



Annual Report of the Independent Monitoring Board at HMP Durham

**For reporting year
1 November 2024 to 31 October 2025**

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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 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 establishment¹

Opened in 1819, HMP Durham is a Georgian era prison. It has fulfilled many different roles but since 2020 its principal role has been that of a reception and resettlement prison for adult and young adult men. The model for this is 65% on remand (prisoners held in prison until the time of their trial or subsequent sentence hearing) and 35% sentenced. Prisoners who have 16 months or less to serve of their sentence may complete their sentence in Durham.

Population statistics			
	Unsentenced/remand % of population Oct 25	Prisoner Churn p.a.	Average length of stay in weeks
Nov 22- Oct 23	75.6%	6.0	8.7
Nov 23 – Oct 24	71.2%	5.6	9.3
Nov 24 – Oct 25	47.0%	5.4	9.6

At the end of the year there was a significant shift in the 65/35 model. The Board is of the view that this reflects the national pressures on prison places and the subsequent delays in transferring out sentenced prisoners.

Prison capacity is 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 (the maximum number of prisoners that can be held without serious risk to safety, security, good order and the proper running of the prison) is 985. The average population for the reporting year was 961, i.e. 97.6% of the OpCap. Historically HMP Durham has served all the courts in the Northeast and Cumbria. However, in January 2025, HMP Holme House took over responsibility for four courts i.e. Middlesbrough Crown Court, Middlesbrough Magistrates, Peterlee and Newton Aycliffe. This realignment coupled with the government's various early release programmes resulted, at times, with temporary relief on prison places at HMP Durham.

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.

National recruitment issues outside of the Governor's control, in addition to the slowness of the vetting process, have impacted upon staffing issues across the prison during this monitoring year.

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

3. Key points

3.1 Main findings

Safety

- Considerable reduction in late arrivals to HMP Durham. (4.1.2)
- Prisoners receive support from the early days in custody group, the drug and alcohol recovery team (DART) team, the family support worker. (4.1.8)
- When the vulnerable prisoners (VP) unit operation is at capacity, VPs are located amongst the 'mains' (general prison) population. This presents challenges. (4.1.12)
- Self-harm incidents reduced from last year. (4.2)
- A total of 90% of ACCTs (assessment, care in custody and teamwork documents, used to support prisoners who are at risk of self-harm and suicide) monitored by the Board had administrative issues. (4.2)
- The percentage of prisoner-on-prisoner assault has increased from the last monitoring year; the percentage of assaults on staff has decreased. (4.3)
- The percentage of use of force (UoF) incidents has increased since last year. (4.4)
- An increased number of prisoners involved in UoF were not seen by a healthcare professional, as mandated in PSO 1600 (4.4).
- Drugs are a main cause of debt and disorder. (4.5)
- In the Board's view, the increase in drug finds has been due to prison policy change. (4.5)

Fair and humane treatment

- The Board has concerns about the level of overcrowding and unhygienic and undignified separation from toilet and living space. (5.1.2)
- There is a limited number of cells that are disability or age friendly. (5.1.6)
- There have been improved levels of decency over the year (which refers the provision of humane living conditions, where prisoners' basic needs are met, dignity is protected and the prison reliably delivers the standards it sets). (5.1.7)
- The Board is concerned about the prison's non-compliance with the minimum kit entitlement for prisoners. (5.1.8)
- Good multicultural provision from kitchens. (5.1.10)
- The Board has observed good prisoner/staff relationships in the separation and care unit (SACU), for segregating prisoners. (5.2.3)
- The delivery of key working is poor, in line with a management decision. (5.3.1)
- Staffing has affected key working and regime delivery throughout the monitoring year. (5.3.1)
- Significant improvement in diversity and inclusion. (5.4.1)
- From the Board's observations, transgender prisoners are well supported. (5.4.5)
- Excellent work of the chaplaincy to support prisoners. (5.5)

- There has been a year-on-year increase in numbers of prisoners on the 'basic' (lowest) level of the incentives scheme, a system of earned privileges to incentivise positive behaviours. (5.6)
- The Board has seen a 10% decrease in the number of complaints lodged. The main categories are residential and property. (5.7.1)

Health and wellbeing

- Staff recruitment is a constant challenge, exacerbated by lengthy vetting process. (6.1.2)
- From the Board's conversations with prisoners, they seem to be happy with support received in staffed healthcare centre. (6.1.3)
- Healthcare complaints most frequently cite medication. (6.1.4)
- There has been a great improvement in first-night healthcare screening. (6.2.1)
- Waiting times to see a healthcare professional have been affected by prisoners not attending appointments. (6.2.4)
- The Board has concerns about a lack of queue supervision whilst prisoners are awaiting medication. (6.2.7)
- The Board is satisfied overall regarding prisoner care for prisoners with mental health issues. (6.3.1)
- There has been a reduction in waiting times from last year to see a mental health nurse, a psychiatrist and a counsellor. (6.3.8)
- The inconsistent availability of officers to unlock in healthcare has affected nursing's ability to deliver social care. (6.4)
- The prison has been unable to sustainably deliver the core day, meaning men are still spending 21.5 hours a day in cells. (6.5.1)
- This year, roll reconciliation (the process of confirming the exact whereabouts and status of every prisoner at set points in the day), along with the resulting restrictions on prisoner movements to complete the checks, has adversely affected the prison regimes, further reducing time out of cells and access to purposeful activity. (6.5.2)
- Staff shortages have resulted in wings being placed into 'patrol state'. Furthermore, lockdowns on prisoner movements have affected prisoners' access to all strands of healthcare. (6.5.2)
- Prisoners needing drug and alcohol rehabilitation are well supported. (6.6.6)

Progression and resettlement

- The prison experienced two national education budget cuts, affecting classes, in addition to the loss of its special needs coordinator and reading specialist. (7.1.8 & 7.1.9)
- Improved attendance to classes was observed over the year. (7.1.3)
- Prisoners seem to be well supported by the library. (7.1.13)
- High prisoner churn and short stays in HMP Durham makes the offer of purposeful activity difficult. (7.2.3)
- HMP Durham had four prisoners released in error. (7.3.1)
- The early days in custody worker was a vital role in Durham, supporting prisoners and visitors; however, this is no longer funded. (7.4.4)

- The Board is concerned about the lack of support for the high number of unplanned releases. (7.5.1)
- This year evidenced an increase in the number of prisoners released homeless. (7.5.2)

3.2 Main areas for development

TO THE MINISTER

1. What progress has been made since the implementation of the government's 2024 prison capacity strategy and how will this directly impact on HMP Durham?
2. What will be done to speed up the process of getting staff into HMP Durham, including the third-party providers, for the time scale between appointment and starting work?

TO THE PRISON SERVICE

1. The Board is concerned about the planned 25% cut in education. What will the Prison Service do to address this issue?
2. Given the Board's observations regarding the high level of administrative errors, as seen in section 4.2, does the Prison Service believe the ACCT document in its current form is fit for purpose? What evidence does HMPPS have to support its conclusions?
3. How does HMPPS intend to ensure sustainable funding for projects such as the early days in custody worker, where time limited external funding directly impacts on prisoner outcomes?

TO THE GOVERNOR

1. How does the Governor intend to ensure that all prisoners involved in UoF are seen by healthcare staff?
2. The prison continues to be non-compliant with the minimum entitlement of clothing for newly admitted prisoners. How is the Governor going to resolve this situation?
3. The Board has observed the lack of supervision of medication queues throughout the year. How will the Governor ensure that staff are deployed to maintain adequate supervision?

3.3 Response to last report

Issue raised	Response given	Progress
<p>To the Minister</p> <p>1. 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 actually resolve this issue? (5.1.1)</p>	<p>Response received October 2025</p> <p>1. It is regrettable that overcrowding continues to be a concern. This is not a simple issue and that is why on 12 July 2024, the Lord Chancellor announced a package of measures aimed at addressing prison capacity issues and preventing the collapse of the criminal justice system. Further, on 11 December 2024, we set out our long-term plan for prison capacity through the publication of the 10-year Prison Capacity Strategy. This sets out our plans to deliver 14,000 new prison places and create a resilient prison estate that includes the construction of four new prisons as well as expansion and refurbishment of the existing prison estate. Whilst this does not address the immediate crowding and cell sharing issues at HMP Durham, the strategy underlines our commitment to improving the overall estate and future direction.</p>	<p>No progress to report. Overcrowding, it would appear, will be with us for the foreseeable future.</p>
<p>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)</p>	<p>The CAS Tier 2 provision in the North East region is at 88 bed spaces, with a further four bed spaces planned to be opened in 2025. There are currently no further expansion plans in the North East for 2025/2026.</p>	<p>Situation is as per response.</p>

<p>To the Prison Service</p> <p>1.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)</p>	<p>Response received October 2025</p> <p>Generic response indicating HMPPS investment for 2024 to 2026. Nothing specific to HMP Durham.</p>	<p>Governor working on programme of cell reclamation. Potential this could provide an additional nine accessible cells; however, all of these would not be on the ground floor. No further progress expected until early 2026.</p>
<p>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?</p>	<p>Boiler replacements in A, B, C, D, and E wings were completed in April 2025. A bid has also been submitted for replacement boilers in the gymnasium and workshops and is currently awaiting confirmation of funding approval for the current financial year. The Board will appreciate there are budgetary pressures and whilst all requests from the establishment will be considered, demands for maintenance are much greater than the available funding</p>	<p>Prison has been much better placed for the provision of hot water and heating since April 2025.</p>
<p>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?</p>	<p>Generic response on what a cluster death site is and what it is intended to do. In addition, specific to HMP Durham the response was: HMPPS provides individualised support through the case support process for people assessed at risk of suicide or self harm and this involves training for staff in the case of risk assessment.</p>	<p>The Board has continued to observe meetings and minutes of safer custody forums. See section 4.</p>

<p>To the Governor</p> <p>What are the Governor's plans to reduce violence, self-harm and assaults in the prison?</p>	<p><u>Response received</u> <u>20/01/2026</u></p> <p>The Governor has provided the Board with two plans i.e. violence reduction and ACCT improvement</p>	<p>Implementation of these plans will be monitored during 2025/26.</p>
<p>How will you ensure that prisoners are offered the minimum kit they are entitled to? (5.1.9)</p>	<p>Previously, stores were issued to each wing every week including bedding and clothing. This will now be managed centrally on E Wing once we have the racking in place. This will include socks, underwear, and clothing. Requests can be made for clean clothing to be issued to E wing cleaning officer team. A GNTS (Governors Notice to Staff) and GNTP (Governors Notice to Prisoners) will be issued with the process as soon as we have E wing in a position to commence. Bedding will continue to be issued to all wings however, a reviewed process for stock check for every delivery which has previously not been the case.</p> <p>We have also increased the number of kit purges across the function which has seen us recover vast amount of kit that can be put back into the system.</p> <p>Prisoners' induction packs will be produced on the wing to ensure that basic entitlements are met.</p>	<p>At end of our reporting year, the prison continued to be non-compliant with the minimum clothing entitlements outlined in Appendix A of HMPPS' national standard for the cleanliness and physical decency of prisons (Oct 2020)</p>
<p>How will you ensure the alignment of operational and</p>	<p>•The prison considers healthcare priorities, treatment times, and bespoke regime care</p>	<p>Throughout 24/25 Spectrum, the healthcare provider, has reported concerns relating to the</p>

<p>healthcare regimes? (6.2.13)</p>	<p>requirements for inpatients at the weekly Regime Management Plan meeting.</p> <ul style="list-style-type: none"> •The prison reprofiled and implemented new shifts and profiled tasks taking effect in January 2025 which detailed specific officers for supervising early medication issue. •D wing (which accommodates prisoners receiving methadone) has staffing priority in the weekly Regime Management Plan meeting and subsequent detailing priorities. •The prison receives assurance through our Local Delivery Board that the regime plan is balanced effectively for delivery of the healthcare regime. 	<p>supervision of medication queues. In their report for December 2025 they report on their risk register the following: 'medication queues' – 12, unchanged at the most recent review due to the queues continuing to be unmanned, increasing the risk of medication diversion, which has been witnessed by clinical staff. We are also seeing increasing instances of threatening behaviour directed towards nursing staff during medication administration times. These instances remain difficult to manage in the absence of manned queues, and the prison has had to close the hatch on D wing to mitigate risk.</p> <p>Near the end of November and into December, the Board began to see an improvement in the management of medication queues and had hoped the prison would be able to reduce the risk. However, this has not been sustained, with HMPPS staff maintaining a staffing deficit and reporting this as an unprofiled task.</p> <p>Both risks have been discussed with commissioners and will also be addressed at partnership boards.</p>
<p>What does the Governor intend to do to make sure that the key worker scheme is meaningful to</p>	<p>Staffing resources remain an issue, and we have an overtime incentivised scheme in place to help resources. Our focus in the</p>	<p>In discussions with the Governor, throughout 24/25, it is clear that staff resources have continued to adversely impact the</p>

<p>prisoners, with a guaranteed time investment for staff so that key working becomes high profile and relevant? (5.3.1)</p>	<p>beginning of the year has been on regime delivery to stabilise the prison and provide adequate time out of cell to the prisoners. In the last three months we have focused on making key work more relevant by improving quality and reducing the number of invalid sessions. This is evidenced by the improvement shown on the performance hub.</p> <p>A keywork audit has taken place and action plan has been agreed by the Governor. The action plan includes developing a keywork policy and improving Quality Assurance feedback loop and staff development.</p> <p>Keywork delivery will be in our business plan for 26/27 and one of the six main priorities of the prison for the year. Delivery of resources for key work will be monitored daily through the Governors morning meeting and through the weekly regime management plan meeting.</p>	<p>delivery of key working. Given the Governors response to our report the Board looks forward to seeing significant improvement in 25/26.</p>
<p>What does the Governor intend to do to secure a consistent and coherent approach to diversity across the prison? (5.4.19)</p>	<ul style="list-style-type: none"> •Strand leads appointed for all P/C's with dates now submitted plotting out forums to be held across next six months •D&I meeting plan under review by the Governor, to ensure this brings value and reviews strategic aims rather than just going through data. •DIRF (Discrimination Incident Reporting Forms) process now more embedded, with revised QA 	<p>Throughout our reporting year 24/25, the Board has seen a significant improvement in the approach to diversity and inclusion.</p>

	<p>process, learning now shared with managers following DIRF investigations to improve future DIRFs</p> <ul style="list-style-type: none"> •Weekly check of all captured protected characteristics by D&I CM, missing data is circulated to CMs and this is updated each week to ensure we have a full data set, which makes EMT (Equality Monitoring Tool) more meaningful and accurate. 	
<p>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)</p>	<p>A notice to staff outlines the process for receiving clothing parcels and was issued in January last year and will be an annual notice to staff, additionally reception staff are able to advise staff of the process for both reception and enhanced clothing parcels to be received at the prison. Notice to prisoners outlines the process to prisoners for having clothing parcels sent in. This also will go out annually as a reminder. Additionally for prisoners, the process is covered within the IPF (Incentives Policy Framework) framework and information available from Prisoner Information Desk workers and explained during the induction process. The information is also displayed in the visitor's centre for prisoner's visitors to be made aware of the process</p>	<p>In our reporting year 24/25 the receipt of clothing parcels has not featured as an issue.</p>

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

4.1.1 Reception continues to be a very busy area of the prison.

4.1.2 Late arrivals (after 7.30pm) to HMP Durham have reduced considerably.

4.1.3 Healthcare staff have evidenced that new arrivals are offered their first night's health screening prior to being placed in the first night centre. This has been delivered by more timely arrivals, a reviewed process, and reception staff staying until 10pm.

4.1.4 The search process is carried out by officers at the rear of reception. Prisoners are then screened with an Xray body 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 induction officer, using HMP Durham's V12 (vulnerability form) and the cell sharing risk assessment documents. The V12 document has been updated to include a prisoner questionnaire, evidencing the prisoner experience about induction.

4.1.6 There are four reception orderlies. This includes one Samaritan-trained Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) and one 'red band' (trusted men who support new prisoners and provide initial peer support). They offer peer support to new arrivals.

4.1.7 All new first night centre staff are allocated jobs for continuity and accountability. These include moves officers, cleaning officers, security officers, rehabilitation culture leads and second day induction officers. The movements booklet (used daily) assures that cells are ready for the next prisoners. There is also a Listener in the first night centre to support new arrivals.

4.1.8 The early days in custody group continues to meet and deal with any concerns. There is also support from the drug and alcohol recovery team (DART) and the family support worker during the second day induction delivered by the prisoner information desk (PID) workers.

4.1.9 There are now three kit parcel deliveries a week from warehousing instead of two. This ensures that all new prisoners receive their allocation of bedding, plates, etc.

4.1.10 There is an on-going 'decency' programme, which has seen the first night centre fully repainted.

4.1.11 For education and work, prisoners are assessed by the careers, information, advice and guidance (CIAG) team in the careers centre. There is now a library in the first night centre.

4.1.12 As a reception prison, HMP Durham serves the courts and must provide spaces accordingly. The Board has observed that on occasions when the VP unit is at operational capacity, VPs are located amongst the mains population. The A5s

landing cells have been designated as the overspill for vulnerable prisoners. The first night centre has also been used when the need for spaces arise.

Running separate regimes for different cohorts of prisoners within a wing presents challenges for prisoners and staff. This is compounded by frequent lack of extra staff in the first night centre needed to deliver the separate regimes effectively.

The Board will continue to monitor.

4.2 Suicide and self-harm, deaths in custody

Deaths in custody as indicated in PPO reports	21-22	22-23	23-24	24-25
Homicide	0	0	0	0
Natural causes	2	2	1	0
Self-inflicted/self-harm	0	5	3	2
Death within 14 days of release	1	1	0	10
Total	3	8	4	12

Two deaths in custody in the reporting year were suspected to have been self-inflicted. In addition, there were 10 deaths within 28 days of release. At the end of the reporting period, the prison had received the final Prison and Probation Ombudsman (PPO) reports for two deaths, both with recommendations for healthcare. The Board was not informed of one of the deaths using the agreed protocol.

The Samaritans' 'postvention' has been promptly and effectively implemented following a death in custody, providing an appropriate response (this is a strategy to help staff respond effectively to distressing events and support those affected by them).

Following a death in custody, Listeners, who are unpaid volunteers, speak to all men on the impacted wing. Due to the high churn, i.e., the continuous transfers out of HMP Durham, it has been difficult to maintain a trained cohort. Typically, there have been six Listeners, the optimum number being 20.

Self-harm Incidents			
21-22	22-23	23-24	24-25
486	596	798	461

Self-harm incidents were 42% lower than the previous year with the prison classifying 406 incidents (88.1%) as low severity. This decrease has been driven by the work of the safety team and the introduction of rechargeable razors. Historically, the most prolific method of self-harm was cutting, usually with a razor. The predominate method of cutting is now plastic. The safer prisons team (SPT) meeting is held monthly and attended by a cross-section of stakeholders. Attendance from stakeholders has been inconsistent.

The number of ACCTs opened in the reporting year was 934, compared with 1007 in the previous year. A total of 19% of ACCTS were opened in reception, in contrast to 13% last year.

ACCTs monitored	22-23	23-24	24-25
No. ACCTs monitored	591	678	573
No. ACCTs with issues	375	528	521
% ACCTs monitored with issues	63.5	77.9	90.9
No. with missing Band 4 check	237	240	262
No. with missing day to night staff summary (introduced January 2025)			352
No. with missing night to day staff summary	129	180	106
No. with missing photos	52	136	91
1.1 No. with missing risks triggers	25	50	35
1.2 No. with missing resident contribution	48	184	158
1.3 No. with missing sources of support plan	19	61	67
1.4 No. with missing support actions	13	29	27
Review on NOMIS (the prison system used to manage prisoners' data) but not in ACCT document	Not Monitored	29	44

The Board has monitored 573 ACCTS on all wings during the reporting period and found issues with 521, 90.9% of them. The Board has monitored one ACCT with nine consecutive day to night staff summaries omitted. In another ACCT, the section 4.1 ACCT assessment had not been completed five days after the ACCT was opened, despite a requirement for it to be completed within 24 hours of a concern form being raised.

A total of 276 post-closure ACCTs were monitored, with 198 (71.7%) having omissions of between one and six days.

All sections of the ACCT document should be completed. However, despite raising our concerns to the head of safety, Governor and prison group director, the Board continues to evidence a deterioration in the completion of this important document.

4.3 Violence and violence reduction, self-isolation

Assaults	21-22	22-23	23-24	24-25
Total assaults, including on staff	280	340	517	518
Prisoner on prisoner assaults	225	263	409	428
% prisoner on prisoner assaults	80.4	77.4	79.1	82.6
Prisoner on staff assaults	55	77	108	90
% of prisoner on staff assaults	19.6	22.6	20.9	17.4

A total of 32 of prisoner-on-prisoner and nine of the prisoner-on-staff assaults were classed as serious. There have been 702 perpetrators of violence in the reporting year.

The Board is satisfied that the prison investigates incidents of assault to identify and implement, where deemed necessary, support plans to prevent repetition.

HMP Durham monitors and supports prisoners who are self-isolating. As an example, the Board has monitored excellent support for a self-isolator who would not leave his cell to shower, collect food or exercise. An individual regime was instigated and due to the ongoing support given, the prisoner became a wing cleaner.

The prison monitors debtors and lenders as debt leads to threats, violence, self-harm and self-isolation. For those wishing to engage, there is a debt support plan which enables prisoners to identify the root causes of their debt and actions needed to avoid the problem in the future. The plan cannot remove their debt or threats from their lenders.

4.4 Use of force

Use of force	22-23	23-24	24-25
No. Incidents	500	882	933
Unplanned incidents	447	810	844
Planned incidents	56	72	89
Unplanned incidents due to refusal to relocate		291	257

In the reporting year there has been a 6% increase on the previous year. Staff have been observed using de-escalation, in some cases for extended periods to remove the use of force. The Board has observed both planned and unplanned removals and is satisfied that the force used has been proportionate.

In the second half of the reporting period, UoF instructors have not been detailed to attend UoF meetings or triage UoF incidents (the initial management review of a use of force incident to check compliance, identify risks or learning, and decide whether further investigation is required). The result is that, despite 512 UoF incidents being triaged in the reporting year, only 24 had been triaged in the final quarter.

The Board is concerned that only 24 were triaged in the final quarter.

The Board regularly observes weekly and monthly UoF meetings and other than the reduced number of triaged incidents, the Board is satisfied with the outcomes.

243 of the UoF incidents have been quality assured, of which nine required further investigations, but the Board is not privy to the outcomes.

PSO 1600 mandates that all prisoners involved in UoF should be seen by healthcare. The Board is concerned that 396 prisoners (42.4%) involved in UoF incidents were not seen by a healthcare professional. This has increased from 31% last year.

Use of body worn video camera (BWVC) footage has improved in the reporting period and is available for 794 (94%) of unplanned UoF incidents. The Board has occasionally heard that there are insufficient cameras charged and ready for use on

every shift. In March 2025 HMP Durham advised that there is a national issue with staff drawing cameras at standardised times, which the prison believes can lead to limited activation. The prison has a local agreement with the PPO regarding the number of cameras in use, monitored by management.

Use of force	23-24	24-25
PAVA drawn but not used	23	27
PAVA drawn and used	15	18
Baton drawn but not used	17	4
Baton drawn and used	3	0
Rigid bar handcuffs used	486	489
Escort hold used	308	500
Prisoners injured	53	41
Staff injured	47	51

The Board has no concerns regarding the use of PAVA or batons within HMP Durham.

The Board is satisfied that there was no disparity in the number of UoF incidents for ethnic minorities. Most UoF incidents involved white British men aged 22-39, with no religion, in line with the demographics of HMP Durham. There were 268 incidents of UoF between July and October with 122 (45.5%) involving neurodiverse prisoners.

4.5 Preventing illicit items

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. Over the year, joint prison and police operations have taken place to randomly search cars entering into the prison estate. The prison received positive feedback on the improvement of its security provision regarding searching and the use of intelligence to curb the entry of drugs.

HMP Durham is aware that drugs are the root cause of most debt and disorder in the prison. From the Board's observations, prison management is curtailing the flow of drugs into the prison. But demand does not wane, so debt continues, which impacts on levels of violence, UoF and self-harm.

Prisoners are asked in reception if they have issues with drug and alcohol and any with issues or failing a urine test are referred to DART for triage. 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.

An incentivised substance free living area (ISFL), with space for 53 prisoners, was created in March 2024. Prisoners agree to undertake two drug tests monthly and in return participate in an enhanced regime (this is the top level of the prison's incentives scheme and earns prisoners more privileges). The prison has struggled to deliver the regimes and support it had planned. Throughout the year prisoners on the wing have approached us expressing their dissatisfaction in inconsistency of staff and lack of an enhanced regime. As recently as August 2025 the prison reports:

“ISFL staffing has continued to be an issue; however, [we are] hopeful that we will begin to see improvement in this area, as a cohort of staff have now been identified to predominantly work on the unit.

Monthly strategic drug strategy meetings, occasionally observed by the Board, scrutinise data and discuss restricting supply, reducing demand and building recovery. In addition, the meetings consider the links between prisoners who are under the influence (UTI) of illicit substances and debt, violence and self-harm.

Incident Finds	No. of Incidents 22-23	No. Prisoners Involved	No. of Incidents 23-24	No. Prisoners Involved	No. of Incidents 24-25	No. Prisoners Involved
Alcohol/distilling equipment	404	409	382	381	434	407
Charger	239	6	238	15	278	8
Drug/drug equipment	1145	1062	1786	1566	1860	1612
Memory Card	0	0	0	0	0	0
Mobile phone related items	396	386	458	399	539	442
Other Digital items	128	127	181	171	258	225
Other reportable item finds	357	345	491	480	661	574
Tobacco finds	99	97	109	109	93	91
Weapon finds	356	344	507	493	510	469
Total	3124	2776	4152	3614	4633	3828

Intelligence gathered by the security team determines where and when intelligence-led cell searches are initiated by the dedicated search team (DST). Under a newly introduced policy, 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 4633 finds of illicit items, a 11.6% increase on last year with 3,828 prisoners involved. This also reflects the change in prison policy where prisoners under the influence have their cells searched to prevent further drug taking, and any paper suspected of containing drugs, is also included in drug finds statistics.

Drugs found	No. Incidents 22-23	No. Incidents 23-24	No. Incidents 24-25
Total drug finds	1127	1696	1783
Psychoactive substances (PS)	161	399	484
PS as % total drug finds	14.3	23.5	27.1

Drugs finds have continued to increase over the last three years.

Following strict national guidelines, the prison conducts several random MDTs every month. A total of 590 random MDTs were conducted in the reporting period, with 21% positive results against a target of 22.6%. The most prolific drug detected is Spice, a psychoactive substance.

Prisoners found to have a positive random MDT or to possess hooch (prison-made alcohol) may be eligible for a ‘supportive adjudication’ (disciplinary hearing) if it is their first offence. The prisoner is expected to engage with DART, and if after four

weeks a prisoner has engaged with DART, they will not be punished and may instead be awarded a caution. Should a prisoner not engage with DART, the adjourned adjudication is re-heard for the original charge and appropriate outcomes determined.

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 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 most cells are double occupancy.

5.1.3 The internal fabric of A wing is visibly the worst in the prison. Refurbishment of A wing began in November 2022. The nominated contractor went into administration mid-2024 and a replacement appointed mid-2025. Work is expected to recommence in March 2026.

5.1.4 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. The prison, however, 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, due to disability, are unable to access even ground floor cells may have to be housed in the healthcare unit, resulting in a shortage of beds for those that need them for healthcare reasons.

5.1.7 The Board has observed improvements in the levels of decency, primarily due to:

- Improved levels of accountability. Frontline officers have been allocated specific responsibility for a block of cells; typically, two officers per block.
- Accommodation fabric checks (AFC) have been renamed as accommodation fabric and decency checks (AFDC).
- A member of the senior management team (SMT) accompanied by a head of department regularly conducts AFDC checks.

5.1.8 One area of decency the prison is non-compliant with is the provision of clothing and bedding for new admissions. Appendix A of HMPPS National Standard for the Cleanliness and Physical Decency of Prisons (Oct 2020) details the minimum kit entitlement for prisoners in the male estate. This was first raised in our 2023 - 2024 report and the only improvement is that prisoners now receive two towels. Clothing and bedding packs are made up in the warehousing unit. A visit to this unit at the end of October confirmed the items included in each pack.

Description	National standard	HMP Durham
Boxer shorts	8 pairs	3 pairs
Socks	8 pairs	3 pairs
Joggers	3	1
Sweat tops	3	1
T-shirts	4	2
Sheets	2	2
Blankets	2	1
Pillowcases	2	1
Towels	2	2

5.1.9 In August 2025 C wing was renamed ‘the Compass Centre’ in recognition of a collaboration between HMPPS Durham and CFO (Creating Future Opportunities). The Compass Centre aims to break the persistent cycle of reoffending and recalls for individuals approaching release. This innovative programme provides a structured, supportive environment that mirrors the community-based Ingeus CFO Activity Hub (part of an international human services and healthcare provider, APM Group), helping individuals prepare for successful reintegration into society. Progress in getting the wing up and running has been slow mainly due to recruitment and vetting process for new staff. The Board looks forward to monitoring this new initiative in the coming year.

5.1.10 The prison caters for medical, religious, and cultural dietary requirements. Religious festivals and historical landmarks are celebrated with culturally appropriate menus. In the early part of the year prisoners frequently complained about portion sizes, particularly for vegetables. Kitchens successfully addressed this issue in July 2025.

5.1.11 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 (separation and care unit, SACU)

SACU occupancy	Nov 24 – Oct 2025
Total number of days occupied	5870
% occupancy based on 20 cells i.e. max. of 7300 days per year	80%
No. of instances prisoners were segregated	664
Average stay (no. of days)	8.8
No. of instances where prisoners were detained in excess of 42 days	31
N.B. Data excludes 3 cells normally used to accommodate cleaners	

5.2.1 The SACU 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, there were 31 instances where prisoners have been held for periods more than 42 days (the limit allowed without external authorisation). The Board is satisfied that forms for detention beyond 42 days were submitted and approved by the Prison Groups Directors (PGD) office in a timely manner.

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

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

5.2.5 Special accommodation (a dedicated cell or improvised normal accommodation where items such as furniture, bedding and sanitation are removed in the interests of safety) has been used six times in the reporting year, with an average time spent in these circumstances of 3 hours 28 min. In last year's report, the Board was highly critical of the number of incomplete entries in the special accommodation log. This year, the log is complete.

5.2.6 It is a requirement of the Memorandum of Understanding (MoU) between the IMB and HMPPS that prison staff inform the Board when prisoners are placed in SACU. It was clear to the Board, due to the lack of emails, that in the early part of the year this was not happening. Following discussions with the Governor and custodial manager responsible for the SACU this has now significantly improved. In a review of 132 prisoners segregated, selected from the period 12/05/25 to 07/10/25, we received notifications for 114, i.e. 86%. The Board looks forward to this figure improving in the coming year.

5.3 Staff and prisoner relationships, key workers

5.3.1 Key working sits within the offender management in custody (OMiC) model. It is intended to support prisoners in custody to reduce reoffending, decrease levels of debt, violence, and self-harm and promote rehabilitation and personal development. Delivery is via a series of constructive conversations between Band 3 residential prison officers and their assigned prisoners.

In a staff bulletin, August 2025, it was stated:

'Key work is a key priority within our establishment and a key performance measure, particularly in relation to the quality of the sessions delivered.'

Whilst it is a stated priority, the pressures of staffing levels has meant that the Governor and SMT took the decision to cut back on the delivery of key working to only focus on the most vulnerable prisoners, thus enabling them to prioritise regime delivery and prisoner time out of cell instead.

5.3.2. Historically, the success of key working was nationally measured by 'compliance rates'. Monthly published statistics have evidenced a year-on-year fall. For example, the compliance rate fell from 26.56% in June 2023 to 15.31% in June 2024 to 1.4% in June 2025. In this monitoring year compliance has ceased to be the key indicator in measuring success. The national performance hub now measures the quality of the sessions through artificial intelligence, rating the prison's entry. Semantics therefore correlates with determined success; but the descriptors identifying success are not shared with the prison. A key worker may feel that the meeting has met the success criteria, but insertion of the wrong vocabulary can affect outcomes.

There has been little development in terms of quality assuring key worker sessions, again because of the impact of staffing.

5.4 Equality and diversity

5.4.1 This reporting year has seen a significant improvement in diversity and inclusion (D & I). Attendance at the bimonthly D & I meetings has increased, along with the number of reports submitted and focus groups/forums organised.

5.4.2 The Board has observed the nine protected characteristics, along with other areas, including those prisoners who have had care experience and neurodiverse needs being monitored in respect of the use of force, segregation, incentive levels, and access to work and education and has not noted any disproportionality.

5.4.3 DIRFs (discrimination incident reporting forms)

All staff have been upskilled on DIRFs in respect of investigating and responding to the issues in line with the Zahid Mubarek Trust guidance. DIRF application and responses are now quality checked by the deputy Governor and the Zahid Mubarek Trust. Guidance for the prisoners on DIRFs was advertised on Wayout TV (an in-cell television channel) with new leaflets being provided and given to the wing PIDs and D & I representatives.

During the reporting year there were 40 DIRFs submitted, less than half of last year's figure (84), with the majority in respect of race.

5.4.4 Foreign national prisoners (FNPs)

With effect from 1 April 2025, a foreign nationals' officer was appointed for one year. Her list of duties is extensive and in the main is to be the single point of contact for the FNPs.

During the reporting year there were between 71 and 102 FNPs in at any one time, of which there have been between one and six IS91 prisoners (when a prisoner has finished their sentence but is still detained under immigration powers). The number of nationalities has increased to up to 40 different countries, with the largest nationality being Albanian.

5.4.5 Transgender prisoners

In the reporting period there have been 13 transgender prisoners, one nonbinary and one gender fluid. The Board has observed several transgender boards and has noted how the staff have supported the prisoners through their stay at HMP Durham.

5.4.6 Older age prisoners

Age UK are regular visitors to the prison, providing two group sessions per week, meeting and supporting new prisoners in the first night center and visiting healthcare.

5.4.7 Forums

Forums have taken place over the year, in respect of Travelers and Romany group; care leavers drop-in groups; Age UK; race; and neurodiversity; transgender. A forum was arranged for the young offenders; however, the prisoners chose not to attend.

5.5 Faith and pastoral support

5.5.1 The Board continues to observe the chaplaincy team providing extensive support and pastoral care to prisoners, their families, and staff. The team includes full time chaplains in respect of the larger faith groups, including Anglican, Free

Church, Muslim and Roman Catholic. Additionally, there are visiting ministers representing a range of religions: Buddhism; Hinduism; Judaism; Sikhism; Jehovah's Witnesses; Humanism; and Paganism.

5.5.2 In addition to supporting prisoners with their bereavement and ill health of family members, the chaplaincy team, as observed by the Board, achieved the following points:

- See all new prisoners within 24 hours of arrival to ensure immediate contact with families and support them regardless of religious beliefs.
- See all prisoners in the SACU and healthcare daily.
- See all prisoners on ACCTS, seeing them three times a week, over and above the once a week as required in the PSI 05/2016.
- See all prisoners prior to release.

5.5.3 Regular focus groups, religious studies and worship take place in the chapel and on I wing.

5.5.4 During the year there have been lunch and learn sessions organised in collaboration with the HMPPS chaplaincy and with faith and belief networks across HMPPS, the MoJ and the Civil Service, including Judaism; Islam; Humanism; Hinduism; Christianity; and Sikhism.

5.5.5 The chaplaincy team attends all operational meetings and is involved with all groups and departments including, DART and mental health in supporting and assisting the prisoners throughout their prison journey. Additionally, the team is involved in collaborating with external organisations to assist the prisoners, such as Junction 42 and Saint Vincent de Paul.

5.5.6 Events organised by the chaplaincy team include Remembrance Service; Carol Services; Christmas Mass; Ramadan and Eid celebrations. These have included visitors from the community. Following Ramadan 2025 an Eid celebration was organised that included prisoners from all denominations, staff and community visitors who all celebrated and ate together resulting in donations to the community.

5.5.7 Chaplaincy leaflets are provided for the following – bereavement, including Baby Loss Awareness Week; reception available in English, Albanian, Romanian, Spanish and Vietnamese; and release, providing details and telephone numbers to ensure the prisoners continue to be supported on their release. Additionally, there are chaplaincy posters advising of services throughout the week.

5.5.8 The team, through collaboration with the Prison Fellowship's Angel Tree programme, arranges Christmas presents to be sent to prisoners' children, and with Junction 42, Christmas presents are provided for all prisoners.

5.5.9 The Board continues to observe the chaplaincy team supporting those held in the establishment, and through discussions with the prisoners, understands that the team provides a very important role.

5.6 Incentives schemes

IPF 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
14/11/2025	942	149	16.0	565	60.0	228	24.0

Prisoners' behaviour is reflected in the incentives policy framework (IPF) levels of basic, standard and enhanced. There is no requirement for remand prisoners to engage with work or education; however, if they don't, they will not become eligible for enhanced status.

Looking at the end of year figures for the last five years, we can see year on year increases for those on basic and corresponding decreases for those on enhanced.

The Board is satisfied with the application and administration of the IPF scheme.

5.7 Complaints

5.7.1 Prisoner complaints to the prison

Nov - Oct	Total Comp1s and Comp 2s	On-time response rate
2021 - 2022	1419	68.6%
2022 - 2023	2428	83.3%
2023 - 2024	2878	96.0%
2024 - 2025	2598	96.0%

There has been an 10% decrease in the number of complaints lodged. The Board is pleased to see the prison has maintained its 96% on time response rate.

Complaint category	Percentage of total complaints received
Residential	21.8%
Property	17.2%
Canteen (system by which non-perishable items are ordered)	8.0%
Work	8.0%
Balance of 17 other categories	45.0%
	100.00%

Complaints relating to healthcare issues are not logged. These are redirected straight to healthcare, which operates a separate complaints system.

Following discussions between the Board and the Governor earlier in the year, we are pleased to see that as of 01/08/25 the outcome of prisoners' complaints is now being recorded. In the period 01/08/25 to 31/10/25 there were a total of 513 responses to complaints the outcomes were as follows:

Complaint outcome	Quantity	%
Upheld	123	24.0
Partially upheld	75	14.6
Not upheld	315	61.4
Total	513	100.0

All complainants receive a written response. The Board dip samples responses and is satisfied that they are, in the main, satisfactory.

5.8 Property

5.8.1 As can be seen in the table in 5.7.1., property complaints represent 17.2% of the total number of complaints received by the prison. Examples of complaints are alleged theft, missing items following cell clearance, accessing stored property and receipt of property from outside.

5.8.2 Since 01/08/2025, the prison has been recording the outcome of prisoner complaints. The outcomes for this period have been:

Property complaints 01/08/25 to 31/10/25	Quantity	%
Upheld	38	48.7
Partially upheld	8	10.3
Not upheld	32	41.0
Total	78	100.0

5.8.3 When prisoners engage with us, the two most common property issues are:

- They do not have access to any type of in-cell lockable storage. This is most frustrating when most cells are double occupancy.
- Delays in accessing stored property. Invariably, when we speak to wing staff about this problem, the delay is caused by lack of manpower.

6. Health and wellbeing

6.1 Healthcare general

6.1.1 The prison holds, monthly, a healthcare local delivery board (LDB) that is generally chaired by the Governor and well attended by all healthcare providers. As well as occasionally observing these meetings, the Board reviews the monthly reports, minutes and actions.

6.1.2 The recruitment of staff at all levels is a constant challenge for the healthcare team throughout the year. The problem is exacerbated by the complex and lengthy vetting process. Whenever possible, the gaps are filled by agency staff. As a result of staffing pressures, health promotion activities and 'Wellman' clinics were limited throughout the year.

6.1.3 Durham has a staffed healthcare centre with four hospital beds and two with fixed bases. This unit is almost 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.

6.1.4 Prisoner complaints. When engaging with prisoners the most frequent issues raised are:

- Delays in receiving medication following admission.
- Not being prescribed medication that they were receiving in the community.
- Medication being stopped on the grounds of clinical safety and appropriateness (this is normally following a review via the pain medication MDT meeting).

6.2 Physical healthcare

6.2.1 In its previous report, the Board was highly critical regarding first night healthcare screening in reception with, at times, nursing staff reporting that up to 25% of new receptions were not being screened in reception. In this current report, the Board is pleased to inform readers that this issue has been massively reduced. The Board is of the view that this success has been a result of collaborative working between the prison and healthcare provider

6.2.2 It is mandatory for prisoners to receive secondary health screenings within seven days of admission. Spectrum, the healthcare provider, regularly reports failure against this metric, citing lack of resource as the reason.

6.2.3 Waiting times to see healthcare personnel fluctuates monthly. Due to the level of fluctuation, year-on-year comparisons are meaningless. There is no discernible pattern of improvement or decline.

	November 2024 – October 2025		
Number of days	Minimum	Maximum	Average
GP	1	17	10
Triage	2	7	4
Dentist	62	107	83

Podiatrist	26	99	55
Optician	98	144	115

6.2.4 The most significant factors affecting waiting times are the levels of did not attends (DNAs). The level of no access visits (NAV, non-contact visits, where prisoners are separated from staff by a screen or closely supervised as a security measure) has a direct adverse impact on the ability of healthcare staff to engage with prisoners. In the early part of the year the prison set up an activities allocation and attendance group, which meets fortnightly. One of the remits of this group being to address the issues behind these two key metrics. To date, no solution has been found to make any substantial improvements.

DNA & NAV monthly figures. N.B. These includes all mental health and primary care appointments			
	Min.	Max	Avg.
DNA	459	684	533
NAV	307	915	494

6.2.5 Throughout the year, the healthcare team has offered a range of vaccinations, including those against flu; hepatitis B; MMR (mumps, measles and rubella); and MenACWY (four strains of meningococcal bacteria). Typically, over 50% of prisoners declined vaccination.

6.2.6 The Board has received death in custody reports, from the PPO, relating to seven incidents occurring during the reporting year i.e. seven initial reports and four final reports. Of the four final reports, two contained healthcare recommendations, the Board is satisfied that these have been implemented.

6.2.7 Lack of supervision of medication queues. The healthcare provider has reported, every month, to the LDB 'queues continuing to be unmanned, increasing risk of medication diversion and bullying which has been witnessed by clinical staff. 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 this lack of supervision.

6.3 Mental health

6.3.1 Through monitoring and observing throughout the prison, the Board continues to be satisfied, overall, that prison staff care for prisoners with respect and dignity, and are mindful of their mental health.

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 materials provided for carer, family, and significant others; low mood; anxiety; grief and loss. Weekly group sessions for trauma commenced in June 2025, with weekly group sessions commencing in August 2025 on ISFL.

6.3.4 The mental health team is regularly seen on the wings, attending prisoner consultation (PCC) meetings and inductions on the first night centre.

6.3.5 Monthly referrals fluctuate throughout the year have fluctuated, totaling 2,827 i.e. averaging 236 per month.

6.3.6 Monthly caseloads also fluctuate throughout the year, totaling 2,202 i.e. averaging 184 per month.

6.3.7 Over the year, the mental health team has attended 1,378 ACCT reviews i.e. an average of 115 per month.

6.3.8 The shortest waiting times to see the nurse, psychiatrist and counsellor have reduced from last year and fluctuated greatly over the year as shown in the table below:

	Shortest	Longest
Nurse	9 days	35 days
Psychiatrist	2 weeks	10 weeks
Counsellor	1 week	19 weeks

6.3.9 Last year the Board reported that the main issue affecting the team had been the lack of meeting room availability on the wings to allow private and group discussions. This was resolved in December 2024 for a period; however, in July 2025 access to the psychological education class was removed. Additionally, the lockdowns on prisoner movements resulting from twice daily role reconciliations have affected the access to mental health practitioners privately seeing the prisoners. To reduce the waiting times to see the prisoners, staff work weekends.

6.3.10 The integrated support unit (ISU), designated I wing opened in 2017. This is a 12-bed unit supporting those with the most severe mental health issues. The unit serves all Northeast prisons and in this reporting year has seen 76 referrals with 36 admissions, with an average stay on the wing of five weeks.

6.3.11 Treatment and therapy are provided by registered mental health nurses; occupational health staff; speech therapists; and bespoke prison officers.

6.3.12 Issues that affect the wing include:

- The lack of secure hospital beds which has resulted in delays to transfers; however, this is a national problem which is being considered by NHS England.
- Staff changes which affect the stability of the wing. In this respect the officers are chosen especially for their role and have remained static, unlike healthcare staff.
- The lockdowns on prisoner movements resulting from role reconciliations and patrol states have affected the sessions provided on the wing, along with access to the gym.

6.3.13 The Board regularly engages with the patients in the ISU, who always report that they feel safe and supported by all the staff.

6.4 Social care

6.4.1 The prison is old, sprawling and without a lift; this causes access issues for prisoners with disabilities.

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. Currently, there is a project to reclaim some areas of the prison to allocate as access cells, but no progress has been made in terms of reclamation.

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. The wings contain individual plans.

Disability declarations are not verified against the prisoner's medical records. Data showing conditions verified by the healthcare unit are not available. A snapshot taken in October 2025 evidenced that out of a prison population of 940 prisoners, 40% of prisoners self-declared a disability. By far the largest group involved learning disabilities and then mental health.

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

Prisoners needing social care referrals and any interventions are followed up in secondary health screening. Men with complex needs are referred for a complex case assessment and placed on the complex case register. A snapshot in August 2025 evidenced nine patients.

Individuals requiring social care are discussed in the monthly local delivery board (LDB) meeting, with appropriate plans formulated.

Patients in receipt of a funded package receive two to three visits per week. Numbers are small: a snapshot evidences that between February 2025 and August 2025, there was an average of two men per month. Men are not always able to have their package delivered on the wing.

In healthcare, a uniformed officer is needed to unlock the prisoner; there have been examples of nursing staff unable to deliver social care due to officer shortage. Examples of such barriers were cited in the local delivery board papers, June 2025, citing examples in April and May 2025, and again in the September papers.

If men are unable to shower on the wings, they are brought up to healthcare to bathe. On average this affects two men brought up to healthcare three times per week.

6.4.2 Age UK support HMP Durham prisoners. In June 2025 they appointed a dedicated wellbeing and activities worker to deliver sessions in the prison weekly. Well attended groups have been delivered to VPs on F wing. Visits have been made to E wing and healthcare, supporting individuals. Age UK also works closely with Durham Alzheimer's Society in the prison.

6.5 Time out of cell, regime

6.5.1 Despite the publication of a new core day, which would have given prisoners increased time out of cell, the prison was unable to sustainably deliver its published

regimes. Prisoners not engaged in work or education are still spending 21.5 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 on the wing. This is about 90 minutes in total. Prisoners have complained that this is affecting their mental health. The Board has observed that prisoners are often rushed by staff when the regime is delivered and to return the prisoners behind their cell doors as quickly as possible.

6.5.2 In July 2025, to comply with security requirements, the prison introduced twice daily roll reconciliations. These take place immediately following morning and afternoon workshop and education moves. The inability to reconcile headcount at the first count has resulted in lockdowns on prisoner movements which have adversely affected the prison regimes, further reducing time out of cells and access to purposeful activity. The Board hopes that things will improve in the coming year.

6.5.3 The Board has also observed that inconsistent staffing levels have often resulted in wings being put into patrol state.

6.5.4 The prison was aiming to implement structured on wing activity (SOWA, planned, supervised activities that take place on the residential wing, rather than prisoners simply being unlocked with nothing purposeful to do). This has started but is not yet fully implemented.

6.5.5 This is a national pilot that encourages prisoners to voluntarily participate in a drug-free programme whilst in prison. Incentives include: access to yoga sessions, football, and healthy lifestyle guidance. Inconsistent staffing levels (and shortages) have curtailed the activities offered to these and other prisoners.

6.5.6 All prisoners have access to the gym, except those who have been segregated in the SACU. Prisoners in work or education are entitled to four 90-minute sessions per week. 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.

6.5.7 Physical education. Instructors are seen by the Board to be enthusiastic and work well with prisoners in improving their physical and mental health.

6.5.8 The gym was refurbished this year, with new equipment and facilities. This was very well received by prisoners.

6.5.9 The Board remains concerned that the prison still operates a split regime, with 50% of the wing unlocked at any time. This means prisoners spending less time out of cells.

6.6 Drug and alcohol rehabilitation

6.6.1 Monthly referrals to DART remain high. By the end of the monitoring year 2023-24, the caseload for DART workers was 378: in September 2025 it was 381 (statistics shared at the LDB)

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 via a series of events throughout the year.

In March 2025 'reconnect to health' received internal inspection feedback and was rated outstanding.

6.6.2 DART has collaborated with other agencies to improve outcomes for prisoners via a series of events, e.g. in June 2025, as part of the integrated support unit's focus on drug and alcohol awareness, naloxone training (a medication used to reduce or reverse the effects of an opioid overdose) was carried out. Stalls throughout the prison were erected to mark Alcohol Awareness Week. Suicide Prevention Day was marked in collaboration with Rethink, raising awareness for several prisoners within the establishment. Recovery month was celebrated throughout September.

DART regularly attend the PCC (prisoner consultation committee) to promote their role and receive feedback. Feedback from the PCC meeting has resulted in the amendment of forms in reception; the development of a young person's pathway, with the aim of increasing continuity of care upon release from custody.

6.6.3 Various prisoner groups have met throughout the year, including 'Smart Recovery', 'Breaking Free Online', 'Narcotics Anonymous' and 'Alcoholics Anonymous'. This is supported by structured one-to-one sessions. Evidence from DART reports evidence attendance at groups and one-to-one sessions varies. A snapshot of three months evidences low attendance. Early investigations suggested that men on the unlock lists had various other options, such as education or work. By March, DART staff were reporting an increase of men not being unlocked due to lack of officers. In June DART clinics were being cancelled due to the lack of DART officers. Patients were having to have reviews conducted at their doors. In July to August, roll reconciliation also affected group delivery, with wing-based groups unable to be facilitated. Roll reconciliation was still affecting groups in September and October and impacting on DART's ability to see men for initial assessments and structured interventions on the wing. DART reports that despite direction from residential Governors, staff were being informed by wing officers that men were unable to be unlocked during roll reconciliation (September report).

6.6.4 On 7 June 2024, the ISFL group began. Throughout this monitoring year, prisoner disquiet has been reported in several rota reports about men being locked up due to lack of staff and the feeling they were lacking in promised privileges. DART launched a new programme of activities in July 2025, but issues with role reconciliation was having a detrimental impact on delivery. The three groups planned for August could not be delivered, due to staffing on the unit.

6.6.5 On departure, men are offered a naloxone kit, containing a drug that reverses the effects of an opiate overdose. Uptake has typically been around 58%.

6.6.6 Prisoners have informed Board members that DART support and programmes are appreciated. Monthly 'service-user' feedback forms evidence high ratings and positive feedback, for example:

'Everything you do is good, very supportive and always there to support me' (April 2025)

'My worker helped me greatly, was very listening and thoughtful in her support' (July 2025)

Post-release, men also receive substance misuse treatment, alcohol support and a referral from the re-connect hub outside of the prison.

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, safer custody representatives and reading and neurodiversity champions.

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 30 laptops are available in HMP Durham for in-cell use. These are available on request via the wing kiosks.

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. A craft table has been introduced for visitors to use.

6.7.4 The prison provides support for prisoners through the well-man clinic and healthy lifestyle instruction, which is provided by the gym staff. A first aid course is due to be implemented.

6.7.5 There are banking and ID workshops, 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 employees prior to release.

6.7.6 Several pilots have been introduced in connection with employment. Recruitment Junction have enlisted three red band roles, who actively assess prisoners to see if they are work-ready on release. They support prisoners with creating CVs and disclosure letters.

6.7.7 The Shannon Trust initiative runs in the prison. It is a progression route for prisoners with low reading skills. Reading champion mentors are allocated to each wing, overseeing groups for all reading levels and running the newly introduced wing libraries.

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 In the reporting period, HMP Durham was second in the country for the highest engagement with Way2Learn: 117 courses were completed in September and 87 in October 2025.

6.1.10 An enrichment strategy was introduced in January 2025. This is a prison-wide initiative to increase purposeful activity that falls outside the remit of education, skills and work.

7. Progression and resettlement

7.1 Education, library

Education

7.1.1 Education is provided by Novus. Prisoners' needs are assessed by the careers, information, advice and guidance (CIAG – Ingeus). Goals are set and prisoners are engaged with opportunities to explore various elements of the curriculum. Qualifications were introduced in April 2025 for most subjects. The following five core principles underpin the education provision: teamwork; communication; self-management; problem-solving; and presentation. The prison has experienced two national budget cuts, affecting provision.

7.1.2 Learn in Work Progress (LWPs) have replaced personal learning plans (PLPs). Completion of LWPs for all prisoners during the induction period remains an outstanding challenge for CIAG.

7.1.3 All education is offered on a part-time basis. Attendance figures against allocation have risen from 62% to 73% for a similar period this year compared to last year (June 24/25).

The national target is 70% whilst the local target is 80%. Efficiency figures (attendance against spaces) have also risen from 53% to 65% for the same period.

7.1.4 There is an activities CM (custodial manager) who promotes the uptake of education and employment.

7.1.5 The following classes are offered: functional skills, ESOL; digital skills; horticulture; multi-skills; barbering; and English and maths.

7.1.6 Vulnerable prisoners have lost the creative enterprise class but have benefitted from the new multi-skills class in the F wing activity centre.

7.1.7 This year, the prison has adopted the policy of allocating prisoners with entry level 3 or below (reading age of 10) to English or maths classes in the first instance, before the offer of employment.

7.1.8 National cutbacks in the education provision due to inflation and prices have resulted in the loss of the following classes: creative enterprise, food safety and industrial cleaning courses. English and maths classes in the VP unit has also been reduced by 50% since April 2025.

7.1.9 The prison has also lost its special education needs co-ordinator (SENCo) and the reading specialist. Prisoners with learning difficulties and disabilities and those with neurodiversity are negatively impacted by these cutbacks.

7.1.10 Reduced wing staff has also curtailed prisoner access to Shannon Trust readership. To mitigate this, the prison has introduced reading champions on all wings.

7.1.11 Distance learning sessions continue and are advertised via the digital kiosks, posters, and word of mouth through peer mentors and CIAG advisors.

7.1.12 In September 2025, the pay policy was revised. This addressed previous pay discrepancies between education and work.

Library

7.1.13 The library continues to be a great facility for all prisoners. It draws on the resources of 39 other libraries (through the public library service) outside the prison.

7.1.14 Last year's activities continue to run this year. Staff shortages and roll reconciliation lockdowns on prisoner movements have severely curtailed prisoner access to the library.

7.1.15 This is evidenced by the loss of prisoner access from the following classes: ESOL 1 (Mondays), English mains (Wednesdays) D wing afternoon (Thursdays), VP English and Digital Skills and I wing (Fridays).

7.1.16 In spite of these difficulties, the Board has observed the positive collaborative working between the library and prison staff in meeting these challenges.

7.2 Vocational training, work

7.2.1 There are 735 workspaces available per week. The majority being part-time. The areas available are: battery, Ministry of Defence nets, printing, charity, waste management, warehousing, tea packing and woodworking.

7.2.2 The prison struggles to fill these places e.g. in October 2025, there were 3,381 work spaces, but only 2,482 prisoners were allocated to work. Of those allocated, 1,846 attended work (74%). Weekly efficiency figures for October 2025 (number of filled places against available spaces) fluctuated between 51-59%.

7.2.3 Prisoner churn is high with duration of stay short: this renders the scope of the workshops to offer limited purposeful activity difficult.

7.2.4 There is a drive to incentivise remand prisoners to engage with work.

7.2.5 There is a prison employment lead (PEL), who provides links to job opportunities in the community. 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.

7.2.6 There is an employment hub where prisoners can view and apply for any external vacancies. Prisoners are also supported with CVs and letters of disclosure for job applications. This can be requested via the digital kiosks.

7.2.7 The prison has links to external employers, some of whom have conducted interviews in the prison and have offered jobs to prisoners on release, e.g. Robertson Construction, the Inn Collection Group, Arcus FM and Iceland.

7.2.8 Recruitment Junction (a charity) has a partnership agreement with the prison. They visit and accept referrals from prisoners interested in seeking employment post release.

7.2.9 The Employment Advisory Board meets every six weeks to promote job opportunities for prisoner's post release.

7.2.10 An employment hub mentor has been introduced on D wing. This initiative, if successful, will be rolled out throughout the prison.

7.3 Offender management, progression

7.3.1 As a reception prison, the offender management unit (OMU) in HMP Durham is not mandated to complete OASys (offender assessment system, used to assess the risks and needs of prisoners), other than for sentenced prisoners and those staying at HMP Durham for a period of time.

The OMU undertakes OASys and sentence planning for prisoners who remain for six weeks or longer in the prison. There is an expectation that OASys assessments are completed within 10 weeks of sentence for prisoners sentenced to 10 months or more and within 16 weeks for life sentences.

Reviews are conducted annually for a standard prisoner and three-yearly for prisoners on a life sentence or if there is a significant change in circumstances.

During the reporting year a great deal of press has surfaced regarding the prisoners released in error, HMP Durham has had four prisoners released in error in the reporting year.

Since these errors occurred, an enhanced pre-release check has come into fruition. The Board will continue to monitor the progress on this throughout the next reporting year.

7.4 Family contact

7.4.1 Contact with family and friends can be invaluable to a prisoner's mental health. As well as personal visits, prisoners have access to in-cell telephony, email a prisoner service, video links and general mail access for contact with family and friends.

7.4.2 For those prisoners who have no one to visit them, HMP Durham has the official prison visitors' scheme (OPV). This is a volunteer service run by the chaplaincy who unfortunately have struggled to find volunteers. There has only been one volunteer in the year. This single volunteer has completed 81 visits, with an average length of two hours per visit.

7.4.3 Contact via video link is not a substitute for social visits but is vital for foreign national prisoners (FNPs) and 'out of area' prisoners who are unable to receive social visits because of the distance from family and friends.

7.4.4 Prisoners have been supported by a family support worker and an early days in custody worker, the latter of which was funded by the North East Prison After Care Society (NEPACS). They answered queries from prisoners, consulted and advised visitors, promoted father and child visits, family learning and extended family day visits. As they support new prisoners to HMP Durham, the Board has observed the value that these two members of staff have brought to prisoners.

A bulletin issued by the prison reported how particularly risky the early days in custody are for prisoners, even more so for vulnerable cohorts such as foreign nationals or transgender prisoners. It therefore came as an unpleasant surprise to the Board that the funding for the early days in custody worker came to an end in October 2025. There are no plans for this role to be funded by the prison. The Board is concerned this could negatively affect all new cohorts entering HMP Durham going forward.

7.5 Resettlement planning

7.5.1 The Board has raised concerns about the lack of support offered to the high number of unplanned releases from the prison, i.e. prisoners that are released from court due to time served or those found not guilty. The number of unplanned releases since 1 November 2024 to 31 October 2025 remains high, at 1056 prisoners.

7.5.2 In the reporting year the number of prisoners released homeless totaled 338 men; this is an increase on the previous year where 314 were released homeless. Last year's annual report confirmed the concern the Board held in relation to the number of prisoners released homeless, and despite the responses where it was stated that a number of projects and initiatives had created extra beds to reduce this figure, the figure is only increasing year on year.

A final PPO report concerning the death in custody, post release of a HMP Durham prisoner, commented:

'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 (2022/23), it is vital we continue to acknowledge the importance of having suitable accommodation on release from prison and year on year this seems to be an ongoing concern.

We cannot reduce reoffending if we cannot provide somewhere to stay for those released into society.

8. The work of the IMB

8.1 Board statistics

Board tenure, as at end of October 2024	
Less than 1 year	2
1-2 years	0
3-5 years	1
6-10 years	2
Greater than 10 years	4

Recommended complement of Board members	15
Number of Board members at the start of the reporting period	8
Number of Board members at the end of the reporting period	9
Total number of visits to the establishment	495

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. Given the high churn, i.e. 5.4 times per year, the Board strongly believes that it needs to maintain a high profile in the prison and as such, at least one member was present on 70% of days. Given its high profile the Board goes to great lengths to maintain its independence from the prison, any concerns Board members may have in this respect are discussed at our monthly meeting. 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:

- Formalised training of PID (prison information desk) workers.
- Pamphlets, in 22 languages, introducing prisoners to the role of the IMB;
- Since August 2025 the outcomes of Comp1 and Comp 2 complaints to the prison are formally recorded by the prison.

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

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	40	34
B	Discipline, including adjudications, incentives scheme, sanctions	21	18
C	Equality	3	3
D	Purposeful activity, including education, work, training, time out of cell	31	35
E1	Letters, visits, telephones, public protection, restrictions	65	98
E2	Finance, including pay, private monies, spends	43	21
F	Food and kitchens	2	7
G	Health, including physical, mental, social care	76	58
H1	Property within the establishment	53	26
H2	Property during transfer or in another facility	26	18
H3	Canteen, facility list, catalogues	11	15
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, re-categorisation	22	102
J	Staff/prisoner concerns, including bullying	100	150
K	Transfers	10	5
L	Miscellaneous	0	0
	Total number of applications	503	590

The increase in the number of complaints is explained by one prisoner submitting well over 100 applications. Since February 2025, we have treated him as being vexatious. This individual is aware of the Board's position.

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
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
Way Through	Psychosocial substance misuse services
North East Prison After Care Society (Nepacs)	Visits, education, training and family ties. Attendance at resettlement meetings, involvement in the planning process
Newcastle Futures	Employment, training and partner events designed to offer support for the re-employment of ex-prisoners
Novus	Provision of teaching services in education, including workshops
Premier	Physiotherapy and chiropody services

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)	Mental health services, including psychiatry, clinical psychology, speech and language therapy, etc.
The Samaritans	Attending suicide prevention meetings and offering regular training to Listeners
Time for Families	Relationship skills, financial management and parenting
Prison Optical Trust	Optician services
Bridges Group	Established by the chaplaincy to support men in a 'revolving door syndrome'; providing structured support
Prison Fellowship	Volunteer Christian organisation supporting prisoners across England and Wales
Junction 42	Organisation supporting prisoners in England and Scotland to transform their lives and get work
Angel Tree	Organisation working with prison chaplains and local churches to give imprisoned parents the opportunity to send their children a Christmas gift
Durham County Council	Social care
New Futures Network	Outside job assistance
Care after Combat	Support for ex-service personnel in prison
National Visits Booking Line	New online visits' booking line (with effect from 1 October 2022)
Thirteen Group	Provides accommodation support for prisoners leaving the prison - remand and sentenced, outsourced by the resettlement team
Wise, St Giles	Finance, benefits and debt service provider for prisoners, outsourced by the Resettlement Team
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
Inside Job run by Recruitment Junction	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



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