



Report on an unannounced inspection of

HMP Durham

by HM Chief Inspector of Prisons

30 April – 16 May 2024



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Introduction

A new governor and deputy have brought some much-needed stability to this ageing, overcrowded reception prison that serves the courts across large parts of the north of England. Recent decisive action by the prison group director and the governor have led to transfers of leaders between prisons in the region. In the case of Durham this has refreshed the leadership team and, although our healthy prison assessment scores for safety and purposeful activity had dropped to not sufficiently good and poor respectively, I left with some optimism about the future.

The most worrying aspect of this inspection was the limited regime; it was barely less restricted than at our last visit which came soon after the pandemic. Despite having a full complement of officers and a welcome reduction in sickness levels, most prisoners were spending 22 or more hours a day behind their doors. This meant they did not have enough time even to complete the most basic tasks and they often had to choose between using the electronic kiosk, having a shower, collecting medication or getting fresh air. In a jail in which prisoners spent so long locked in their cell, it was not surprising that there was a thriving illicit drugs market which was linked to an increase in violence since our last inspection.

There were not enough activity spaces for the population. Despite this, there was poor attendance at education, in part caused by local rates of pay that incentivised wing cleaning over learning. Although there was a focus on assessment and identifying need, this was worthless when there were not enough classes laid on to teach the basic English and maths skills that so many prisoners lacked.

Although there had been some recent refurbishment on A wing, many cells and communal spaces in the rest of the jail were dilapidated and in need of attention. Almost all prisoners were now living in overcrowded conditions. One of more positive aspects of Durham was the good relations between prisoners and officers, and unusually, we received very few complaints from prisoners about the way staff treated them. Officers, however, told us they were frustrated because the restricted regime meant that they did not have the opportunity to get to know the prisoners in their care.

The segregation unit – a cause of concern at our last visit – was better led and had a capable staff team who knew their prisoners well and received good support from the chaplains and the psychology team. The limits on the regime for prisoners on the main residential wings meant that some men had chosen to move to the segregation unit where they lived in single cells with a regime that was not much worse.

Use of PAVA incapacitant spray was the highest of any reception prison and footage we viewed showed that some staff had used it when there were other options available, particularly in a jail in which staff-prisoner relationships were so good.

In our 2022 report on the prison, we were very critical of the arrangements for prisoners' early days. Disappointingly, this situation had got even worse, with more men coming through the inadequately sized reception, often in large groups in the evening, when there were not enough staff on duty to complete some basic tasks such as safety interviews or to enable health screening. In a prison with such a churn of prisoners, many of whom suffer from mental illness and often are addicted to drugs or alcohol, urgent work is required to make sure this vulnerable population is receives better care.

Compared to recent inspections of reception prisons, staff had coped well with the uncertainties of the changing timescales of the early release scheme, but nearly a third of prisoners were released without anywhere to go and many were recalled after only a few days. This, the poor reception processes, the restricted regime and the ingress of drugs were the cause of much of the distress we found among many prisoners, and it was not surprising that levels of self-harm were increasing.

However, after a difficult 18 months, there is cause for cautious optimism at Durham. The governor had worked hard to improve his leadership team and had plans to develop his custody managers. With a renewed focus on the priorities to improve reception processes and provide more meaningful activity for prisoners, the jail can build on its strengths and continue to improve, despite the challenges that come from national population pressures.

Charlie Taylor

HM Chief Inspector of Prisons
July 2024

What needs to improve at HMP Durham

During this inspection we identified 12 key concerns, of which six should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

Leaders should make sure that all concerns identified here are addressed and that progress is tracked through a plan which sets out how and when the concerns will be resolved. The plan should be provided to HMI Prisons.

Priority concerns

1. **Many prisoners arriving late in the evening did not receive a health care or safety interview, putting those who might self-harm or with drug or alcohol dependency at risk.**
2. **Stability within the prison was undermined by easy access to drugs and other illicit items.** Prisoners were getting into debt as a result and the rate of violence between prisoners had increased significantly.
3. **The prison was overcrowded and cells were very cramped.** Almost all cells, originally designed for one person, held two men.
4. **Time out of cell was poor for many prisoners.** Too many were locked in their cells during the working day with little time to complete essential tasks such as showering, outdoor exercise and making applications.
5. **There were not enough activities to allow prisoners to develop the skills, knowledge and behaviour to increase their opportunities for employment on release.**
6. **Too many prisoners were released homeless.**

Key concerns

7. **The use of PAVA was high.** Over the last year it was higher than in all comparable prisons and video footage indicated that its use was not always defensible.
8. **Some prisoners resorted to self-harm due to some very basic frustrations.** This included staff not responding to their simple requests, isolation due to being in fear of others and boredom caused by insufficient time unlocked alongside a lack of purposeful activity.
9. **Transfers to hospital under the Mental Health Act took too long.** Only three out of 20 transfers in the last year had been completed within the national guidelines on timeliness.

10. **Leaders had not provided enough enrichment activities for prisoners to explore and develop wider interests outside education, skills and work activities and to be fully occupied.**
11. **The prison's local pay policy favoured those who worked full-time and disadvantaged prisoners choosing to attend education, vocational training or industries.**

About HMP Durham

Task of the prison/establishment

Reception and resettlement prison for adult and young adult men.

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection

Prisoners held at the time of inspection: 985

Baseline certified normal capacity: 537

In-use certified normal capacity: 561

Operational capacity: 985

Population of the prison

- 5,724 new prisoners had been received in the last year (an average of 477 per month) and over 3,500 had been transferred to other prisons.
- 89% of the population were remanded or yet to be sentenced.
- 86% of prisoners lived in overcrowded conditions, with two prisoners sharing a cell designed for one.
- At the time of the inspection 31% of prisoners were being helped with substance misuse problems and approximately 23% of the population were receiving opioid substitution treatment (OST).
- An average of 285 prisoners were referred for mental health assessments each month.

Prison status (public or private) and key providers

Public

Physical health provider: Spectrum

Mental health provider: TEWV

Clinical substance misuse treatment provider: Spectrum Community Health CIC

Psychosocial substance misuse treatment provider: Humankind

Prison education framework provider: Novus

Escort contractor: GeoAmey

Prison group/Department

North East Prison Group

Prison Group Director

Simon Walters

Brief history

The prison opened in 1819 and became a reception and resettlement prison in May 2017 holding adult men and young adults. It serves the courts of Tyneside, Teesside, Durham and Cumbria.

Short description of residential units

A, B and C wings: general population, with an incentivised substance-free living (ISFL) unit on B1 landing

D wing: prisoners prescribed methadone

E wing: first night and induction unit

F wing: vulnerable prisoner unit

I wing: integrated support unit (ISU) for prisoners with acute mental health problems

G wing: segregation unit

M wing: health care inpatient unit

Name of governor/director and date in post

Tim Healey from December 2023

Changes of governor/director since the last inspection

Melanie Stobbart, acting governor from December 2022 to December 2023

Phil Husband from August 2018 to December 2022

Independent Monitoring Board chair

Therese Quincey

Date of last inspection

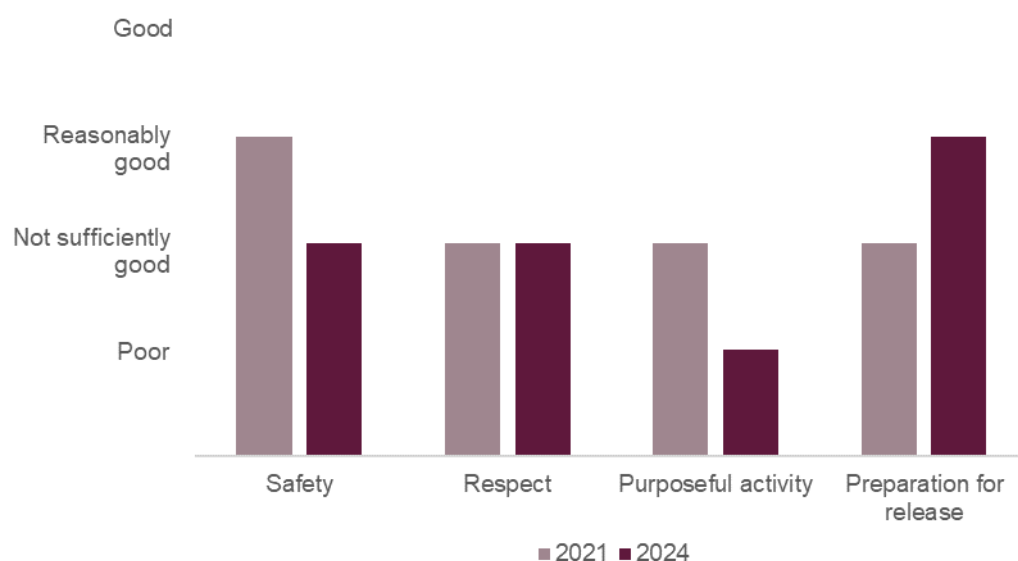
November 2021

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of Durham, we found that outcomes for prisoners were:
- not sufficiently good for safety
 - not sufficiently good for respect
 - poor for purposeful activity
 - reasonably good for preparation for release.
- 1.3 We last inspected HMP Durham in 2021. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Durham healthy prison outcomes 2021 and 2024



Progress on key concerns and recommendations from the last inspection

- 1.4 At our last inspection in 2021 we made 34 recommendations, 14 of which were about areas of key concern. The prison fully accepted 28 of the recommendations and partially (or subject to resources) accepted six. It rejected none of the recommendations.
- 1.5 At this inspection we found that four of our recommendations about areas of key concern had been achieved, two had been partially

achieved and seven had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

Evidence of our expectations being met to deliver particularly good outcomes for prisoners, and/or particularly original or creative approaches to problem solving.

1.7 Inspectors found five examples of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met but are by no means the only way.

Examples of notable positive practice		
a)	A family worker attended social visits and offered education to families about Naloxone (a drug which reverses the effects of opiate overdose). They provided training in its use and offered Naloxone kits for family members to take home.	See paragraph 4.76
b)	Physical education staff had built good links with CrossFit gym staff in the local community. The gym owners had provided three months of free membership on release to some prisoners who were committed to pursuing their fitness in the community.	See paragraph 5.6
c)	Father-and-child visits were available weekly which enabled men to spend one-to-one time with their children under five. The child's guardian spent a short time settling the child before leaving the visit hall. Nepacs workers were available to support prisoners if needed and the men we spoke to appreciated the opportunity to spend quality time with their child.	See paragraph 6.2
d)	The care leavers scheme was impressive. A monthly clinic took place in which dedicated POMs and Durham County Council met with care leavers and set up meetings with the prisoner's designated personal assistant in the community to make sure all available support under the Care Leavers Act was accessed.	See paragraph 6.21
e)	The Re-connect Hub was available to all prisoners on the day of release, offering practical support such as clothing, food, and contact with probation and other	See paragraph 6.28

agencies. It was also an ongoing source of support through various groups that were held there, including Alcoholics Anonymous and other schemes aimed at promoting well-being.

Section 2 Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for prisoners. (For definition of leaders, see Glossary.)

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 Since 2022, Durham had suffered from frequent leadership changes at every level, the most disruptive being three governors in quick succession, which had slowed down the pace of improvement and had unsettled staff.
- 2.3 Although new to the prison, the governor and deputy had spent much of their time getting to know staff and prisoners, increasing their visibility around the prison, and providing a refreshed and positive leadership. The governor was committed to strengthening leadership by making several changes to his team and had held a one-day event to promote his vision and priorities. He was planning to do the same for middle managers to help them develop a good understanding of their roles and responsibilities.
- 2.4 After several changes, a new prison group director had taken up post about 18 months before our inspection and had appointed experienced governors at three of the jails in his region. He had actively promoted the skills of leaders and was moving some between the prisons to help drive improvement at each site.
- 2.5 The prison's self-assessment report included an honest analysis of areas for improvement and prioritisation of objectives. However, specific measures of success were missing, which meant leaders would find it difficult to know when they had achieved these goals. The concerning rise in the use of batons and PAVA incapacitant spray, which had become far too common, had not been included as an area for improvement.
- 2.6 There had been a lack of action in some key areas. For example, although the risks caused by significant weaknesses in reception and early days arrangements had been known about for over two years, leaders had not done enough to address them. Similarly, although leaders had a clear strategic vision for the delivery of education, skills and work and had started to make changes, there had been too few activity places and poor attendance in education and work for too long.
- 2.7 HMPPS continued to overcrowd the prison and had allowed the proportion of men held on remand or unsentenced to increase significantly which presented leaders with significant challenges under each of our healthy prison tests.

- 2.8 The governor had been innovative in funding a diversity and inclusion worker for six months and was looking at ways of extended this funding to improve the focus on consultation and fair treatment. A consultation event with staff and prisoners had been held to explore the reasons for self-harm and the governor planned to repeat this in relation to violence so that they could develop an action plan specific to Durham and drive down the rates of both (see paragraph 4.18).

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

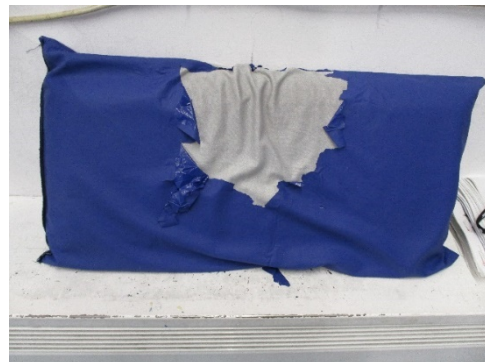
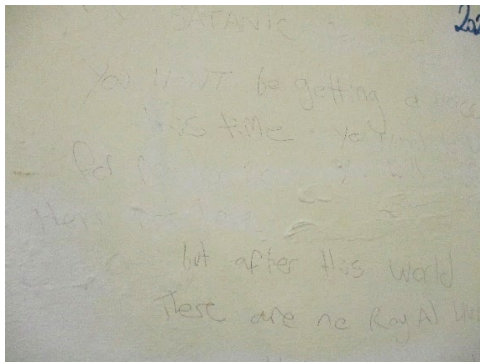
Early days in custody

Expected outcomes: Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

- 3.1 As the only reception and resettlement prison in north-east England, HMP Durham covered a huge court catchment area, from North Yorkshire up to the Scottish borders and across to Cumbria. Due to prison population pressures nationally, some men were sent from courts much further afield, such as Manchester and Liverpool. As a result, the prison was almost always operating at full capacity.
- 3.2 The cramped reception area was busy with almost 6,000 new arrivals in the last year and more than 5,000 returning from court or other external appointments. Prisoners were treated reasonably well by friendly and respectful reception staff, but large numbers often arrived at the same time and often late in the evening. Although staff worked hard to process them, this often took a long time, delaying their move to a first night wing. Many of those arriving after 8.30pm did not receive a health care assessment or a safety interview, which was a significant risk given that 40% responding to our survey said they felt suicidal when they first arrived and many had health problems, including drug and alcohol dependency.
- 3.3 An induction officer based in reception generally met all new arrivals, but conversations lacked privacy and there was little explanation about what would happen on the first night. They could buy vapes or grocery packs, which helped them avoid getting into debt in their early days but were not given a free telephone call to let their family know where they were.
- 3.4 New arrivals were generally located on E wing, although population pressures meant some went to F wing (which housed vulnerable prisoners). Only 23% of prisoners responding to our survey compared to 35% in similar prisons we have inspected recently. said that their first night cell was clean and those we saw were dirty and poorly equipped.



A first night cell for two prisoners



Graffiti (left) and a damaged pillow in first night cells

- 3.5 In our survey, 61% of prisoners said they felt safe on their first night which was similar to other jails we have inspected recently. However, we found that peer support was lacking, particularly for those who arrived late in the evening, and there was no opportunity for new prisoners to settle in before being locked in their cell. They had little time to meet staff, speak to other prisoners or become familiar with their surroundings. For example, our survey showed that only 13% compared to 34% in comparator prisons were able to have a shower, only 23% compared to 55% elsewhere had a free phone call and only 19% (compared to 30%) had the chance to talk to a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners).
- 3.6 In our survey, only 76% of prisoners said they had an induction, which was worse than in similar prisons (85%). Only 38% of those who had received the induction said it covered everything they needed to know,

and our observations supported this view. There was no robust assurance system in place to make sure all new arrivals completed the full induction programme with wing staff and we came across many who waited days to start it. Visits or assessments by chaplaincy, education, drug and alcohol recovery team and resettlement staff were far more consistently delivered, but too many prisoners waited a long time to do a gym induction which delayed their access (see paragraph 5.5).

Promoting positive behaviour

Expected outcomes: Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

- 3.7 Although levels of violence had increased significantly since our last inspection, the rate was slightly below that in similar prisons and the rate of serious assaults was also lower.
- 3.8 In our survey, over half of prisoners said they had felt unsafe at some point during their stay and 28% said they felt unsafe at the time of this inspection, both of which were similar to comparator prisons. However, far more disabled men, including those who said they had a mental health problem, reported having felt unsafe at some point.
- 3.9 In our survey, only 14% said the culture in the prison encouraged them to behave well. There were too few incentives to motivate good behaviour. Although a new monthly awards scheme had been introduced in December 2023 to promote positive behaviour, it was not yet well known across the prison. There had been an increase in the number of prisoners placed on the basic regime as part of the local incentives policy, but these men received little support or encouragement to help them improve their behaviour.
- 3.10 The incentivised substance-free living unit provided men with extra time out of cell and structured activities, which promoted good behaviour and was appreciated by the small number of prisoners located there.
- 3.11 Leaders collated a good range of data to identify the causes of violence. They showed that some of the root causes were illicit economies, such as drugs, which were leading to prisoners getting into debt, and conflict with new prisoners arriving from the community who they had known previously.
- 3.12 The safety team worked well with other departments but lacked a cohesive strategy to take sufficient action to address the causes of violence and reduce incidents. Positive steps were being taken to understand better these issues and how to tackle them through a planned multiagency event that would also involve prisoners and staff.

- 3.13 Incidents of violence were generally investigated promptly. Challenge, support and intervention plans (CSIP, see glossary) were used for those repeatedly involved in violence or antisocial behaviour, but few officers or prisoners could explain their purpose and the quality of some plans was poor. Prisoners subject to a CSIP were reviewed every other week at the multidisciplinary safety intervention meeting where additional support was available if needed.
- 3.14 Support for the few prisoners who isolated themselves in their cell because they felt unsafe was inconsistent and they had poor access to the daily regime. Men were often moved to different wings to separate them from those who posed a threat.
- 3.15 Prisoners deemed vulnerable due to the nature of their offence or charge were normally located on F wing where they received good access to a varied regime. Those we spoke to felt safe there. However, the wing was sometimes used to accommodate new prisoners when the first night and induction unit for mainstream prisoners was full, and when F wing was full vulnerable prisoners were placed on the first night and induction wing. To keep both types of prisoners safe they were unlocked separately, which meant less time out of cell and generated anxiety among both groups of prisoners.

Adjudications

- 3.16 Over 2,000 adjudication charges had been laid in the last 12 months. Most concerned possession of unauthorised articles and disobeying orders.
- 3.17 The prison had a well-established, supportive adjudication process that encouraged prisoners actively to address their drug use by engaging with the substance misuse team. Cellular confinement was regularly suspended to allow prisoners to do this and demonstrate changed behaviour.
- 3.18 Adjudication data were monitored and emerging patterns were identified and shared with staff at monthly meetings. The deputy governor quality-assured a proportion of adjudications that were conducted by other managers.

Use of force

- 3.19 Physical force had been used against prisoners 792 times in the previous 12 months (since March 2023), which was similar to comparable prisons. However, the use of PAVA incapacitant spray over the same period was higher than comparators. It had been drawn 51 times and used on 30 occasions. In the footage we reviewed, we were not satisfied that its use was always defensible.
- 3.20 The management of planned use of force incidents had improved; health care staff now attended routinely, comprehensive briefings took place and footage was recorded on hand-held cameras.

- 3.21 Leaders actively promoted the use of body-worn cameras, which were used in about 86% of incidents. Well-attended use of force meetings took place weekly to review a selection of incidents, reflect on practice and share learning with staff. Monthly meetings reviewed data and trends but did not always adequately explore overrepresentation such as the frequency of force used against prisoners with a disability.
- 3.22 The use of special accommodation was lower than at our previous inspection and had only been used three times in the last year (since April 2023) and was only used for short periods. While the use was logged, we were not provided with all the associated paperwork to see if it had been used appropriately.

Segregation

- 3.23 The segregation unit was full most of the time. Almost 1,000 prisoners had been segregated in the last year, which was much higher than at the last inspection, although the average length of stay was not excessive. Reintegration planning was good, and prisoners generally returned to normal location at the earliest opportunity.
- 3.24 The governance and justification for segregating prisoners had improved and was now documented clearly. Two prisoners were awaiting transfer to a secure hospital under the Mental Health Act and appropriate multidisciplinary meetings regularly reviewed their ongoing needs.
- 3.25 Most prisoners we spoke to felt supported and said they received good care and attention. Mental health and primary care nurses now attended the unit daily and provided ongoing assessment and treatment. Prison officers generally had good knowledge of prisoners in their care but received no formal professional supervision or support.
- 3.26 The unit was bright, clean and well-maintained, but the daily regime was basic and there was no assurance that it was offered consistently. Cells were minimally furnished and some flooring was damaged. The exercise yards were austere, with only one of the five containing exercise equipment, but funding had been secured to improve this.



An austere exercise yard

Security

Expected outcomes: Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse and effective drug supply reduction measures are in place.

- 3.27 The primary threat to stability within the prison was the availability of drugs and other illicit items which directly contributed to debts, violence and impacted negatively on many other outcomes for prisoners. Over a third of prisoners in our survey said it was easy to get illicit drugs. While the results from random mandatory drug tests averaged out at just over 18% positive in the last year, at times they had spiked at over 30% positive, which was very high. Weaknesses in several areas of security had been identified by HMPPS. Improvements were being made but were taking a long time.
- 3.28 Around 1,000 intelligence reports were received and analysed promptly each month. They gave a clear picture of emerging and ongoing threats. Although responses to these had improved, they were not always effective and only 30% of targeted cell searches successfully recovered contraband. It was disappointing that relatively few suspicion drug tests were completed, which limited leaders' understanding about the scale of drug misuse. Strip searching and body scanning of prisoners arriving at the prison was appropriate, given the risks associated with the supply of drugs.

- 3.29 Attendance at and effectiveness of monthly security meetings was improving. Security objectives were communicated to the wider staff groups but most staff we spoke to were not familiar with them or how they were expected to contribute.
- 3.30 Despite ongoing challenges around procedural and physical security the well-led security team took a measured approach to managing risks. For example, handcuffing arrangements for external escorts were proportionate and justifiable.

Safeguarding

Expected outcomes: The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

- 3.31 There had been five self-inflicted deaths since the last inspection in 2021. Two more prisoners took their own lives in July, after our inspection. Actions taken in response to PPO recommendations were kept under review but they were not always sufficiently well embedded in practice to drive improvements.
- 3.32 While the rate of self-harm incidents was increasing it was lower than in many similar prisons. Very few prisoners self-harmed prolifically but the number who required hospital attention for their injuries was growing. Leaders worked proactively, including with prisoners, to understand the reasons, but they had yet to take sufficient action to address some of the common frustrations that led to men hurting themselves. These included staff not responding to basic requests, isolation and boredom caused by insufficient time unlocked, lack of meaningful activity and poor mental health.
- 3.33 In our survey, only half of those who had been supported through the assessment, care in custody and teamwork (ACCT) process felt cared for by staff, but many were more positive when we spoke to them directly. ACCT case management was now more consistent, but weaknesses persisted, particularly in care planning which was poor. Despite the wide range of support available it was rarely reflected in care plans. It was concerning that of the 31 ACCTs opened at the time of the inspection, only three prisoners were engaging in any purposeful activity.
- 3.34 Too many prisoners on an ACCT were located in the segregation unit without proper justification. Constant supervision was used sparingly and mostly for short periods. Most of the prisoners who were subject to it accessed a limited regime and their engagement with staff varied. Positively, anti-rip clothing was used infrequently and was properly authorised.

- 3.35 Demand for the Samaritans was high, with over 4,000 calls in the last year. There were too few Listeners in post. In our survey only a third said it was easy to see Listeners and there were very few suitable locations for them to speak to prisoners in crisis.
- 3.36 Support for prisoners was coordinated through the well-attended safety intervention meetings, and the safer custody team was visible and helpful to men who were struggling to cope. Leaders reviewed data to try to understand the drivers and trends in self-harm but the meeting was not always well attended and there was a lack of action taken as a result of the analysis.

Protection of adults at risk (see Glossary)

- 3.37 There were no links with the local authority's safeguarding adults board. Most staff we spoke with had a reasonable awareness of issues that might cause concern but were not always quick enough to act or to refer cases to the safer custody team or safety intervention (SIM) meeting.
- 3.38 Prisoners with complex needs could access good support through the integrated support unit (see paragraph 4.67).

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes: Prisoners are treated with respect by staff throughout their time in custody and are encouraged to take responsibility for their own actions and decisions.

- 4.1 Almost all prisoners we spoke to were positive about staff and we observed some good, friendly interactions. However, relationships were undermined by very poor time out of cell, which gave little opportunity for staff and prisoners to engage with one another and was a significant cause of frustration for prisoners (see paragraph 5.2).
- 4.2 Despite the transient population (see paragraph 6.7), relationships within smaller units, such as the health care inpatients unit, the integrated support unit (ISU) and the ISFL were very good, with staff demonstrating knowledge of the needs of individuals in their care.
- 4.3 A range of peer support roles were available throughout the prison, and they were clearly identifiable by the colour of their T-shirts. However, they were not always fully effective in their role; many told us they had received little training and their work in supporting others was often hindered by the poor time out of cell.
- 4.4 Key work (see Glossary) had been a strength at the last inspection and our survey this time showed that 65% of prisoners said they had a key worker, which was better than similar prisons. However, too few sessions were being delivered and we found examples of cursory interactions being logged as key work sessions. Prisoners requiring professional interpretation were not receiving this service and missed out on support (see paragraph 4.29). It was positive that a small number of key workers had been trained to work with young adults to deliver the Choices and Changes programme (see paragraph 6.20).
- 4.5 Prison leaders were aware of the weaknesses in key worker provision and had credible plans, driven by the offender management unit (OMU), to improve quantity and quality through better support and training for staff, more robust quality assurance, and prioritisation of support for specific groups of prisoners.

Daily life

Expected outcomes: Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

Living conditions

- 4.6 The population had increased since the last inspection and almost all prisoners were now living in overcrowded accommodation, sharing cells designed for one.
- 4.7 A two-year programme of refurbishment for A wing, which we described as the poorest accommodation in our 2021 report, was underway. The work was extensive and was clearly starting to improve conditions on the unit.
- 4.8 Most cells were clean, although many were poorly ventilated, leading to damp and mould. They were not always well equipped; for example, there was not enough space for two chairs in shared cells and they did not have lockable cabinets to allow the safe storage of medication or personal possessions. Too many cells had inadequate screening around the toilet and we met some new arrivals who did not have a pillow on their first night. However, leaders had identified these issues, were prioritising improvements and had appointed a dedicated manager to this lead on this work.



An unlockable cabinet (left) and a toilet in a cramped shared cell on C wing



Shared cell on C wing

- 4.9 Prisoners had good access to cleaning materials and communal areas were kept very clean. Prisoners could wash their clothes and bedding weekly in the wing laundries.



Clean and tidy wing landing

- 4.10 In our survey, only 39% said they could shower every day. This was partly a consequence of the very limited regime which led to competing demands on prisoners' time; prisoners had between 20 and 30 minutes a day to shower, collect medication, socialise with their peers and use the kiosks (see paragraph 4.21). The situation was worse for prisoners on A wing who, at the time of the survey, were only offered a shower every other day while some were closed as part of the extensive refurbishment.
- 4.11 Officers did not always respond promptly enough to calls from cell bells. Leaders had recently introduced assurance testing to address this, but it was not yet well embedded.

Residential services

- 4.12 In our survey, prisoners reported similarly to other prisons we have inspected recently about the quality and quantity of the food. Only 33% said it was very or quite good and 21% said they got enough to eat at mealtimes. Portion sizes we saw were small and inadequate supervision of the serving of food by officers meant that some options ran out before all prisoners had collected theirs.



Food served at lunch

- 4.13 It was positive that prisoners could have two hot meals a day, and those we spoke to appreciated that catering staff had taken their feedback on board. They had introduced themed monthly meals, for example for Chinese New Year. Regular menu choices generally reflected the religious needs of the population and the kitchen supplied meals for special diets when needed.
- 4.14 Most prisoners did not have the opportunity to cook for themselves. Hardly any could sit and eat their meals together, leaving them eating in their small cells. More positively, communal dining had recently been introduced on the ISFL.
- 4.15 New arrivals did not have prompt access to the canteen to order products. They could buy a small grocery or vape pack on arrival but had to wait up to 12 days to place and receive a full order, leaving them vulnerable to getting into debt.
- 4.16 Many prisoners told us that they struggled to afford to buy items from the canteen because of the high price of everyday items and low wages.

Prisoner consultation, applications and redress

- 4.17 The prison council met fortnightly with good attendance by staff, IMB and unit representatives (prisoner information desk workers) but its effectiveness was limited. Many prisoners were not aware of the forum, only 32% in our survey said they were consulted about things like food, canteen or wing issues and only 37% of those said things changed as a result.
- 4.18 Leaders wanted to increase opportunities for consultation and had recently asked prisoners for feedback on significant systemic and operational issues, including reducing suicide and self-harm, as well as future regime improvements (see paragraph 2.8).
- 4.19 The number of complaints had more than doubled since our last inspection and was now the highest among similar prisons. Some prisoners used complaints to resolve low-level issues which could have been more easily addressed through conversations with staff or by using the kiosk application system (see paragraph 4.21).

- 4.20 Responses to complaints were polite, showed a good level of investigation and generally focused on resolving the problem. The majority were responded to within the required timeframes. All complaints relating to staff behaviour and conduct were now reviewed by the deputy governor, and a monthly analysis of complaints was explored by the senior management team.
- 4.21 In our survey, half of the prisoners said it was easy to make an application. Prisoners we spoke to were positive about the electronic kiosk application system available on the units, but said access was an issue due to the lack of time out of cell (see paragraph 4.10).
- 4.22 There was no analysis or formal scrutiny of the application system, but minimum and maximum times for responses were recorded. At the time of inspection approximately 12% received a late response.
- 4.23 Support for prisoners to exercise their legal rights was good. There was sufficient weekday provision for in-person legal visits, complemented by multiple video link booths. Consultations with legal representatives were held in private and appointments could be arranged promptly. Video link for court hearings and video conferencing for legal advice were used extensively and the prison had the largest use in the country, averaging over 1,300 sessions each month.
- 4.24 In our survey, 61% of prisoners said staff had opened letters from their solicitor or legal representative when they were not present. Staff said this sometimes happened by mistake but there was no formal system for recording and tracking these errors.
- 4.25 On average, the bail officer was only able to complete one application a day, meaning there was a backlog, given the high number of remanded prisoners and potentially extended their time in prison.

Fair treatment and inclusion

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics (see Glossary), or those who may be at risk of discrimination or unequal treatment, are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

- 4.26 In our survey, prisoners from minority groups mostly reported similar outcomes to other prisoners. We saw prisoners and staff treating each other respectfully, but the lack of time men had out of their cells meant there were few opportunities to get to know staff and seek their help.
- 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 to the exercise yards 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 from the servery. A small number of wheelchair users had in-cell showers but they still reported difficulty using them due to the small size of the facility. 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, in order to keep them separate from mainstream prisoners they had a very restricted regime, rarely leaving their cells.

- 4.28 There was no formal buddy scheme to support prisoners with mobility problems, which was a significant oversight and would have helped to alleviate many of the issues they faced. However, we were told that such an arrangement was being planned for the north-east region, including Durham.
- 4.29 Foreign nationals had good access to weekly Home Office immigration surgeries. However, there was a lack of day-to-day support for those who spoke little English. For example, wing staff did not often use telephone interpretation services, even for important conversations and key work. There were also very few translated written materials to help new arrivals understand life in the prison.
- 4.30 Formal consultation with prisoners from minority groups was limited, and there was not enough oversight to make sure that senior leaders with responsibility for specific protected characteristics held forums or reported back on their plans for improvement. Significant gaps in data analysis continued to hamper leaders' ability to identify disproportionate outcomes for minority groups. For example, although data relating to protected characteristics were collected by reception or induction staff when prisoners first arrived, this was not kept electronically, and could not be easily analysed.
- 4.31 Prisoners spoke positively about social groups for the over 50s and for those from a Gypsy, Roma and Traveller background. Staff had also made good, meaningful links with external organisations to support care leavers and veterans (see paragraph 6.21).
- 4.32 Formal complaints about discrimination were handled reasonably well, but investigations were not always documented in detail, although quality assurance from an external organisation had been introduced recently to improve this. There were prisoner equality and diversity representatives throughout the prison, but those we spoke to were unclear about their role, and very few of their peers knew about them.

Faith and religion

- 4.33 The chaplaincy team was well staffed, maintained good visibility across the prison and was appreciated by prisoners and staff. Most prisoners could attend corporate worship, but wheelchair users could not easily access the chapel (see paragraph 4.27). Faith-based study groups were also well attended and popular with the prisoners we spoke to.



The exterior and interior of the prison chapel

- 4.34** A member of the chaplaincy team attended key strategic meetings, such as the use of force and prisoner council. They also met with all new arrivals and visited those supported by the ACCT process three times a week, which is more than we usually see.

Health, well-being and social care

Expected outcomes: Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

- 4.35** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 4.36** Spectrum Community Health CIC were the lead health care provider and delivered primary care, administration support, clinical drug and alcohol recovery services and pharmacy provision. They subcontracted several services, including the non-clinical drug and alcohol recovery services, to Humankind. Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and Rethink provided mental health services. Dental provision was contracted separately by NHS England (NHSE) to Hyder Dental group. There was no current health and social care needs assessment but work was underway to produce a new one.
- 4.37** NHSE monitored delivery of the health care contract through regular review meetings, data analysis and quality assurance visits. The quarterly North-East Prison Cluster partnership board meetings provided strategic overview. However, the longstanding issue of new arrivals not receiving a first night health care assessment after 8.30pm remained a safety risk (see paragraph 3.2). There had been 35 incident reports submitted about missed initial reception screenings between November 2023 and the end of April 2024. The health care team completed regular checks during the night to help mitigate against

risks, but this was not an appropriate alternative to thorough health screening on arrival.

- 4.38 Overall, we found reasonably good health care provision which was delivered by conscientious and skilled staff. They made every effort to see patients, re-book missed appointments when patients could not attend, or arrange escorts to the health care centre if prisoners could not get there themselves.
- 4.39 The relatively new head of health care had implemented some positive changes which included a focus on improving local governance structures and communication between the different health teams. They used data such as patient feedback, learning from incidents and reviewing recommendations from Prisons and Probation Ombudsman reports to improve the service and shared these findings with staff.
- 4.40 Staffing levels had improved since the last inspection, and although there were vacancies, these were covered by regular agency staff. Staff were encouraged to take up training and development opportunities, compliance with mandatory training was reasonable and staff felt supported through managerial and clinical supervision.
- 4.41 Complex case reviews and multidisciplinary team meetings took place to optimise outcomes for patients with the most need. Daily handovers were well attended by representatives of all teams and provided a forum for sharing pertinent information and any service updates. All services now used SystmOne, the electronic medical record, and the patient records we reviewed were comprehensive and in line with expected standards.
- 4.42 Most primary care clinics were conducted in the health centre. Clinical rooms were clean and tidy and met infection prevention and control standards. However, the reception room lacked privacy, was not compliant with infection control standards and needed attention. There were limited rooms available on the wings for individual and group sessions and it was sometimes a challenge for mental health and drug and alcohol recovery services staff to find a suitable space.
- 4.43 There was a confidential health care complaints system. Sampled responses were mostly timely, polite, addressed the concerns raised and informed patients how to escalate their complaint if they were unhappy with the outcome. Face-to-face contact was also used to resolve concerns.
- 4.44 Registered clinical staff were trained in immediate life support and had access to suitable equipment that was regularly checked. During the inspection we identified a few minor issues with the checking process, and these were rectified immediately.

Promoting health and well-being

- 4.45 The health care department followed the NHS calendar of public awareness events and the mental health team promoted mental health

awareness week by displaying information around the health care centre. However, there was no joint approach to health promotion and minimal information was available across the prison.

- 4.46 There were effective systems to prevent and manage communicable diseases. All patients were offered screening for blood-borne viruses on admission to the prison and uptake for this service was very high. Patients could access screening and immunisation programmes promptly, and work was underway to incorporate NHS health checks into the prison's early days processes.
- 4.47 There were no health peer workers on the wings. The frequent turnover of the population at the prison made it difficult to recruit, train and retain these.
- 4.48 Patients had good access to sexual health services delivered by visiting specialists. Condoms were available from the health care clinic and pharmacy and this was advertised well.

Primary care and inpatient services

- 4.49 Some prisoners who arrived after 8.30pm did not receive an initial health screening that night, which was a significant gap (see paragraph 3.2) and this delay meant it was difficult for staff to deliver the secondary health screening on time.
- 4.50 The patient application system was effective and clinical oversight ensured that needs, including those who had just arrived at the prison or who needed complex care, were prioritised. There was a good range of primary care and allied health professional clinics with reasonably short waiting times.
- 4.51 NHS England's quality and outcomes framework was used effectively to support the identification and monitoring of patients with long term conditions. A nurse associate carried out routine reviews for patients with these conditions and their ongoing care was overseen by clinical leads and GPs. Patients had personalised care plans which were evidence based. An external epilepsy nurse specialist visited the prison regularly to carry out reviews.
- 4.52 Secondary care appointments were well managed, despite significant challenges due to the high and fast turnover of the population. Telemedicine appointments were used when appropriate.
- 4.53 All patients were seen by a health care professional prior to release, but planning for ongoing health care was limited because patients were often released with little notice. Where possible, patients were supported to register with a GP in the community.
- 4.54 The inpatient unit was staffed with a health support worker 24 hours a day and a prison officer during the day. Six beds were available, but some patients were located on the unit due to lack of accessible cells in the main prison, rather than because of a complex health need.

Patients on the unit had care plans developed and monitored by a registered nurse and reviewed at least weekly by a doctor.

Social care

- 4.55 The memorandum of understanding (MOU) between Durham County Council, Spectrum and HMP Durham was under review. Spectrum were commissioned to provide social care. Durham County Council attended a quarterly social care strategic regional group and the HMP Durham local delivery board meetings.
- 4.56 Since January 2024 there had been four social care referrals and at the time of the inspection one prisoner was receiving a package of care which was reviewed annually by Durham County Council. The service was not advertised across the prison and prisoners were unable to self-refer, which needed to be addressed.
- 4.57 There were limited accessible cells within the prison for prisoners with mobility issues (see paragraph 4.27). Some prisoners had been denied a social care assessment by the Local Authority due to their location on the inpatient unit, despite only being there due to the lack of accessible cells on the wings.
- 4.58 Equipment could be ordered by Spectrum and we were informed the prison were prioritising the installation of more grab rails for those with poor mobility. There were no social care peer workers to support prisoners with lower-level needs, which was an omission (see paragraph 4.28).
- 4.59 Personal alarms were not available for prisoners to summon assistance in an emergency but were being trialled in the inpatient unit. There was joined-up planning between the prison and the local authority to make sure care packages continued on transfer or release.

Mental health

- 4.60 In our survey prisoners were more positive than at similar prisons about how easy it was to see a mental health worker (32% compared with 21%) and patients we spoke with were complimentary about the help they had received.
- 4.61 TEWV provided secondary care mental health services and subcontracted primary care services to Rethink. The teams shared facilities and worked seamlessly to provide an effective, stepped model of care to patients. The service dealt with a high number of referrals (approximately 285 each month) from a variety of sources, including self-referrals.
- 4.62 TEWVs service model comprised an urgent pathway based on a crisis team model, and planned care. The urgent care team was fully staffed, with mental health nurses triaging all new referrals on a daily basis, responding to urgent need swiftly and prioritising attendance at assessment, care in custody and teamwork (ACCT) case management reviews. The planned care pathway supported patients with ongoing

treatment. Routine referral assessments usually took around 12 days, with a target of five, but a new team member had just started and another had been appointed to speed this up.

- 4.63 The health care team visited the segregation unit regularly. Regular psychiatry provision and access to an ADHD specialist was available when needed and physical health checks for patients taking medication for mental health needs were conducted.
- 4.64 Since April 2023 there had been 20 transfers to mental health units under the Mental Health Act, but only three had happened within the national timeframe of 28 days. Most patients had to wait between three to eight months for an available space.
- 4.65 A good range of mental health support was offered and waiting times were not excessive. The provision included access to psychological well-being practitioners, coaches and a counsellor; interventions for low mood and anxiety; and psychoeducation. All prisoners between 18 and 21 years old were seen by the youth psychological well-being coach to offer support. Some group work was offered but it was limited by a lack of space within the prison to hold the groups.
- 4.66 At the time of the inspection the TEWV team was supporting approximately 182 patients. There was good continuity of care as the health care team liaised with family members and community mental health teams.
- 4.67 The integrated support unit provided intensive assessments and treatment for patients with acute and complex mental health needs. It was a regional resource, with 11 beds, and clear admission and discharge criteria based on clinical need. The physical environment had been enhanced with patient artwork and information displays. Patients were involved in planning activities and we observed caring and compassionate interactions between the team of mental health professionals and officers who worked on the unit.
- 4.68 TEWV had delivered mental health awareness training sessions for prison staff (including officers) and planned to run more.

Support and treatment for prisoners with addictions and those who misuse substances

- 4.69 The clinical and non-clinical drug and alcohol recovery service worked collaboratively. They attended drug strategy meetings and worked well with prison staff, who shared positive results from mandatory drug tests and security intelligence.
- 4.70 Not all prisoners with substance use issues received health screening on arrival which created a risk to their health and their safety, although they were prioritised by staff to be seen the next day. For those who were screened, urine tests were completed along with clinical observations. They received checks overnight and were seen the next day for review by a GP or an advanced nurse practitioner.

- 4.71 Opioid substitution treatment was being received by 233 patients, approximately 23% of the prison population. Most were on methadone maintenance regimes, which was appropriate given the short length of time most men spent in the prison. Buprenorphine, a slow-release opiate substitute injection, was also available. Most patients received prescribing reviews at 28 days and 13 weeks but occasionally they were late and few were completed jointly with a psychosocial worker.
- 4.72 Humankind, the substance misuse provider, supported 309 prisoners (31% of the population) through a good range of one-to-one and groupwork and patients were complimentary about the support they received.
- 4.73 Prisoners found to be under the influence of illicit drugs were seen to give them advice on harm reduction strategies and encouragement to work with the health care team.
- 4.74 The designated incentivised substance-free living (ISFL) unit had space for 53 prisoners but officers working on the unit had not received any additional training. The unit had only recently opened and its ethos and purpose were not yet clear. There was a programme of activities and groups run by Humankind, and although this was still in its infancy, prisoners we spoke to were positive about the help they received.
- 4.75 Mutual aid groups took place weekly, and four peer workers were undertaking intensive training in drug recovery support. A family worker liaised with community support to help prisoners maintain, restore and rebuild family links.
- 4.76 A duty worker was responsible for making sure all patients received follow up appointments in the community prior to being released. Kits containing Naloxone (a drug to reverse the effects of opiate overdose) were offered on release and a family worker attended social visits and offered education and training to families about the drug and kits to take home.

Medicines optimisation and pharmacy services

- 4.77 Medicines were managed by Spectrum pharmacy. Two pharmacists and a senior technician provided strong leadership. The pharmacy delivered its services in a safe and timely fashion. Medicines were dispensed within the on-site pharmacy and were appropriately labelled. There was robust management of stock, including controlled drugs, and appropriate arrangements were made for transporting medication around the prison.
- 4.78 Medicines needing cold storage were kept in suitable refrigerators and temperatures were checked daily to make sure they were within the required range. A good range of medicines were available in the emergency stock cupboard, which staff knew how to access, and its use was checked.

- 4.79 The pharmacists clinically screened all prescriptions before issuing the medicines. They were also available to meet with patients or discuss usage or any issues with medication over the telephone. In-possession risk assessments and medicine reconciliation were completed within designated timescales and records were routinely updated.
- 4.80 Patients used the electronic kiosk to order their monthly in-possession medicines. Pharmacy staff ordered supervised weekly in-possession medicines to ensure patients received them on time. The prescribing of medicines liable to abuse was monitored monthly and discussed during medicines management meetings. Mirtazapine (an antidepressant) prescriptions remained high and a review was planned.
- 4.81 Medicines were administered twice a day, with some provision for lunchtime and night-time doses. We observed competent medicine administration by pharmacy technicians and nurses which included the administration of methadone. Staff were polite and respectful, while ensuring that they checked patients' identity before administering their medicines. However, officer supervision of medication queues continued to be inconsistent, or absent, which compromised patient confidentiality and increased the risk of diversion.
- 4.82 Patients who did not attend medicine administration were appropriately followed up. Those being transferred or released were provided with a minimum of seven days' supply to ensure continuity. The dispensing of medication for court attendance was well organised.
- 4.83 A range of medicines to treat minor ailments, known as homely remedies, were available. Staff were aware of the amount that could be given at the hatch and when to refer to a prescriber for assessment.
- 4.84 There was a good range of Patient Group Directions which allowed some registered professionals to supply and or administer specified medicines to a pre-defined group of patients without them having to see a prescriber. This included some urgent treatments and vaccinations.
- 4.85 Patients did not have a lockable cupboard in their cell to keep their in-possession medication safely and securely. The pharmacy technicians worked with prison staff to undertake spot checks for compliance with medication, particularly for those medicines which were highly sought after, and could be traded.

Dental services and oral health

- 4.86 A good range of treatments were provided which were equivalent to treatment received in the community. An oral health trainer delivered regular education sessions to patients and oral health advice was offered to all patients during consultations.
- 4.87 Waiting times to see the dentist were reasonable, at approximately 12 weeks for new patient appointments, with urgent needs prioritised. Pain relief and antibiotics were available for patients waiting for treatment.

- 4.88 The large dental clinic was well equipped and equipment was serviced and maintained appropriately. Good governance arrangements were in place and patients gave positive feedback about the services they accessed.

Section 5 Purposeful activity

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

Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

- 5.1 Time out of cell was poor for many prisoners. During our roll checks we found 40% of the population were locked up during the core working day, which was far too high. Approximately 150 prisoners, who did not have any work or education, spent over 22 hours locked in their cells. They received about an hour a day to exercise outdoors and between 30 and 45 minutes of domestic time for showers and to use the wing-based kiosks, which was not enough time to get everything done.
- 5.2 Despite having enough officers on duty to provide prisoners with more time out of cell, the prison continued to operate a split regime where prisoners were let out of their cell in groups rather than all together which meant less time out of cell a day for each group. There was no evening association for prisoners on the main units and the weekend regime was very limited, with 82% of prisoners, reporting in our survey, that they usually spent less than two hours out of their cell on a Saturday and Sunday.
- 5.3 Some prisoners who were employed full-time in workshops and other off-wing jobs, were not offered time on the exercise yards during the week, which was poor.
- 5.4 The library was well-resourced and included foreign language reading material, academic texts and magazines. It was an inviting space, run by knowledgeable and supportive staff, but too few prisoners used it. However, books could be ordered via the wing-based kiosks. Reading programmes through the library were not well-established with book loans only increasing by about 10% in last year.
- 5.5 The two gyms and astroturf pitch were popular and well-used with approximately 145 prisoners per day attending sessions. Most gym equipment was old and worn but funding for new equipment had recently been secured. Prisoners who worked full or part time could access up to four gym sessions a week, while those who were unemployed were only permitted one session a week. Induction sessions were required before prisoners could use the gym but these were often significantly delayed.

- 5.6 Physical education instructors provided a wide variety of activities including yoga, rugby, football, cricket and circuit training. They actively worked with prisoners to improve their physical and mental well-being and had built good links with CrossFit gym staff in the local community. The gym owners had provided three months of free membership to some prisoners who were committed to pursuing their fitness after their release.

Education, skills and work activities



This part of the report is written by Ofsted inspectors using Ofsted's inspection framework, available at <https://www.gov.uk/government/publications/education-inspection-framework>.

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

- 5.7 Ofsted made the following assessments about the education, skills and work provision:

Overall effectiveness:	Inadequate
Quality of education:	Requires improvement
Behaviour and attitudes:	Requires improvement
Personal development:	Requires improvement
Leadership and management:	Inadequate

- 5.8 The newly appointed senior leadership team had a well-defined and appropriate strategic vision for education, skills and work which took into account the very high proportion of remand prisoners, some of whom had short stays at the prison. Leaders rightly placed a strong focus on the accurate assessment of new prisoners' learning and skill needs to create personal development plans to inform future decisions regarding their education and training, either at Durham or following transfer to another prison. The new leadership team had recently started to implement changes to improve the provision, but it was too soon to judge the impact of these actions.

- 5.9 Despite leaders' focus on strategic development, they had not been successful in addressing significant weaknesses highlighted at the previous inspection. They had still not provided enough places so that all prisoners of working age could be engaged in meaningful education, skills or work. As a consequence, around one in five prisoners were unemployed. Too many prisoners were engaged in full-time prison work on the wings which did not lead to the development of useful new skills. The previous inspection found that the prison's local pay policy favoured prisoners who worked full-time in prison jobs, for example as wing cleaners or painters, compared with prisoners who chose to attend education or vocational training. Leaders had not rectified this weakness, although managers had ensured that hourly pay rates were the same regardless of purposeful activity. Prisoners who attended education or vocational training did so on a part-time basis and therefore earned only half that of full-time workers on the wings. Attendance at education, skills and work activities was low and had not improved since the previous inspection. However, the extent and quality of support for speakers of languages other than English had improved.
- 5.10 A newly enlarged information, advice and guidance (IAG) staff team supported prisoners effectively at induction. They thoroughly assessed prisoners' starting points, determined relevant short-term and long-term goals and established an appropriate choice of purposeful activities in order to help them to achieve their employment goals. However, a quarter of prisoners had refused to attend induction and, despite repeated efforts by IAG staff, did not have a personal development plan to guide future decision making. Managers allocated prisoners to activities efficiently with most prisoners allocated their first choice. Waiting lists for activities were very small.
- 5.11 Novus provided education and vocational training in the prison. Leaders and tutors had designed their curriculums in a logical order that met prisoners' needs. For example, in English prisoners were firstly taught a basic knowledge of spelling, spelling patterns, functions and punctuation and basic rules of grammar. Tutors then moved on to teaching about types and purpose of text before moving to speaking, listening and reading, teamwork, problem solving and presentation. Tutors provided helpful feedback to prisoners that told them what they had done well and what they needed to do to improve. Consequently, their work improved over time. Tutors were suitably qualified and had relevant industry experience which supported the delivery of the curriculum. Support for learning provided by peer mentors was hindered by their short stays in the prison. As a result, mentors kept changing which other prisoners found unsettling. Prisoner's work in both classrooms and workshops was of a high standard. The small number of prisoners who took external examinations achieved well.
- 5.12 Tutors in education and most tutors in vocational training routinely set and monitored realistic targets for prisoners. They ensured that prisoners reflected on their progress towards the long-term goals that were highlighted in their personal development plans. Prisoners knew whether or not they were successful in making progress towards

meeting those goals. For instance, prisoners described how they confidently used mathematics in their everyday life, such as when buying items from the prison kiosk. As a result, most prisoners developed a range of useful knowledge and skills.

- 5.13 In too many industries, tutors did not assess prisoners' starting points well enough or they did not use the information they did collect to plan individual learning to meet the needs of prisoners. Too much work was mundane, for example tea packing or making camouflage nets, and did not sufficiently develop prisoners' vocational skills. In industries, tutors did not consistently carry out progress reviews or record the progress that many prisoners made in developing valuable employment-related skills. They did not set specific or work-related targets. Consequently, these prisoners did not make their expected progress.
- 5.14 Tutors in education provided effective support to prisoners with learning difficulties or disabilities (LDD). For example, prisoners with dyslexia used a reading pen and had a reader in examinations. Prisoners with attention deficit hyperactive disorder benefitted from using stress and fidget tools. This helped prisoners overcome the barriers they faced so that they learned at the same pace as their peers. However, leaders and managers had not provided sufficient staff to support prisoners with LDD in industries and work. The designated tutor did not have sufficient time to give instructors and staff enough advice and guidance to enable them to give prisoners the support they needed. Neither had leaders provided appropriate training to instructors regarding supporting prisoners with LDD. As a result, few of these prisoners' individual LDD support needs were being met which hindered their progress. Those prisoners who were unemployed received no professional additional support to help them manage everyday prison life.
- 5.15 Many of the prisoners engaged in wing work, for example as cleaners, did not benefit from specific training or develop new vocational skills. Much of their work was repetitive and lacked the challenge which they would face when employed on release. However, in some specific roles, including barbers and biohazard cleaners, prisoners did receive training and learned useful new skills. Employment coaches supported prisoners to develop and record the wider skills which prisoners often developed during wing work, for example skills in health and safety, teamworking or using initiative. For a small minority of prisoners, this work led to the achievement of external entry level qualifications which prisoners greatly valued.
- 5.16 The prison reading strategy was effective in developing the reading skills of low-level readers. Prisoners identified as having poor reading skills completed a specialist reading assessment during induction. The results of these assessments were uploaded onto the Virtual Campus (VC) so that all staff could give appropriate support. Prisoners with the lowest reading skills received regular, intensive individualised support from a full-time specialist reading tutor and trained Shannon Trust mentors. All English tutors had basic training in reading and supported other prisoners in English lessons who had better but still low-level

reading skills. Tutors in education and vocational training were successful in encouraging prisoners to read for pleasure. Managers had introduced other useful initiatives, such as reading corners in classrooms, industries and in a few wings, but the strategy was yet to have a significant impact on the great majority of the prisoners with helping them to improve their reading skills.

- 5.17 Leaders and managers attended regular quality improvement group meetings. They received informative reports from education, industries and IAG managers which gave them an accurate oversight of purposeful activities. Managers of the education and vocational skills provision had implemented thorough quality assurance procedures and tackled identified weaknesses. Overall, leaders and managers understood what needed to be done to improve the quality of education, skills and work and had recently put in place realistic action plans. However, prison managers did not use the data they collected sufficiently well to monitor performance. For example, managers had put in place procedures to improve attendance at activities but had not put in place measures to check how well these procedures were working. Neither had they formally determined success criteria or put in place improvement targets. As a result, attendance had not improved over time.
- 5.18 Leaders had not provided a sufficient range of activities in order for prisoners to explore and develop wider interests outside education, skills and work activities. Prisoners allocated to part-time activities had little to occupy them during the remainder of their time. Prisoners could only use Way2Learn, a TV channel which enabled them to access education and training in-cell in their own time, when convenient for their cell mate. This limited its use and potential benefits to prisoners.
- 5.19 Prisoners in education, skills and work were well behaved, polite, and had respectful relationships with peers and staff. Workshops and classrooms were calm, well-ordered and conducive to learning and work. However, prisoners were not consistently punctual to activities and did not develop this employability attitude well enough.
- 5.20 Too many prisoners had insufficient understanding of fundamental British values. Most prisoners on the wings and in industries could not express what these values meant for them. Teachers in education regularly incorporated this subject into their lessons. As a result, prisoners in education had a better understanding but they had very limited knowledge of radicalisation and extremism, and how they might protect themselves from such views. The very few prisoners who attended the new understanding British values course were able to articulate a deeper knowledge.
- 5.21 Sentenced prisoners within 12 weeks of release received useful support from the prisoner employment team. This support included help with job applications, interview techniques, CV writing, identity and bank account applications as well as providing links with external employers and training providers. Prisoners and advisors used the VC

to good effect at this time. As a result, a good proportion of prisoners found employment on release.

Section 6 Preparation for release

Preparation for release is understood as a core function of the prison. Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

Children and families and contact with the outside world

Expected outcomes: The prison understands the importance of family ties to resettlement and reducing the risk of reoffending. The prison promotes and supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 6.1 A range of family support workers was in place to help prisoners to maintain contact with their children and families, including early days, substance misuse and Nepacs, as well as a prison-employed worker. Family support workers offered a range of services, from helping prisoners establish contact in their early days in prison to final contact visits before adoption. In addition, a peer worker scheme had been introduced to make sure prisoners were aware of the support available.
- 6.2 In the last year, several initiatives had been introduced and prisoners were very positive about these additional opportunities. These included a weekly father-and-child session for men with children under five where they could spend quality time together and a weekly family learning session which enabled older children to bring in homework or make use of learning activities for the family to complete together.



The visits hall

Reducing reoffending

Expected outcomes: Prisoners are helped to change behaviours that contribute to offending. Staff help prisoners to demonstrate their progress.

- 6.7 Durham was a very busy reception and resettlement prison (see paragraph 3.2). At the time of our inspection, just under three-quarters of the population was remanded or unsentenced. Most prisoners did not spend long at the prison, and this posed challenges for offender management and effective resettlement planning.
- 6.8 Resettlement arrangements had improved since the last inspection and all prisoners now had their needs assessed on arrival. The dedicated resettlement team was managed effectively by a senior probation officer based at the prison. It was also positive that most services, such as support for maintaining tenancy and managing financial matters, were now available to all prisoners, including those on remand.
- 6.9 The offender management team (OMU) shared facilities with the resettlement team and other resettlement providers, such as housing, which fostered good working relations. However, there was a lack of interview rooms across the prison, and we saw some prisoner assessments conducted on the landings, which limited confidentiality.
- 6.10 The OMU was appropriately staffed with probation and prison offender managers (POMs). Caseloads were low, with typically under 20 at any time, but there was insufficient and irregular contact between POMs and sentenced prisoners. POMs usually made initial contact with the

prisoner within a couple of weeks of their arrival, but in some cases this was only by letter. After that, contact was mainly driven by the need to complete a task such as an offender assessment system (OASys) assessment and we saw cases with no recorded contact in the last six months. There was very little one-to-one work provided to help prisoners address the reasons behind their offending behaviour and the delivery of key work (see paragraph 4.4) did not sufficiently support progression and offender management.

- 6.11 Weekly POM clinics had been set up on each wing, which helped to improve access to the OMU staff. The clinics were open to all prisoners, including those on remand, to answer queries or seek information.
- 6.12 Most eligible prisoners had an OASys assessment and in the sample we reviewed, sentence plans were of a reasonable standard.
- 6.13 Initial security categorisations were set swiftly after sentencing and the oversight of transfers was well managed by a dedicated case administrator. In the last year, there had been over 3,500 transfers to other prisons. While most transfers were prompt, a few men remained at the prison for much longer than necessary, particularly those who had limited physical mobility, were category B prisoners or had been convicted of a sexual offence. While most had time left on their sentence to progress to a training prison and undertake interventions, a small number were released without having had that opportunity. Together with the lack of structured one-to-one work from POMs, this meant that some prisoners would not have chance to address the reasons for their offending behaviour.
- 6.14 Approval for release on home detention curfew (HDC) was well managed and most prisoners were released on time. A small number were released after their eligibility date, often due to issues beyond the control of prison staff, such as too little time between being sentenced and their HDC eligibility date or delays in waiting for the community probation staff to confirm the suitability of a proposed address.
- 6.15 Under the nationally imposed early release scheme to ease population pressures, 81 prisoners had been released up to 35 days before the end of their time in custody. During our inspection it was announced that this was to be further extended to 70 days. Local leaders worked with probation staff in the community to identify prisoners whose early release posed a risk of harm to others so that they could put in place safeguards or apply to HMPPS to exempt the prisoner from early release. Despite this, too many of those released were homeless, and just over a third had been returned to prison for breaching their licence conditions.

Public protection

Expected outcomes: Prisoners' risk of serious harm to others is managed effectively. Prisoners are helped to reduce high risk of harm behaviours.

- 6.16 All new arrivals were screened for current and historic public protection concerns and there was good information sharing about this with the rest of the prison.
- 6.17 A local interdepartmental risk management meeting (IRMM) took place monthly and there was a quarterly meeting of the steering group for public protection. It was positive that community offender managers (COMS) were invited to contribute to the IRMM meetings. The IRMM had good oversight of high-risk cases and we could see through our case reviews that MAPPA (Multi-Agency Public Protection Arrangements) management levels were confirmed with the probation service in advance of the release.
- 6.18 POMs attended MAPPA meetings in the community, and for the higher risk cases, the senior probation officer (SPO) also attended. Written contributions to the MAPPA meetings were of a reasonable quality.
- 6.19 The decision-making behind monitoring prisoner's telephone calls was appropriate. At the time of the inspection 19 prisoners were having their telephone calls monitored, but there was a significant backlog in listening to calls, which undermined this important public protection tool.

Interventions and support

Expected outcomes: Prisoners are able to access support and interventions designed to reduce reoffending and promote effective resettlement.

- 6.20 As a reception and resettlement prison there were no accredited offending behaviour programmes as most sentenced prisoners were moved to other prisons to access them. Delivery of an intervention called Choices and Changes, aimed at supporting young men, had started recently. Only a small number had undertaken this course to date, but there were plans to increase this to meet the level of need.
- 6.21 The support available for prisoners who had experienced the care system as a child was impressive. Durham County Council and dedicated POMs met with care leavers at a monthly clinic and set up three-way meetings with the prisoner's designated personal assistants in the community. This made sure that all available support under the Care Leavers Act was accessed. Prisoners who were unaware of their rights were shown the range of support available, including the nationwide network of contacts that had been created to establish these links.

- 6.22 Advice for finance, benefits and debt was now available to all prisoners, including those on remand. This service supported prisoners in contacting debtors and banks and provided comprehensive workbooks with follow up support from the resettlement workers to devise individual money management plans. Help was also available from the department of work and pensions for prisoners to set up benefits on release.
- 6.23 A prison-employed administrator had helped over 57 men to obtain proof of identification and 21 had since been able to open a bank account. However, most prisoners were excluded from this service because they were on remand.
- 6.24 An employment lead was in place and an employment hub had been set up, which helped prisoners with CV writing and disclosure advice and had recently hosted an employment event. However, the hub was only available to sentenced prisoners. In the last 12 months, 15% of men were recorded as being employed six weeks after release, which was comparable to similar prisons.



The employment hub

Returning to the community

Expected outcomes: Prisoners' specific reintegration needs are met through good multi-agency working to maximise the likelihood of successful resettlement on release.

- 6.25 The demand for resettlement help was high with an average of 173 releases a month from the prison in addition to a large number of remanded men being released directly from court. Many of these had

only been in custody for a matter of weeks which made the delivery of resettlement help difficult.

- 6.26 Prison data on accommodation outcomes was incomplete and did not include the large number released from court. The data for sentenced prisoners on release showed that 64% did not have sustainable accommodation (intended to last more than 12 weeks) and a quarter were released homeless.
- 6.27 The support available from agencies as prisoners approached release was not well coordinated. Various agencies worked with prisoners, often with a lack of knowledge or understanding about other support the prisoner was receiving, and how one element may have impacted on another, such as housing.
- 6.28 There were good arrangements for prisoners on the day of their release. Since the last inspection the Re-connect Hub had opened and was available to all prisoners. It offered practical support including clothing, food, and contact with probation and other agencies. It was also provided an ongoing source of support through the various groups held there, including Alcoholics Anonymous and schemes aimed at promoting well-being.



The Re-connect Hub

Section 7 Progress on recommendations from the last full inspection

Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2021, outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

All aspects of prisoners' arrival into the establishment should be effective and fit for purpose, including standards of accommodation and the quality of induction and regime.

Not achieved

Leaders should make sure that all use of force is reasonable, necessary and proportionate.

Partially achieved

Prisoners should be kept safe at all times while segregated, and their needs should be recognised and given proper attention.

Partially achieved

Recommendations

Challenge, support and intervention plans (CSIPs) should be used effectively for perpetrators of violence and contain meaningful targets of which both prisoners and staff who engage with them each day are aware.

Not achieved

Planned use of control and restraint should be recorded clearly on hand-held camera and all footage, including CCTV, should be retained as part of the review process.

Achieved

Health care professionals should attend all planned incidents of use of force and make sure the prisoner is monitored while under restraint, providing medical advice to the staff when required.

Achieved

Prisoners at risk of suicide and self-harm should receive additional support through the use of good quality assessment, care in custody and teamwork (ACCT) case management.

Partially achieved

Constant supervision arrangements should keep at-risk prisoners safe and encourage them to engage with a purposeful regime wherever possible.

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2021, outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Prisoners should not live in overcrowded conditions.

Not achieved

Cells should be equipped and furnished to a decent standard.

Not achieved

Leaders and managers should use data to construct a clear picture of prisoners with protected characteristics in order to meet their needs.

Not achieved

The prison should work with NHS England and NHS Improvement to make sure there are sufficient health care staff to meet the health needs of the population, in line with national guidelines.

Achieved

All new arrivals should receive a first night health care reception screening before they are moved to the induction wing.

Not achieved

Recommendations

Emergency cell bells should be answered within five minutes.

Not achieved

Prisoners should be able to buy items from the shop within 24 hours of arrival. (Repeated recommendation)

Not achieved

The application system should allow prisoners to access services as required and not wait unnecessarily.

Partially achieved

Responses to complaints should be returned to prisoners on time and there should be a robust system to quality assure complaints against staff.

Achieved

Prisoners should have free access to discrimination incident report forms (DIRFs) and an independent method of checking responses should be introduced. (Repeated recommendation)

Achieved

The prison should provide appropriate support for prisoners who struggle to communicate in English.

Not achieved

Prisoners with limited mobility should be located in accommodation that does not limit their access to services.

Not achieved

The reception and induction wing clinic rooms should be refurbished to meet required standards for patient privacy, dignity, and infection prevention and control.

Not achieved

Patients prescribed medicines for their mental health should receive the required physical health checks in line with evidence-based practice.

Achieved

Patients sectioned under the Mental Health Act should be transferred within the transfer timescale guidelines. (Repeated recommendation)

Not achieved

Prison officers should consistently monitor and manage medication administration queues to reduce the opportunities for bullying and diversion and maintain patient confidentiality at the hatch. (Repeated recommendation)

Not achieved

Patients should have access to their medicines at the prescribed times and staff should follow up any who do not collect their medicines.

Achieved

The dental team should be able to deliver aerosol-generating procedures to allow patients to receive the full range of NHS dental treatments.

Achieved

Purposeful activity

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

At the last inspection, in 2021, outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The delivery of education, work and skills should allow for a combination of face-to-face and in-cell learning to engage more prisoners in purposeful activity, and the activities, allocations and pay policies should be aligned to motivate prisoners to work towards their long-term goals.

Not achieved

Leaders should assess, meet the need and improve the quality of provision in English for speakers of other languages.

Achieved

Recommendations

All prisoners should be offered daily time in the open air.

Not achieved

Leaders should reopen the multi-skills workshops to enable more prisoners to develop their practical skills.

Achieved

Rehabilitation and release planning

Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

At the last inspection, in 2021, outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Managers should make sure that prisoners can access the visits they are entitled to.

Achieved

Managers should assess the needs of the remand population to make sure appropriate support is provided while they are in custody and after release.

Achieved

Prisoners should have suitable and stable accommodation on their release.

Not achieved

Recommendations

Oversight of and quality assurance for the sentence management of high-risk prisoners should make sure that their sentence plans are effective and better protect the public.

Achieved

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Preparation for release

Preparation for release is understood as a core function of the prison. Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by HM Prison and Probation Service (HMPPS).

Outcomes for prisoners are good.

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

Outcomes for prisoners are reasonably good.

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant

concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for prisoners are poor.

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Our assessments might result in identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for prisoners. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Five key sources of evidence are used by inspectors: observation; prisoner and staff surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission and the General Pharmaceutical Council (GPhC). Some are also conducted with HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations*. *Criteria for assessing the treatment of and conditions for men in prisons* (Version 6, 2023) (available on our website at

<https://www.hmiprisons.justiceinspectorates.gov.uk/expectations/>). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found on our website (see Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief inspector
Sandra Fieldhouse	Team leader
Kellie Reeve	Inspector
Emma Roebuck	Inspector
Donna Ward	Inspector
Lindsay Jones	Inspector
Samantha Moses	Researcher
Helen Downham	Researcher
Alicia Grassom	Researcher
Maureen Jamieson	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Dayni Johnson	Care Quality Commission inspector
Alan Shaw	Ofsted inspector
Suzanne Horner	Ofsted inspector
Rachel Angus	Ofsted inspector
Mary Devane	Ofsted inspector
Kim Bleasdale	Ofsted inspector
Chris Booker	Ofsted inspector
Martyn Griffiths	Offender management inspector

Appendix II Glossary

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find.

Care Quality Commission (CQC)

CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>

Certified normal accommodation (CNA) and operational capacity

Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Challenge, support and intervention plan (CSIP)

Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Not everyone who is violent is case managed on CSIP. Some prisons also use the CSIP framework to support victims of violence.

Family days

Many prisons, in addition to normal visits, arrange 'family days' throughout the year. These are usually open to all prisoners who have small children, grandchildren, or other young relatives.

Key worker scheme

The key worker scheme operates across the closed male estate and is one element of the Offender Management in Custody (OMiC) model. All prison officers have a caseload of around six prisoners. The aim is to enable staff to develop constructive, motivational relationships with prisoners, which can support and encourage them to work towards positive rehabilitative goals.

Leader

In this report the term 'leader' refers to anyone with leadership or management responsibility in the prison system. We will direct our narrative at the level of leadership which has the most capacity to influence a particular outcome.

MAPPA

Multi-Agency Public Protection Arrangements: the set of arrangements through which the police, probation and prison services work together with other agencies to manage the risks posed by violent, sexual and terrorism offenders living in the community, to protect the public.

Nepacs

A charity in the north east of England which aims to support a positive future for individuals impacted by involvement in the criminal justice or care systems.

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Secure video calls

A system commissioned by HM Prison and Probation Service (HMPPS) that requires users to download an app to their phone or computer. Before a call can be booked, users must upload valid ID.

Social care package

A level of personal care to address needs identified following a social needs assessment undertaken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

Special purpose licence ROTL

Special purpose licence allows prisoners to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

Time out of cell

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

Appendix III Further resources

Some further resources that should be read alongside this report are published on the HMI Prisons website (they also appear in the printed reports distributed to the prison). For this report, these are:

Prison population profile

We request a population profile from each prison as part of the information we gather during our inspection. We have published this breakdown on our website.

Prisoner survey methodology and results

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the report on our website.

Prison staff survey

Prison staff are invited to complete a staff survey. The results are published alongside the report on our website.

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