184	83
Prisoners that feel safe or very safe in Durham				189	93	190	92	178	80
Prisoners Surveyed				204		207		222	

The Board noted that the outcome of its safety survey showed a significant decline in the feeling of safety, which correlates with the rise in self-harm and violence. The Board is satisfied that the cross-section of respondents was balanced to reflect the profile of the general prison population. In conclusion, 27% of respondents in 2024 had been threatened compared with 21% in 2023 and 19% in 2022. The percentage of prisoners surveyed who feel unsafe in Durham has increased from 7% in 2022 to 8% in 2023 and to 20% in 2024.  
**The Board will continue to monitor.**

#### 4.3 Violence and violence reduction, self-isolation

Assaults	20-21	21-22	22-23	23-24
Total Assaults including staff	193	280	340	517
Staff Assaults	49	55	77	108
% of Staff Assaults	25.4	19.6	22.6	20.9

4.3.1 There have been 517 assaults in the reporting year, an increase of 52% on the previous reporting period. Of the 409 prisoner-on-prisoner assaults 26 were classed as serious. Of the 108 staff assaults, 19 were classed as serious. From January, there have been 524 perpetrators of violence. Some 69 repeat offenders account for 156 incidents. As well as the level of staff and prisoner assaults increasing year on year, there is evidence to show a deteriorating trend in both categories throughout the year itself.  
**The Board will continue to monitor.**

4.3.2 A safer custody manager investigates all serious incidents of serious assaults and self-harm to highlight good practice, any issues and recommendations. This is then reviewed by a Governor to decide whether the report has identified a need for a formal investigation.

4.3.3 Perpetrators and victims of violence in the prison are referred by wing staff to the CSIP team. When opening a CSIP, the safer custody manager identifies interventions to support the prisoner. Whilst not specifically designed for this purpose, a CSIP has also been opened for five self-isolating prisoners in the reporting year.

4.3.4 When interviewed, perpetrators of violence cite arguments and community issues as the main triggers for violence. The safer custody team has identified that the majority of perpetrators and victims of violence are both convicted and unemployed. Unemployment can lead to debt, violence and self-harm. The safer custody team will delve further into this issue in the next reporting period.

- 4.3.5 A debt support plan has been introduced, as debt may lead to threats, violence, self-harm and self-isolation. The objective is to enable prisoners to identify the root causes of their debt and actions needed to avoid the problem in the future. Since July, key workers have offered these plans to prisoners to help them achieve their goal of becoming debt free. However, their success is entirely dependent on the prisoner wanting, or being able, to change their behaviour and the plan cannot remove their debt or threats from their lenders. Given the prison's non-compliance in delivering key working, the Board has to question whether or not the debt support plans are being sustainably delivered.
- 4.3.6 Increasing levels of violence in HMP Durham led to the introduction of fortnightly MDT violence reduction meetings, which the Board regularly observes, to encourage the prison's wider approach to violence reduction. Following the meetings, action logs are produced. Operational issues have adversely impacted on the frequency and attendances at these meetings.  
**The Board will continue to monitor.**

#### **4.4 Use of force**

- 4.4.1 There have been 882 use of force (UoF) incidents, involving 894 prisoners, in the reporting year compared with 500 UoF incidents in the previous year – this is a 76% increase. Unplanned incidents increased from 447 last year to 810 this year, which is an 81% increase. Of the 810 unplanned incidents, 291 (33%) were due to prisoners refusing to relocate. Since January 2024, there has been an explanation in the induction packs about the process of moving wings and this has resulted in a reduction in those refusing to move wings. Staff are encouraged to ensure all steps have been taken to de-escalate a situation and facilitate a compliant move. The Board has observed unplanned removals and is satisfied that the force used has been proportionate.
- 4.4.2 The 72 planned incidents in the reporting year account for 8.2% of UoF incidents. Planned incidents have increased by 29%, from 56 in the previous year. The Board has observed unplanned, planned UoF and attended debriefs and is satisfied that serious incidents are managed appropriately.
- 4.4.3 From January, UoF incidents have been triaged daily by a UoF instructor and another member of staff. Also from January, weekly UoF meetings, which are regularly observed by the Board, view and quality assure a minimum of five incidents. The Board is concerned that, although not mandatory, there have been meetings when a qualified control and restraint (C&R) instructor has not been available to attend and provide expert guidance. The incidents viewed are prioritised to include planned incidents, use of Pava incapacitant spray, use of batons, and where any injuries are sustained. Training recommendations are made regarding individual staff members' technique, reporting and staff recognition as appropriate. In the reporting year, 760 UoF incidents have been reviewed, of which 576 have been triaged and 203 quality assured. In the reporting period, eight incidents have been subject to a managerial investigation by a custody manager (CM), with a Governor reviewing the decision. In addition, there have been five investigations at Governor level, but the Board is not privy to the outcome of these.

- 4.4.4 Monthly MDT UoF meetings discuss statistics and identify objectives. The Board is concerned that 278 (31%) of prisoners involved in UoF incidents have not been seen by a healthcare professional.  
**The Board will continue to monitor.**
- 4.4.5 In the reporting period, body worn video camera (BWVC) footage is available for 697 (79%) of unplanned UoF incidents. Staff have been reminded of the importance of using BWVCs. It is not always possible to collect a camera at the beginning of a shift, due to the time they take to recharge. From February, the prison has had the facility to capture footage 30 seconds prior to a camera being activated. Of the 402 UoF incidents since February, 114 have been captured prior to, 114 during, and six after, the incident. The Board is informed that the prison has sufficient cameras available that should be charged for every shift. However, the Board has regularly heard at the weekly UoF meetings that there are insufficient cameras charged and ready for use on every shift.
- 4.4.6 Pava incapacitant spray has been drawn on 23 occasions and not used. In addition, it has been drawn on 15 occasions and used, a reduction over a nine month period last year when it was drawn and used 21 times. These figures are inflated by a concerted indiscipline incident in May, when Pava was used eight times, as well as being drawn 12 times and not used.
- 4.4.7 Batons have been drawn on 17 occasions and not used. They have also been drawn on three occasions and used.
- 4.4.8 Guiding holds were deployed in 308 incidents and handcuffs 486 times. Rigid-bar handcuffs, which restrict movement for a prisoner, have been used on 72 occasions.
- 4.4.9 During UoF incidents, 47 staff and 53 prisoners have been injured.
- 4.4.10 From April, figures have been available regarding repeat offenders. Some 192 of the 542 (35.4%) UoF force incidents from April involved 79 repeat offenders.
- 4.4.11 Of the 882 UoF incidents 'A' wing had the highest number at 210 (23.8%). This correlates with the high number of confirmed prisoners under the influence (UTI) on A wing.
- 4.4.12 The Board is satisfied that there was no disparity in the number of UoF incidents for black, Asian and minority ethnic groups of prisoners. Most UoF incidents involved white British men aged 22-39, with no religion, in line with the demographics of HMP Durham.

#### **4.5 Preventing illicit items**

- 4.5.1 The prison has a range of techniques in place to restrict the supply of drugs into HMP Durham, including guidance, intelligence, processes and technology. Security, operations and the drug strategy departments work collaboratively to find drugs and disrupt drug trading using searches, intelligence and drug testing. The five main conveyancing routes are reception; social visits; mail; perimeter; and the gate.
- 4.5.2 Prisoners are seen on arrival at reception by the healthcare department, given a urine test and are asked if they have any issues with drug and alcohol. Prisoners who have issues or fail the urine test are referred to the drug and alcohol recovery team (DART) for a triage assessment. A recovery

coordinator is allocated and a comprehensive assessment completed within five working days. A recovery plan is included, if required.

- 4.5.3 From the Board's observations, clinical and non-clinical DART members, together with the head of drug strategy, work collaboratively to reduce harm through the use of illicit substances and provide support to prisoners. The head of drug strategy attends bimonthly regional and national meetings, in addition to meetings of Combating Drugs and Alcohol Partnership NE to share good practice and identify emerging trends.
- 4.5.4 In May 2023, HMP Durham launched its incentivised substance free living (ISFL) scheme, which provides support and promotes substance free living whilst in custody. It started with 30 prisoners, but numbers declined, leading to its eventual closure. The ISFL unit was then relaunched in March 2024, in a new location and with space for 53 prisoners. Prisoners agree to undertake two drug tests monthly and participate in an enhanced regime (this is the top level of the prison's incentives scheme and earns prisoners more privileges). The men are required to sign and comply with a behaviour compact (a type of contract) and in the event of three misdemeanours are returned to a mains location. There have been ongoing staffing issues on the wing, which has curtailed the regime and support groups such as DART and Rethink. At the March relaunch, staff were not profiled to the ISFL, but changes in profile in March 2025 should improve the regime. It is anticipated that there will be reduced disruption to regime and support groups with three staff being detailed to ISFL.

**The Board will continue to monitor.**

- 4.5.5 Monthly MDT drug strategy meetings, regularly observed by the Board, scrutinise data and discuss restricting supply, reducing demand and building recovery. In addition, the meetings consider the links between UTI prisoners and debt, violence and self-harm.
- 4.5.6 Intelligence gathered by the security team determines where and when intelligence-led cell searches are initiated by the drug search team (DST). When a prisoner is confirmed to be UTI, wing officers search their cell prior to the prisoner's return. These proactive searches frequently result in finds of drugs and illicit items. There have been 4,152 finds of illicit items, a 33% increase on last year. A total of 3614 prisoners were involved in these finds, an increase of 30% on last year.

<b>Incident Finds</b>	<b>No. of Incidents 22-23</b>	<b>No. Prisoners Involved</b>	<b>No. of Incidents 23-24</b>	<b>No. Prisoners Involved</b>
Alcohol/Hooch/distilling equipment	404	409	382	381
Charger	239	6	238	15
Drug/drug equipment	1145	1062	1786	1566
Memory Card	0	0	0	0
Mobile phone related items	396	386	458	399
Other Digital items	128	127	181	171
Other reportable item finds	357	345	491	480
Tobacco finds	99	97	109	109
Weapon finds	356	344	507	493
<b>Total</b>	<b>3124</b>	<b>2776</b>	<b>4152</b>	<b>3614</b>

4.5.7 Following drug searches, there have been 1,696 finds; an increase of 50.5% on last year, following the proactive approach of the prison. Some 1,198 of these finds have been unknown drugs, described as 'psychoactive substances' (PS). Finds of psychoactive substances have increased by 148%, from 161 last year to 399 this year.

**The Board will continue to monitor.**

4.5.8 One PS, a synthetic cannabinoid known as, Spice, can be manufactured by prisoners. The prison has risk assessments to ensure correct storage of items, including cleaning materials that could be used to manufacture illicit substances. At certain times of the year, such as Christmas and during big sporting events, the prison is extra-vigilant regarding the use and manufacture of illicit substances. An emerging trend is that prisoners are making drugs using everyday items such as toothpaste and shower gel. From the Board's observations, the new drugs appear to increase aggressive, volatile behaviour in prisoners.

4.5.9 Following strict national guidelines, the prison conducts several random MDTs (mandatory drugs tests) every month. The percentage of positive MDTs is 25% against a target of 15%. The most prolific drug detected is the Spice.

4.5.10 Prisoners found guilty of a positive mandatory drug test (MDT) or of possessing hooch (prison-made alcohol) may be eligible for a 'supportive adjudication' (disciplinary hearing) if it is their first offence. At the discretion of the adjudicating Governor, prisoners are expected to engage with a member of the drug and alcohol recovery team (DART). If, after four weeks, a prisoner has engaged with DART, they will not be punished and may instead be awarded a caution. DART will advise the Governor if a prisoner has engaged, not how much nor how successful the engagement has been. Should a prisoner not engage with DART, they will be subject to the original charge when the adjourned adjudication is re-heard.

4.5.11 Pharmacists conduct medication spot checks on prisoners with in-possession medication such as mirtazapine (an antidepressant), which can be traded with other prisoners. If a prisoner is non-compliant, they will have a medication review with a doctor; if they need the prescribed medication, it must be collected from the medication hatch every time a dose is prescribed.

4.5.12 Nasal naloxone is an emergency medical spray used to reverse the life-threatening effects of a known or suspected opiate overdose. In October, six uniformed staff were trained to use it, with plans to train the senior management team (SMT) as trainers in the next reporting year. The number of opiate-dependent prisoners accepting naloxone on release from HMP Durham has increased since the drug has been supplied in bags rather than envelopes.

4.5.13 HMP Durham is aware that drugs are the root cause of most debt and disorder in the prison. From the Board's observations, it is curtailing the flow of drugs into the prison. But demand does not wane, so debt continues, which leads to increases in levels of violence, UoF and self-harm. The safer custody team has developed a debt support plan for prisoners (see 4.3.5)

**The Board will continue to monitor.**



## 5. Fair and humane treatment

### 5.1 Accommodation, clothing, food

- 5.1.1 The Board remains concerned at the level of overcrowding. Around 90% of cells originally designed for single occupancy are now double occupied.
- 5.1.2 The Board is satisfied that all cells meet the minimum statutory requirements<sup>2</sup>, 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.

**The Board will continue to monitor.**

- 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. In April 2024, a programme of hanging new curtains commenced, but progress has been extremely slow due to the third-party facilities management.
- 5.1.4 The internal fabric of 'A' wing, housing some 180 prisoners, is by far the worst in the prison, in the Board's view. The cells suffer from damp, mould and water ingress and the flooring needs urgent replacement. Work on refurbishing A wing began in November 2022. Progress towards an expected completion date of early 2026 has been slow but steady and the areas that have been completed are significantly improved. However, disaster struck in mid-year when the nominated contractor, ISG, went into administration. Work came to a grinding halt and there is no news on its resumption and revised completion date.

**The Board will continue to monitor.**

- 5.1.5 Facilities for showering provide minimal levels of decency. Prison rules 1999, section 28, require that prisoners are given access to a hot bath or showers at least once per week. However, the prison strives to ensure showers are offered daily.
- 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'.

**The Board will continue to monitor.**

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<sup>2</sup> 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 Provision of hot water and heating has been a major issue throughout the reporting year. Temporary boilers were installed, in September 2024, on A and C wings. It remains to be seen if these will be up to providing the wings with sufficient heat during the coming winter months. Replacement permanent boilers for these two wings have been approved. An installation date is to be confirmed. Temporary boilers for B, D and E wings are expected to be installed in November, although there is no sign of permanent replacements being approved.
- 5.1.8 In our 2022-2023 annual report, we criticised the prison's performance on decency, particularly with reference to clothing, bedding and mattresses. In April 2024, the Board observed a meeting to launch a re-focused initiative on decency. We were greatly encouraged as to all intents and purposes. At this inaugural meeting it was agreed that the benchmark to be used was HMPPS National Standard for the Cleanliness and Physical Decency of Prisons, October 2020. Subsequent meetings were to be held monthly. Meetings were arranged each month, from May to October, but each time they were cancelled, as only the custodial manager, who had been charged with spearheading the initiative, and a member of the Board, were present. The Board takes this as a measure of just how seriously the subject of decency is not taken. The custodial manager appears enthusiastic and has plenty of ideas on how things can be improved, but it is the Board's view that resource and support from the SMT must be forthcoming.
- 5.1.9 The HMMP National Standard referred to in 5.1.8 and appendix A details the minimum kit entitlement for prisoners in the male estate. A comparison between this standard and the prison is as follows:

<b>Description</b>	<b>National Standard</b>	<b>HMP Durham</b>
Boxer shorts	8 prs	5 prs
Socks	8 prs	5 prs
Joggers	3	1
Sweat Tops	3	1
T-shirts	4	2
Sheets	2	2
Blankets	2 or quilt x 1	1
Pillowcases	2	1
Towels	2	1

Except for sheets, the prison is not complying with the National Standard. The Board identified this discrepancy in May 2024 and, despite it being escalated to the SMT, it was not until the October Board meeting that the Governor confirmed that kit, soon, would be issued in line with the minimum entitlement. By the end of the reporting year, minimum kit has still not being issued.

- 5.1.10 As well as not complying with the National Standard, the prison has regularly fallen short in the issue of clothing and bedding. 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. Throughout the year, Board members have universally come across individuals who suffered the indignity of having no clothing other than what they were wearing, and some were confused about how to get clothes into the

prison. The same situation applied to bedding packs. The Board is extremely disappointed that a fool-proof system of control has yet been introduced.

**The Board will continue to monitor.**

5.1.11 Despite the Board's negative comments, above, on decency, some progress was made right at the end of the reporting year:

- To improve levels of accountability, frontline officers have been allocated specific responsibility for a block of cells; typically, this is two officers per block.
- Accommodation fabric checks (AFC) have been renamed as accommodation fabric and decency Checks (AFDC).
- A member of the SMT accompanied by a head of department regularly conducts AFDC checks.

The Board looks forward to being able comment more on progress and sustainability in its next annual report.

5.1.12 After several false starts, an incentivised substance free living Area (ISFL) was created in March 2024, on B1 wing (see 4.5.4). The current staffing profile does not include the ISFL and, as a result, staff were drafted in from across the prison. Consequently, the required number of drugs tests was not carried out each month and the prisoners were not being given enhanced regimes. Many prisoners expressed their dissatisfaction to the Board, saying that they would prefer to go back to the general population. The Governor has confirmed that a reprofiling exercise, which includes the staffing of ISFL, has been approved that will come into effect in January/February 2025.

**The Board will continue to monitor.**

5.1.13 In the Board's view, 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. In March 2024, themed meals were introduced on the last Thursday of each month, i.e. Indian, Italian, etc. These have been well received by prisoners.

5.1.14 Given the amount of equipment in the kitchens, it is if no surprise to see regular breakdowns. The kitchen team usually manages to overcome the difficulties these breakdowns present. However, during the reporting year, two events caused the Board more concern than usual. The first being that, for the majority of the year, the kitchen has operated without a functioning heating and hot water boiler. Kitchen staff have had to heat water in one of the copper kettles and then transport it around the kitchen using whatever containers they had. In September 2024, the boiler was replaced. The second issue was that the paint on the ceiling above the baked goods preparation area was flaking off and dropping off. This issue has not yet been resolved, so in the meantime work in this area has been curtailed.

**The Board will continue to monitor**

5.1.15 Visits to the kitchens form part of the Board's monitoring schedule and 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, the Board considers that the kitchens have served the prison well in the last year.

## 5.2 Segregation

CSU occupancy	Nov 20 – Oct 21	Nov 21 – Oct 22	Nov 22 – Oct 23	Nov 23 – Oct 24
Total no. of days occupied	4,129	5,473	5,207	6,792
No. of individuals	534	629	680	966
Average stay (no. of days)	7.7	8.7	7.7	7.0
% occupancy based on max of 8,395 days per year	49%	65%	62%	81%

5.2.1 The CSU has 23 single cells, three of which are usually occupied by orderlies (trusted prisoners), who work as cleaners. In addition, there are two special accommodation cells (where items such as furniture, bedding and sanitation are removed in the interests of safety).

5.2.2 In the reporting period, 14 prisoners have been held for periods more than 42 days (the limit allowed without external authorisation). This compares with three in the previous years. This year, we have seen a significant increase in the number of men refusing to relocate out of the CSU. The Board is satisfied that forms for detention beyond 42 days were submitted and approved in a timely manner. However, it should be noted that there is no information prominently displayed in the wing office showing which prisoners are either approaching or beyond 42 days and their status. A display of this nature would be a useful aide memoir to staff and visiting Governors to ensure compliance.

**The Board will continue to monitor.**

5.2.3 In the main, the Board has observed good prisoner and staff relationships in the CSU.

5.2.4 The internal fabric of the unit has continued to be maintained to a high standard.

5.2.5 The number of prisoners staging dirty protests in the CSU has fallen from 24 in 2022-2023 to 14 in 2023-2024. However, 10 of the 14 instances concerned just two prisoners. The CSU, the healthcare unit and the mental health staff are regularly observed engaging with this group of prisoners.

5.2.6 Special accommodation has been used nine times in the reporting year. This has fallen, from 10 in the previous year. In previous years, the Board has been able to report on the average time spent in special accommodation; however, we are unable to do so for this report, as most entries in the special accommodation log were incomplete.

5.2.7 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 CSU beds. The project finished in September 2023. It is expected that this new framework will be embedded into the prison service order (PSO) in June 2025. However, in the interim period, the Board has been encouraged on hearing that the prison will be continuing to build on the work done during the pilot.

5.2.8 However, the Board is disappointed with CSU outcomes during this year:

- It is a requirement of PSO1700 that prison staff inform the Board when prisoners are placed in segregation or special accommodation. However, for most of the reporting year, this has not happened.
- A large part of the new framework relies on multidisciplinary team work, so the Board was pleased to be informed by the head of residence, in March 24, that a new multidisciplinary team meeting would take place each Thursday to review prisoners who had been in the CSU for more than 10 days. This has not been implemented, however.
- It is a requirement of PSO1700 that a segregation monitoring and review group (SMARG) meets every three months. The Board views this as an important meeting to observe as, traditionally, it reviews all matters relating to the CSU. The last meeting the Board observed was in April 2024. At that meeting, the minutes of the meeting that was allegedly held in January 2024, could not be produced. The Board cannot find evidence of any other SMARG meeting taking place in the reporting year.

**The Board will continue to monitor.**

5.2.9 It is mandatory that a healthcare professional attends good order or discipline (GOoD) reviews. (When a prisoner is given a GOoD ruling, for behaviour that endangers others or causes disruption for the rest of the prison, they are separated from the rest of the population. After 72 hours, a review board decides if they should remain separated for longer.) The Board is disappointed to report that, over the last year, it has seen a 6% decrease in attendance of a healthcare professional - 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 2022-31 Oct 2023	159	145	91%
1 Nov 2023-31 oct 2024	109	93	85%

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	Observed by IMB	% observed
2021-2022	1905	374	19.6%
2022-2023	2100	364	17.3%
2023-2024	2979	369	12.4%

**The Board will continue to monitor**

5.2.10 There is an alarming increase in the number of adjudications. There is no doubt in the mind of the Board that this is reflective of the overall deterioration in situations involving staff assaults, violence and self-harm that have occurred during the reporting year.

5.2.11 A review of those segregated, on adjudication or GOoD review shows no evidence of disproportionality in terms of ethnicity or age.

**The Board will continue to monitor.**

### **5.3 Staff and prisoner relationships, key workers**

5.3.1 At the start of the monitoring year, all prisoners were to have 45 minutes per week with an allocated key worker. There were 155 key workers, covering an average of 830 prisoners. The average key working compliance rate for 2022-2023 was, disappointingly, about 25%, largely affected by varying staffing levels. The reporting year has evidenced different models and a further decline in compliance and commitment to the scheme.

In November 2023, there were 149 active key workers and, by July 2024, with further recruitment and training, there were 175. However, by November 2024, numbers had fallen to 166. On average, there were 169 key workers active per month, which is higher than last year. However, this has not had a major impact on compliance rates. Key workers were not ring-fenced so they regularly lost hours of commitment. As an annual comparison, the compliance rate fell from 26.56% in June 2023 to 15.31% in June 2024. Redeployment of staff was cited as the main reason for the decline. Compliance figures have varied throughout the year. At the start of the monitoring year, it was 17.9% (a fall from 40% in October 2022), peaking at 25% in December 2023 and reducing further to 7.1%. By the end of the monitoring year, it had increased to 12.4%. Other than staff deployment, further obstacles remain such as not enough computers to work on.

**The Board will continue to monitor.**

5.3.2 An annual comparison, June 2023 to June 2024, evidenced that the average time from reception to allocation of a key worker remained the same - one day. By the end of the monitoring period, it was two days.

The average time from reception to the first key worker session increased from eight to 17 days, with further incremental increases from April 2024. By the end of the monitoring period, it was 22 days. In June 2023, 1103 sessions had been delivered, which fell to 640 a year later.

**The Board will continue to monitor.**

5.3.3 At the start of the calendar year, key working was being delivered to vulnerable prisoners only. Locally, there is a new delivery model that requires each prisoner to have a key worker session once a month instead of the original concept of up to 45 minutes one-to-one time once a week. The original model prescribed that all men were allocated a key worker within two days of arrival and all received a meeting once a month. Advice from the National Team in early 2023 was to have 16 priority groups; this was unachievable. In reality, many men did not see a key worker unless they appeared on the daily stability report (statistics supplied to the Governor). In December 2023, work was started to give key workers a caseload from their own wing and to split key worker hours between priority groups. This proved a logistical nightmare. In March 2024, consideration was given to a new model in the light of national changes. Durham had to consider giving consideration to the additional risk of being a reception prison. A hybrid model was agreed and introduced on 15 April 2024, with the intention that all men will receive one key worker session per month, which was delivered by the majority of key workers. It was also intended that ten 'enhanced' key workers would not carry a personal caseload but would support other key workers and give reactive sessions to:

1. First-time-in-custody prisoners.
2. Those with a change in circumstances.
3. Those with an ACCT (assessment, care in custody and team work) document identification.
4. Prisoners with a CSIP (challenge, support and intervention) plan identification.
5. Information triangulated from the stability report.

By June 2024, progress had been poor, again due to the lack of support in the key worker function.

A prison message was issued on 2 May 2024, allocating the 10 enhanced key workers to:

1. Recall prisoners.
2. Early days in custody/first 30 days.
3. Prisoners in debt.
4. Young adults with a sexual offence.
5. Foreign national prisoners.
6. Prisoners who remain in the CSU for more than 30 days.
7. Prisoners directed by the safety intervention meeting (SIM).

By July, the only priority groups that had seen any activity were Foreign National prisoners and license recall prisoners. Men who are early days in custody did benefit from a minimum of two sessions per month by virtue of the fact they received an initial key worker session within their first 72 hours in custody.

5.3.4 A programme for young offenders called Choices and Changes is also delivered by key workers. Five officers are responsible for the delivery

(increased to eight in December, following training). However, detailing time is an issue. Regularly it is not delivered as intended.

**The Board will continue to monitor.**

- 5.3.5 Prison-generated reports are not consistent in format nor timing, making it difficult to provide annual comparisons. Over a three months sample period (for the first three months of the reporting year), an average of 67 young adults were screened for maturity by the offender management unit (OMU).
- 5.3.6 In the latest unannounced HM Inspectorate of Prison (HMIP) report of HMP Durham (30 April-16 May 2024; p.22), key working was criticised for the lack of sessions being delivered and cursory interactions logged. The small number of key workers trained to work with young adults to deliver the Choices and Changes programme was praised.
- 5.3.7 The Board maintains a high profile across the prison. There is someone present in the prison on 95% week days, compared with 91.5% last year. Considering there are fewer active members, this is an achievement. A member was in the prison for 25% of the weekends, compared with 13.2% last year. The Board regularly observes prisoners being supported by officers on the wings. If a Board member is approached by a prisoner and told of inappropriate staff behaviour, the information is forwarded to the Governor. Applications to the Board (prisoners' written representations to the IMB), however, have increased since the last reporting year in the category of 'prisoner/staff concerns'. The percentage of applications from prisoners regarding staff concerns has risen from 8.5% to 20%.

**The Board will continue to monitor.**

There is evidence in the IMB monitoring reports of good relationships. Also, in the latest unannounced HMIP inspection report of HMP Durham, almost all prisoners spoken to by the inspectors were positive about staff and that friendly interactions were observed. Indeed, almost all prisoners spoken to by inspectors were positive about relationships with staff (p22, par 4.1).

- 5.3.8 Evidence accumulated in the IMB survey (see below) shows that the percentage of prisoners who feel unsafe in Durham has increased from 7% in 2022 to 20% in 2024.

**The Board will continue to monitor.**

- 5.3.9 Prisoner consultation meetings, which are the only forums where representatives from all wings can meet, are held fortnightly. The Board observes these meetings and is pleased to report that, as the year has progressed, they have become well established and cancellations are almost unheard of. A representative from the senior management team (SMT) has taken ownership, and the meeting Chair (a custodial manager) continues to lead with enthusiasm. The agenda for the meeting board has not yet become embedded and continues to be developed. Attendance by departmental representatives improved during the year but continues to be variable, which is a source of frustration to the wing representatives. The Board has observed an improvement in the closing down of actions, but still considers there are issues in the way responses are given. For example, it is common for responses to be given without any explanation about the rationale. The Board looks forward to the continuation of the improvements observed.

**The Board will continue to monitor.**



## 5.4 Equality and diversity

- 5.4.1 The prison monitors diversity and inclusion (D&I) through the nine protected characteristics (which include, among others, race, religion, age, disability, sex and sexual orientation), with the addition of neurodiversity and care leavers. Strand leads are at senior management team level with deputies to assist. There is a proposed bi-monthly diversity and inclusion action team (DIAT) meeting, which has met only three times in the past 12 months: November 2023, January and March 2024.
- 5.4.2 A diversity, inclusion and decency lead (DI&DL) was appointed on 1 November 2023. However, this appointment only lasted until 31 March 2024. The lead was then reappointed on 30 September 2024 and, in the short period leading up to 31 October 2024, it can be seen that they have made progress in respect of D&I, with the first DIAT meeting in nine months arranged for December 2024.
- 5.4.3 D&I wing representatives have been appointed on most wings. However, the high turnover of prisoners affects the churn of the representatives, who have meetings on the last Tuesday of the month.
- 5.4.4 Very little information and no strand reports, covering protected characteristics, were available in the period 1 April-31 October 2024. The Board has noted that in use of force, safer custody, incentives schemes and adjudications, etc, the nine protected characteristics are monitored to check for any disparity and/or disproportionality.

**The Board will continue to monitor.**

- 5.4.5 Throughout the reporting year, certain named members of staff were the single point of contact for foreign national prisoners; transgender prisoners; young offenders; those from the Gypsy, Roma and Traveller communities; veterans; and the older generation. Whilst sporadic minutes do exist, there has been no cohesive approach across D&I collectively.
- 5.4.6 A member of the safer custody team, whose role included D&I, continued with the arrangements for the older generation and veterans, with the D&I wing representatives providing the material to support their role. In addition, Wayout TV (an internal prison TV channel) was used in the promotion of D&I, including programmes that highlighted transgender visibility and LGBTQ+ History Month.

**The Board will continue to monitor.**

### 5.4.7 Foreign national prisoners

Data shows a significant drop in the number of foreign national prisoners in the establishment as, previously, there were regularly more than 100 in some months, with over seven held under IS91 (this is the Home Office's authority to detain a prisoner).

There has been a decreasing trend in the November-to-May period. However, since July, the levels can be seen to be on the rise. Whilst the number of those held under IS91 has increased over the year, they are no longer languishing in the establishment, as in previous reporting years, with the longest stay being between 16 September 2024 to the end of reporting year,

whilst accommodation was sourced. In comparison with previous years, when the longest stays were between 21 January 2021 and 31 October 2023 and between 14 November 2022 and 31 October 2023.

**The Board will continue to monitor**

Please see the table, below, for a snapshot of the various nationalities of foreign national prisoners in November 2023 and October 2024:

	November 23	October 24
Albanian	18	23
Iranian	7	3
Iraqi	8	4
Romanian	9	5
Syrian	6	1
Vietnamese	9	8

In previous years, the Board has been concerned about the number held in the establishment under IS91. This year, however, there has been a significant reduction in this number, with the period between 15 February and 30 April 2024 showing a maximum of one in the prison at any one time.

A Home Office representative attends weekly to ensure all documents are completed and rights and procedures are explained to all prisoners. Additionally, any foreign nationals can request to see a Home Office representative about their situation. Work continues to establish which officers can speak a foreign language and to encourage the use of the translation service by officers in communication with foreign national prisoners.

**The Board will continue to monitor.**

#### 5.4.8 Age

Throughout the reporting year, the highest proportion of the prison's population has been in the 30 to 39 age group. Young offender groups are regularly run and attended. Representatives from the charities, Age UK and the Alzheimer's Society, came to the prison on a regular basis, working with the healthcare and mental health teams to provide support to prisoners over 50. They facilitated an over 50s group, where prisoners are rotated to ensure everyone is able to attend, as well as training for staff on dementia awareness. They have also assisted at looking at the reception process from the older person's perspective.

**The Board will continue to monitor.**

#### 5.4.9 Gender reassignment, including transgender and gender fluid prisoners

There was an LGBTQ+ History Month held in February, as well as an LGBTQ+ focus group to enquire about prisoners' needs. The Board is aware

of two transgender prisoners and one gender fluid prisoner in the establishment. However, we have been unable to analyse any recorded evidence of transgender prisoners over the year, as this information has been moved to a restricted area in the prison's records to protect those individuals.  
**The Board will continue to monitor.**

#### 5.4.10 Race

Over 80% of the prison population is recorded as white, with other ethnicities including Asian, black, mixed heritage, Chinese and White Gypsy/Irish Traveller. During Black History Month, many activities took place to raise awareness, including themed meals, presentations and library themes.  
**The Board will continue to monitor.**

#### 5.4.11 Religion/belief

In the reception process, prisoners are asked about their religious beliefs. In the main, none is declared, although Christianity is the largest declared religious group. The chaplaincy team ensures that all faith groups are run on a regular basis and all religious festivals celebrated (see 5.5).  
**The Board will continue to monitor.**

#### 5.4.12 Care leavers

All new young adults are screened by the safer custody team to ensure that the correct support is provided. Awareness of the care leavers' team is promoted to prisoners with one-to-one work rather than forums, with around 10 to 15 prisoners being seen monthly.  
**The Board will continue to monitor.**

#### 5.4.13 Disability

Prisoners' disabilities are self-declared and registered in reception and included physical and mental issues. The Board has learned that there is no methodology where self-declared disabilities are individually confirmed by the healthcare unit. Due to the age of the prison, disabled access remains an issue. However, over the reporting year, grab rails and shower chairs have been installed to assist some prisoners. There are a limited number of cells on the wings that are suitable for those with disabilities, with six accessible cells in the healthcare wing. (See 6.4)  
**The Board will continue to monitor.**

#### 5.4.14 Veterans

Veterans are identified when they come in at reception, with the charity, Care after Combat, attending the prison to offer some support. When appropriate, the prison tries to transfer veterans to HMP Holme House, which has a dedicated veterans' wing.  
**The Board will continue to monitor**

#### 5.4.15 Discrimination incident reporting forms (DIRFs)

In the reporting year, 84 discrimination incident reporting forms (DIRFs) have been submitted, a significantly higher number than in the previous few reporting years.

Reason	2021-22	2022-23	2023-24
Age	1	0	11
Disability	3	12	18
Race	21	22	45
Race and religion	4	0	0
Sexual orientation	2	4	4
Gender Reassignment	0	1	0
Religion and Belief	0	5	3
Sex	0	0	3
Not stated	0	2	0
<b>Total</b>	<b>31</b>	<b>46</b>	<b>84</b>

Race continues to be the main reason for prisoners' submitting a DIRF. DIRFs are available in the establishment in 20 different languages.

DIRFs are externally quality assured (QA) by Durham County Council (DCC). In a review of 22 DIRFs in the period September 2023 to January 2024, DCC found that, in 14, evidence was lacking either in respect of gathering information or following up on the DIRF, while three were either missing or not a DIRF. Following the QA, DCC recommended that a review of the system was needed and at that time being sought by the DI&DL. The Board notes that a new process is to be put into place in January 2025 and we will monitor the progress now that the DI&DL is back in post.

#### 5.4.16 Focus groups and forums

Focus groups and forums were reported by the prison as having taken place. However, the minutes of the meetings were not readily available on the computer. Those that did take place included a meeting for the Traveller, Gypsy and Roma community, in the chapel with a member of the chaplaincy team and staff from the education department who were available for reading assistance; a gender forum on 13 June 2024; regular young offenders groups; and the over 50s groups.

**The Board will continue to monitor**

#### 5.4.17 Overview of equality and diversity

Compared with the previous reporting year, it has been very difficult for the Board to evidence records and a coordinated approach to equality across the prison. The Board looks forward to improved leadership in this very important area to recover ground lost over the past 12 months.

**The Board will continue to monitor**

## **5.5 Faith and pastoral support**

- 5.5.1 The Board continues to be content that the chaplaincy team gives extensive support to prisoners and their families. This is reinforced by an external verification by HMPPS Chaplaincy and Faith Services, which celebrated many areas of strengths of chaplaincy provision (see 5.5.14).
- 5.5.2 The team of 13 includes full-time chaplains in respect of the larger faith groups, including Anglican, Free Church, Muslim and Roman Catholic. Additionally, there are visiting ministers, providing pastoral care across a range of religions: Buddhism; Hinduism; Judaism; Sikhism; Jehovah's Witnesses; Humanism; and Paganism.
- 5.5.3 On a daily basis, the team meets to discuss the needs for the day. They meet all new prisoners, those on ACCTs and those due to be released soon. Visits are also made to those held in the CSU and the healthcare unit.
- 5.5.4 PSI (prison service instruction) 05/2016 requires chaplaincy to see prisoners on ACCTs once per week. However, the team, on average, see those on ACCTs three times per week, which has resulted in 2,325 ACCT visits. The Board is satisfied from its observations that the chaplaincy team speak to all prisoners in advance of their planned releases. The team has also supported 118 prisoners through bereavements compared with 80 in the last reporting year.
- 5.5.5 The support provided includes providing the opportunity for all prisoners to attend their faith worship or group 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 a fortnight.
- 5.5.6 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 and Emmaus Bible study groups; a Jehovah's Witnesses' group; Hindu meeting; Qur'an class; Sikh meeting; and a New Life Study group, as well as groups for Roman Catholics, Eastern Orthodox, Quakers, Pagans, and Gypsy and Roma prisoners.
- 5.5.7 The chaplaincy team attends all operational meetings and is involved with all groups and departments, including DART and the mental health unit, to help support and assist prisoners throughout their prison journey. Additionally, the team is involved works with external organisations to assist the prisoners, such as Junction 42 (a charity offering education, creative arts and Christian faith support to prisoners) and Saint Vincent de Paul.
- 5.5.8 Some of the events/groups organised by the chaplaincy team include:
- Remembrance Service: 70 prisoners requested to attend, although only 44 attended. Presentations were provided by all educational departments.
  - Carol Service: 132 designated to attend, with 56 attending. Guests were present from Durham University and Junction 42. The service was very inclusive and included a carol sung in Romanian.
  - Christmas Mass: 47 requested to attend, with eight attending. This low number was due to work; social visits; gym sessions; and education classes. Plus, some prisoners had to be returned after being searched. Bishop Stephen Wright celebrated the Mass.

- A visit by Durham University Palatinate Orchestra, which played Rachmaninov 2nd symphony; 62 on the unlock lists, with 38 attending.
- Baby-loss awareness week.
- Ramadan and Eid celebrations.

- 5.5.9 In March 2024, the Official Prisoners Visitors were organised and there are now three volunteers visiting the prison.
- 5.5.10 A release leaflet has been prepared, providing details and phone numbers to ensure prisoners continue to be supported on their release.
- 5.5.11 When food is required for a religious festival or feast, food menus are provided by the catering department, recognising religions, culture and festivals. The team has been monitoring and reporting on the use of halal tools in the wing serveries.
- 5.5.12 Some 21 Christmas presents were sent to prisoners' children through the Prison Fellowship's Angel Tree programme.
- 5.5.13 Christmas presents were arranged through Junction 42, which included wordsearches; craft making kits; Christmas cards; chocolate bars; and magazines.
- 5.5.14 HMPPS Chaplaincy and Faith Services carried out a quality assurance and development assessment (QUAD) to ensure the team was providing the right support to the prisoners and meeting the requirements of the PSI 05/2016. It was clear from the results of the QUAD that the team has many strengths, which the Board continues to see on a daily basis.
- The Board will continue to monitor**

## 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
14/11/2024	970	61	6.0	589	61.0	320	33.0

As evidenced in the table, above, the number of prisoners on the basic level of the incentives scheme increased by over 45%, year on year. The percentage of prisoners on the standard level held. The percentage of prisoners on enhanced status increased by over 10%, year on year. The number of men on roll has remained fairly standard, at around 970 to 974, in recent years; this highlights the pressure the prison system is under in terms of population pressures.

- 5.6.1 Prisoners' behaviour is reflected in the Incentives Policy Framework (IPF) levels of basic, standard and enhanced. Since October 2021, remand and sentenced prisoners must actively engage in work or education to achieve enhanced status. This could be reflected in the figures above if the prisoner on remand does not wish to engage in work or education.

5.6.2 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.’*

5.6.3 During 2024 work, commenced to produce a new IPF policy, which takes into account The Lammy Review. Following consultation, this is due for release in November 2024. The Board welcomes the new IPF Policy and the forums that take all prisoners views into account, making it a more rewarding framework to improve behaviour and outcomes for both prisoners and staff.

**The Board will continue to monitor**

## 5.7 Complaints

### 5.7.1 Prisoner Complaints to the Prison via Comp 1s (ordinary complaints) and Comp 2s (which concern a sensitive issue)

Nov - Oct	Total Comp1s and Comp 2s	On-time response rate
2020 - 2021	1188	83.8%
2021 - 2022	1419	68.6%
2022 - 2023	2428	83.3%
2023 - 2024	2878	96.0%

There has been an 18.5% increase in the number of complaints lodged. The Board has observed the importance that the Governor has placed on the quality and timeliness of responses, which can be seen from the year-on-year increase of on-time responses from 83.3% to 96%.

Complaint category	Percentage of total complaints received
Residential	21.8%
Property	21.4%
Canteen (system by which non-perishable items are ordered)	14.5%
Balance of 17 other categories	42.8%
	100.00%

Complaints relating to healthcare issues are not logged. These are returned to the prisoners, who are then signposted to healthcare, which operates a separate complaints system. In the reporting year, a total of 268 complaints were returned to prisoners.

**The Board will continue to monitor**

### 5.7.2 Applications to the IMB

Applications to IMB	2022-2023		2023-2024	
	No. received	Percentage of total	No. received	Percentage of total
Accommodation	57	12.5%	40	8.0%
Purposeful activity	46	10.1%	31	6.2%
Letters etc	53	11.6%	65	13.9%
Health, including mental health	75	16.5%	76	15.1%
Property (internal)	29	6.4%	53	10.5%
Property (in transit or external)	17	3.7%	26	5.2%
Staff/Prisoner Concerns	39	8.6%	100	19.9%
Balance of seven other categories	140	30.6%	112	21.2%
<b>Total</b>	<b>456</b>	<b>100.00%</b>	<b>503</b>	<b>100.00%</b>

The Board responds to written and verbal applications from prisoners. Prisoners who have not used the prison's complaints system are encouraged to do so prior to IMB members investigating the issue raised.

Applications to the IMB have increased by 10% year on year. There has been a worrying increase in the number of complaints relating to staff/prisoner concerns, i.e. 100 this year compared with 39 last year. In most cases, the allegations related to staff behaviour. Where members of staff are named, the Board has a robust procedure of referral to the Governor.

**The Board will continue to monitor**

## 5.8 Property

- 5.8.1 Property complaints: as can be seen in the table in 5.7.1, property represents the second highest number of complaints to the prison i.e. 21.4% (disregarding the 'balance of 17 other categories'). This is like the previous year. Examples of complaints are alleged theft, cell clearance, accessing stored property and receipt of property from outside.
- 5.8.2 Alleged theft: the Board observes that there is no in-cell provision of lockable storage.
- 5.8.3 Cell clearance: typically, this is when a non-compliant prisoner is removed from their cell and re-located, often to the CSU. Due to the circumstances of this removal, prisoners are not present for the cell clearance. It is not uncommon for allegations of missing property to be made by the prisoner.
- 5.8.4 Receiving property from the outside: this issue is regularly raised at the PCC meeting, and throughout the year the responses have varied. Between September and October, a Board member asked 15 officers which prisoners were eligible to receive clothing parcels and what was the process of doing so. No one could give a clear explanation. It is clear to the Board that the



rules and process for the receipt of clothing parcels are not clearly understood by staff and prisoners alike. In October, the Governor informed the Board that two members of the SMT were reviewing eligibility and the process. The Board looks forward to clarity on this issue in early 2025.

## **6. Health and wellbeing**

### **6.1 Healthcare general**

- 6.1.1 The Board observes the healthcare's local delivery board (LDB) meetings, which are held monthly. The meeting is generally chaired by the Governor.
- 6.1.2 The recruitment and retention of staff at all levels has been a major problem for the healthcare team throughout the year. Whenever possible, the gaps are filled by agency nurses. The Board has not identified any major issues in Healthcare delivery. Other than the poor compliance rate on secondary health screening within seven days and the level of prisoners who missed appointments, also known as 'did not attends' (DNAs), the Board has not identified any major issues in healthcare delivery.
- 6.1.3 The Board received a total of 76 written and verbal applications about healthcare, compared with 75 in the previous year. Invariably, due to the confidential aspect of healthcare, the prisoner making the application is signposted to contact the healthcare department directly.
- 6.1.4 During the year, the healthcare department changed their system, so it now categorises complaints as 'concerns', 'informal complaints' or 'complaints'. As a result, it is not possible to provide a comparison with previous years. The healthcare department claims that 100% of complaints, regardless of category, are on time. Unfortunately, this is not the experience of prisoners, who regularly tell the Board that complaints have not been responded to. The main themes and trends of the complaints/concerns continue to be:
- Medication: not receiving medication in a timely manner; not being prescribed medication that patients were receiving in the community; and medication being stopped on the grounds of clinical safety and appropriateness (this is normally following a review via the pain medication MDT meeting).
  - Appointments: prisoners are concerned about the length of time they have to wait for an appointment. It is often the case that by the time the concern/complaint is submitted, the prisoner has been given an appointment.

### **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 in HMP Durham and the region. Board members regularly engage with these in-patients and, invariably, we are told that they are happy with the level of care they receive.
- 6.2.2 First night healthcare screening in reception has been a constant cause for concern, not only by the Board but by all those involved in the process. At times throughout the year, nursing staff have reported that up to 25% of new receptions were not being screened in reception. The problem arises due to a combination of late arrivals and the volume of arrivals. Changes to shift times and cut-offs for prisoner access, made late in the year for both officers and nurses, appear to have alleviated the problem. The Governor has also

introduced a section in the daily stability report that records the numbers that have not been screened. This raises the profile of the problem and allows for appropriate action to be taken from the Governor's morning meeting.

**The Board will continue to monitor**

- 6.2.3 It is mandatory for prisoners to receive secondary health screening within seven days of admission; and, in previous years, when reporting on deaths in custody, the Prisons and Probation Ombudsman (PPO) has been critical of performance in this area. Performance in this area varies month to month and is likely one of the areas adversely impacted by staffing issues. A detailed look at the nine months between February and October shows that there were a total of 4,071 new admissions, with the healthcare centre reporting that 1,452 secondary health screenings were completed within seven days – this gives a compliance rate of only 35.6%.

**The Board will continue to monitor**

- 6.2.4 Waiting times to see a healthcare personnel has fluctuated over the reporting year for the different services. Due to the level of fluctuation, year-on-year comparisons are meaningless.

	November 2023		October 2024	
	No. on list	No. of days	No. on list	No. of days
ANPR/GP	198	19	123	15
Triage	-	5	-	5
Podiatrist	31	113	36	107
Optician	71	110	59	115
Physio	7	16	9	20

- 6.2.5 Dentistry services are provided by the Hyder Group. In last year's report the Board was critical of the provider's lack of reporting and attendance at LDB meetings. This is not the case this year. Reports have been provided each month and the monthly meetings well attended. There has, however, been a significant deterioration in waiting times in the year.

	March	May	July	Sept
Frist consultation	5 wks	8 wks	11 wks	12 wks
Ongoing Treatment	3 wks	5 wks	7 wks	16 wks

In a typical month about 40 did not attend. This amounted to 50% of clinical time wasted.

- 6.2.6 The Board has continued to be seriously concerned about 'DNAs' (those who do not attend or missed appointments) throughout the year. A typical figure across primary care, DART and mental health appointments was 550 per month. A multidisciplinary meeting took place in June to review causes and solutions. However, in the Board's view, there has been no discernible improvement.

**The Board will continue to monitor**

- 6.2.7 Over the year, the healthcare team has offered a range of vaccinations, including those against Covid, Flu; hepatitis B; MMR (mumps, measles and rubella); and MenACWY (four strains of meningococcal bacteria). Typically, 50% of prisoners declined vaccination.
- 6.2.8 Pharmacists regularly carried out medication audits to ensure that prisoners had, in their possession, the correct medication and the correct prescribed amount. Audits evidenced compliance of between 89% and 100%. Monthly themed medicine management meetings about medication and the pain-management process took place. MDT meetings discussed all new prison receptions, prescribed medication on the outside that were not usually prescribed in the prison and actions to address reduction plans, with a new list of 50 prescription '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.
- 6.2.9 The pharmacy team reviewed the number of prisoners transferring out or being transferred in from other prisons, with at least seven days' supply of medication. Throughout the year, the figures were typically:

- Transferred out: 92%
- Transferred in: 40%

Prisons failing to send medication were reported to NHS England for further attention.

- 6.2.10 A major concern expressed by the healthcare staff has been the availability of escorts to A&E and outpatient appointments. Despite there being a system of escalation to the Duty Governor, typically there have been 80 missed appointments each month. The prison allocated a specified number of escorts each day. If this was exceeded, then it is was not uncommon for outpatient appointments to be missed. The Board is of the opinion that there needs to be more flexibility in the system.

**The Board will continue to monitor**

- 6.2.11 Telemedicine was introduced last year, with a view to reducing the need for external appointments. The Board's view is that there has been little progress made in embedding this into the system, e.g. in October 2024 there was only one telemedicine appointment.
- 6.2.12 With regard to the supervision of medication queues, healthcare staff reported *'a lack of queues being manned, increasing (the) risk of medication diversion. We are also seeing increasing instances of threatening behaviour directed towards nursing staff during medication times. These instances remain difficult to manage in the absence of manned queues'*.  
In carrying out monitoring, the Board has observed and reported on the lack of supervision of medication queues.
- 6.2.13 The lack of synergy between Healthcare staff and the prison's operational system has impacted adversely on the timing of medication delivery, as well as the supervision of medication queues; the availability for escorts for external healthcare appointments; and the availability of officers to consistently open doors in the healthcare wing.

### 6.3 Mental health

- 6.3.1 Through monitoring and observing throughout the prison, the Board is satisfied, overall, that prison staff care for prisoners with respect and dignity, and are mindful of their mental health.
- 6.3.2 The mental health team provides primary and secondary care assessment and access to practitioners; ongoing assessment and treatment; medication management; community links; and various interventions, including sleep hygiene, counselling, psychological education and mental health awareness.
- 6.3.3 Initiatives throughout the year have included mental health and suicide awareness; themed distraction packs; wellbeing desks and drop-in sessions; Wayout TV (the prison's internal TV channel) adverts ; bookmarks with breathing techniques; arts and crafts sessions; self-help guides; and focus groups.
- 6.3.4 The mental health team is regularly seen on the wings and attending prisoner information desk (PID) meetings and inductions on the first night centre; they have ensured the wing PIDs know how to advise on referrals.
- 6.3.5 Between January and May 2024, a pilot took place regarding attention deficit hyperactivity disorder (ADHD). This pilot was successful, resulting in prisoners being assessed/diagnosed quickly.
- 6.3.6 Monthly referrals throughout the year have fluctuated between 94 and 316, totalling 2,790 and averaging 232 per month.
- 6.3.7 Over the year, the team has attended 1,485 ACCT reviews, resulting in an average of 124 per month.
- 6.3.8 Waiting times to see the nurse, psychiatrist and counsellor have fluctuated greatly over the year as shown in the table below:

	<b>Shortest</b>	<b>Longest</b>
Nurse	11 days	29 days
Psychiatrist	3 weeks 1 day	11 weeks 5 days
Counsellor	8 weeks 5 days	16 weeks

- 6.3.9 The main issue affecting the team has been the lack of meeting room availability on the wings to allow private and group discussions. This has been repeatedly reported at the local delivery board (LDB) meetings and to the regional manager. The prison has tried to resolve the situation, identifying rooms, but as yet this remains unresolved.

#### **The Board will continue to monitor**

- 6.3.10 The integrated support unit (ISU) opened in 2017, providing a 12-bed unit for the in-house prisoners (I wing). Referrals are received internally and from HMPs Deerbolt, Holme House, and Northumberland.
- 6.3.11 Throughout the reporting year, there have been 72 referrals, resulting in 47 admissions received from HMPs: Durham (33); Deerbolt (3); Holme House (3); and Northumberland (8). Patients stayed, on average, about 12 weeks.
- 6.3.12 The 41 discharges throughout the year have been as follows: 24 men transferred back to the referring establishment; four to the community, without the need for detention under the Mental Health Act (MHA); seven to the community, with detention under the MHA; and six transferred to a secure

hospital, under the MHA. This demonstrated a 68% success rate for those men discharged without the requirement to be detained under the MHA.

- 6.3.13 Treatment and therapy are provided by registered mental health nurses; occupational health staff; speech therapists, although not all healthcare staff are in post; and bespoke prison officers. In the previous reporting year, the Board stated that one of the main issues affecting the provision of help to the patients was that the wing was regularly placed in patrol state (this is when the prison is locked down, with no movement of prisoners), due to the discipline staff being required elsewhere in the prison. Although this situation continued for a few months, the Board is pleased to report that this has only been the case once since May 2024.
- 6.3.14 Due to unfamiliar discipline staff working on the unit, job plans have been created to provide continuity for the residents. However, again, the use of non-regular staff has decreased over the year.
- 6.3.15 The team's work should be commended and this has resulted in nominations for the Pride Award and the Nursing Times Best Team Award.
- 6.3.16 In the lead up to Christmas 2023, the wing held a party with a quiz for those who were able to participate. Buffet food and Christmas distraction packs were provided, along with a prize for the winner of the quiz, which was subsequently shared amongst those present.
- 6.3.17 The Board continues to regularly engage with the patients in the ISU and consistently receives glowing testimonials in relation to the level of support made available to them from all the staff.

**The Board will continue to monitor.**

## **6.4 Social care**

- 6.4.1 As explained previously, the prison is old, sprawling and without lifts, which give causes access issues for prisoners with disabilities. Access was commented on in the HMIP Durham inspection report (April 2024; pages 27-28; 4.27): *The aging prison buildings were not designed to accommodate those with disabilities and the lack of accessible and adapted cells prevented many prisoners with mobility issues from participating fully in the regime. Some were unable to get in the exercise yard for time in the fresh air, have showers, attend a workplace, visit the chapel or attend the gym, and some could not collect their own meals. A small number of wheelchair users had in-cell showers but they still reported difficulty using them... The lack of accessible cells on F wing meant that some prisoners convicted of sexual offences who used wheelchairs were instead placed on the main units, but... to keep them separate... they had a very restricted regime...*

An IMB thematic monitoring report, 'Breaking point: the impact of a crumbling prison estate on prisoners', published in November 2024, evidenced that these circumstances are not unusual and identified as one of its key findings: *'... prisoners with physical disabilities faced obstacles to participating in every aspect of prison life, with... individuals held in cells unsuitable for their needs.'* (page 5)

The Board concurs with this view.

**The Board will continue to monitor.**

In HMP Durham, there are six cells in healthcare with wheelchair access. There are an additional seven cells in the prison with wheelchair access and showers.

During the reception screening, men are asked to declare a disability, including those that require a personal evacuation plan (PEEP), which provides assistance for those who cannot get themselves out of the prison unaided in an emergency. Prisoners 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 local delivery board (LDB) meeting, with appropriate plans formulated.

Social care referrals are made by the healthcare unit, with an occupational therapy case a manager from Durham County Council (DCC) assessing care needs and any necessary equipment. The assessment can take up to 28 days. Men struggling to use the wing showers are catered for in the healthcare unit.

Patients in receipt of a funded package receive two to three visits per week. Men are not always able to have their package delivered on the wing, where healthcare staff face the barrier of men not being unlocked for their social care to be provided. They have also faced barriers of lack of towels and have had to bring men up to the healthcare unit to bathe. If the officer in the healthcare unit is not present to unlock, then the care cannot be delivered.

6.4.2 The table below shows a seven-month snapshot of prisoners' self-assessment of their disabilities

	<b>April 2024</b>	<b>May 2024</b>	<b>June 2024</b>	<b>July 2024</b>	<b>August 2024</b>	<b>Sept 2024</b>	<b>Oct 2024</b>
Wheelchair use	7	8	7	7	7	7	5
Mobility	95	86	86	84	84	82	78
Physical disability	22	27	27	28	28	33	27
Disability	125	156	142	171	171	161	152
Mobility and physical disability	10	4	4	4	4	5	3
Total number of declared disabilities	259	281	266	294	284	288	265
<b>Total population</b>	<b>985</b>	<b>970</b>	<b>981</b>	<b>985</b>	<b>985</b>	<b>972</b>	<b>973</b>

With an average population of 979 men, 15% each month declared a disability. Not all disabilities, as recorded in reception, require social care support. Wherever possible, first night reception declarations are assessed and verified. Data showing conditions verified by the healthcare unit are not

available. Mobility aids are available, with Durham County Council providing additional equipment when requested.

6.4.3 A 'buddy system' has been discussed and referred to the LDB. By January, and then March, they were talking about rolling out training, with roles defined and training packs complete. The full system has still not been implemented. Progress has been slow, in the Board's view.

6.4.4 After prison staff visited HMP Wymott to look at telecare (which involves using electronic devices such as personal body-worn personal alarms to keep vulnerable patients safe), there were further discussions with commissioners to look at the implementation of this in HMP Durham and throughout the northeast group on prison. This was being approached as a joint-funded project, with a particular interest in falls sensors (there have been some inpatients with high number of falls). The system has not been nationally implemented due to a dispute with the trade union, the Prison Officers' Association (POA).

6.4.5 Unwell men can struggle to access the emergency bell in the cell because of where they are placed. Therefore, they have been provided with a hand-held patient call bell, which alerts via a receiver. The mobile call bells have been a great success for men well enough to access them.

**The Board will continue to monitor.**

## **6.5 Time out of cell, regime**

6.5.1 Despite the publication of a new core day, which theoretically would give increased time out of cell, the prison itself was non-compliant as demonstrated by its inability to sustainably deliver its published regimes. There has been no increase in time out of cells, despite the provision of a revised core day. Prisoners (typically 33% of the prison population) not engaged in work or education are still spending 22 hours or more each day in their cells. Time out of cell is restricted to access to fresh air and exercise, showers and using the digital kiosks (self-service computers that allow prisoners to manage their daily affairs). This is about 90 minutes in total. Prisoners have complained that this is affecting their mental health and is grossly unfair. In addition, the Board has observed that prisoners are often rushed by staff in delivering their regime.

6.5.2 The Board noted last year that post Covid 19 the prison was looking to introduce structured or purposeful activity to assist prisoners on their journey. The Board is not convinced that any sustainable activities have been put into place to assist prisoners on their road to rehabilitation.

**The Board will continue to monitor.**

6.5.3 The ISFL (incentivised substance free living) unit is located in B1. This forms part of a national pilot that encourages prisoners to voluntarily participate in a drug-free programme whilst in prison. Incentives include: yoga sessions, football and healthy lifestyle guidance. Inconsistent staffing levels (and shortages) have resulted in these prisoners spending more time in cell than necessary.

**The Board will continue to monitor.**



- 6.5.4 All prisoners have access to the gym, except those who have been segregated in the care and separation unit (CSU). Prisoners in work or education are entitled to four sessions of 90 minutes each. The unemployed, and those on the basic level of the incentives scheme, are entitled to one session per week. The gym operates a weekly timetable, including at weekends.
- 6.5.5 Physical education Instructors provide activities such as yoga, rugby, football, cricket and circuit training. They appear enthusiastic and work well with prisoners in improving their physical and mental health.
- 6.5.6 The Board is concerned that the prison still operates a split regime, with 50% of the wing unlocked at any time. This inevitably means prisoners spending less time out of cells. There are no signs of a return to association.  
**The Board will continue to monitor.**
- 6.5.7 The Board has observed that, on occasion, areas of the prison go into patrol state. Staffing shortages, sickness, annual leave and redeployment of staff to other establishments are the alleged reasons provided by prison senior management. Patrol states curtail all activities, further reducing time out of cells.
- 6.5.8 For prisoners engaged in work or education, this means an extra 2.5 hours out of cell each day, excluding weekends. The higher proportion of remand prisoners has, undoubtedly, contributed to the prison's struggle to fill all places available. (See 7.1.3 and 7.2.3)
- 6.5.9 Some full-time workers have complained that they were missing out on exercise and time on the kiosks, as these were not facilitated during their core day. In order to reduce this problem, the prison plans to reduce the number of full-time workers.  
**The Board will continue to monitor.**

## **6.6 Drug and alcohol rehabilitation**

- 6.6.1 Monthly referrals to the drug and alcohol recovery services (DART) team remain high, peaking at 536 in November 2023, reducing in February to 394, increasing to 560 in May, then falling to 401 in June. By the end of the monitoring year, the caseload for DART workers was 378.

The DART team is proactive in completing five-day and 13-week reviews and assessments, providing intervention sessions and supporting prisoners. It has been instrumental in keeping prison staff updated about prisoners: for example, on a staff wellbeing day in December, it hosted stalls that provided information on the impact of excessive alcohol and substance abuse. The DART staff have also worked over a period of time with F and I wings. In December, the team attended an informal event for vulnerable prisoners, organised by the prison, offering information about substance abuse and support. On 26, 23 and 30 May 2024, substance abuse awareness was provided for the whole of I wing. On 3 June 2024, a new DART induction process was agreed, providing recovery coordinators with increased capacity to manage caseloads and deliver to groups.

- 6.6.2 DART has collaborated with other agencies to improve outcomes for prisoners. In April 2024, the continuity of care coordinator explored ways to

increase communication between DART and the Courts. The team has worked in partnership with Spectrum to increase awareness of the 'Alcohol is Toxic' campaign. A letter drop was utilised to raise the risk of illicit substance to all prisoners. They have also worked with the mental health team to plan wing-based group sessions and regular partnership. The mental health team has attended DART sessions and delivered mindfulness and meditation.

- 6.6.3 Various events have taken place throughout the year, including 'Smart Recovery' and 'Breaking Free Online', plus visits from Narcotics Anonymous and Alcoholics Anonymous. This is supported by structured one-to-one sessions: for example, in October 2024, men attended 769 sessions.

The number of men not attending monthly appointments, including primary care, mental health and DART is high, averaging 481 per month by May. In May, 659 men did not attend appointments, while in June the figure was 641 and 543 in October. From the Board's observations, staffing issues have been a contributing factor

- 6.6.4 On 7 June 2024, the ISFL group began. DART is working in partnership with the area manager and the spectrum marketing team to look at developing posters and leaflets. On 3 June 2024, a new DART induction process was agreed, providing recovery coordinators with increased capacity to manage caseloads and deliver to groups. In April 2024, the continuity of care coordinator (who joined in April 2024) explored ways to increase communication between DART and the Probation Service and improve continuity of care. Initial discussions have taken place to identify a point of contact from the Probation Service within each Court to improve communication and support continuity of care for last minute and unplanned releases. In June 2024, the continuity of care coordinator attended an event in the Reconnect hub to look at pathways and ways to improve continuity of care for service users, with community substance misuse partners for Durham Community Service and Northumberland Community Service. At 57%, HMP Durham is above average for continuity of care, with the national average sitting at 54%. Prison-to-prison nationally, the continuity of care figure is 56%, with HMP Durham at 95%.

By 17 June 2024, 53 prisoners had signed contracts for ISFL. A business case has been successfully accepted to receive further funding, to be spent by March 2025. A weekly wing-based session began on 2 May 2024 and continued weekly, focusing on harm reduction, risks of illicit substances in custody and overall substance awareness. Feedback to DART has been positive.

- 6.6.5 On departure, men are supplied with naxolone kits, containing a drug that reverses the effects of an opiate overdose. In December 2023, there was an 85% uptake; 66% in March; 48% in May; 51% in June; and 59% in October 2024. During the HMP Durham inspection of the prison, one of the five examples of notable practice cited by inspectors was evidence of a family worker attending social visits and offering education about the kits for family members to take home.

Prisoners have told Board members that DART support and programmes are appreciated. A service user engagement questionnaire was completed in October, with a response rate of 91%. Some 70% of the men gave the service

a five-star rating, with a further 20% giving a four-star rating. Men commented on the positive support of the staff and the impact on an individual who did not think he could change.

Post-release, men also receive substance misuse treatment, alcohol support and a referral from the re-connect hub outside of the prison. This was also cited as another of the five examples of notable practice during the HMIP inspection. The inspection report also acknowledged the positive work of the DART team.

**The Board will continue to monitor.**

## **6.7 Soft skills**

- 6.7.1 There are prisoner mentors for the Shannon Trust, DART, mental health, 'every contact matters', careers, workshops and educational classes. Additionally, other supporting roles include the prisoner information desk (PID) workers, Listeners, and equality and diversity representatives.
- 6.7.2 Prisoners' skills are enhanced through courses, including barbering, English, maths, English for speakers of other languages (ESOL), digital skills, horticulture, multi-skills and construction. Some 50 laptops are available in HMP Durham for in-cell use.
- 6.7.3 There are also activities such as 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.
- 6.7.4 Innovation Unlocked, in partnership with industries and education, facilitates the design of products for sale in the community.
- 6.7.5 The prison provides support for prisoners through the well-man clinic and healthy lifestyle instruction, which is provided by the gym staff.
- 6.7.6 There are banking and ID workshops and a music group, as well as DART and POM (probation offender manager) drop-in sessions. In addition, the prison arranges events where outside employers visit the prison to speak to potential workers prior to release.
- 6.7.7 There is a reading specialist to support lower-level emerging readers and to create a reading-for-pleasure culture across the establishment. This complements the Shannon Trust offer and is a progression route for non-readers. Reading champion mentors are allocated to each wing, overseeing groups for all reading levels.
- 6.7.8 Way2Learn can be accessed through the prison's in-cell TV. It offers a vast range of courses, including mental health in the workplace, health and safety and creative writing.
- 6.7.9 Employability mentors support prisoners. In the reporting period, HMP Durham was second in the country for the highest engagement with Way2Learn: 170 courses were completed in September 2024.

**The Board will continue to monitor.**

## **7. Progression and resettlement**

### **7.1 Education, library**

- 7.1.1 Education at HMP Durham is provided by Novus. Mid-reporting year, the head of learning, skills and education left the post, leaving a managerial void for several months, which affected the cohesion of education provision, in the Board's view. Prisoners' needs are assessed by the information, advice and guidance (IAG) team. Goals are set and prisoners are engaged with opportunities to explore various elements of the curriculum. The provision does not focus on qualifications, due to the short length of time that men are in the prison. The following five core principles underpin the education provision: teamwork; communication; self-management; problem-solving; and presentation.
- 7.1.2 Backlogs in personal learning plans (PLPs) have fallen this year. In October 2024, there were 112 outstanding PLPs (12%), out of a prison population of 950.
- 7.1.3 All education is offered on a part-time basis. For April-September 2024, there were 4,453 planned spaces. A total of 4,496 prisoners were allocated to education, but 3,013 attended (67%).
- 7.1.4 The following classes are offered: functional skills, ESOL; digital skills; horticulture; multi-skills; barbering; social enterpriser; food safety; and English and Maths.
- 7.1.5 From May, distance learning sessions were added. These are advertised via the digital kiosks, Wayout TV, 'ticker tape', posters and word of mouth through peer mentors and IAG Advisors.
- 7.1.6 Remand prisoners are not mandated to engage in work or education, which creates an on-going challenge for staff to motivate prisoners to take up the offer of education.
- 7.1.7 The Board has observed that some prisoners have not been unlocked to get to classes. Others have found themselves on an incorrect unlock lists. Prisoners have also opted for work instead of education, as wing work offers better rates of pay. In September, a new local pay policy gave equality across the board.
- 7.1.8 Inconsistent staffing on the wings has also added to the confusion of unlocking the right prisoners to get to the allocated classes.
- 7.1.9 Vulnerable prisoner (VPs) have lost their creative enterprise class, which has now been allocated to 'mains' prisoners. The Board believes this is a poor outcome.
- 7.1.10 The Board has observed the monthly quality improvement group (QIG) meeting and the education performance meetings (EPM).

### **Library**

- 7.1.11 The library is a great resource for prisoners of all nationalities. It can draw on the resources of 39 other libraries (through the public library service) outside the prison.
- 7.1.12 The library has evidenced the following activities this year:

- Storybook Dads, where prisoners record stories on DVD or CD to send to their children.
- Raising Readers, where prisoners can choose a book to be sent home to their child.
- Reading groups (books read aloud), which are run in partnership with education.
- A chess group.

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

## **7.2 Vocational training, work**

7.2.1 Prisoners are offered work opportunities in the following workshops. The numbers denote how many places are available:

- Battery: 80
- MoD: 120
- Printing: 80
- Charity: 80
- Waste management: 240
- Warehousing: 60
- Tea packing: 120
- Woodworking: 80

Approximately 860 spaces are available per week. The majority are part-time, with the exception of mentors and support workers, who are full time. The prison faces the challenge of encouraging remand prisoners to engage in work or attend education, as they are not mandated to do so.

7.2.2 Industries also operates a coffee shop at the gatehouse. This offers work for prisoners who are on release on temporary licence (ROTL). ROTL workers are from HMP Low Newton; there were none over the last five months of the reporting period.

7.2.3 The efficiency rates (the percentage of work spaces filled) in July-September ranged from 63% to 81%. The prison has appointed a custodial manager (CM) to encourage uptake of work. There were three separate CMs in four months. Inconsistent staffing levels have not helped prisoner engagement with work.

7.2.4 There is a progress in work employability skills' book (PiW), which sets and records targets for work. Following the latest Ofsted inspection and recommendations, the prison is working through the areas for improvement in the PiW.

7.2.5 The battery workshop opened in August. This provides work that reflects the assembly-line nature of industries and employability skills. As the churn of prisoners is high and the length of stay short, the scope of the workshops offer limited purposeful activity.

7.2.6 The Board has observed prison meetings that provide governance and assurance in prisoner engagement with work. There is a drive to make

prisoners more accountable for their refusal to work. Motivating prisoners to fill all work spaces remain a constant challenge.

- 7.2.7 There is a prison employment lead (PEL), who provides links to job opportunities in the community.
  - 7.2.8 Prisoners can visit the employment hub to view and apply for any vacancies. This can also be requested on the digital kiosks.
  - 7.2.9 The PEL visits prisoners due for release within a six week period, or anyone who expresses an interest via their wing staff/tutor/instructor or the kiosk.
  - 7.2.10 Remand prisoners do not have a release date. They will only be seen on request and will be supported by the PEL in a more general way.
  - 7.2.11 An employment hub mentor has been introduced on D-wing. This initiative, if successful, will be rolled out throughout the prison.
  - 7.2.12 The prison has links with the following external employers, which has grown considerably over the course of the year, and includes major companies such as Timpsons, Balfour Beatty, DHL and Wates.
- The Board will continue to monitor.**

### **7.3 Offender management and progression/family contact**

- 7.3.1 As a reception prison, the offender management unit (OMU) in HMP Durham is not mandated to complete an OASys (offender assessment system, which assesses why a prisoner offends, how likely it is they will re-offend and what can be done to prevent this). 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 an OASys is completed within 10 weeks of sentence for prisoners sentenced to 10 months or more, and within 16 weeks for life sentences. Subsequently, there were no offender assessment system (OASys) backlogs during the reporting year.

Reviews are conducted every two years for standard determinate prisoners and every three years for prisoners on a life sentence or if there is a significant change in circumstances. Reviews are conducted by the prisoner offender managers (POMs).

- 7.3.2 POMs answer all prisoner queries on the kiosks. There were no backlogs in sentence calculations in the reporting year. The early release scheme was extended in 2024, initially to 28 days, then 35 days and, finally, to 70 days, which was earlier than the usual release schedule to help reduce capacity pressures on the prison. Whilst this brought its own challenges to the resettlement teams, from the Board's observations, they managed this with few concerns.

Under the early release scheme, introduced by the Government in late 2023, HMP Durham released 114 prisoners earlier than their initial sentencing allowed.

The SDS process commenced initially in two tranches: 10 September 2024, when HMP Durham released 10 Prisoners; and 22 October 2024, when no prisoners were released from HMP Durham.

There are mechanisms in place to ensure that the most violent prisoners are not released under the SDS scheme. The SDS40 replaced the early release scheme from 1 September 2024.

**The Board will continue to monitor.**

- 7.3.3 The POMs contact the prisoners personally within a week of being sentenced, which has been welcomed by prisoners and the Board. The prison initially created POM clinics, which were available to prisoners held on all wings, apart from the first night centre, the CSU and the healthcare unit. In the latter part of the reporting year, however, management deemed the clinics to have been a mixed success, so now advise POMs to spend the time speaking to their own caseload of prisoners.

As set out in HMPPS National Standards guidance, POMs are required to have three face-to-face visits with sentenced prisoners within the first 12 weeks in custody. However, this is difficult to achieve in a reception prison, as prisoners are often moved on quickly and are, on average, transferred within ten days.

- 7.3.4 The OMU provides training for key workers, yet the responsibility for delivering key work to prisoners lies with the residential discipline staff. There has been a drive to improve the quality of training. However, this cannot be evidenced and further work is required, as key work sessions are one of the main areas the prison opts to cancel when staffing is tight.

**The Board will continue to monitor.**

- 7.3.5 HMP Durham is a reception prison, which means that it offers no offending behaviour programmes. The OMU identifies the programmes needed for a prisoners' progression, then works with the receiving prison to try to facilitate the prisoners' needs.

- 7.3.6 Imprisonment for Public Protection (IPP) sentences were introduced in 2005. They were designed to prevent offenders who were considered dangerous from being released, even though the offence did not merit a life sentence. Nationally, there was broad consensus against IPP sentences and they were scrapped in 2012.

The number of IPP prisoners at HMP Durham varied throughout the year and has had, at one time, a maximum of 17 IPP prisoners, most of whom were on licensed recall and had further charges. However, it is usually the case that they are rapidly relocated elsewhere in the prison estate, so they do not stay at HMP Durham long. Probation staff are aware of a potential change to legislation in 2025 to help IPP prisoners move on with their sentence.

**The Board will continue to monitor.**

## **7.4 Family contact**

- 7.4.1 Prisoners continue to have access to in-cell telephony for contact with family, in addition to the 'email a prisoner service' and general mail access. These are vetted and handled by the prison's censor's department.

- 7.4.2 For those who do not have any social visitors, the prison introduced the official prison visitors' scheme (OPV). The chaplaincy team took this over in May 2024, as the previous iteration had little success. Since the relaunch in May and a further refresh in September 2024, they have facilitated 20 visits successfully, with three dedicated volunteers. Since September 2024, eight additional prisoners have accessed the project, and four more are awaiting approval. It is anticipated that further interest and engagement occurs as word of mouth continues to spread.

One challenge the chaplaincy team faced was the need for constant promotion, due to the nature of a remand prison. They addressed this through the wing 'every contact matters' (ECM) mentors, who helped raise awareness about the project. The booking process was, initially, a significant issue, but this has been resolved and there has been an increase, from three visits to 17 visits, since September. The visits are highly valued by the prisoners and the volunteers have grown into their roles, despite a few expected challenges as they became familiar with the prison's procedures.

The chaplaincy team also facilitates the communication with bereaved families. (See section 5.5)

- 7.4.3 Whilst the 'better digital prisons service' has been rolled out and visitors are able to book social visits online, this has had mixed success. It remains the case that where some people are not able to book social visits digitally, calls to the national booking line have taken a very long time to be answered. Prisoners have reported to the Board that the phone line books children over 10 years old as children, when the prison classes this age as adults for social visits; then, when they arrive at the prison, it has been reported that some have been refused access, as prisoners are only allowed a limited number of adults visiting at one time. This has been raised repeatedly at the PCC meetings throughout the reporting year. These meetings have also raised concerns that the booking line is not user friendly, in that visitors who work have trouble waiting on the phone for several hours before being able to arrange a social visit.

**The Board will continue to monitor.**

- 7.4.4 Social visits and social video calls are held daily. Social video calls remains an offer and not an entitlement. It is an additional method of contact but not a substitute for face-to-face social visits. During the reporting year, the offer of one free 30-minute social video call per prisoner, per month, was increased to 60 minutes.

Foreign national prisoners and those from 'out of area' prisoners do not receive social visits, because of the distance from family, additional social video calls may be granted at the discretion of the Governor in certain circumstances. In the 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.

The PCC meeting has further raised concerns that the 60 minutes is frequently reduced, due to a lack of staffing or technical issues



The prison has set up a type of 'clinic' to help prisoners who are from out of the area, with one of the pre-release team taking the immigration lead from the Home Office around the prison to see anyone they identified as requiring assistance either via POM sessions or on basic custody screening tool (BCST) form, etc.

**The Board will continue to monitor**

- 7.4.5 Nepacs (north east prison after care society) runs the visitors' centre to support families and ease the process. The team offers practical advice, emotional support and directs families to more specialised agencies, if required, such as Citizens Advice, for example.
- 7.4.6 The visits' hall has a soft play area for children under six years of age. It is clean and well maintained, having been refurbished in the reporting year.
- 7.4.7 Consistent feedback has been received that the range of refreshments available in the visits' hall is not satisfactory. The prison order the provisions with input from Nepacs who staff the café. The PCC meetings have raised concerns over the range of food, particularly the lack of hot food available for visitors. This may be something the prison wishes to expand on in the future.
- 7.4.8 The early days in custody worker and the HMP family support worker in HMP Durham are a positive force in the prison, in the Board's view. They consult with visitors, promote father and child visits, as well as family learning and extended, family day visits.

The Board has received feedback from prisoners about the prison's positive input when a father is visited by his child for the last time before they are adopted. The prison arranges for the father to take photos of the child in non-prison environment, which is appreciated by the prisoner. HMP Durham introduced support for new fathers, enabling them to bond with their child. Storybook Dads continues and is becoming more established in the prison, with fathers and significant.

Over the school holidays in 2024, the prison held extended family visits for 18 prisoners. However, the demand exceeded capacity early on, so the prison organised for extra visits in August to facilitate greater links with the family, which can only be commended by the Board.

Father and child visits take place every Thursday morning and the Board has observed the positive effect this has on prisoners. Maintaining strong links to family is one of the main ways to reduce reoffending.

The number of prisoners applying for, and attending, the family visits has increased in recent months. The head of reducing reoffending has allowed this to go above the recommended number of 12 prisoners, due to demand, which can only be seen as a positive step.

- 7.4.9 The early days in custody project continues into the reporting year, with Nepacs taking over the service. 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.

**The Board will continue to monitor.**

## 7.5 Resettlement planning

- 7.5.1 Senior probation officers (SPO) oversee the probation and pre-release teams. They operate with two SPOs, who are each responsible for nine POMs. Over the reporting period, the pre-release team operated with the equivalent of 4.6 full-time staff, as opposed to the target of nine full-time staff. They appear to have managed this in a constructive way to reduce impact to the vast number of prisoners.
- 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 since 1 November 2023 has increased, year on year, and in the reporting year the prison had 1,170 unplanned releases.

On speaking to the OMU, the view is that, typically, one in three prisoners is released homeless. At the end of the reporting year there were 124 CAS3 bed spaces for the whole of the north east. This provides accommodation for 84 days post release and uptake remained at the maximum throughout the reporting year.

**The Board will continue to monitor.**

- 7.5.3 A final Prisons and Probation Ombudsman (PPO) report published, during the 2022-2023 reporting year 2022-2023, 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.'*

Whilst the PPO report is for a previous year, for HMP Durham it is vital we acknowledge the importance of having suitable accommodation on release from prison.

The prison's resettlement team is aware of these issues. They work with the OMU to mitigate the situation by anticipating those prisoners likely to be released directly from the court, so engage external providers. This is a national issue, and HMP Durham appears to be trying to improve the statistics. They have introduced a 'remand tracker' to establish who is coming up for a court appearance and assessing the likelihood of them being released and working with them beforehand. Additionally, towards the end of the reporting year, HMP Durham tasked Thirteen, the outsourced accommodation lead, to run clinics on the wings on a Tuesday and Thursday to enable prisoners to directly engage in drop-in sessions for those who identify as being at risk of homelessness on release.

**The Board will continue to monitor**

- 7.5.4 The resettlement team continues to fulfil its duty in completing basic custody screening. In the reporting period, there have been numerous incidences where the basic custody screening tool (BCST) part 1 was not completed by the prison. This was sometimes due to staffing constraints and at other times down to the sheer volume of prisoners being received.

The SPO is now made aware on a daily basis of all new prisoners. If they are not on the relevant list, this is chased up immediately to try to ensure that no one slips through the net. This is a good tool to help ensure that all prisoners receive the relevant BCST screenings, which enable the probation teams to support them throughout their residency and beyond.

- 7.5.5 The Probation Service continues to outsource aspects of their work to commissioned rehabilitative services (CRS). This includes support for accommodation; finance, benefits and debt; and personal wellbeing. The team also establishes other, external links to support prisoners, if necessary.

The prison has set up an employment advisory board to help improve the outcomes for prisoners leaving the establishment. The IMB hopes to see positive results.

The pre-release team set up a board to bring together all the relevant teams so they can discuss and deliver positive joined-up outcomes for prisoners. In the past, it was described as disjointed, with one department not knowing what others were doing. The SPO now speaks highly of this and feels that everyone who attends does their best for each prisoner. The Board hope to see an improvement in the outcomes for prisoners.

**The Board will continue to monitor.**

- 7.5.6 **Reconnect hub:** whilst officially outside of our remit, the hub works so closely with the prison that it could almost be considered to be part of the establishment. Given this relationship, the Board considers the hub worthy of recognition. Set up in November 2022, it is led by Spectrum, in partnership with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), Humankind and Rethink Mental Illness. It provides immediate and ongoing support to ex-prisoners by offering a range of support to help them settle back into the community. A snapshot of how the service had grown over the last 12 months is as follows:

	Nov 23	Jan 24	Jun 24	Oct 24
Prisoners visiting on release	23	27	27	35
Drop ins	21	78	89	134
No. of appointments booked	85	69	126	194
Breakfast club	24	28	39	43

Examples of what the hub provides for ex-prisoners are:

- Prisoners on release: engagement with Reconnect services, substance misuse and mental health support, clothing, contacting probation, food parcel, Contacting Family
- Drop ins: mental health support and referral; substance misuse support and referral; appointment with a key worker; information and advice; housing referral; clothing; sleeping bags; toiletries.
- Booked appointments: Reconnect appointments, Health Squad, Thirteen group (housing), Humankind rough sleepers.
- The Hub also offers group working and in October ,164 ex-prisoners attended. A sample of the group work offered is: Alcoholic Anonymous, Narcotics Anonymous, Gambling anonymous, SMART Recovery, and art and craft sessions.

The Board looks forward to a strengthening of the links between the hub and the Prison and continued growth in the services provided.

**The Board will continue to monitor.**

## 8. The work of the IMB

### 8.1 Board statistics

Board tenure, as at end of October 2024	
Less than 1 year	0
1-2 years	1
3-5 years	2
6-10 years	5

Recommended complement of Board members	15
Number of Board members at the start of the reporting period	10
Number of Board members at the end of the reporting period	8
Total number of visits to the establishment	572

### 8.2 The role of the IMB

We have engaged with national and internal training to ensure new members are trained and operational. All serious incidents were followed up. All monitoring has been on site. The Board has continued to be assiduous in its monitoring role. It carried out 572 visits in the reporting year, going in to the prison on 255 days: 243 weekdays and 12 days on weekends.

IMB member visits amount to about 2,000 hours of monitoring. They are carried out weekly by members on a rota basis and regularly by all Board members monitoring their assigned 'areas of special interest' (ASIs). We then get together every month to analyse and discuss our findings. 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 the 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 in the prison and whilst challenging at times, its monitoring findings are seen as constructive in helping to improve 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.

As well as resolving specific issues for individual prisoners, the Board has achieved a number of successes that impact either on operations across the prison or enhance the availability of monitoring data.

- Commitments have been obtained from the Governor for the following:

- that prisoners will be issued with the minimum entitlement of kit, as per HMPPS National Standard for Cleanliness;
- that prisoners employed ahead of employment checks being completed will be paid for work done;
- that prisoners employed as prisoner information desk (PID) workers will have early unlocks in the morning and afternoon so that they can engage with prisoners prior to works moves.

We have co-operated with other Boards on issues arising when a prisoner has transferred out and we have responded in a timely manner to the issues of any family members raised via the IMB Secretariat.

There is an active monthly training programme for all Board members and wraparound informal support for new members, as well as regular formal training.

During the reporting year, the Board was able to visit HMPs Forest Bank and Holme House and the medium secure facility of Roseberry Park. The visits were useful in allowing us to compare the workings of other Boards and to get an insight into the journey of prisoners who are mentally unwell. At each Board meeting, we welcome speakers from various departments in the prison and raise awareness of changes in prison policy.

### Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	57	40
B	Discipline, including adjudications, incentives scheme, sanctions	11	21
C	Equality	11	3
D	Purposeful activity, including education, work, training, time out of cell	46	31
E1	Letters, visits, telephones, public protection, restrictions	53	65
E2	Finance, including pay, private monies, spends	31	43
F	Food and kitchens	8	2
G	Health, including physical, mental, social care	75	76
H1	Property within the establishment	29	53
H2	Property during transfer or in another facility	17	26
H3	Canteen, facility list, catalogues	12	11
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, re-categorisation	56	22
J	Staff/prisoner concerns, including bullying	39	100
K	Transfers	11	10
L	Miscellaneous	0	0
	<b>Total number of applications</b>	<b>456</b>	<b>503</b>

## Annex A

### 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.
St Giles Wise	Finance, benefits and debt service provider for prisoners, outsourced by the Probation Service.
Ingeus	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 2024**

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 identify any emerging trends since 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 15% of the prison population
- To receive comments from at least 40% of respondents

#### **Methodology**

- To conduct 'one-to-one' interviews in a confidential manner
- To survey prisoners on 7 wings, Kitchen, Vocational Training areas, Education and Gymnasium
- Obtain prisoners views based on 5 specific open questions each having 3 optional answers
- Participants to be from different age groups and different ethnic groups to provide proportional representation across the prison population
- Respondents to be invited to make additional comments

#### **Sample Size**

- A total of 222 face to face prisoner interviews were conducted across the prison, a creditable sample size
- Average number of prisoners in August was 985
- Sample does not include Healthcare, Segregation, I wing or new E wing prisoners leaving an eligible population of 832 prisoners
- Comments were received from 122 respondents which represents 55% of those surveyed

#### **Audience Surveyed**

- 222 Prisoners were interviewed
- This represents 27% of the eligible population of 832 prisoners

#### **Survey Key Findings**

##### **Q1- Have you ever been threatened in Durham?**

- 73.0%, 162 men, said they had never felt threatened in Durham
- 17.6%, 39 men, stated they had occasionally felt threatened
- 9.5%, 21 men, had often felt threatened

## Survey Key Findings

### Q2- How safe do you feel in the exercise yard?

- 14.0%, 31 men, said they felt unsafe
- 61.3%, 136 men, stated they felt safe
- 24.8%, 55 men, felt very safe

## Survey Key Findings

### Q3- How safe do you feel on your wing?

- 12.6%, 28 men, said they felt unsafe
- 63.1%, 140 men, stated they felt safe
- 24.3%, 54 men, felt very safe

## Survey Key Findings

### Q4- How safe do you feel in the shower?

- 17.1%, 38 men, said they felt unsafe
- 64.0%, 142 men, stated they felt safe
- 18.9%, 42 men, felt very safe

## Survey Key Findings

### Q5- Overall how safe do you feel in Durham?

- 19.8%, 44 men, said they felt unsafe
- 58.6%, 130 men, stated they felt safe
- 21.6%, 48 men, felt very safe

## Responses by Area

### A Wing

#### Answers from Prisoners Surveyed in A Wing

	Never	Occasionally	Often	Q Total
Q1	23	1	1	25
	Unsafe	Safe	Very Safe	
Q2	2	13	10	25
Q3	2	15	8	25
Q4	3	15	7	25
Q5	3	12	10	25

#### Responses by Percentage of Respondents in A Wing

	Never	Occasionally	Often	Q Total
Q1	92.0	4.0	4.0	100
	Unsafe	Safe	Very Safe	
Q2	8.0	52.0	40.0	100
Q3	8.0	60.0	32.0	100
Q4	12.0	60.0	28.0	100
Q5	12.0	48.0	40.0	100

## B Wing

### Answers from Prisoners Surveyed in B Wing

	Never	Occasionally	Often	Q Total
Q1	37	3	2	42
	Unsafe	Safe	Very Safe	
Q2	6	24	12	42
Q3	1	28	13	42
Q4	6	27	9	42
Q5	5	27	10	42

### Responses by Percentage of Respondents in B Wing

	Never	Occasionally	Often	Total
Q1	88.1	7.1	4.8	100
	Unsafe	Safe	Very Safe	
Q2	14.3	57.1	28.6	100
Q3	2.4	66.7	31.0	100
Q4	14.3	64.3	21.4	100
Q5	11.9	64.3	23.8	100

## ISFL Wing

### Answers from Prisoners Surveyed in ISFL Wing

	Never	Occasionally	Often	Q Total
Q1	5	1	1	7
	Unsafe	Safe	Very Safe	
Q2	2	4	1	7
Q3	0	4	3	7
Q4	0	5	2	7
Q5	1	4	2	7

### Responses by Percentage of Respondents in ISFL Wing

	Never	Occasionally	Often	Total
Q1	71.4	14.3	14.3	100
	Unsafe	Safe	Very Safe	
Q2	28.6	57.1	14.3	100
Q3	0.0	57.1	42.9	100
Q4	0.0	71.4	28.6	100
Q5	14.3	57.1	28.6	100

## C Wing

### Answers from Prisoners Surveyed in C Wing

	Never	Occasionally	Often	Q Total
Q1	18	4	0	22
	Unsafe	Safe	Very Safe	
Q2	0	16	6	22
Q3	0	15	7	22
Q4	0	16	6	22
Q5	0	17	5	22

### Responses by Percentage of Respondents in C Wing

	Never	Occasionally	Often	Q Total
Q1	81.8	18.2	0.0	100
	Unsafe	Safe	Very Safe	
Q2	0.0	72.7	27.3	100
Q3	0.0	68.2	31.8	100
Q4	0.0	72.7	27.3	100
Q5	0.0	77.3	22.7	100

## D Wing

### Answers from Prisoners Surveyed in D Wing

	Never	Occasionally	Often	Q Total
Q1	26	10	9	45
	Unsafe	Safe	Very Safe	
Q2	6	33	6	45
Q3	11	27	7	45
Q4	13	26	6	45
Q5	13	24	8	45

### Responses by Percentage of Respondents in D Wing

	Never	Occasionally	Often	Q Total
Q1	57.8	22.2	20.0	100
	Unsafe	Safe	Very Safe	
Q2	13.3	73.3	13.3	100
Q3	24.4	60.0	15.6	100
Q4	28.9	57.8	13.3	100
Q5	28.9	53.3	17.8	100

## E Wing

### Answers from Prisoners Surveyed in E Wing

	Never	Occasionally	Often	Q Total
Q1	11	2	2	15
	Unsafe	Safe	Very Safe	
Q2	1	9	5	15
Q3	1	11	3	15
Q4	1	12	2	15
Q5	1	11	3	15

### Responses by Percentage of Respondents in E Wing

	Never	Occasionally	Often	Total
Q1	73.3	13.3	13.3	100
	Unsafe	Safe	Very Safe	
Q2	6.7	60.0	33.3	100
Q3	6.7	73.3	20.0	100
Q4	6.7	80.0	13.3	100
Q5	6.7	73.3	20.0	100

## F Wing

### Answers from Prisoners Surveyed in F Wing

	Never	Occasionally	Often	Q Total
Q1	17	10	3	30
	Unsafe	Safe	Very Safe	
Q2	2	20	8	30
Q3	6	18	6	30
Q4	5	20	5	30
Q5	8	19	3	30

### Responses by Percentage of Respondents in F Wing

	Never	Occasionally	Often	Total
Q1	56.7	33.3	10.0	100
	Unsafe	Safe	Very Safe	
Q2	6.7	66.7	26.7	100
Q3	20.0	60.0	20.0	100
Q4	16.7	66.7	16.7	100
Q5	26.7	63.3	10.0	100

## Education/Work/Gym

### Prisoners Surveyed in Work/Education/Gym

	Never	Occasionally	Often	
Q1	25	8	3	36
	Unsafe	Safe	Very Safe	
Q2	12	17	7	36
Q3	7	22	7	36
Q4	10	21	5	36
Q5	13	16	7	36

### Responses by Percentage of Respondents in Work/Education/Gym

	Never	Occasionally	Often	Total
Q1	69.4	22.2	8.3	100
	Unsafe	Safe	Very Safe	
Q2	33.3	47.2	19.4	100
Q3	19.4	61.1	19.4	100
Q4	27.8	58.3	13.9	100
Q5	36.1	44.4	19.4	100

## Total Surveyed

### Total of Prisoners Surveyed

	Never	Occasionally	Often	
Q1	162	39	21	222
	Unsafe	Safe	Very Safe	
Q2	31	136	55	222
Q3	28	140	54	222
Q4	38	142	42	222
Q5	44	130	48	222

### Responses by Percentage of Respondents in Prison

	Never	Occasionally	Often	Total
Q1	73.0	17.6	9.5	100
	Unsafe	Safe	Very Safe	
Q2	14.0	61.3	24.8	100
Q3	12.6	63.1	24.3	100
Q4	17.1	64.0	18.9	100
Q5	19.8	58.6	21.6	100

## Summary

The 2024 survey revealed the following:

- Q1 – 73% of men, 162 men, stated they had never been threatened in Durham.
- Q2 – 86% of prisoners felt safe or very safe on the exercise yard.
- Q3 – 87.4% of those surveyed felt safe or very safe on their wing.
- Q4 – Regarding how men felt in the shower 82.9% felt safe or very safe.
- Q5 – Overall 80.2% of men said they felt safe or very safe in Durham.
- D wing, which houses prisoners on methadone and controlled drugs, plus F wing, which houses vulnerable prisoners, had the highest levels of prisoners that had been threatened occasionally or often at 42.2% and 43.3% respectively.
- Prisoners on D wing, F wing and in work/education/education feel the most unsafe in Durham.
- Satisfied that respondents were balanced to reflect the profile of the prison population within Durham.
- Regarding respondents' comments. 71 were negative compared with 40 last year. 33 were positive compared with 39 positive last year. 18 were balanced compared with 9 last year. Prisoners spoke openly about debt and drugs in the prison leading to violence. They also supplied the names of officers that allegedly behaved in an unprofessional manner.
- Prisoners were eager to participate in the survey and responses were decisive; 122 prisoners commented on safety in Durham compared with 88 the previous year.

## Comparison of how prisoners feel regarding their safety from the last three annual surveys

Year on Year Comparison				2022		2023		2024	
				No.	%	No.	%	No.	%
Prisoners that have never been threatened				165	81	163	79	163	73
Prisoners feel safe or very safe in exercise yard				192	94	194	94	191	86
Prisoners feel safe or very safe on wing				192	94	199	96	194	87
Prisoners feel safe or very safe in showers				189	93	189	91	184	83
Prisoners that feel safe or very safe in Durham				189	93	190	92	178	80
Prisoners Surveyed				204		207		222	

In conclusion, the percentage of prisoners surveyed in 2024 who have been threatened occasionally or often in Durham is higher, at 27%, compared with 19% in 2022. The percentage of prisoners who feel unsafe in Durham has increased from 7% in 2022 to 20% in 2024.



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