

Report on an unannounced inspection of

HMP Durham

24 September – 5 October 2018

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HMP Durham

by HM Chief Inspector of Prisons

24 September–5 October 2018

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:





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This publication is available for download at: http://www.justiceinspectorates.gov.uk/hmiprisons/

Printed and published by:
Her Majesty's Inspectorate of Prisons
3rd floor
10 South Colonnade
Canary Wharf
London
E14 4PU
England

Contents

Introduction 5

Fact page 7

About this inspection and report 9

Summary 11

Section 1. Safety 21

Section 2. Respect 29

Section 3. Purposeful activity 43

Section 4. Rehabilitation and release planning 49

Section 5. Summary of recommendations and good practice 55

Section 6. Appendices 61

- Appendix I: Inspection team 61
- Appendix II: Progress on recommendations from the last report 63
- Appendix III: Prison population profile 71
- Appendix IV: Prisoner survey methodology and results 75

Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Introduction

HMP Durham has, since May 2017, been designated as a reception prison. At the time of the inspection there were some 900 prisoners held there, of which around 70% were either on remand or subject to recall. The prison itself dates from the early 19th century, and is located close to the centre of the city. Although the establishment was no longer designated as a local prison, it inevitably shared many of the features of other local prisons and indeed faced many of the same challenges. This was very clearly reflected in the findings of this inspection, where the prevalence of illicit drugs, a high number of self-inflicted deaths, high levels of violence and self-harm and the influx of large numbers of new staff all featured prominently.

Our overriding concern was around the lack of safety in the prison. Since the last inspection in October 2016, there had been seven self-inflicted deaths, and it was disappointing to see that the response to recommendations from the Prisons and Probation Ombudsman (PPO) had not been addressed with sufficient vigour or urgency. There had also been a further five deaths in the space of eight months where it was suspected that illicit drugs might have played a role. The ready availability of drugs in the prison was brought out in our survey. Nearly two-thirds of prisoners told us it was easy to get drugs, and 30% told us they had acquired a drug habit since coming into the prison. These were very high figures. The prison was well aware of the dangers posed by drugs and had developed a strategy to address the problem.

However, the leadership of the prison was immensely frustrated by the fact that they had no modern technology available to them to help them in their efforts to stem the flow of drugs into the prison. We were told that they had been promised some modern scanning equipment but that it had been diverted to another prison. The scale of the problem at HMP Durham and the obvious linkage to all kinds of violence were such that technological support was urgently needed.

Since the last inspection, violence in the prison had doubled and the use of force by staff had increased threefold. Some of this latter increase may have been due to new staff who were not yet confident in using de-escalation techniques. It was reassuring to see that the governance of the use of force had improved, and the measures being taken to log and analyse violence looked very promising. There were some very early signs that the level of violence was beginning to decline, but it was too early to be demonstrable as a sustainable trend or to affect our judgement that safety at HMP Durham was poor.

A further serious concern was that some 10% of the prisoners were assessed as presenting a high risk of harm to others, yet many of these were being managed by uniformed offender supervisors who had neither the training, experience nor adequate supervision to deal with this type of prisoner. The recent appointment of a senior probation officer will, we hope, reduce the risk posed by what we regarded as a significant vulnerability.

Nevertheless, there were many positive things happening at the prison. The introduction of in-cell telephony and electronic kiosks on the wings for prisoners to make applications had undoubtedly been beneficial. The disruption caused by prisoners needing to be taken to court had been reduced by the extensive use of video links. A new and more predictable regime had recently been introduced which was well received by staff and prisoners alike, increasing access to amenities such as showers and laundry on the wings. For a prison of this type, the time out of cell enjoyed by prisoners was reasonable and it was quite apparent that, despite its age, the prison was basically clean and decent. It was also good to see that the leadership of the prison clearly regarded the influx of new staff as an opportunity to make improvements and not, as we have seen in a few prisons, as an inexperienced liability.

There was no doubt that there was an extent to which HMP Durham was still going through the process of defining, refining and responding to its role as a reception prison. The very large throughput of prisoners gave rise to the risk that taking them through the necessary processes could

predominate over identifying individual needs and ensuring favourable outcomes. However, the prison was aware of this risk. The most pressing needs are to get to grips with the violence of all kinds, make the prison safer and reduce the flow of drugs. Only then will the benefits flow from the many creditable initiatives that are being implemented.

Peter Clarke CVO OBE QPM November 2018
HM Chief Inspector of Prisons

Fact page

Task of the establishment
A reception prison for adult and young adult men.

Certified normal accommodation and operational capacity[1]
Prisoners held at the time of inspection: 872
Baseline certified normal capacity: 595
In-use certified normal capacity: 996
Operational capacity: 996

Notable features from this inspection

70% of prisoners were in custody on remand or following recall.

In our survey, 66% of prisoners said they had mental health problems and more than in local prisons said they felt depressed or suicidal on arrival in custody.

47% of the population were being seen by the drug and alcohol recovery team.

On average, 118 new receptions arrived each week.

Three-quarters of the population had been at the prison for less than six months.

In our survey, nearly a third of prisoners said they had developed a drug problem at HMP Durham.

Prison status and key providers
Public

Physical health provider: G4S (primary nursing care), Spectrum (GP and pharmacy services)
Mental health provider: Tees Esk and Wear Valley NHS Foundation Trust
Substance misuse provider: G4S, Spectrum and Change, Grow, Live
Learning and skills provider: Novus
Community rehabilitation companies (CRCs): Durham Tees Valley and Northumbria CRCs
Escort contractor: GEOAmey

Prison group
Tees and Wear

Brief history
Opened in 1819 and rebuilt in 1881, Durham prison's primary role from May 2017 was as a reception prison holding adult men aged 21 and over and young adults aged 18 and over. It serves the courts of Tyneside, Teesside, Durham and Cumbria.

[1] 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.

Short description of residential units
A, B, C and D wings – general population
E wing – first night and induction unit
F wing – vulnerable prisoner unit
I wing – integrated support unit (17 beds) for those with significant mental health problems
G wing – segregation unit and a hospital unit of six beds.

Name of governor and date in post
Philip Husband – August 2018

Independent Monitoring Board chair
John Davidson

Date of last inspection
3–14 October 2016

About this inspection and report

A1 Her Majesty's 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, police and court custody and military detention.

A2 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.

A3 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. 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.
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 into the community.

A4 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 Her Majesty's 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.

A5 Our assessments might result in one of the following:

- **recommendations**: will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections

- **examples of good practice**: impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.

A6 Five key sources of evidence are used by inspectors: observation; prisoner 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.

A7 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

A9 This explanation of our approach is followed by a summary of our inspection findings 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 5, 2017)*.[2] The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

A10 Details of the inspection team and the prison population profile can be found in the appendices.

A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.[3]

[2] https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/

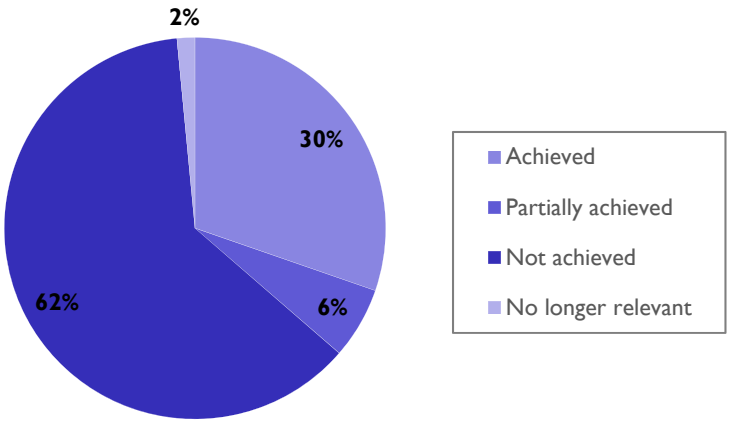
[3] The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

S1 We last inspected HMP Durham in 2016 and made 66 recommendations overall. The prison fully accepted 48 of the recommendations and partially (or subject to resources) accepted 11. It rejected seven of the recommendations.

S2 At this follow up inspection we found that the prison had achieved 20 of those recommendations, partially achieved four recommendations and not achieved 41 recommendations. One recommendation was no longer relevant.

Figure 1: HMP Durham progress on recommendations from last inspection (n=66)



S3 Since our last inspection outcomes for prisoners stayed the same in the Purposeful activity and Rehabilitation and release planning healthy prison areas. Outcomes for prisoners declined in the healthy prison area of Safety and were now poor. Outcomes improved in the healthy prison area of Respect and were now reasonably good.

Figure 2: HMP Durham healthy prison outcomes 2016 and 2018[4]



[4] Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

Safety

S4 *Many new prisoners arrived with complex issues and problems, but initial risk assessments were inadequate. Improvements had been made to most vulnerable prisoners' experience during their early days at the prison. Too many prisoners felt unsafe. Levels of violence had increased significantly and were high. Safety was undermined by the widespread availability of illicit substances and the prison lacked sophisticated drug detection tools. Much action intended to manage violence had not been embedded or was ineffective. Segregation was managed reasonably well. The large number of self-inflicted deaths and a cluster of suspected drug-related deaths were of great concern. Assessment, care in custody and teamwork (ACCT) case management records for prisoners at risk of suicide or self-harm remained very poor in too many cases and the prison did not pay sufficient attention to the implementation of Prisons and Probation Ombudsman (PPO) recommendations.* ***Outcomes for prisoners were poor against this healthy prison test.***

S5 *At the last inspection in 2016 we found that outcomes for prisoners in HMP Durham were not sufficiently good against this healthy prison test. We made 16 recommendations in the area of safety.[5] At this inspection we found that four of the recommendations had been achieved, two had been partially achieved and 10 had not been achieved.*

S6 Seventy per cent of men were on remand or had been recalled and during the inspection, over 70% had been at the prison for less than three months. The reception area was very busy and although it was functional, more could have been done to provide a welcoming and supportive experience. Long waits in reception persisted, but 73% of prisoners said they were treated well. Many prisoners arrived with a complex mix of problems. In our survey, two thirds said they had mental health problems and more than in local prisons said they felt depressed or suicidal. Prisoners' health needs were screened on arrival and an individual's risk of self-harm was explored. However, first night prison staff did not carry out a safety interview to gather essential information about their vulnerabilities and potential risks. There were no systematic additional overnight checks on newly arrived prisoners located on the wings or on those returning from court whose circumstances might have changed.

S7 Vulnerable prisoners were now located in a large dedicated unit, an improvement since our last inspection; however, the lack of spaces sometimes meant some new arrivals were still accommodated alongside mainstream prisoners. The induction programme was not effective, and many prisoners did not know what to expect during their early days. The new court video link facility was used extensively.

S8 Levels of violence had doubled since the last inspection and were high. Too many prisoners said they had been physically assaulted by other prisoners. A third of prisoners said they felt unsafe at the time of our inspection, but the vulnerable prisoners we spoke to were more positive. Additional resources had been allocated to the safer custody team for conflict resolution and restorative justice, which was promising. However, staff relied too much on the team to investigate and manage incidents. Arrangements for managing poor behaviour and supporting victims were new and had not been embedded. Safety intervention meetings, although new, helped direct work with perpetrators and victims of violence. The incentives and earned privileges (IEP) scheme was administered appropriately, but had very little positive impact on behaviour.

[5] This included recommendations about substance use treatment, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison area of respect.

S9 The number of adjudications was very high and there was a significant backlog, which undermined effective behaviour management. Some charges could have been dealt with more effectively using the IEP scheme.

S10 The number of incidents involving force had trebled since the last inspection. Governance had improved and the electronic log and tracking systems were excellent. However, insufficient data analysis took place affecting the prison's ability to identify themes and trends. There was a lack of clear evidence showing that de-escalation techniques were employed and we were not confident that the use of batons was justified in all cases. Special accommodation was used more often – almost double the level we found in 2016. We were not convinced that its use was always justified.

S11 Although the segregation unit was used more frequently than we usually see, stays were reasonably short. Living conditions in the segregation unit were generally good, but the showers were in a poor state of repair, and the regime was too limited. Relationships between staff and prisoners were very good and planning for prisoners' return to the mainstream prison was effective.

S12 Safety was seriously undermined by prisoners' easy access to illicit drugs and almost one in three prisoners said they had developed a drug problem since they had been at the prison. The number of suspected drug-related deaths was also extremely worrying. During our inspection, one death had been confirmed as drug-related and another four were suspected to have been drug-related. All five deaths had occurred in the previous eight months. The prison's approach to reducing the drug supply was well thought out, but action taken was undermined by the lack of up-to-date drug detection equipment. Security-led meetings were well attended, and links between the security and the violence reduction teams were very good. There were also excellent links with the police. The flow of intelligence was good and systems for processing and analysing data were robust.

S13 There had been seven self-inflicted deaths in the previous two years, which was high. The number of self-harm incidents in the past six months was also very high at 357. The prison's analysis of trends and themes was underdeveloped and oversight of the implementation of PPO recommendations was not sufficiently prioritised. ACCT case management records were very poor in too many cases, including where ACCTs had been closed too soon, which meant core risk issues were not being addressed. Prisoners had a reasonably positive perception of the support they received when they were in crisis. A safeguarding policy was in place and there were links with the local safeguarding adults board. However, many wing staff were unfamiliar with safeguarding principles.

Respect

S14 *Prisoners' perceptions of the way staff treated them were mixed and a few negative interactions we witnessed undermined the positive work of many others. Significant overcrowding persisted. Most wings were clean and outside areas were well maintained. Access to some basic provision had improved and was supported by the new kiosks and in-cell phones. The peer worker role was valuable, but safeguards were not in place to ensure the work they did was appropriate. Consultation was too limited. The applications process had improved, but complaints were not addressed effectively. Equality and diversity work remained weak. Health care was good and 1 wing was excellent.* ***Outcomes for prisoners were reasonably good against this healthy prison test.***

S15 *At the last inspection in 2016 we found that outcomes for prisoners in HMP Durham were not sufficiently good against this healthy prison test. We made 28 recommendations in the area of respect. At this inspection we found that nine of the recommendations had been achieved, two had been partially achieved and 17 had not been achieved.*

S16 Prisoners' perceptions of staff's attitudes were mixed – in our survey, 60% of prisoners said staff treated them with respect but younger prisoners were less positive. We generally saw staff interacting reasonably well with prisoners on the wings, but on a few occasions, we saw them failing to challenge poor behaviour or being disrespectful towards prisoners. A large number of new staff lacked experience, but those we spoke to felt colleagues supported them. Peer workers continued to provide prisoners with a positive and supportive source of help but we were concerned that in a number of cases they undertook some work that should have been done by staff and had access to some private information. The keyworker scheme was being implemented and early signs on F wing were promising.

S17 The level of overcrowding continued to be high and over 80% of cells designed for one held two people. Most outside areas were well maintained, but wings were not consistently clean. Wing kiosks and in-cell phones had been introduced since our last inspection, which was positive. However, many cells remained cramped and much furniture was in poor condition. Efforts had been made to improve some of the living conditions, which included painting and refurbishing residential units, screening toilets and upgrading showers. Shortages of clothing and cleaning material had been largely resolved, and the laundry facilities on wings were good. Cell bell response times were not monitored.

S18 The food was adequate, although only a quarter in our survey said it was good. Meals were served at more appropriate times than at the last inspection. Kitchen staff overcame a range of difficulties to provide a varied diet, including hot food at lunchtime. Purchasing arrangements were effective, but there was insufficient provision to cover the period before prisoners could receive their first full order.

S19 Prisoner consultation was limited to prisoner information desk workers, but few prisoners were aware of these arrangements. Despite negative survey results, most applications could now be submitted electronically and only 22 were outstanding. Although responses to complaints were quality assured, we found a number that lacked sufficient enquiry and detail and did not address the underlying issues raised. About two thirds of the population were on remand, but there was no formal bail information service.

S20 Limited progress had been made in addressing the weaknesses previously identified in equality and diversity and the prison continued to make slow progress in this area. However, some additional resources had been deployed to address problems. Equality action team meetings took place regularly but attendance was inconsistent. Data were limited and too

little analysis took place, which made it difficult to identify anomalies or establish an action plan. Consultation arrangements for individuals from minority groups were mostly poor and there was no reliable way for these prisoners to express their views. Prisoners did not have free access to discrimination incident reporting forms (DIRFs) and only 19 had been submitted over the previous six months. Although responses to DIRFs had improved, they lacked consistency and were not independently scrutinised.

S21 Formal support for foreign national, gay or bisexual prisoners and those from a black and minority ethnic background was either non-existent or very limited. Prisoners identified as requiring social care input were well catered for. Individuals with a physical disability could describe their needs by completing a survey, uptake was relatively good and there was evidence that matters they raised received a constructive response. However, in our survey, 43% said they did not feel safe at the time of the inspection, higher than those without a disability. Staff were not aware of emergency evacuation procedures. Effective work had been carried out with a small number of transgender prisoners earlier in the year. The transgender prisoner being held said she was treated well. Attempts to involve younger prisoners in consultations had not been successful. Some older prisoners could participate in regular focus groups and as a result, some of them were receiving support.

S22 Prisoners had good access to religious services and their spiritual needs were met well. Chaplains carried out a wide range of pastoral work, were well integrated into key areas of the prison and played an effective role.

S23 Governance of health care services remained a complex task owing to the number of providers. Despite the high throughput of prisoners, they all had easy access to a good range of primary care services, and waiting lists were acceptable. The inpatient unit was well-led and delivered a more enhanced regime for patients than at our last inspection. Effective arrangements were in place for those requiring social care and the prison had good links with local social services.

S24 There was a significant demand for mental health care, but the integrated mental health team delivered an appropriate range of accessible and responsive services that focused on keeping patients safe. I wing, a unique facility, provided an excellent level of support for prisoners with significant mental ill-health.

S25 Clinical and psychosocial substance use support services worked well together. First night prescribing introduced during our inspection was a welcome development. Appropriate monitoring arrangements were in place to support prisoners receiving clinical treatment for drug and alcohol dependence. Two hundred and nineteen prisoners were prescribed methadone. Nearly half the population were receiving non-clinical services, which consisted of a range of interventions. The drug and alcohol recovery team was not always aware of all drug-related incidents on the wings, making it difficult for them to provide timely support.

S26 Medication management was reasonable, although prison staff were not always available to supervise queues, which increased the potential for diversion and did not ensure confidentiality at the hatch. Dental services were good.

Purposeful activity

S27 *A new core day had been introduced during the inspection period. This halved the number of people associating on wings at any one time, giving better access to some amenities. Relatively few men were locked up during the core day. Access to the library and gym was good. Learning and skills provision had been redesigned to meet the needs of a reception prison and was now based on a non-qualification-based framework. Systems for measuring progress had not been embedded and quality assurance arrangements required improvement. Teaching, learning and assessment also required improvement. Behaviour during activities was generally good and attendance had improved in some areas but punctuality remained an area for improvement. Data on prisoners' achievements was not reliable.* ***Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S28 *At the last inspection in 2016 we found that outcomes for prisoners in Durham were not sufficiently good against this healthy prison test. We made 10 recommendations in the area of purposeful activity. At this inspection we found that five of the recommendations had been achieved and five had not been achieved.*

S29 More prisoners had regular access to association and exercise than we find in many local prisons. A new core day had been introduced during the inspection period. This halved the number of people associating on wings at any one time, giving better access to some amenities. We found 17% locked up during the core day, which was relatively low. Most prisoners were out of their cell for over six hours during the week but only two and a half hours at weekends. Those on E wing (the first night wing) had the worst experience and spent far too long locked up.

S30 The library was pleasant and well used. Data and survey information were analysed and used to improve services, but the scope for literacy support work was very limited. The two gyms were largely given over to exercise machines and weights, although some sport took place on the small artificial turf pitch. Prisoners had sufficient access and the programme was suitable for recreational use.

S31 Leaders and managers had in a short space of time redesigned the curriculum to meet the prison's new reception focus. They had developed a non-qualification-based framework and worked well with other managers within the prison group to develop work-based academies that offered prisoners a clear pathway so they could progress to employment. However, the system for measuring prisoners' progress was not embedded across all areas of activity. In prison industries and work, systems for recording progress had not been implemented. Too few prisoners used their employment and training portfolios to record their progress. Quality assurance arrangements, such as audits and observations of teaching, learning and assessment, did not ensure that teachers or instructors set or reviewed targets that captured prisoners' progress.

S32 Too often targets were written in inaccessible language, which meant too many prisoners could not recall what their targets were or how they would achieve them. Very few prisoners had realistic plans or aspirations for their futures recorded in their portfolios or individual learning plans, impeding teachers' and instructors' ability to measure and record progress. Too many tutors and instructors did not plan their sessions well enough to meet prisoners' individual needs and abilities. As a result, prisoners in too many sessions did not make the progress they were capable of.

S33 Behaviour was good in education, training, work and on the wings. Attendance rates had improved since the previous inspection. However, punctuality required improvement.

S34 Data on prisoners' achievements were not reliable. The achievement rates of the small number of prisoners taking level 2 English qualifications remained low. In the industries, standards of work were high and met the demands of commercial contracts.

Rehabilitation and release planning

S35 *Work to promote contact with children and families remained good and there was an appropriate focus on regular visits. Offender management was too variable and prison officer offender supervisors lacked training in managing high risk cases. Overall public protection arrangements remained robust but risk management release planning, especially in high-risk cases, was inconsistent. Categorisation decisions could be justified. Individual progression was not always a high enough priority and some prisoners stayed at Durham too long without being able to demonstrate a reduction in their risks. The work of the community rehabilitation companies (CRCs) had improved, but records did not show clearly how many left the prison without sustainable accommodation.* ***Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S36 At the last inspection in 2016 we found that outcomes for prisoners in Durham were not sufficiently good against this healthy prison test. We made 12 recommendations in the area of resettlement.[6] At this inspection we found that two of the recommendations had been achieved, nine had not been achieved and one was no longer relevant.

S37 The visitors' centre was welcoming and continued to provide visitors with useful support and information. Visitors we spoke to were generally positive about their experiences, but we received complaints about longstanding difficulties with the booking system and sessions not starting on time. A wide range of options was still available to help prisoners maintain contact with their families, such as a homework club and father and child visits. The number of specialist family visits had increased to reflect the population's needs and, subject to risk assessment, were open to all men. The family support worker continued to work with men who were having difficulties maintaining constructive family relationships. Wide use was made of the Email a Prisoner scheme, which dealt with over 100 messages a day.

S38 Just over 10% of the population presented a high risk of harm to others and 38% of those with sentences of over 12 months were in this category. Although there was a reducing reoffending policy, it was not detailed enough and was not based on a comprehensive analysis of needs, despite the diverse population. Strategic meetings were well attended and the weekly partnership meeting was positive. Very good progress had been made to integrate the work of the CRCs and offender management unit (OMU) and their colocation had greatly improved communication and collaborative working. The revised prison estate model meant that offender assessment system (OASys) reports were mainly completed at training prisons rather than at HMP Durham. Many of the prisoners assessed as presenting a high or very high risk of harm were managed by prison officer offender supervisors who had little training or formal supervision. Probation officers in the OMU had good contact with prisoners, but prison officer offender supervisors' contact was too often insufficient.

S39 Public protection processes continued to be robust and reviews of restrictions were undertaken regularly. Staff did not focus sufficiently on identifying the multi-agency public protection arrangement management level prior to release to ensure the prisoner was involved in risk management release planning. The scope of the inter-departmental risk management team was too limited. There was no formal mechanism for overseeing the case

[6] This included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.

management of high risk of harm prisoners, particularly those coming up for release. Pre-release planning undertaken by the OMU was too variable.

S40 Initial categorisation and review processes were sufficient and up to date. A more flexible and responsive assessment had been introduced so prisoners could be moved to a prison with the lowest appropriate security category. Despite the reception function of Durham, a significant number of category B prisoners and those convicted of sex offences had been held at the prison for too long. Staff did not pay enough attention to addressing their offending behaviour or promoting their progression.

S41 There were no accredited offending behaviour programmes because Durham was a reception prison, but a portfolio of one-to-one material for offending behaviour work had been developed to address possible needs. Cases that required further resettlement interventions were referred to Shelter and The Wise Group (the CRCs' partner agencies). They worked well with prisoners, supporting them and helping them to access housing assistance. The number of prisoners released homeless or without sustainable accommodation was not monitored well enough, however, making it impossible to assess how effective the provision was. Jobcentre Plus provided a good service. Credit union accounts could be opened and there was some evidence of prisoners receiving basic help with debts.

S42 The CRCs undertook resettlement assessments and drew up about 400 plans each month, which was very high, but the plans were good. Approximately 100 prisoners a month were released directly from HMP Durham and most of the cases we reviewed had appropriate and timely resettlement plans for release.

Main concerns and recommendations

S43 Concern: The prison did not focus sufficiently on identifying prisoners' immediate vulnerabilities, needs or risks during the reception and first night process. Staff did not routinely undertake additional overnight checks on new arrivals on the first night wing.

Recommendation: **Reception and first night processes should include a thorough assessment of prisoners' immediate vulnerabilities, needs and risks through a private interview with custodial staff to ensure appropriate support is offered.**

Recommendation: Additional night time checks should be undertaken for all new arrivals.

S44 Concern: Safety was significantly undermined by the widespread availability of illicit substances. Much of the violence and other problems within the prison were linked to drug use and nearly a third of prisoners said they had developed a drug problem since being at the prison. Efforts to reduce the supply of drugs were hindered by the lack of sophisticated drug detection tools.

Recommendation: Safety should be improved by reducing the supply of illicit drugs. This should include the introduction and use of more sophisticated drug detection equipment.

S45 Concern: There had been seven self-inflicted deaths since our last inspection and five suspected drug-related deaths over the previous eight months. The prison did not focus sufficiently on implementing PPO recommendations and ACCT case management was far too poor in many of the cases we reviewed.

Recommendation: **The management of prisoners at risk of suicide or self-harm should be given a high priority. There should be a comprehensive action plan covering PPO recommendations that is regularly reviewed to ensure they continue to be implemented effectively. ACCTs should be consistently good and ensure that individual prisoners receive appropriate care and support.**

S46 Concern: Just over 10% of the population, and 38% of those sentenced to more than 12 months, presented a high risk of harm to others. Offender management of these prisoners, particularly those due to be released, was too variable and prison officer offender supervisors had little training. There was too little management oversight in these cases and risk management release planning was variable.

Recommendation: Offender management of prisoners presenting high risk of harm to others should be improved, and should include adequate training for offender supervisors. High risk cases due for release should receive better management oversight from within the prison, and release planning with the community-based offender manager should be consistently good.

Section 1. 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.

1.1 Journey times for most prisoners were short. Escort vehicles were clean, but they did not have food on board. Escort staff we observed were polite and respectful to prisoners; they were aware of risk factors and knew how to manage them.

1.2 Prisoners were not routinely handcuffed between the escort van and reception. All prisoners were routinely strip-searched in reception both on arrival and on discharge or transfer (however, see paragraph 1.37). The new video link facility was good and used extensively – we were told that in the previous year it had been used 7,500 times.

1.3 Seventy per cent of prisoners were on remand or had been recalled and over 70% had been at the prison for less than three months. The reception area was very busy and about 118 new prisoners arrived each week and a large number of other prisoners were transferred or going to or returning from court. The reception area was functional, but holding rooms were sparse and did not have any information for prisoners.

1.4 In our survey, 26% of prisoners said they were in reception for less than two hours which was significantly lower than at the last inspection. During our inspection, prisoners we observed spent an average of 2 hours and 45 minutes in reception before being moved to the first night unit, which was too long. However, in our survey 73% of prisoners said that they were treated well in reception.

1.5 While they were in reception, staff obtained personal information from prisoners, such as next of kin, at an open desk within earshot of other prisoners and staff. However, the initial section of the cell-sharing risk assessment was completed in a private interview room.

1.6 Prisoners were seen in reception by a member of the health care team, where interviews included an exploration of any risks of self-harm (see also paragraph 2.61). In our survey, almost a third (31%) of prisoners told us that when they arrived at Durham they had problems with feeling suicidal and 62% said they felt depressed, which was higher than the comparators (18% and 48% respectively). Two-thirds said they had mental health problems (see also paragraph 2.77). Given this high level of need and the prison's reception function, it was a concern that the prison did not routinely conduct private safety interviews so that relevant information about vulnerabilities and risks could be gathered and immediate needs addressed. (See main recommendation S43.)

1.7 Vulnerable prisoners were now accommodated in a dedicated first night unit, which was a better arrangement than at our last inspection when they were accommodated with mainstream prisoners on their first night. However, the lack of spaces on the dedicated vulnerable prisoners wing meant some were still inappropriately located with mainstream prisoners on E wing (see paragraph 1.16).

1.8 No additional first night safety checks were carried out for newly arrived prisoners located on the first night wing. There were also no additional checks on prisoners returning from court whose circumstances might have changed substantially. (See main recommendation S43.)

1.9 The induction programme was delivered on the next working day after arrival. Enthusiastic peer workers gave a presentation, but too much information was crammed into a short time and those who had had no experience of prison might have found it confusing. Prisoners in their early days spent too long locked in their cells with little purposeful activity (see paragraph 3.3 and recommendation 3.6).

Recommendation

1.10 The induction programme should be clear, concise and relevant, providing all prisoners, including those who have never been in custody, with enough information to be able to access all services and regime activities.

Managing 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

1.11 Too many prisoners said they felt unsafe. In our survey, a third (33%) said that they felt unsafe at the time of the inspection, 30% that they had been physically assaulted and 45% that they had suffered verbal abuse from other prisoners.

1.12 The number of violent incidents had doubled since the last inspection and was too high. In the previous six months, the prison reported that there had been about 258 violent incidents, some of which were serious and involved weapons. Of these, 37 were assaults on staff, 145 were assaults on prisoners and about 66 were classified as fights. Many incidents were related to illicit drug use (see also paragraphs 1.40, 1.41 and 1.42 and main recommendation S44).

1.13 Data on violence were recorded and analysed well so that patterns and trends could be identified. Links between the security and safer custody (including violence reduction) departments were good. More resources had been allocated to safer custody work; initiatives on conflict resolution and restorative justice victim awareness and mediation work looked promising.

1.14 A casework approach to managing and changing poor behaviour and helping vulnerable people through support and intervention plans had been introduced but was not embedded in practice. Referrals for 'challenge support and interventions plans' (CSIP) were made through the safer custody team following an investigation of a violent incident. However, many officers and some managers did not know about the CSIP procedure. As a consequence, staff relied too much on the prison's safer custody team to manage day-to-day matters relating to violence and to investigate incidents.

1.15 Well-attended multidisciplinary weekly safety intervention meetings (SIMs) helped direct and monitor staff's work with perpetrators, victims of violence and the more vulnerable. Although promising, it was a new initiative – the team had only met twice – and some staff we spoke to were unaware of the SIM.

1.16 Most vulnerable prisoners were separated from mainstream prisoners and were accommodated on F wing. Those we spoke to said staff on F wing looked after them well and, in our survey, significantly more than in local prisons said a member of staff had spoken to them during the last week to see how they were getting on.

1.17 The incentives and earned privileges (IEP) scheme had been reviewed. However, only 39% of prisoners said it motivated them, and 36% said it was fair. Those on F wing, who generally stayed longer at Durham, were much more positive about the scheme. For most others who stayed for a short time, the system had little relevance because it was designed for managing behaviour over the period of a custodial sentence. Those on the enhanced level had no significant privileges above the statutory minimum. The system was focused on the deterrent effect of the basic regime, which meant it was essentially punitive.

Recommendation

1.18 The casework approach to managing and changing poor behaviour and assisting vulnerable prisoners through support and intervention plans should be embedded in practice.

Adjudications

1.19 The number of adjudications was very high – 2187 in the previous six months – which was significantly higher than at our last inspection. Most charges related to violence and drug-related activity but a large number could have been dealt with through other mechanisms, such as the IEP scheme.

1.20 There had been a backlog of adjourned adjudications and we found examples where cases had not been heard or reviewed because prisoners had been released or transferred. We also found a significant number that did not proceed because timescales had not been met.

1.21 Monthly statistics on the number and nature of adjudications were presented at segregation management meetings, but there was little evidence of data being analysed or used to identify and address trends.

Recommendation

1.22 Data on adjudications should be routinely analysed to identify emerging patterns; trends should be investigated and action taken to address them.

Use of force

1.23 Use of force had trebled since the previous inspection and was very high. There had been nearly 465 incidents involving force during the previous six months compared with 189 at the previous inspection. Most incidents were spontaneous and responded to fights or assaults and many involved full control and restraint techniques.

1.24 Although management and monitoring of use of force had improved since the last inspection, and the new electronic log and tracking system was an excellent development, there remained some serious gaps in governance. A use of force review committee, led by the deputy governor, met every week to oversee processes. Although the committee checked samples of paperwork and examined video records of incidents, where available, we saw video evidence showing that de-escalation was not always used effectively and we were not convinced that force was always used as a last resort. We were not confident that managers had identified or acted on all incidents requiring further investigation, such as those in which staff had drawn and used batons, sometimes in ways that were not clearly justified in the records.

1.25 Although body-worn cameras were often worn by officers during incidents, the quality of the recordings we reviewed tended to be poor and did not always show what was happening during the incident. There was not enough analysis of data to identify patterns and trends over time.

1.26 The completed paperwork we examined was mixed. Although some had been completed correctly, too many officers' accounts did not demonstrate that de-escalation had been used effectively. There were unacceptable delays in the completion of use of force reports and during the inspection over 300 officers' reports were missing.

1.27 Special accommodation had been used 20 times in the previous six months and was nearly double the number we reported in 2016. Authorisation forms we examined still did not adequately assure us that its use was always justified. For example, there was at least one case where special accommodation was used without sufficient justification for a prisoner at serious risk of self-harm (see paragraph 1.45).

Recommendation

1.28 The governance of and accountability for the use of force, including special accommodation and all interventions should be improved.

Segregation

1.29 Living conditions in the segregation unit were reasonably good. Communal areas were clean, except for the shower room on the ground floor which was dirty and in a poor state of repair. Most cells were clean and well-furnished.

1.30 The use of segregation was broadly similar to the last inspection in 2016 but remained higher than usual for a local prison. In the six months prior to the inspection there had been 377 separate cases compared with 389 in 2016.

1.31 Lengths of stay, however, were usually shorter than we often find – an average of about four days – although there were some notable exceptions when stays were significantly longer. More prisoners than we usually see were segregated for relatively short periods of an hour or two following violent incidents and returned to their residential unit as soon as it was safe to do so, which was a positive approach to use.

1.32 During the inspection, 12 prisoners were in the segregation unit, seven of whom were held for good order and discipline reasons and five awaiting adjudication. Reviews for prisoners segregated for reasons of good order and discipline were timely, and multidisciplinary meetings appeared focused on the welfare of individuals. Planning for their return to the normal location was effective and most returned to their residential wings. Governance of

segregation was good. A local segregation policy had been published and a segregation monitoring and review group met every month to review cases.

1.33 Relationships between segregation staff and prisoners in the unit were very good and day-to-day interactions we observed were positive and supportive.

1.34 However, the regime was poor and, at most, prisoners could have a shower, make a phone call and take an hour's exercise every day. Men's isolation was exacerbated by the fact that, regardless of the reason for their segregation, they had little access to education, in-cell work or the gym.

Recommendation

1.35 Prisoners in the segregation unit should have a constructive daily regime and be able to participate in some purposeful activity.

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.

1.36 We found no obvious weaknesses in the prison's perimeter walls and fences. Regular checks and routine searches of the perimeter took place at appropriate times during the day, along with adequate searches of communal areas and activities buildings.

1.37 Principal elements of dynamic security were in place and the management and use of intelligence were very good. The flow of information into the security department was also good. Information reports were processed promptly and led to swift action. Searching, including cell searches, was driven by intelligence (apart from when prisoners were routinely strip-searched when they arrived at and left the prison – see paragraph 1.2) and was productive, detecting a sizable number of prohibited articles. The introduction of a dedicated search team was proving effective and meant the prison could conduct intelligence-led target searching and suspicion drug tests promptly. A full staff briefing was held every morning to communicate security information.

1.38 Security risk assessments and subsequent management systems we reviewed were sound and included information about prisoners' custodial behaviour as well as historic data. We saw no evidence to suggest that the prison was risk averse when it came to allocating activity spaces, although there were some rational restrictions in higher risk areas.

1.39 Security-led meetings were very well attended and examined a wide range of data. Security objectives and priorities were based on intelligence and reflected the key risks to prison security. Links with the police were good. The prison's management of members of organised criminal networks and the identification and management of gangs was good. Work to tackle staff corruption was also good.

1.40 The use of illicit drugs was a major problem. In our survey, nearly two-thirds of respondents (63%) said it was easy to get drugs, and almost one in three said they had developed a drug problem while at the prison. The average mandatory drug testing positive rate in the year up to the inspection was high at about 30%.

1.41 The number of suspected drug-related deaths was extremely worrying. During the inspection, one of five deaths in the prison had been confirmed as having been drug-related and the other four, although yet to be confirmed, were suspected to have been drug-related. All five deaths had occurred in the previous eight months. (See also paragraphs 1.43 and 1.48.)

1.42 The security department and substance misuse services worked well together to address alcohol and drugs issues. Although very new, relevant drug reduction strategies were in place, including policies for reducing the use of psychoactive substances (see section on substance use treatment). There was a wide-ranging supply reduction action plan, which was reviewed at new drug strategy meetings. The approach to drug supply reduction was well thought out, but the action taken was seriously undermined by the prison's lack of up-to-date drug detection equipment, which was a significant weakness. (See main recommendation S44.)

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

1.43 There had been 12 deaths in custody since the last inspection, seven of which had been confirmed as self-inflicted (see also paragraph 1.41). The implementation of recommendations from Prisons and Probation Ombudsman (PPO) investigation reports had not been addressed in full nor was the progress against each one being monitored over time. There was an overarching action plan for PPO recommendations, but it was not up to date and those attending the monthly safer prisons meeting did not routinely discuss it. (See main recommendation S45.)

1.44 The number of self-harm incidents was very high. There had been 357 acts of self-harm in the previous six months, much higher than at the last inspection (94 incidents over six months), and higher than we normally see in local prisons.

1.45 In the six months before the inspection, 766 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had been opened. This was higher than at local prisons and higher than at our last inspection (386 ACCTs were opened in the six months before our last inspection). Completed ACCT documentation was poor. Initial assessments were generally adequate and there was more continuity when it came to allocating case managers. However, handovers were rarely documented, care mapping was inadequate and case reviews were not always multidisciplinary. Most officers' recorded observations lacked detail and evidence of meaningful interaction with prisoners and case reviews did not always address the issues raised. Some ACCTs were closed too soon, without the issues having been addressed. For example, in one ACCT document, an officer had made an entry at 2pm stating that the prisoner was low in mood, but it was not explored at the case review three hours later, yet the ACCT was closed. In another case, a prisoner was placed into special accommodation while on an ACCT – a review was not carried out until the next day and there was no evidence that alternative options had been considered. We were not satisfied that due consideration had been given to the individual circumstances of the prisoner. We were also

concerned in this case that special accommodation might have been used as a punitive measure. (See also paragraph 1.27 as well as main recommendation S45.)

1.46 The quality assurance procedure for monitoring ACCT documentation was inadequate and managers did not carry out sufficient checks.

1.47 The Listener scheme, which supported those feeling low or at risk of self-harm or suicide, worked well. Listeners were positive about their role in the prison and about the support they received from the Samaritans.

1.48 The strategic approach to reducing self-harm required improvement. Monitoring and analysis were underdeveloped. Data were collated and produced for the safer custody meeting, but the minutes did not reflect any discussion. The establishment did not sufficiently consider the unique factors at HMP Durham that might have caused an increase in self-harm, such as the high prevalence of drugs (see paragraphs 1.40, 1.41 and 1.42 and main recommendation S44), problems during prisoners' early days at the prison and the large number of men with mental health problems (see paragraphs 1.6 and 1.8). Despite the weaknesses in ACCT processes, most prisoners we spoke to who were on an ACCT appreciated the support they received.

Recommendations

1.49 Prisoners on an ACCT should only be located in the segregation unit or in special accommodation as a last resort and when there are exceptional circumstances, which should be recorded clearly.

1.50 The prison should have a coherent strategy to reduce self-harm, informed by the specific characteristics of the population at HMP Durham. It should include a meaningful analysis of data and an action plan.

Protection of adults at risk[7]

1.51 The prison's safeguarding adults policy was adequate and there were links with the local safeguarding adults board, but no referrals had been made. A man on remand was described in meeting minutes as vulnerable due to mental health issues and the risks others might pose to him, but he had not been referred to the local safeguarding adults board. His remand status meant he could have been released at any time without the local authority having been aware of the need for an assessment of any potential safeguarding needs. Many staff were unfamiliar with safeguarding and associated procedures.

Recommendation

1.52 All staff should be trained in safeguarding procedures and be aware of their responsibilities.

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[7] 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).

Section 2. 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.

2.1 In our survey, 60% of prisoners said that staff treated them with respect, and almost two-thirds that there was a member of staff they could turn to if they had a problem. Those under the age of 25 were less likely to say they were treated with respect or that there was someone they could turn to than their older counterparts. In general, we saw staff engaging courteously and constructively with prisoners on the wing. However, in some situations officers did not challenge unacceptable behaviour, such as when prisoners were rude to other staff, and on other occasions staff spoke to prisoners abruptly or even rudely.

2.2 Many staff were new to the job – they said they appreciated the mentoring and support they received from more experienced colleagues. Prisoner information desk (PID) workers had a considerable amount of responsibility. These peer supporters handled many aspects of everyday life, including induction and helping with the range of services available through the electronic kiosks (wall-mounted IT terminals). They also represented the population during consultations. However, on one wing we found that PID workers were managing the distribution of shop orders and had of a full list of prisoners and their location in the prison, which was wholly inappropriate. There were risks inherent in the amount of power vested in these individuals and their ability to access information about fellow prisoners.

2.3 Overall, the personal officer scheme was not working well and only 45% said they had a personal officer. The wing for vulnerable prisoners was the exception. The Offender Management in Custody model (a national programme that allocates a keyworker to each prisoner to support progress through their sentence) had been implemented and was working well on the wing. The keyworker function was introduced on one other wing during the inspection, and was to be introduced across all wings within the following two months.

Recommendations

2.4 Staff's interactions with prisoners should be monitored and feedback should be offered to ensure they respond confidently and immediately to poor behaviour.

2.5 PID workers should be monitored and supervised to ensure they do not undertake work that staff should be doing or have access to personal information about other 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

2.6 Durham was very overcrowded and over 80% of cells originally designed for one person held two. Most cells were cramped, furniture was often in poor condition and there were no lockable cabinets. Flooring was in poor condition on three wings, and impossible to keep clean. However, the overall living environment was well maintained, and prisoners were not generally unhappy with the conditions. Windows had been replaced throughout the residential units and essential repairs were carried out promptly. The communal areas in the first night and induction units were in good condition, and planting in several of the outside areas was imaginative and attractive.

2.7 A continuous programme of painting, which prisoners carried out, ensured that graffiti was kept to a minimum. A considerable amount of refurbishment had taken place, especially of the shower rooms which, despite poor ventilation and peeling ceilings, were kept in reasonable condition. Toilet screens were also reinstated. In-cell phones had been introduced throughout the wings and staff and prisoners welcomed them. Prisoners made good use of the electronic kiosks (see paragraph 2.2) to gain access to a wide range of everyday amenities.

2.8 Shortages of clothing and cell cleaning materials had been resolved, and during the inspection there was an adequate supply. Laundry facilities were good and all wings had industrial-grade washing machines.

2.9 We were not confident that cell call bells were answered promptly – records, which managers did not monitor, could only be produced for three wings, showed delays of up to 39 minutes, although in our sample, those on the induction wing were answered within five minutes in almost all cases.

Recommendations

2.10 **Cells should be decorated and equipped to a good standard and provide a decent environment with sufficient space for the prisoners accommodated there.** (Repeated recommendation 2.11)

2.11 **Regular checks should be made to ensure that cell call bells are answered within five minutes.**

Residential services

2.12 Only a quarter of survey respondents said the food was good or very good. However, we found that the food was adequate and sufficiently varied. Kitchen staff regularly visited the wings to listen to prisoners' opinions personally or obtain them in writing.

2.13 The main meal was served in the evening, but lunch also contained a hot item such a soup, pasties or baked potatoes. Under the new prison timetable, meals were generally served at appropriate times of the day, although breakfast continued to be handed out on the day before it was to be eaten.

2.14 The catering team faced several challenges, including the dilapidated floor, cooking equipment that was not working and the lack of a reserve freezer.

2.15 The weekly shop system worked well. PID workers were responsible for handling orders on one wing, which was not appropriate (see paragraph 2.2). Apart from receiving a reception pack (grocery packs which usually contain basic food and drink items such as tea, milk, sugar and biscuits), and having the option of buying an extra vaping kit, prisoners did not have access to a shop order for up to 10 days after their arrival. Prisoners were no longer charged an administration fee for catalogue orders, which were efficiently handled.

Recommendation

2.16 **Prisoners should be able to buy items from the shop within 24 hours of arrival.** (Repeated recommendation 2.113)

Prisoner consultation, applications and redress

2.17 Prisoner consultation was underdeveloped. In our survey, only 34% of prisoners felt that consultation arrangements were in place. Although PID workers met with a manager every week, few prisoners we spoke to were aware of consultation arrangements. There was a PID on most wings where prisoners could obtain application forms and where peer workers provided advice (see also paragraph 2.2).

2.18 In our survey, 57% of prisoners said it was easy to make an application, which was lower than at the last inspection. However, most responses to applications were respectful, relevant and timely. The electronic kiosk system enabled prisoners to submit applications to most departments. Responses were tracked and monitored. During our inspection, only 22 applications remained outstanding and had not received a timely response.

2.19 Some responses to complaints did not address the issues raised, and lacked sufficient enquiry and detail. In the six months prior to our inspection 20% of complaint responses were late. In some cases, prisoners were advised to submit a further application or complaint to a different individual or department. Although quality assurance took place, it was not sufficiently robust and failed to address key issues.

2.20 Remand prisoners accounted for around two thirds of the population. In our survey, only 20% of those who required bail information said it was easy to access and there was no formal bail information service. Legal text books were available in the library, but some were out of date. 'Access to justice' laptops (which enable prisoners to have computer access to assist their legal representations) were available and appropriate governance was in place.

2.21 In our survey, 74% of prisoners said their legal mail had been opened in their absence, which was higher than the comparator (49%) and compared with the last inspection (46%). In the previous six months, six letters had been recorded as having been opened in error. Errors were appropriately documented.

Recommendation

2.22 Responses to prisoners' complaints should demonstrate sufficient enquiry and address all issues raised.

Equality, diversity and faith

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[8] and any other minority characteristics 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.

Strategic management

2.23 Despite attempts to address the weaknesses previously identified in the prison's equality and diversity work and additional resources having been invested in this area, only limited progress had been made. Following the previous inspection, senior managers were allocated the responsibility for leading work on each of the protected characteristics. It was intended that they would also convene focus groups for their specific area and report back findings systematically. Managers we spoke to acknowledged that the plan had not been successful.

2.24 Equality action team (EAT) meetings took place on a bimonthly basis, but staff attendance was inconsistent and prisoner representatives were not always present. Internal equality and diversity data were produced for the EAT, but they were not comprehensive and lacked the detail necessary for analysis. This meant managers could not accurately identify anomalies, determine where discrimination might be taking place, or establish an effective action plan.

2.25 Apart from introducing ways of working with older prisoners, consultation arrangements for individuals from minority groups were poor and there was no reliable way for most of these prisoners to express their views. Given the high turnover of prisoners, it was difficult to recruit equality representatives. Those with whom we spoke did not appear to be well supported or organised and were unclear about their role.

2.26 Prisoners did not have free access to discrimination incident reporting forms (DIRFs) and could not submit them via the kiosks. Only 19 DIRFs had been submitted over the previous six months, which was similar to what we found previously. Responses had shown some improvement, but some replies lacked sufficient detail. The standard of responses was not consistent and the DIRF process would have benefited from independent scrutiny.

2.27 Given the overall weaknesses in this area of work, it was positive that, after a period of eight months where no one had been in post, a full-time equality officer had been appointed. As a result, a schedule of dates for forthcoming equality focus groups had been set. In addition, a re-profiling exercise helped make more staff time available in the early evening to run focus groups, when it might have been easier to involve prisoners. These changes were not reflected in the establishment's equality and inclusion policy.

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

2.28 All major religious festivals continued to be celebrated throughout the year. However, equality and diversity had a low profile within the prison and events tended only to be promoted on noticeboard displays.

Recommendations

2.29 Equality and diversity should be given a high priority and senior staff should actively promote this area of work.

2.30 The needs of individuals from all minority groups should be identified and reliable arrangements introduced to provide the support they require.

2.31 Prisoners should have free access to DIRFs and an independent method of checking responses should be introduced.

Protected characteristics

2.32 Approximately 7% of prisoners were from a black and minority ethnic background. Apart from one anecdotal account, we did not observe any direct race discrimination or receive any complaints about it. There was no formal consultation with this group of men. Just under 4% of the population was Muslim, for whom there was also no consultation, although the Muslim chaplain advised us that he was content with the way Muslim prisoners were generally treated.

2.33 Our survey showed that 3% of the population regarded themselves as coming from a Gypsy/Roma/Traveller background. Apart from a celebration of the nearby Appleby Horse Fair, there had been no forums or consultation with this group.

2.34 Foreign national prisoners made up just over 6% of the population. Home Office officials continued to conduct regular sessions for foreign national prisoners they needed to see, but as we pointed out previously, this was no substitute for independent legal advice. Efforts had been made to introduce a central list of prisoners who did not speak English, but it had only partially been completed and the use of professional interpreting services was not monitored. Although the kiosk catered for up to 20 different languages, we were told that foreign national prisoners found the format difficult to use. To take advantage of their eligibility for free monthly telephone calls abroad, they had to apply through the kiosk each month. It was not clear if those who were entitled were receiving the service, because the prison could not supply relevant data.

2.35 In our survey, almost half of all respondents said they had some form of disability. Men within this group were more negative than prisoners without a disability in a number of areas. The starkest response was in relation to safety, where 43% said they did not feel safe at the time of the inspection, compared with 21% for prisoners without a disability.

2.36 Procedures on admission for identifying prisoners with social care needs were reliable and these prisoners were well catered for (see section on social care). Individuals with a physical disability could outline their needs by completing a survey using the kiosk, uptake was relatively good and there was evidence that matters they raised received a constructive response.

2.37 Personal emergency evacuation plans (PEEPs) were clearly located on the residential wings, but during our night visit, we found that staff were either unfamiliar with the procedure or did not know which prisoners were subject to the process.

2.38 There was no formal support for the small number of prisoners who identified as gay or bisexual. Some constructive work had been carried out with transgender prisoners earlier in the year and, a transgender prisoner held at Durham was very positive about the way she was being treated.

2.39 Attempts had been made to run focus groups for younger prisoners, of whom almost 7% were under the age of 21. Staff found this group difficult to engage with and had had little success. Our survey results showed that only 36% of prisoners under the age of 25 said most staff treated them with respect, compared with 67% of the over 25s. Only 41% of prisoners under the age of 25 said they could turn to a member of staff if they had a problem, compared to 70% of over 25s. In our discussions with staff it appeared that young prisoners were treated in the same way as everybody else. The prison needed to investigate the reasons behind the negative survey findings and ensure all staff understood the impact of maturity on behaviour.

2.40 Provision for older prisoners, who made up almost 9% of the population, was relatively good and men over the age of 50 could participate in regular focus groups. As a result, work was being carried out to support some of these men, for example, they were encouraged to participate in over-50s gym sessions.

Recommendation

2.41 All staff in contact with prisoners should be familiar with PEEP procedures and aware of the prisoners needing assistance in an emergency.

Faith and religion

2.42 Prisoners had good access to religious services, as a well as a number of study classes and courses. The broad-based chaplaincy catered for all religions and the prison had suitable faith facilities for prisoners. Prisoners' spiritual needs were well met.

2.43 Chaplains had a high profile within the prison and carried out a range of pastoral work, dealing on average with 10 cases each day. The managing chaplain was a member of the senior management team (SMT), a trained assessor for the assessment, care in custody and teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm, as well as a family liaison officer. Other members of the team were also well integrated into key areas of the prison and overall the team played an effective role.

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.

2.44 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)[9] and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.

[9] 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.

Strategy, clinical governance and partnerships

2.45 The prison had seven contracts with several providers to deliver all services. There was still no lead provider, which continued to make governing the service a complex process.

2.46 A regular monthly meeting with all providers and the governor took place, but the head of health care did not attend the prison's regular SMT meeting, which meant they missed out on the opportunity to link up with other prison managers. Joint working between the various health and substance use providers was adequate.

2.47 Lessons were learnt from incidents and complaints and shared at the local delivery board meeting. The process of overseeing incident reporting and complaints, was complex due to the number of providers. A monthly patient satisfaction survey, which prisoners completed following attendance at a clinic, informed service delivery. The prison did not have any prisoner health care representatives on the wings or regular prisoner forums on health care.

2.48 Primary care staffing levels were good and additional staff were due to take up their posts shortly after the inspection. Training opportunities were adequate, mandatory training was up to date and most staff we spoke with told us they felt well supported. Regular clinical and managerial supervision across G4S was being improved, supported by a development plan.

2.49 Even though most stayed for very short periods, all prisoners had good access to health services, regardless of their location. Health care services were now delivered on F wing, which reduced the number of visits vulnerable prisoners had to make to the health care centre.

2.50 Clinical rooms in the health care centre were very clean and well equipped. The two waiting rooms were in good decorative order and prison officers, who were always present, managed patients well.

2.51 Infection prevention and control audits were carried out regularly and action was promptly taken to help ensure good standards were maintained.

2.52 Medical emergencies were well managed and appropriate equipment was located across the prison. It was checked and audited regularly.

2.53 Health care complaints were submitted through a separate confidential system, and managed by G4S health care administrators on behalf of all providers. In the six months prior to our inspection, 129 complaints had been received, with medication issues accounting for a third. Complaints we sampled received a prompt response and were respectful, but 10% did not address in full the issues highlighted. Trends and themes were analysed and information was shared to support service development and promote learning.

2.54 The CQC found there were no breaches of the relevant regulations.

Recommendations

2.55 Effective governance processes should be in place to ensure good oversight of the whole service and provide clear lines of accountability and responsibility.

2.56 The prison should introduce a regular health service user forum to inform service delivery and development.

Promoting health and well-being

2.57 Two health trainers ensured information about health services and health promotion was effectively communicated to prisoners. Based on current national health campaigns, the information was tailored to meet the needs of the population. There were no plans to take a whole-prison approach to health promotion. Information was accessible in different formats and languages and was displayed throughout the establishment.

2.58 Regular vaccination clinics ensured disease prevention could be managed, and screening programmes were offered where appropriate. Dry blood spot testing was routinely undertaken and had resulted in good detection rates for hepatitis C.

2.59 A dedicated team of sexual health nurses meant access to services was prompt. Sexual health consultants supported people with more complex needs. Barrier protection was advertised and available. The prison had a proactive approach to smoking cessation and support was good.

Recommendation

2.60 A systematic, prison-wide strategy should be established to promote prisoner well-being.

Primary care and inpatient services

2.61 All prisoners had an initial health screening on arrival, and referrals were made appropriately. The large number of prisoners entering the establishment every day (see paragraph 1.3) meant that secondary health assessments did not always take place within seven days of their arrival. Processes had been put in place to help address the issue and manage the risks. A comprehensive leaflet about health care was routinely handed out during induction and prisoners were aware of the services available.

2.62 An appropriate range of primary care services was available, waiting lists were acceptable and access was good. Prisoners could request an appointment via in-cell phones or the electronic kiosks, and were booked straight into their clinic.

2.63 Prisoners requesting a routine GP appointment had to wait up to three weeks, although urgent appointments could be arranged on the same day. Advanced nurse practitioners also saw prisoners and helped reduce GP waiting times.

2.64 The GP liaised with nurses to ensure patients with long-term conditions and complex needs received good care. A complex case meeting took place every week, during which health care professionals discussed patients they had concerns about and planned ongoing care. A visiting epilepsy nurse attended every month to offer specialist support. Daily entries on SystmOne (the electronic clinical information system) demonstrated that patients received continuity of care that responded to their changing needs. However, not everybody with a complex need had a care plan. The prison had already identified the problem and had started to rectify it.

2.65 External hospital appointments were well managed. Three prisoners could attend hospital appointments every day from Monday to Thursday and two could attend on Fridays. The prison very rarely cancelled appointments.

2.66 All prisoners needing medication on release received a minimum of seven days' supply, and information was routinely shared with the community GP. Only prisoners with complex needs were seen by a nurse prior to discharge.

2.67 The six-bed inpatient unit was clinically well led and offered a good service. An agreed protocol shaped admission decisions. Most prisoners had physical health care needs, although some men with vulnerabilities were accepted and the constant watch cell was used proportionately during the inspection.

2.68 The regime had improved and a programme of structured activities was now provided. Risk assessments enabled nurses to have access to prisoners at all times, even though different prison officers could be staffing the unit from day to day.

2.69 The physical environment was good but some hand-washing and laundry facilities did not meet required standards.

Recommendations

2.70 All prisoners should receive a secondary health screening within seven days of their arrival at the prison.

2.71 All patients with long-term conditions should receive personalised care planning.

2.72 Hand-washing and laundry facilities should meet the requirements of the inpatient unit.

Social care

2.73 G4S was contracted to provide social care and had effective links with Durham County Council. A comprehensive memorandum of understanding supported service delivery. None of the prisoners were receiving social care during the inspection. However, we were confident that good systems were in place to provide assessment and care for those with needs.

2.74 A review of the records of prisoners who had previously received social care demonstrated that care needs were swiftly identified and referrals made promptly. A social worker undertook timely assessments and reviews. Prior to assessment, prisoners were located in the inpatient unit where their needs could be met by sufficiently trained care providers. Health care staff could easily obtain specialist equipment to meet prisoners' needs.

Mental health care

2.75 Specialist mental health services were provided from 8am to 8pm, Monday to Friday, and 8am to 4pm, Saturday and Sunday. The operational team consisted of six registered nurses, including a learning disability nurse; there were three nurse vacancies. No specialist psychology input was available, which could have provided those with more complex problems better support. However, forensic psychiatry input was good.

2.76 An integrated stepped care pathway (mental health services that address low level anxiety and depression through to severe and enduring needs) was in place. Practitioners from mental health charity Rethink Mental Health provided support for prisoners with low to

moderate conditions and a counsellor from mental health charity MIND offered support one day a week.

2.77 Demand was high and over 300 referrals were made every month. In our survey 66% of prisoners said they had a mental health problem. Given the new profile of the prison, which meant prisoners generally had shorter stays, the service focused on keeping prisoners safe, which was appropriate. A dedicated nurse responded to urgent referrals and the team supported prisoners who harmed themselves by attending all initial ACCT reviews.

2.78 Reception screening identified potential needs and prisoners could phone directly for an appointment or use the kiosk system. Routine referrals were triaged and then discussed at the daily integrated mental health meeting where allocations were determined and cases reviewed. Prisoners were seen within a week for a routine assessment.

2.79 Two hundred and sixteen prisoners were on the secondary care caseload and 22 were identified as complex cases subject to the care programme approach (mental health services for individuals diagnosed with a mental illness). Nurses' caseloads consisted of about 32, which was excessive, but prisoners received good support. Records indicated that contact was made regularly. Care plans were in place but were formulaic.

2.80 Rethink Mental Health had a waiting list of up to six weeks, which meant some prisoners left the establishment before receiving interventions. Just five prisoners were in treatment, indicating that the model needed to be reviewed.

2.81 Facilities for interviewing prisoners privately on the wings were limited and there were none on A and B wings. The health care centre offered access to clinic rooms, but non-attendance rates were high.

2.82 Staff told us they felt well supported. Training opportunities were good and clinical supervision arrangements were well embedded in the mental health team. Working relationships had been established effectively with other health partners and prison staff. A mental health awareness training package had been developed for prison staff, but too few officers we spoke to had undertaken the training.

2.83 I wing delivered individual support for prisoners with significant mental health problems many of whom had been waiting beyond the accepted time guidelines to be transferred to hospital under the Mental Health Act. The service offered an impressive level of support through an established therapeutic regime, which prisoners to whom we spoke valued, although reduced prison staffing sometimes limited its scope.

Recommendations

2.84 Providers should undertake timely assessments and deliver an appropriate range of interventions.

2.85 Practitioners should be able to access appropriate safe spaces to provide individual and group activities.

2.86 Prisoners sectioned under the Mental Health Act should be transferred within the transfer timescale guidelines. (Repeated recommendation 2.101)

2.87 All operational staff should have regular mental health awareness training. (Repeated recommendation 2.100)

Good practice

2.88 *I wing provided prisoners who would otherwise have struggled to cope in conventional prison locations with the extra support they needed.*

Substance use treatment[10]

2.89 Four providers worked well together to support clinical and psychosocial (non-clinical) substance misuse services. Regular governance meetings involving all providers ensured good oversight.

2.90 A comprehensive drug and alcohol pathway policy was in place, supported by a strategic meeting involving all key stakeholders. However, there had only been two meetings in the previous six months, which was insufficient.

2.91 Joint working between the prison and the drug and alcohol recovery team (DART) was reasonable, but more needed to be done to ensure that prison staff referred all prisoners considered to be under the influence of illicit substances promptly so they could receive timely psychosocial support. The DART was not always aware of all drug-related incidents on the wings, making it difficult for them to provide timely support.

2.92 A team of recovery practitioners and support workers from Change, Grow, Live (CGL) provided non-clinical services. Demand was high and there were on average over 250 referrals per month, doubling since the change in the prison's function. At least 90% of initial assessments took place within 24 hours of referral. The team used its own electronic recording system – entries and care plans recorded on the system were excellent.

2.93 During the inspection, 47% of the population were involved in non-clinical services, which provided a range of interventions across the prison. Workbooks, one-to-one interventions and groups were offered, although space for delivering therapeutic group work was limited. Self-help groups were popular and Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous sessions were available. In response to intelligence, regular drug-specific prison-wide harm reduction initiatives were run.

2.94 All newly arrived prisoners were seen by DART peer workers and provided with harm minimisation advice and service information. They also completed and passed on referral paperwork for new prisoners, which was not appropriate.

2.95 Clinical management and monitoring were good, including for those who had developed a dependency while in prison. During the inspection, 219 prisoners were receiving opiate substitution therapy, half of whom were on a detoxification regime. Treatment was flexible and the introduction of first night prescribing during our inspection was welcome.

2.96 Prisoners released from the prison received good support from CGL staff who planned ongoing clinical and psychosocial support in the community. People attending court were routinely provided with community appointments in case they were unexpectedly released directly from court. Naloxone (a drug to manage substance misuse overdose) was not available on release, but plans were in place to introduce the service.

[10] In the previous report substance use treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

Recommendation

2.97 A process should be in place to ensure prison staff promptly refer prisoners considered to be under the influence of illicit substances to DART services.

Medicines optimisation and pharmacy services

2.98 Mainly named patient medicine was supplied from a well-staffed in-house pharmacy. Prisoners had limited direct access to pharmacy staff. There were no pharmacy-led medicines use review clinics and the pharmacist only discussed medication with a few prisoners each week.

2.99 An in-possession policy was in place, but it was not always adhered to, for example, assessments were not routinely checked when medication was given to prisoners, nor were assessments updated when new medication was prescribed. Not all prisoners had a completed in-possession risk assessment; however, the team was aware of the problem, and action was being taken to address it.

2.100 During the inspection, 50% of prisoners had their medicines in-possession but mainly for seven days, which was not long enough. The pharmacy re-ordered the prescriptions, which meant prisoners did not have the chance to take responsibility for their own health. There was no secure storage for prisoners' in-possession medication.

2.101 Medications were administered in all residential units; however, a prison officer was not always available to manage the queue, which increased the likelihood of medication being diverted and prisoners being bullied. Confidentiality at the hatch was also compromised.

2.102 Supervised medicines were administered at 8am, 11.45am and 4pm, which meant that the recommended dosage schedule for some medicines could not be adhered to. The pharmacist was aware of the issue and worked hard to manage it by reviewing the prisoners' records and medication on SystmOne and discussing them with clinical staff, sometimes relocating prisoners to the inpatient unit. Night-time medicines were kept to a minimum, but were taken to the cell at appropriate times.

2.103 Medicines were available to treat minor ailments without a prescription. There were very limited protocols enabling more potent medicines to be provided, but the problem was offset by the easy availability of non-medical prescribers.

2.104 Medicines cupboards were not clearly marked with their contents, which increased the risk of errors. There was no audit trail for keys to the controlled drugs cabinets on wings or in the pharmacy, which was poor practice.

2.105 Medicines management policies were in place, but some were duplicated by different providers, which caused confusion. Local monthly medicines management meetings had been introduced, but representatives from the prison and the mental health team had not attended. Quarterly regional meetings were well attended.

Recommendations

2.106 Prisoners should have easy access to advice and support from the pharmacy team.

2.107 Prisoners should receive in-possession medication following a consistent recorded risk assessment that is regularly reviewed and underpinned by current joint policy. (Repeated recommendation 2.91)

2.108 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 2.92)

2.109 There should be cohesive governance arrangements between the service providers.

Dental services and oral health

2.110 The prison's dental service was flexible and met prisoners' needs. An appropriate range of NHS-equivalent treatments were offered – they reflected the short length of time prisoners stayed in the prison. Advice on oral hygiene and disease prevention was routinely available.

2.111 The dentist triaged prisoners who visited either the dental therapist clinic or the dentist. Waiting times for routine appointments were just under six weeks, which was reasonable. Embargoed slots ensured urgent referrals were seen promptly. Prisoners experiencing dental pain outside dental clinic times saw the GP, who provided analgesia. Emergencies were seen within 48 hours.

2.112 Separate decontamination facilities complied with best practice and dental equipment was maintained and serviced regularly.

Section 3. 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 and are encouraged to engage in activities which support their rehabilitation.

3.1 Prisoners appreciated the fact that they had a predictable amount of time out of their cell, even though that time was limited. Seventy per cent in our survey said they had association at least five times a week, compared with 43% in local prisons, and 74% (compared with 46%) said they had exercise in the open air at least five times a week.

3.2 On week days, most prisoners spent 6.25 hours out of their cells on top of the time it took for them to collect their meals; at weekends, most had only two and a half hours. The regime changed during the inspection so that during each half-day period on week days, half of each wing was at work and the other half on association. The reduction in the number of men in wing communal areas at any one time meant they had better access to services, and the atmosphere was calmer.

3.3 Our roll checks during main work periods found 17% of prisoners locked in their cells, which was considerably lower than at most local prisons. However, on the first night and induction wing, prisoners were locked up for most of the day after their induction.

3.4 The library was pleasant and had a good range of stock, including CDs and DVDs. Durham County Council provided a good library service, and the enthusiastic staff promoted the library well, mounting some good displays. Almost half the population were registered as library users. Regular surveys were carried out and data analysed to improve services. However, since the previous inspection, staff shortages had meant the peer mentoring work to support literacy and storybook recordings for families no longer took place.

3.5 The prison's two gyms were spacious and adequate. They were given over almost completely to machines for fitness and strength work, which met prisoners' preferences. An artificial turf pitch, large enough only for four-a-side team games, was used regularly. There were sessions for over-50s and those requiring health-related and rehabilitative gym work. An early morning session was available for those in full-time work. No qualifications or classes were offered in view of the short stay of most prisoners. The level of access was reasonable and data were collected and used to some extent to inform planning and improve access.

Recommendation

3.6 Prisoners in the first night and induction unit should have sufficient time out of their cells so they can settle into a normal prison routine.

Education, skills and work activities (Ofsted)[11]

Expected outcomes:
All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The education, skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.[12]

3.7 *Ofsted made the following assessments about the education, skills and work provision:*

Overall effectiveness of education, skills and work:	***Requires improvement***
Achievements of prisoners engaged in education, skills and work:	*Requires improvement*
Quality of education, skills and work provision, including the quality of teaching, training, learning and assessment:	*Requires improvement*
Personal development and behaviour:	*Good*
Leadership and management of education, skills and work:	*Requires improvement*

Management of education, skills and work

3.8 Leaders and managers had in a short space of time redesigned the curriculum to meet the prison's new reception function. As most prisoners were in the prison for less than three months, they were unable to complete qualifications. Leaders and managers had replaced the previous qualification-based curriculum with a new non-accredited framework, based on a set of core principles. They had worked well with managers in the Tees and Wear prison group to develop five work-based academies, based on regional labour market intelligence, which provided prisoners with vocational pathways so they could progress towards employment.

3.9 However, leaders and managers had not translated their plans into an effective system for measuring prisoners' progress across all areas of activity. In prison industries and work, which made up two thirds of activities, mechanisms for recording prisoners' progress had been developed but not implemented. Too few prisoners in these areas used their employment and training portfolios, a key feature of the new approach, to capture the progress they had made. In education, managers did not use quality assurance arrangements, such as observations of teaching, learning and assessment or team leader audits, to ensure that tutors were setting and reviewing targets that measured prisoners' progress sufficiently well. As a result, they did not accurately record how well prisoners achieved their learning goals.

3.10 The education and vocational provision provided by the Manchester College required improvement. Prison and education leaders' and managers' assessment of the quality of the provision was over-generous. They did not identify the weaknesses in teaching, learning and

[11] This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

[12] In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

assessment or in how progress was measured. As a result, the quality improvement actions taken to address these weaknesses were not effective enough.

3.11 Activity places were appropriate for the new purpose of the prison. Leaders and managers ensured there enough places to motivate prisoners to participate, including those on remand who did not have to take them up. All 316 places in education, and 132 places in prison industries, were part-time, enabling prisoners to fit them around other activities, such as court appearances.

3.12 Prisoners in education could take courses in business support, media and graphics, horticulture, social enterprise and family programmes, as well as undertake their own projects in the 'research zone', an area set aside for independent study. Only a very small number of prisoners took functional skills and English for speakers of other languages (ESOL) qualifications. In industries, there were two woodwork workshops, a print shop and a workshop for assembling nets for the Ministry of Defence (MOD). Although vulnerable prisoners could now access vocational training, places were still not available for them in prison industries.

3.13 One hundred and sixty-eight of the 184 places in prison work were full-time to meet the needs of longer-stay prisoners. The management of prisoners' work on some of the wings was not co-ordinated sufficiently well. For example, painters did not have rollers or brushes, and cleaners had no floor polish, even though they had been ordered. As a result, these prisoners could not work to the required standard.

3.14 Leaders and managers ensured that the majority of prisoners were allocated to activities within a short space of time after arriving at the prison. Staff in the activity hub monitored attendance effectively and ensured that swift action was taken to re-engage prisoners who did not attend sessions. As a result, changes were made to the core day, and attendance had improved since the previous inspection and was good.

Recommendations

3.15 The system for measuring prisoners' progress should be extended across all activities.

3.16 Arrangements for monitoring the targets tutors and instructors set to measure prisoners' progress should be improved to ensure that achievement data are more credible.

3.17 Leaders and managers should have a more evaluative and self-critical approach when they make judgements about the quality of teaching, learning and assessment so that they can address areas requiring improvement more effectively.

Quality of provision

3.18 During the induction programme, too many prisoners were set unrealistic long-term plans and aspirations based on their prior experience and qualifications. Tutors and instructors found it difficult to turn these aspirations into meaningful short-term targets in prisoners' individual learning plans and often wrote them down in inaccessible language that prisoners did not understand. As a result, prisoners could not recall their targets or what they needed to do to achieve them. This was particularly the case for prisoners on ESOL or social enterprise courses and those in the research zone.

3.19 Too many tutors and instructors did not use the information they had on prisoners' starting points well enough to plan and deliver sessions that met the needs and abilities of different prisoners. As a result, prisoners' progress was slow, especially where those with additional learning support needs were concerned. Too many tutors did not know which prisoners in their classes had been identified as having these needs, and when they did know, they did not have any effective strategies to support them. In too many cases, tutors and instructors did not undertake regular enough reviews to assess the progress prisoners made.

3.20 Tutors and instructors enabled many prisoners to develop new skills and knowledge through vocational training and through their jobs in the prison and industries. For example, prisoners in horticulture used their understanding of the different names and features of plants to create colourful displays across the prison estate. Those undertaking bio-hazard training used their skills to sanitise cells.

3.21 Specialist English and maths tutors worked well with prisoners who had been assessed at entry level in these subjects to further develop their skills and the few who were in the prison long enough achieved a functional skills qualification. However, vocational instructors did not receive enough information about prisoners' English and maths starting points to be able to plan and deliver activities to develop these skills further.

3.22 Peer mentors were used well to assist tutors and instructors in classrooms and workshops. They were particularly effective in supporting prisoners to use the virtual campus (prisoner access to community education, training and employment opportunities via the internet) to conduct research for their projects.

Recommendations

3.23 Learning support staff, tutors and instructors should better identify and record prisoners' starting points and use the information more skilfully to measure their progress.

3.24 The delivery of teaching, learning and assessment should be better planned to meet prisoners' different needs and varying abilities and to ensure men make good progress.

3.25 Managers should strengthen tutors' and instructors' understanding of effective strategies to assist prisoners who need additional support.

Personal development and behaviour

3.26 Prisoners' behaviour was good in education, training, prison industries and at work. They were motivated to complete the tasks allocated to them and were interested and keen to learn. Prisoners respected the views of others during vigorous debates, including one on the right of prisoners to vote in elections. Men rarely used bad language, and when they did, tutors and instructors challenged them effectively.

3.27 Prisoners developed a good range of employment skills in prison industries and work. Those in the MOD workshop needed to work well as a team to produce camouflage nets to the specification demanded by their commercial contract. In the warehouse, prisoners worked productively in teams with little staff supervision.

3.28 Most prisoners attended their sessions. However, a minority arrived late. Work for a small number of prisoners on the wings was not demanding enough for them to develop the skills they needed in employment.

Outcomes and achievements

3.29 Data on prisoners' achievements were not reliable (see paragraph 3.9 and recommendation 3.16.) For the 5% of prisoners still taking qualifications, achievement rates were high in entry level English and maths qualifications and ESOL. However, the achievement rate remained low in English level 2.

3.30 Standards of work, particularly in the commercial workshops were high. Prisoners in woodwork, graphics and the MOD nets workshops all produced work that met the standards of their commercial contracts.

3.31 Managers in education had developed an effective system for tracking the progress of prisoners when they transferred to other prisons in the Tees and Wear group. However, it was still too early to analyse the results.

Section 4. 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.

Children and families and contact with the outside world

Expected outcomes:
The prison 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.

4.1 The welcoming visitors' centre, run by prisoner support charity Nepacs, continued to provide visitors with useful support and information. It was staffed by friendly, helpful workers and was now open every day of the week. Visitors had access to the centre an hour before each visiting session, giving them sufficient time to book in. Visitors we spoke to were generally positive about their experiences at Durham, but we received reports from both visitors and prisoners about difficulties in booking visits and regular delays before sessions started. Staff we spoke to confirmed these problems, which had been identified at the previous inspection.

4.2 The visits hall was spacious, bright and well equipped; it had a crèche and a tea bar. Additional seating had been introduced to cope with the increased demand for visits created by the large proportion of remand prisoners, who could receive up to three visits a week.

4.3 Prisoners still had a good range of options when it came to maintaining contact with their families. The weekly homework club for children aged five to 17 was still available, as were the weekly visits fathers could have from their pre-school children. Both these sessions were additional to ordinary visits and, subject to a risk assessment, were open to all prisoners. Regular family day visits were also held and, to meet increased demand, the upper limit on these sessions had risen from 12 to 15 per event.

4.4 The family support worker based in the visitors' centre carried out valuable, individual work with prisoners who needed help to maintain contact with their children. At any one time, she was involved with up to a dozen cases and could accept referrals and maintain communication with prisoners through the kiosk system. The family support worker had good links with local authority social workers and in a number of cases had been able to provide parenting assessment reports to help community-based colleagues make decisions about the appropriate level of contact between fathers and their children. The family support worker's approach was informed by what was in the best interests of the child.

4.5 Wide use was made of the Email a Prisoner initiative and over 100 emails a day were processed.

Recommendation

4.6 Visits should start on time.

4.7 The visits booking telephone system should be capable of accommodating the number of visitors calling.

Good practice

4.8 *Prisoners who wanted help maintaining contact with their children had access to effective specialist support, which was easily accessible through the kiosk. The emphasis staff placed on the best interest of the child was extremely positive.*

Reducing risk, rehabilitation and progression

Expected outcomes:
Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

4.9 The strategic management of reducing risk of harm, rehabilitation and release planning had some strengths but still required improvement. The reducing reoffending policy, dated March 2018, was clear and accessible; it encouraged those working in the prison to recognise that they had a role to play in this function. However, it was only a very brief headline document. Underpinning and supporting documents containing more detail were planned but had not been completed. There was no offender management policy, despite the department's change in function since the last inspection and not all staff, we spoke to during the inspection, particularly offender supervisors, were sure about their role. However, the prison had appointed a full-time senior probation officer who had a clear insight into the department's developmental needs.

4.10 The reducing reoffending strategy committee met bimonthly, membership was appropriate and attendance from staff across the prison was good. The action plan was up to date and reviewed regularly. A further weekly meeting of partnership agencies ensured that there was good communication and an opportunity to resolve issues promptly.

4.11 Keyworkers were gradually being introduced as part of the first step in implementing the Offender Management in Custody framework. Keyworkers were well established on the vulnerable prisoner wing (F wing) and were introduced on C wing during our inspection. We saw many examples of regular, focused contact by keyworkers. (See also paragraph 2.3.)

4.12 Despite the diversity of the population, a comprehensive needs analysis had not been undertaken. Information generated from the basic custody screening tool (BCST) had been used to establish some of the population's resettlement needs, but it did not provide a full picture.

4.13 The population at Durham was not what had initially been expected when it was designated as a reception prison, but there was no clear plan to address shortfalls. For example, there were over 80, mostly category B prisoners, many of them sex offenders, who were proving extremely difficult to move on from Durham due to the lack of places nationally. Many of them were assessed as posing a high or very high risk of harm but there were few, if any, interventions to address their offending behaviour or risks.

4.14 Two community rehabilitation companies (CRCs) operated at Durham – Northumbria CRC, which was responsible for men from Northumbria, and Durham Tees Valley (DTV) CRC which was responsible for other men. Since the last inspection good progress had been made to integrate them both into the offender management unit (OMU), where they were now co-located. This had improved communication and collaborative working.

4.15 The OMU consisted of 12.5 full-time equivalent (FTE) offender supervisors – nine and a half FTE offender supervisors and three probation staff. There was no significant backlog of offender assessment system (OASys) reports as the responsibility for completing them now rested with the training prisons and most men were moved promptly after sentencing. From our review of cases, OASys reports varied considerably. We saw some excellent comprehensive risk assessments and risk management plans where sentence plan targets were set appropriately to address underpinning risk factors, which had been completed by community-based offender managers. However, many of the OASys reports completed by offender supervisors at Durham were weak. Risk management plans were often descriptive and had little analysis and in too many cases, targets set related to community orders and had no relevance to custody. Little management oversight of these assessments was carried out. (See main recommendation S46.)

4.16 All sentenced men, regardless of their length of sentence, were allocated to an offender supervisor. The two probation officers who carried caseloads concentrated on high risk cases and those serving indeterminate sentences. However, during the inspection 101 prisoners, 10% of the population and 38% of all those sentenced to over 12 months, were assessed as posing a high or very high risk of harm and the majority were allocated to prison officer offender supervisors. Casework was too variable. In some cases, mostly those managed by probation offender supervisors, men were seen frequently, contact focused on risks and there were attempts to build effective relationships and rapport. However, this was in stark contrast to other high risk cases, managed by prison officer offender supervisors, where there was little or no contact, and when it occurred, it was usually purely reactive.

4.17 Prison officer offender supervisors had received little training and, while probation offender supervisors received regular, monthly, supervision and casework support from the senior probation officer, prison officer offender supervisors did not, although they did receive informal support and advice from the probation team. (See main recommendation S46.)

4.18 Relatively few prisoners who met the criteria for home detention curfew (HDC) were at Durham long enough to be considered. However, processes were managed effectively and, from our review, most were correctly processed. Ten prisoners had been released on HDC in the previous six months.[13]

Recommendations

4.19 **A full needs analysis should be undertaken and updated regularly to identify the needs of the prison's diverse population. The analysis should inform the development of detailed policies to meet these needs.**

4.20 **Offender supervision should be consistent and reflect the level of need presented by prisoners.** (Repeated recommendation 4.19)

[13] Following a review of offender management in 2015, HMPPS began to introduce a new offender management model from 2017. The new model is being implemented in stages, starting with new prison officer key workers. The second phase, core offender management, and the introduction of prison offender managers POM, is being introduced gradually, from 2019.

4.21 **Quality assurance, professional and casework supervision should be available for all offender supervisors to support professional development and to ensure consistency of service to prisoners. The role of offender supervisors should be clarified and sufficient time allocated to undertake their work.** (Repeated recommendation 4.17)

Public protection

4.22 Public protection processes where restrictions were concerned continued to be robust. Probation offender supervisors undertook initial assessments and made recommendations to the fortnightly inter-departmental risk management team (IDRMT) meeting. The IDRMT was chaired by either the head of the OMU or the senior probation officer and the team reviewed restrictions regularly.

4.23 The role of the IDRMT, however, was limited. There was no overview of prisoners assessed as high or very high risk of harm who were due to be released or those subject to multi-agency public protection arrangements (MAPPA). The prison did not routinely clarify the MAPPA management level prior to their release. However, reports submitted to MAPPA meetings were good.

4.24 The shortfalls in risk management release planning were a concern because they meant that the prison could not provide assurances that all men likely to be a risk to the public were being sufficiently managed prior to their release and/or in conjunction with the community responsible officer. Although in many of the cases we reviewed, there was evidence of liaison with the community responsible officer and appropriate planning, it was largely down to individual offender supervisors and there was no management oversight. We reviewed all men due to be released in the three months after our inspection. In two of these cases there had been no contact with their offender supervisor and no recorded evidence of liaison with the community responsible officer. Other high risk of harm men serving short sentences (less than 12 months) and/or subject to recall were also not routinely reviewed to ensure release planning was sufficient. (See main recommendation S46.)

Recommendations

4.25 **MAPPA management levels should be confirmed with the community-based offender manager at least six months to release.**

4.26 **The IDRMT should review all high and very high risk of harm cases prior to release to ensure appropriate action and restrictions are in place.**

Categorisation and transfers

4.27 Initial categorisation and review processes were sufficient and up to date. Offender supervisors undertook assessments and made recommendations, which a manager countersigned.

4.28 As a reception prison, HMP Durham should have been moving most prisoners on promptly, which was what happened in most cases. The correct processes were being followed, decisions were taken on legitimate grounds and offender supervisors had input into re-categorisation decisions. Staff told us, however, that around 10% of the population were held at Durham to undertake jobs that were necessary to ensure the establishment functioned, but it was not clear what the criteria were in some cases. This might have been appropriate

for prisoners assessed as low risk or serving relatively short sentences, but often they were not.

4.29 A more flexible and responsive assessment had been introduced so that prisoners could be moved to a prison with the lowest appropriate security category to undertake offending behaviour work. In some cases, it had helped men move on, but not all. More needed to be done to overcome this problem.

Recommendation

4.30 Prisoners, especially those assessed as presenting a high risk of harm, should be moved to an appropriate prison promptly enough for them to access appropriate offending behaviour interventions.

Interventions

Expected outcomes:
Prisoners are able to access interventions designed to promote successful rehabilitation.

4.31 As HMP Durham was a reception prison, there were no accredited offending behaviour programmes, which was appropriate. However, as some prisoners were unable to move on to another prison, probation officers at Durham had begun to develop a portfolio of material that could be used one-to-one with offenders spending lengthy periods of their sentence at the prison so that they could make progress while waiting for a move. This was a positive development.

4.32 The initial assessments of prisoners' needs using the BCST were completed on time (see also paragraph 4.12). Workers from the two CRCs referred prisoners to partner agencies so that their resettlement needs could be met. The charity Shelter assisted those from Northumbria, while social enterprise company The Wise Group worked with those from areas covered by the DTV CRC.

4.33 Shelter and The Wise Group had a proactive approach to accommodation assistance – they completed homeless applications and those for supported accommodation, such as hostels, or they sought help from private landlords. We saw evidence of some success in individual cases. However, the CRCs did not work in the same way and measured success differently, making comparisons difficult. Post-release work on housing was also variable and it was not possible to assess the longer-term effectiveness of the work they undertook. (See also paragraph 4.40.)

4.34 Bail accommodation was managed well, and referrals were made to the Bail Accommodation and Support Service (BASS). In the six months to the inspection there had been no demand for BASS accommodation for HDC. A large number of prisoners asked for accommodation so they could receive bail, although many applications did not meet the criteria or were unsuccessful. However, even when the criteria were met, availability was limited. During the inspection, only two places were available across the northeast of England.

4.35 Two full-time Jobcentre Plus workers were based in the prison, offering help with benefits. Prisoners could refer themselves as well as be referred by the CRCs. Prisoners could open bank accounts with a credit union, and received some basic help with money management and debts.

4.36 DTV and Northumbria CRCs asked prisoners if they had been a victim of abuse during their resettlement plan interviews. Both CRCs had developed a referral pathway to a support organisation in the community, in case support was required.

Recommendation

4.37 **Short interventions such as in-cell work or one-to-one modules should be provided to address the offending behaviour of prisoners remaining at Durham for extended periods.** (Repeated recommendation 4.46)

Release planning

Expected outcomes:
The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

4.38 About 90 men were assessed by the CRCs each week and about 400 resettlement plans were completed each month. Of these, approximately half were referred for support. Because most men did not stay at Durham for very long, few pre-release resettlement plans were completed – around 100 in the previous six months. Most men who were seen on arrival had less than 12 weeks to serve and did not have their plans updated before their release.

4.39 During the inspection, we looked at the cases of a number of men due to be released in the following month. Most resettlement plans were comprehensive and detailed. They were routinely shared with community responsible officers.

4.40 The CRCs struggled to gather outcome data on prisoners once they were released. They continued to collect information differently, which meant it was hard to collate data about outcomes for prisoners.

4.41 Prisoners were managed reasonably well on the day of their release. Bags were available for their property if necessary. A DTV CRC worker was based in the visitors' centre every day to offer families collecting those being released support and guidance and to reinforce licence conditions, which was useful.

Recommendation

4.42 **Quality assurance of resettlement provision should be developed in conjunction with the Northumbria and Durham Tees Valley community rehabilitation companies to ensure consistency and effectiveness of service provision. Data on the outcomes should be monitored to evaluate the provision.** (Repeated recommendation 4.29)

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Main recommendation — To HM Prison and Probation Service

5.1 Safety should be improved by reducing the supply of illicit drugs. This should include the introduction and use of more sophisticated drug detection equipment. (S44)

Main recommendations — To the governor

5.2 Reception and first night processes should include a thorough assessment of prisoners' immediate vulnerabilities, needs and risks through a private interview with custodial staff to ensure appropriate support is offered.

Additional night time checks should be undertaken for all new arrivals. (S43)

5.3 The management of prisoners at risk of suicide or self-harm should be given a high priority. There should be a comprehensive action plan covering PPO recommendations that is regularly reviewed to ensure they continue to be implemented effectively. ACCTs should be consistently good and ensure that individual prisoners receive appropriate care and support. (S45)

5.4 Offender management of prisoners presenting high risk of harm to others should be improved, and should include adequate training for offender supervisors. High risk cases due for release should receive better management oversight from within the prison, and release planning with the community-based offender manager should be consistently good. (S46)

Recommendations

Early days in custody

5.5 The induction programme should be clear, concise and relevant, providing all prisoners, including those who have never been in custody, with enough information to be able to access all services and regime activities. (1.10)

Managing behaviour

5.6 The casework approach to managing and changing poor behaviour and assisting vulnerable prisoners through support and intervention plans should be embedded in practice. (1.18)

5.7 Data on adjudications should be routinely analysed to identify emerging patterns; trends should be investigated and action taken to address them. (1.22)

5.8 The governance of and accountability for the use of force, including special accommodation and all interventions should be improved. (1.28)

5.9 Prisoners in the segregation unit should have a constructive daily regime and be able to participate in some purposeful activity. (1.35)

Safeguarding

5.10 Prisoners on an ACCT should only be located in the segregation unit or in special accommodation as a last resort and when there are exceptional circumstances, which should be recorded clearly. (1.49)

5.11 The prison should have a coherent strategy to reduce self-harm, informed by the specific characteristics of the population at HMP Durham. It should include a meaningful analysis of data and an action plan. (1.50)

5.12 All staff should be trained in safeguarding procedures and be aware of their responsibilities. (1.52)

Staff-prisoner relationships

5.13 Staff's interactions with prisoners should be monitored and feedback should be offered to ensure they respond confidently and immediately to poor behaviour. (2.4)

5.14 PID workers should be monitored and supervised to ensure they do not undertake work that staff should be doing or have access to personal information about other prisoners. (2.5)

Daily life

5.15 Cells should be decorated and equipped to a good standard and provide a decent environment with sufficient space for the prisoners accommodated there. (2.10, repeated recommendation 2.11)

5.16 Regular checks should be made to ensure that cell call bells are answered within five minutes. (2.11)

5.17 Prisoners should be able to buy items from the shop within 24 hours of arrival. (2.16, repeated recommendation 2.113)

5.18 Responses to prisoners' complaints should demonstrate sufficient enquiry and address all issues raised. (2.22)

Equality, diversity and faith

5.19 Equality and diversity should be given a high priority and senior staff should actively promote this area of work. (2.29)

5.20 The needs of individuals from all minority groups should be identified and reliable arrangements introduced to provide the support they require. (2.30)

5.21 Prisoners should have free access to DIRFs and an independent method of checking responses should be introduced. (2.31)

5.22 All staff in contact with prisoners should be familiar with PEEP procedures and aware of the prisoners needing assistance in an emergency. (2.41)

Health, well-being and social care

5.23 Effective governance processes should be in place to ensure good oversight of the whole service and provide clear lines of accountability and responsibility. (2.55)

5.24 The prison should introduce a regular health service user forum to inform service delivery and development. (2.56)

5.25 A systematic, prison-wide strategy should be established to promote prisoner well-being. (2.60)

5.26 All prisoners should receive a secondary health screening within seven days of their arrival at the prison. (2.70)

5.27 All patients with long-term conditions should receive personalised care planning. (2.71)

5.28 Hand-washing and laundry facilities should meet the requirements of the inpatient unit. (2.72)

5.29 Providers should undertake timely assessments and deliver an appropriate range of interventions. (2.84)

5.30 Practitioners should be able to access appropriate safe spaces to provide individual and group activities. (2.85)

5.31 Prisoners sectioned under the Mental Health Act should be transferred within the transfer timescale guidelines. (2.86, repeated recommendation 2.101)

5.32 All operational staff should have regular mental health awareness training. (2.87, repeated recommendation 2.100)

5.33 A process should be in place to ensure prison staff promptly refer prisoners considered to be under the influence of illicit substances to DART services. (2.97)

5.34 Prisoners should have easy access to advice and support from the pharmacy team. (2.106)

5.35 Prisoners should receive in-possession medication following a consistent recorded risk assessment that is regularly reviewed and underpinned by current joint policy. (2.107, repeated recommendation 2.91)

5.36 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. (2.108, repeated recommendation 2.92)

5.37 There should be cohesive governance arrangements between the service providers. (2.109)

Time out of cell

5.38 Prisoners in the first night and induction unit should have sufficient time out of their cells so they can settle into a normal prison routine. (3.6)

Education, skills and work activities

5.39 The system for measuring prisoners' progress should be extended across all activities. (3.15)

5.40 Arrangements for monitoring the targets tutors and instructors set to measure prisoners' progress should be improved to ensure that achievement data are more credible. (3.16)

5.41 Leaders and managers should have a more evaluative and self-critical approach when they make judgements about the quality of teaching, learning and assessment so that they can address areas requiring improvement more effectively. (3.17)

5.42 Learning support staff, tutors and instructors should better identify and record prisoners' starting points and use the information more skilfully to measure their progress. (3.23)

5.43 The delivery of teaching, learning and assessment should be better planned to meet prisoners' different needs and varying abilities and to ensure men make good progress. (3.24)

5.44 Managers should strengthen tutors' and instructors' understanding of effective strategies to assist prisoners who need additional support. (3.25)

Children and families and contact with the outside world

5.45 Visits should start on time. (4.6)

5.46 The visits booking telephone system should be capable of accommodating the number of visitors calling. (4.7)

Reducing risk, rehabilitation and progression

5.47 A full needs analysis should be undertaken and updated regularly to identify the needs of the prison's diverse population. The analysis should inform the development of detailed policies to meet these needs. (4.19)

5.48 Offender supervision should be consistent and reflect the level of need presented by prisoners. (4.20, repeated recommendation 4.19)

5.49 Quality assurance, professional and casework supervision should be available for all offender supervisors to support professional development and to ensure consistency of service to prisoners. The role of offender supervisors should be clarified and sufficient time allocated to undertake their work. (4.21, repeated recommendation 4.17)

Public protection

5.50 MAPPA management levels should be confirmed with the community-based offender manager at least six months to release. (4.25)

5.51 The IDRMT should review all high and very high risk of harm cases prior to release to ensure appropriate action and restrictions are in place. (4.26)

Categorisation and transfers

5.52 Prisoners, especially those assessed as presenting a high risk of harm, should be moved to an appropriate prison promptly enough for them to access appropriate offending behaviour interventions. (4.30)

Interventions

5.53 Short interventions such as in-cell work or one-to-one modules should be provided to address the offending behaviour of prisoners remaining at Durham for extended periods. (4.37, repeated recommendation 4.46)

Release planning

5.54 Quality assurance of resettlement provision should be developed in conjunction with the Northumbria and Durham Tees Valley community rehabilitation companies to ensure consistency and effectiveness of service provision. Data on the outcomes should be monitored to evaluate the provision. (4.42, repeated recommendation 4.29)

Examples of good practice

5.55 I wing provided prisoners who would otherwise have struggled to cope in conventional prison locations with the extra support they needed. (2.88)

5.56 Prisoners who wanted help maintaining contact with their children had access to effective specialist support, which was easily accessible through the kiosk. The emphasis staff placed on the best interest of the child was extremely positive. (4.8)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Sandra Fieldhouse	Team leader
Paddy Doyle	Inspector
Martin Kettle	Inspector
Ian Macfadyen	Inspector
Keith McInnis	Inspector
Tamara Pattinson	Inspector
Gordon Riach	Inspector
Sharlene Andrew	Researcher
Charli Bradley	Researcher
Helen Ranns	Researcher
Emma Seymour	Researcher
Elizabeth Walsh	Lead health and social care inspector
Stephen Eley	Health and social care inspector
Deborah Hylands	Pharmacist
Gary Turney	Care Quality Commission inspector
Kenneth Merry	Ofsted inspector
Charles Searle	Ofsted inspector
Allan Shaw	Ofsted inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2016, inconsistent care was provided to new prisoners and the early days experience for some was poor. The level of assaults had reduced but the challenging antisocial behaviour (CAB) system did little to address antisocial behaviour. Vulnerable prisoners were inappropriately located with mainstream prisoners on induction and felt unsafe. Too many prisoners generally felt unsafe. Lessons from previous self-inflicted deaths were being learned and care for prisoners in crisis was good. There had, however, been four self-inflicted deaths since the last inspection (and we were informed of a further self-inflicted death the week after we left). Security was broadly proportionate. The availability of drugs was widespread despite a focus on supply reduction. The segregation unit was used appropriately, but the use of special accommodation was a concern. Use of force was high and governance was insufficiently robust. Substance misuse services were very good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Prisoners should feel and be safe during their early days in prison. Risk assessment interviews in reception should take place in private. First night staff should provide better supervision, care and support for newly arrived prisoners and first night cells should be clean and properly prepared. Vulnerable prisoners should not be routinely accommodated with mainstream prisoners on the first night unit. (S42)
Not achieved

The governance of and accountability for the use of force, including special accommodation, planned interventions and all associated issues, should be improved. (S43)
Partially achieved

Recommendations

Prisoners who spend more than two hours on an escort vehicle should be offered food and drink. (1.3)
Not achieved

First day processes should be expeditious to avoid unnecessary time locked in holding rooms in reception and on the first night unit. (1.10)
Not achieved

A comprehensive induction programme should be delivered promptly to enable prisoners to move on from the unit without delay. (1.11)
Partially achieved

Interventions for perpetrators and support for the victims of violence should be developed and be more effective in making the prison safer. (1.17)
Achieved

The safer custody team should survey prisoners' perceptions of safety and the findings should inform the response to violence and bullying. (1.18)
Not achieved

Safer prisons meetings should take place regularly and frequently to analyse incidents and monitor actions to reduce self-harm and self-inflicted deaths. (1.24)
Not achieved

Quality assurance procedures to monitor and improve the completion of ACCT documentation should be carried out regularly. (1.25)
Not achieved

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.28)
Achieved

Prisoners should only be strip-searched on the basis of intelligence or specific suspicion. (1.38)
Not achieved

Closed visits should only be applied when there is evidence of the trafficking unauthorised items in to visits. (1.39)
Achieved

All prisoners should understand the purpose of the incentives and earned privileges scheme, what they can expect on each level and how to appeal IEP decisions. Staff should not give unconvicted prisoners IEP warnings for choosing not to work. (1.44)
Not achieved

Strip-searching of newly segregated prisoners should be based on risk assessment and should not be carried out routinely. (1.55)
Not achieved

Segregated prisoners should be offered more regime activities and better reintegration plans. (1.56)
Not achieved

Opiate substitution prescribing should be flexible, based on individual need and should conform to national guidelines. (1.62)
Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2016, conditions in most cells were poor and the lack of clean laundry and basic provisions was unacceptable. Communal areas were clean and most outside areas were well looked after. There was little confidence in the applications system. Relationships had improved and many staff were approachable and caring, but some were not. Peer support was a real strength. Equality and diversity work was weak and again too little had been done to manage younger offenders. The chaplaincy was well integrated and provided a valuable service. Complaints were managed well. Despite the function of the prison, not enough legal support was available to prisoners. Health services were reasonably good and mental health services remained excellent. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

All cells should be appropriately furnished and toilets should be adequately screened. Prisoners who display inappropriate pictures and graffiti should be challenged and the offending material should be removed. All prisoners should be able to access basic items for daily living, including sufficient clean clothing and bedding on a weekly basis. (S44)
Achieved

Recommendations

Cells should be decorated and equipped to a good standard and provide a decent environment with sufficient space for the prisoners accommodated there. (2.11)
Not achieved (recommendation repeated, 2.10)

Prisoners should have weekly access to clothes and bedding of reasonable quality. (2.12)
Achieved

There should be effective management and oversight of the applications system to ensure prisoners receive prompt, helpful responses to their requests. (2.13)
Achieved

Staff should provide proactive support for prisoners' welfare and practical needs, with a focus on their progression and the provision of decent living conditions. (2.19)
Partially achieved

There should be a strategic focus on equality work, supported by effective action planning, consultation and monitoring. There should be a prompt response to adverse monitoring data and DIRFs. (2.26)
Not achieved

All prisoners in protected groups should be identified and the perspectives of prisoners in each protected group should be considered and their needs met. (2.42)
Not achieved

A central list of prisoners who do not speak English should be maintained and use of telephone interpreting should be monitored, to improve oversight of support for this group. (2.43)
Not achieved

There should be effective evacuation and wing support planning for prisoners with disabilities. (2.44)
Not achieved

There should be a strategy and action plan for the management of young adults which takes account of consultation and monitoring data. (2.45)
Not achieved

Quality assurance measures should be better communicated to prisoners, to demonstrate that complaints are answered within the required timeframe. The lack of confidence in the system expressed in the survey should be explored. (2.54)
Not achieved

Trained legal officers should be reintroduced to provide advice to prisoners on legal matters. (2.58)
Not achieved

Effective governance procedures should be in place, including regular comprehensive audits, current clinical policies and clear lines of responsibility and accountability across all providers. (2.72)
Not achieved

Vulnerable prisoners should be able to access clinical services without experiencing abuse and all prisoners should have access to diversionary activities while waiting in the main health department. (2.73)
Achieved

Prisoners should receive a secondary health screen within 72 hours. (2.79)
Not achieved

Prisoners should be able to access routine optician, podiatry and dentistry services within six weeks. (2.80)
Achieved

Prisoners on the inpatient unit should have access to a predictable regime and additional purposeful activities. (2.81)
Achieved

All health staff should know which prisoners have complex health needs and what care is required, supported by effective recorded care planning. (2.82)
Achieved

Prisoners should receive in-possession medication following a consistent recorded risk assessment that is regularly reviewed and underpinned by a current joint policy. (2.91)
Not achieved (recommendation repeated, 2.107)

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. (2.92)
Not achieved (recommendation repeated, 2.108)

Patient group directions should be introduced to enable the supply of more potent medication without a prescription, including symptomatic relief for drug and alcohol withdrawals. (2.93)
Not achieved

The medicines and therapeutics committee should ensure that governance of medicines management throughout the prison consistently meets required patient safety and professional standards demonstrated by clear joint policies and audits. (2.94)
Partially achieved

All operational staff should have regular mental health awareness training. (2.100)
Not achieved (recommendation repeated, 2.87)

Prisoners sectioned under the Mental Health Act should be transferred within the transfer timescale guidelines. (2.101)
Not achieved (recommendation repeated, 2.86)

Lunch should be served after midday and the evening meal after 5pm. (2.107)
Achieved

Breakfast should be served on the day it is to be eaten. (2.108)
Not achieved

Prisoners should be able to buy items from the shop within 24 hours of arrival. (2.113)
Not achieved (recommendation repeated, 2.16)

Prisoners should not be charged an administration fee for catalogue shopping. (2.114)
Achieved

Purposeful activity

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

At the last inspection, in 2016, too many prisoners were locked up or not purposefully occupied during the core day. There was some slippage in the published regime but whole wing shutdowns were rare and most prisoners benefited from some time out of cell in the morning and afternoon. The leadership and management of learning and skills required improvement and not enough was done to ensure prisoners attended their activities. There were not enough activity spaces and vulnerable prisoners had limited access to purposeful work. The quality of teaching and training was good and achievement was high on most courses. Prisoners behaved well in sessions. Library provision was good. PE provision and health promotion were good for most prisoners. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

All prisoners should have sufficient time out of their cell to participate in purposeful activity, association and time in the fresh air. There should be enough activity places to occupy prisoners purposefully. Managers and residential staff should do more to ensure that all convicted prisoners engage in learning, skills and work activities. (S45)
Achieved

Recommendations

Leaders and managers should ensure that all staff promote the importance of learning, skills and work and ensure that prisoners attend their allocated activities. (3.8)
Achieved

The range of activities available to vulnerable prisoners should be improved to include opportunities to engage in vocational training and prison work. (3.14)
Achieved

The management and supervision of prisoners who work on the wings should be enhanced to ensure that they are kept fully occupied throughout the core day. (3.15)
Not achieved

Prisoners sent back to their wings when identified as not required for their allocated activity should be set linked research, reading or assignment work that keeps them occupied for the time they are being paid for and supports their personal development and employability skills. (3.30)
Not achieved

Achievement rates should be improved on the few qualifications where they are too low. (3.35)
Not achieved

Residential staff should challenge non-attendance and encourage participation in education and vocational training sessions. (3.36)
Achieved

Managers should minimise the instances of prison officers who have been trained to work with the library service being re-assigned to other duties so that the positive impact they have on prisoners' attitudes to reading is not diminished. (3.40)
Not achieved

Suitable facilities should be provided for a range of team sports and games to promote team working and reinforce the interpersonal skills development of prisoners. (3.47)
Not achieved

Managers should make better use of available data to monitor the use of PE facilities by all groups of prisoners so that improvements to the service can be planned. (3.48)
Achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2016, resettlement lacked integration. Uniformed offender supervisors were regularly cross-deployed and unable to manage the high-risk prisoners on their caseload effectively. The quality of offender management had deteriorated overall. Too many prisoners were transferred without a completed offender assessment system (OASys) assessment and many that were completed were of poor quality. The high number of public protection cases were managed well. Pathway work was generally good, although prisoners were negative about the help they received to reintegrate into the community. Work with children and families continued to be a real strength. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

The roles and responsibilities of CRC resettlement staff and offender management staff should be clarified. They should provide a consistent, integrated approach to managing prisoners' sentences and progress back into the community. (S46)
Achieved

Recommendations

There should be a 'whole prison' approach to reducing reoffending and resettlement planning, with staff from all departments taking an active role in assessing and implementing resettlement objectives. (4.6)
Achieved

All departments working with a prisoner, including their personal officer, employment, training and education providers and drug and alcohol services, should attend sentence planning boards, or provide written contributions. (4.16)
Not achieved

Quality assurance, professional and case work supervision should be available for all offender supervisors to support professional development and to ensure consistency of service to prisoners. The role of offender supervisors should be clarified and sufficient time allocated to undertake their work. (4.17)
Not achieved (recommendation repeated, 4.21)

Prisoners should not be transferred from Durham without an up-to-date and good quality offender assessment report. (4.18)
No longer relevant

Offender supervision should be consistent and reflect the level of need presented by prisoners. (4.19)
Not achieved (recommendation repeated, 4.20)

A clear strategy should be developed and implemented for managing indeterminate sentenced prisoners to ensure appropriate resources and support are available for their progression. (4.25)
Not achieved

Quality assurance of resettlement provision should be developed in conjunction with the Northumbria and Durham and Tees Valley community rehabilitation companies to ensure consistency and effectiveness of service provision. Data on the outcomes should be monitored to evaluate the provision. (4.29)
Not achieved (recommendation repeated, 4.42)

Discharge planning procedures should ensure that all prisoners receive effective pre-release health care planning to facilitate continuity of care after release. (4.36)
Not achieved

Visits should start on time and the visits booking telephone system should be capable of accommodating the number of visitors calling. (4.43)
Not achieved

Short interventions such as in-cell work or one-to-one modules should be provided to address the offending behaviour of prisoners remaining at Durham for extended periods. (4.46)
Not achieved (recommendation repeated, 4.37)

A strategy should be developed and implemented to address the issues presented by prisoners associated with domestic violence. (4.47)
Not achieved

Appendix III: Prison population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	6	235	26.3
Recall	9	91	10.9
Convicted unsentenced	25	243	29.2
Remand	22	258	30.5
Civil prisoners	0	3	0.3
Detainees	0	0	0
Total	**62**	**855**	**100**

Sentence	18–20 yr olds	21 and over	%
Unsentenced	47	527	62.6
Less than 6 months	1	55	6.1
6 months to less than 12 months	1	27	3.1
12 months to less than 2 years	2	34	3.9
2 years to less than 4 years	4	49	5.8
4 years to less than 10 years	5	63	7.4
10 years and over (not life)	0	51	5.6
ISPP (indeterminate sentence for public protection)	0	17	2.5
Life	0	6	0.7
Total	**62**	**855**	**100**

Age	Number of prisoners	%
Please state minimum age here:		
Under 21 years	0	0
21 years to 29 years	301	32.8
30 years to 39 years	317	34.6
40 years to 49 years	158	17.2
50 years to 59 years	63	6.9
60 years to 69 years	11	1.2
70 plus years	5	0.5
Please state maximum age here:	80	
Total	**917**	**100**

Nationality	18–20 yr olds	21 and over	%
British	56	799	93.2
Foreign nationals	6	54	6.5
Total	**62**	**855**	**100**

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	48	568	676.2
Uncategorised sentenced	0	1	0.1
Category A	0	0	0
Category B	0	64	7.0
Category C	1	208	22.8
Category D	0	14	1.5
Other – YOI closed	13	0	1.4
Total			

Ethnicity	18–20 yr olds	21 and over	%
White			
British	54	745	87.1
Irish	1	1	0.2
Gypsy/Irish Traveller	0	22	2.4
Other white	3	21	2.6
Mixed			
White and black Caribbean	0	3	0.3
White and black African	0	1	0.1
White and Asian	0	2	0.2
Other mixed	0	0	0
Asian or Asian British			
Indian	0	2	0.2
Pakistani	0	8	0.9
Bangladeshi	0	4	0.4
Chinese	2	3	0.5
Other Asian	0	15	1.6
Black or black British			
Caribbean	0	2	0.2
African	0	12	1.3
Other black	0	3	0.3
Other ethnic group			
Arab	0	2	0.2
Other ethnic group	1	2	0.3
Not stated	1	7	0.9
Total	**62**	**855**	**100**

Religion	18–20 yr olds	21 and over	%
Baptist	0	0	0
Church of England	4	146	16.4
Roman Catholic	7	119	13.7
Other Christian denominations	7	80	9.5
Muslim	3	33	3.9
Sikh	1	2	0.3
Hindu	0	2	0.2
Buddhist	2	10	1.3
Jewish	0	1	0.1
Other	0	6	0.7
No religion	38	456	53.9
Total	**62**	**855**	**100**

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)			
Total			

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	8	0.9	133	14.5
1 month to 3 months	3	0.3	79	8.6
3 months to 6 months	3	0.3	48	5.2
6 months to 1 year	1	0.1	47	5.1
1 year to 2 years	0	0	19	2.1
2 years to 4 years	0	0	2	0.2
4 years or more	0	0	0	0
Total	**15**	**1.6**	**328**	**35.8**

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0
Public protection cases *(this does **not** refer to public protection sentence categories but cases requiring monitoring/ restrictions).*	0	0	0
Total			

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	14	2.4	133	14.5
1 month to 3 months	23	4.0	192	33.4
3 months to 6 months	7	1.2	125	21.8
6 months to 1 year	3	0.5	63	11
1 year to 2 years	0	0	12	2.1
2 years to 4 years	0	0	1	0.2
4 years or more	0	0	0	0
Total				

Main offence	18–20 yr olds	21 and over	%
Violence against the person	Information	not	available
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded / holding warrant			
Total			

Appendix IV: Prisoner survey methodology and results

Prisoner survey methodology

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.

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.[14]

The questionnaire is available in 14 languages and can also be administered via a telephone translation service if necessary.

The questionnaire was revised during 2016–17, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a power calculation, HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings are representative of the entire population of the establishment.[15]

Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity.[16] Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

Survey response

At the time of the survey on 24 September 2018 the prisoner population at HMP Durham was 915. Using the sampling method described above, questionnaires were distributed to 229 prisoners. We received a total of 178 completed questionnaires, a response rate of 78%. This included one questionnaire completed via face-to-face interview. Twenty-one prisoners declined to participate in the survey and 30 questionnaires were either not returned at all, or returned blank.

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14 Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

15 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

16 For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMI Prisons' website http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Durham. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared. [17] Missing responses have been excluded from all analyses and for some questions, responses from a sub-group of the sample are reported (as indicated in the data).

Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

Responses from HMP Durham 2018[18] compared with those from other HMI Prisons surveys[19]

- Survey responses from HMP Durham in 2018 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP Durham in 2018 compared with survey responses from HMP Durham in 2016.

Comparisons between different residential locations within HMP Durham 2018

- Responses of prisoners on the vulnerable prisoner wing (F wing) compared with those from the rest of the establishment.

Comparisons between sub-populations of prisoners within HMP Durham 2018[20]

- Disabled prisoners' responses compared with those who do not have a disability.
- Responses of prisoners with mental health problems compared with those who do not have mental health problems.
- Responses of prisoners aged 25 and under compared with those over 25.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.[21]

In the comparator analyses, statistically significant differences are indicated by shading.[22] Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

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17 Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

18 Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

19 These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

20 These analyses are carried out on summary data from selected survey questions only.

21 A minimum of 10 responses which must also represent at least 10% of the total response.

22 A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p<0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Survey results

Background information

1.1 What wing or houseblock are you currently living on?

Houseblock A	34 (19%)
Houseblock B	37 (21%)
Houseblock C	14 (8%)
Houseblock D	31 (17%)
Houseblock E	22 (12%)
Houseblock F	35 (20%)
Houseblock I	1 (1%)
Segregation unit	4 (2%)
Health care unit	0 (0%)

1.2 How old are you?

Under 21	9 (5%)
21 - 25	30 (17%)
26 - 29	32 (18%)
30 - 39	57 (32%)
40 - 49	31 (18%)
50 - 59	13 (7%)
60 - 69	1 (1%)
70 or over	3 (2%)

1.3 What is your ethnic group?

White - English/ Welsh/ Scottish/ Northern Irish/ British	155 (88%)
White - Irish	3 (2%)
White - Gypsy or Irish Traveller	2 (1%)
White - any other White background	4 (2%)
Mixed - White and Black Caribbean	1 (1%)
Mixed - White and Black African	1 (1%)
Mixed - White and Asian	1 (1%)
Mixed - any other Mixed ethnic background	0 (0%)
Asian/ Asian British - Indian	0 (0%)
Asian/ Asian British - Pakistani	0 (0%)
Asian/ Asian British - Bangladeshi	0 (0%)
Asian/ Asian British - Chinese	1 (1%)
Asian - any other Asian Background	1 (1%)
Black/ Black British - Caribbean	2 (1%)
Black/ Black British - African	2 (1%)
Black - any other Black/ African/ Caribbean background	1 (1%)
Arab	1 (1%)
Any other ethnic group	1 (1%)

1.4 How long have you been in this prison?

Less than 6 months	129 (74%)
6 months or more	45 (26%)

1.5 Are you currently serving a sentence?

Yes	56 (32%)
Yes - on recall	22 (13%)
No - on remand or awaiting sentence	97 (55%)
No - immigration detainee	1 (1%)

1.6 How long is your sentence?

Less than 6 months	14 (8%)
6 months to less than 1 year	9 (5%)
1 year to less than 4 years	20 (12%)
4 years to less than 10 years	14 (8%)
10 years or more	9 (5%)
IPP (indeterminate sentence for public protection)	1 (1%)
Life	6 (4%)
Not currently serving a sentence	98 (57%)

Arrival and reception

2.1 Were you given up-to-date information about this prison before you came here?

Yes	24 (14%)
No	136 (77%)
Don't remember	17 (10%)

2.2 When you arrived at this prison, how long did you spend in reception?

Less than 2 hours	46 (26%)
2 hours or more	119 (68%)
Don't remember	10 (6%)

2.3 When you were searched in reception, was this done in a respectful way?

Yes	129 (74%)
No	40 (23%)
Don't remember	6 (3%)

2.4 Overall, how were you treated in reception?

Very well	30 (17%)
Quite well	97 (55%)
Quite badly	35 (20%)
Very badly	9 (5%)
Don't remember	4 (2%)

2.5 When you first arrived here, did you have any of the following problems?

Problems getting phone numbers	92 (53%)
Contacting family	96 (55%)
Arranging care for children or other dependants	6 (3%)
Contacting employers	13 (8%)
Money worries	76 (44%)
Housing worries	60 (35%)
Feeling depressed	107 (62%)
Feeling suicidal	53 (31%)
Other mental health problems	78 (45%)
Physical health problems	34 (20%)
Drug or alcohol problems (e.g. withdrawal)	64 (37%)
Problems getting medication	73 (42%)
Needing protection from other prisoners	27 (16%)
Lost or delayed property	41 (24%)
Other problems	31 (18%)
Did not have any problems	18 (10%)

2.6 Did staff help you to deal with these problems when you first arrived?

Yes	41 (24%)
No	111 (65%)
Did not have any problems when I first arrived	18 (11%)

First night and induction

3.1 Before you were locked up on your first night here, were you offered any of the following things?

Tobacco or nicotine replacement	133 (76%)
Toiletries / other basic items	87 (50%)
A shower	40 (23%)
A free phone call	46 (26%)
Something to eat	116 (67%)
The chance to see someone from health care	105 (60%)
The chance to talk to a Listener or Samaritans	39 (22%)
Support from another prisoner (e.g. Insider or buddy)	34 (20%)
Wasn't offered any of these things	10 (6%)

3.2 On your first night in this prison, how clean or dirty was your cell?

Very clean	9 (5%)
Quite clean	34 (19%)
Quite dirty	57 (33%)
Very dirty	71 (41%)
Don't remember	4 (2%)

3.3 Did you feel safe on your first night here?

Yes	98 (57%)
No	65 (38%)
Don't remember	8 (5%)

3.4 In your first few days here, did you get:

	Yes	No	Don't remember
Access to the prison shop / canteen?	39 (23%)	120 (72%)	7 (4%)
Free PIN phone credit?	127 (74%)	39 (23%)	5 (3%)
Numbers put on your PIN phone?	36 (23%)	111 (70%)	11 (7%)

3.5 Did your induction cover everything you needed to know about this prison?

Yes	64 (37%)
No	74 (43%)
Have not had an induction	33 (19%)

On the wing

4.1 Are you in a cell on your own?

Yes	30 (17%)
No, I'm in a shared cell or dormitory	143 (83%)

4.2 Is your cell call bell normally answered within 5 minutes?

Yes	38 (22%)
No	123 (71%)
Don't know	12 (7%)
Don't have a cell call bell	0 (0%)

4.3 Please answer the following questions about the wing or houseblock you are currently living on:

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	79 (45%)	92 (53%)	3 (2%)
Can you shower every day?	156 (90%)	15 (9%)	2 (1%)
Do you have clean sheets every week?	92 (53%)	79 (46%)	1 (1%)
Do you get cell cleaning materials every week?	45 (26%)	118 (69%)	8 (5%)
Is it normally quiet enough for you to relax or sleep at night?	64 (38%)	100 (59%)	5 (3%)
Can you get your stored property if you need it?	35 (20%)	103 (60%)	34 (20%)

4.4 Normally, how clean or dirty are the communal / shared areas of your wing or houseblock (landings, stairs, wing showers etc.)?

Very clean	34 (20%)
Quite clean	65 (38%)
Quite dirty	45 (26%)
Very dirty	29 (17%)

Food and canteen

5.1 What is the quality of food like in this prison?

Very good	3 (2%)
Quite good	42 (24%)
Quite bad	72 (41%)
Very bad	58 (33%)

5.2 Do you get enough to eat at mealtimes?

Always	8 (5%)
Most of the time	38 (22%)
Some of the time	61 (35%)
Never	69 (39%)

5.3 Does the shop / canteen sell the things that you need?

Yes	106 (63%)
No	50 (30%)
Don't know	12 (7%)

Relationships with staff

6.1 Do most staff here treat you with respect?

Yes	101 (60%)
No	67 (40%)

6.2 Are there any staff here you could turn to if you had a problem?

Yes	108 (64%)
No	61 (36%)

6.3 In the last week, has any member of staff talked to you about how you are getting on?

Yes	52 (30%)
No	121 (70%)

6.4 How helpful is your personal or named officer?

Very helpful	20 (12%)
Quite helpful	22 (14%)
Not very helpful	9 (6%)
Not at all helpful	8 (5%)
Don't know	14 (9%)
Don't have a personal / named officer	88 (55%)

6.5 How often do you see prison governors, directors or senior managers talking to prisoners?

Regularly	6 (4%)
Sometimes	17 (10%)
Hardly ever	125 (74%)
Don't know	21 (12%)

6.6 Do you feel that you are treated as an individual in this prison?

Yes	60 (36%)
No	106 (64%)

6.7 Are prisoners here consulted about things like food, canteen, health care or wing issues?

Yes, and things sometimes change	24 (14%)
Yes, but things don't change	34 (20%)
No	87 (50%)
Don't know	28 (16%)

Faith

7.1 What is your religion?

No religion	77 (45%)
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	84 (49%)
Buddhist	3 (2%)
Hindu	0 (0%)
Jewish	0 (0%)
Muslim	3 (2%)
Sikh	1 (1%)
Other	2 (1%)

7.2 Are your religious beliefs respected here?

Yes	65 (38%)
No	13 (8%)
Don't know	17 (10%)
Not applicable (no religion)	77 (45%)

7.3 Are you able to speak to a Chaplain of your faith in private, if you want to?

Yes	73 (42%)
No	10 (6%)
Don't know	13 (8%)
Not applicable (no religion)	77 (45%)

7.4 Are you able to attend religious services, if you want to?

Yes	84 (49%)
No	5 (3%)
Don't know	6 (3%)
Not applicable (no religion)	77 (45%)

Contact with family and friends

8.1	**Have staff here encouraged you to keep in touch with your family/friends?**	
	Yes	46 (27%)
	No	126 (73%)
8.2	**Have you had any problems with sending or receiving mail (letters or parcels)?**	
	Yes	108 (64%)
	No	62 (36%)
8.3	**Are you able to use a phone every day (if you have credit)?**	
	Yes	163 (95%)
	No	9 (5%)
8.4	**How easy or difficult is it for your family and friends to get here?**	
	Very easy	13 (8%)
	Quite easy	51 (30%)
	Quite difficult	47 (28%)
	Very difficult	48 (28%)
	Don't know	11 (6%)
8.5	**How often do you have visits from family or friends?**	
	More than once a week	7 (4%)
	About once a week	28 (17%)
	Less than once a week	71 (42%)
	Not applicable (don't get visits)	62 (37%)
8.6	**Do visits usually start and finish on time?**	
	Yes	38 (39%)
	No	59 (61%)
8.7	**Are your visitors usually treated respectfully by staff?**	
	Yes	64 (66%)
	No	33 (34%)

Time out of cell

9.1	**Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?**	
	Yes, and these times are usually kept to	61 (36%)
	Yes, but these times are not usually kept to	74 (44%)
	No	33 (20%)
9.2	**How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?**	
	Less than 2 hours	64 (38%)
	2 to 6 hours	76 (45%)
	6 to 10 hours	14 (8%)
	10 hours or more	6 (4%)
	Don't know	10 (6%)
9.3	**How long do you usually spend out of your cell on a typical Saturday or Sunday?**	
	Less than 2 hours	134 (78%)
	2 to 6 hours	24 (14%)
	6 to 10 hours	9 (5%)
	10 hours or more	2 (1%)
	Don't know	3 (2%)

9.4 How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?

None	15 (9%)
1 or 2	28 (16%)
3 to 5	40 (24%)
More than 5	73 (43%)
Don't know	14 (8%)

9.5 How many days in a typical week do you get association, if you want it?

None	7 (4%)
1 or 2	7 (4%)
3 to 5	26 (15%)
More than 5	120 (70%)
Don't know	11 (6%)

9.6 How many days in a typical week could you go outside for exercise, if you wanted to?

None	6 (4%)
1 or 2	7 (4%)
3 to 5	23 (14%)
More than 5	125 (74%)
Don't know	8 (5%)

9.7 Typically, how often do you go to the gym?

Twice a week or more	79 (48%)
About once a week	16 (10%)
Less than once a week	9 (5%)
Never	62 (37%)

9.8 Typically, how often do you go to the library?

Twice a week or more	11 (7%)
About once a week	63 (37%)
Less than once a week	26 (15%)
Never	69 (41%)

9.9 Does the library have a wide enough range of materials to meet your needs?

Yes	60 (37%)
No	32 (20%)
Don't use the library	69 (43%)

Applications, complaints and legal rights

10.1 Is it easy for you to make an application?

Yes	95 (57%)
No	59 (35%)
Don't know	13 (8%)

10.2 If you have made any applications here, please answer the questions below:

	Yes	No	Not made any applications
Are applications usually dealt with fairly?	66 (42%)	67 (43%)	24 (15%)
Are applications usually dealt with within 7 days?	39 (25%)	92 (59%)	24 (15%)

10.3 Is it easy for you to make a complaint?

Yes	78 (46%)
No	53 (32%)
Don't know	37 (22%)

10.4 If you have made any complaints here, please answer the questions below:

	Yes	No	Not made any complaints
Are complaints usually dealt with fairly?	22 (14%)	71 (46%)	62 (40%)
Are complaints usually dealt with within 7 days?	13 (9%)	72 (49%)	62 (42%)

10.5 Have you ever been prevented from making a complaint here when you wanted to?

Yes	39 (25%)
No	79 (50%)
Not wanted to make a complaint	41 (26%)

10.6 In this prison, is it easy or difficult for you to...

	Easy	Difficult	Don't know	Don't need this
Communicate with your solicitor or legal representative?	61 (37%)	74 (45%)	25 (15%)	6 (4%)
Attend legal visits?	92 (56%)	32 (20%)	32 (20%)	7 (4%)
Get bail information?	31 (19%)	75 (47%)	46 (29%)	9 (6%)

10.7 Have staff here ever opened letters from your solicitor or legal representative when you were not present?

Yes	108 (67%)
No	39 (24%)
Not had any legal letters	15 (9%)

Health care

11.1 How easy or difficult is it to see the following people?

	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
Doctor	17 (10%)	34 (21%)	62 (38%)	39 (24%)	13 (8%)
Nurse	26 (16%)	50 (31%)	47 (29%)	24 (15%)	14 (9%)
Dentist	7 (4%)	16 (10%)	46 (28%)	65 (40%)	28 (17%)
Mental health workers	8 (5%)	43 (26%)	43 (26%)	42 (26%)	27 (17%)

11.2 What do you think of the quality of the health service from the following people?

	Very good	Quite good	Quite bad	Very bad	Don't know
Doctor	15 (9%)	55 (34%)	41 (25%)	30 (18%)	23 (14%)
Nurse	20 (12%)	65 (40%)	35 (22%)	21 (13%)	21 (13%)
Dentist	12 (7%)	26 (16%)	36 (22%)	30 (19%)	57 (35%)
Mental health workers	14 (9%)	37 (24%)	38 (24%)	22 (14%)	45 (29%)

11.3 Do you have any mental health problems?

Yes	111 (66%)
No	58 (34%)

11.4 Have you been helped with your mental health problems in this prison?

Yes	34 (21%)
No	72 (44%)
Don't have any mental health problems	58 (35%)

11.5 What do you think of the overall quality of the health services here?

Very good	10 (6%)
Quite good	49 (29%)
Quite bad	55 (33%)
Very bad	38 (23%)
Don't know	16 (10%)

Other support needs

12.1 Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?

Yes	82 (49%)
No	85 (51%)

12.2 If you have a disability, are you getting the support you need?

Yes	20 (12%)
No	57 (35%)
Don't have a disability	85 (52%)

12.3 Have you been on an ACCT in this prison?

Yes	46 (28%)
No	119 (72%)

12.4 If you have been on an ACCT in this prison, did you feel cared for by staff?

Yes	20 (12%)
No	23 (14%)
Have not been on an ACCT in this prison	119 (73%)

12.5 How easy or difficult is it for you to speak to a Listener, if you need to?

Very easy	37 (23%)
Quite easy	43 (26%)
Quite difficult	14 (9%)
Very difficult	12 (7%)
Don't know	52 (32%)
No Listeners at this prison	6 (4%)

Alcohol and drugs

13.1 Did you have an alcohol problem when you came into this prison?

Yes	48 (28%)
No	121 (72%)

13.2 Have you been helped with your alcohol problem in this prison?

Yes	30 (18%)
No	16 (10%)
Did not / do not have an alcohol problem	121 (72%)

13.3 Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?

Yes	85 (51%)
No	83 (49%)

13.4 Have you developed a problem with illicit drugs since you have been in this prison?

Yes	50 (30%)
No	118 (70%)

13.5 Have you developed a problem with taking medication not prescribed to you since you have been in this prison?

Yes	30 (18%)
No	136 (82%)

13.6 Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?

Yes	50 (31%)
No	45 (28%)
Did not / do not have a drug problem	67 (41%)

13.7 Is it easy or difficult to get illicit drugs in this prison?

Very easy	75 (45%)
Quite easy	29 (17%)
Quite difficult	7 (4%)
Very difficult	4 (2%)
Don't know	51 (31%)

13.8 Is it easy or difficult to get alcohol in this prison?

Very easy	19 (11%)
Quite easy	46 (28%)
Quite difficult	14 (8%)
Very difficult	13 (8%)
Don't know	74 (45%)

Safety

14.1 Have you ever felt unsafe here?

Yes	104 (60%)
No	68 (40%)

14.2 Do you feel unsafe now?

Yes	55 (33%)
No	110 (67%)

14.3 Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)

Verbal abuse	72 (45%)
Threats or intimidation	67 (42%)
Physical assault	48 (30%)
Sexual assault	11 (7%)
Theft of canteen or property	63 (39%)
Other bullying / victimisation	38 (24%)
Not experienced any of these from prisoners here	70 (43%)

14.4 If you were being bullied / victimised by other prisoners here, would you report it?

Yes	48 (30%)
No	112 (70%)

14.5 Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)

Verbal abuse	57 (35%)
Threats or intimidation	45 (28%)
Physical assault	30 (18%)
Sexual assault	3 (2%)
Theft of canteen or property	26 (16%)
Other bullying / victimisation	28 (17%)
Not experienced any of these from staff here	92 (56%)

14.6 If you were being bullied / victimised by staff here, would you report it?

Yes	60 (36%)
No	107 (64%)

Behaviour management

15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?

Yes	62 (39%)
No	66 (41%)
Don't know what the incentives / rewards are	33 (20%)

15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?

Yes	59 (36%)
No	56 (34%)
Don't know	23 (14%)
Don't know what this is	27 (16%)

15.3 Have you been physically restrained by staff in this prison in the last 6 months?

Yes	34 (20%)
No	134 (80%)

15.4 If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?

Yes	3 (2%)
No	29 (17%)
Don't remember	1 (1%)
Not been restrained here in last 6 months	134 (80%)

15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?

Yes	26 (16%)
No	140 (84%)

15.6 If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:

	Yes	No
Were you treated well by segregation staff?	11 (44%)	14 (56%)
Could you shower every day?	13 (52%)	12 (48%)
Could you go outside for exercise every day?	14 (56%)	11 (44%)
Could you use the phone every day (if you had credit)?	10 (38%)	16 (62%)

Education, skills and work

16.1 Is it easy or difficult to get into the following activities in this prison?

	Easy	Difficult	Don't know	Not available here
Education	105 (65%)	30 (19%)	26 (16%)	1 (1%)
Vocational or skills training	75 (47%)	38 (24%)	40 (25%)	5 (3%)
Prison job	70 (44%)	57 (36%)	30 (19%)	1 (1%)
Voluntary work outside of the prison	11 (7%)	40 (25%)	47 (30%)	59 (38%)
Paid work outside of the prison	8 (5%)	41 (25%)	49 (30%)	63 (39%)

16.2 If you have done any of these activities while in this prison, do you think they will help you on release?

	Yes, will help	No, won't help	Not done this
Education	70 (43%)	53 (32%)	41 (25%)
Vocational or skills training	60 (39%)	43 (28%)	52 (34%)
Prison job	52 (33%)	63 (40%)	43 (27%)
Voluntary work outside of the prison	25 (17%)	21 (14%)	101 (69%)
Paid work outside of the prison	27 (18%)	21 (14%)	99 (67%)

16.3 Do staff encourage you to attend education, training or work?

Yes	67 (42%)
No	75 (47%)
Not applicable (e.g. if you are retired, sick or on remand)	19 (12%)

Planning and progression

17.1 Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)

Yes	30 (18%)
No	137 (82%)

17.2 Do you understand what you need to do to achieve the objectives or targets in your custody plan?

Yes	23 (79%)
No	2 (7%)
Don't know what my objectives or targets are	4 (14%)

17.3 Are staff here supporting you to achieve your objectives or targets?

Yes	17 (59%)
No	8 (28%)
Don't know what my objectives or targets are	4 (14%)

17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?

	Yes, this helped	No, this didn't help	Not done/ don't know
Offending behaviour programmes	5 (19%)	5 (19%)	16 (62%)
Other programmes	4 (16%)	5 (20%)	16 (64%)
One to one work	6 (24%)	4 (16%)	15 (60%)
Being on a specialist unit	4 (16%)	3 (12%)	18 (72%)
ROTL - day or overnight release	3 (12%)	4 (16%)	18 (72%)

Preparation for release

18.1 Do you expect to be released in the next 3 months?

Yes	36 (22%)
No	73 (45%)
Don't know	55 (34%)

18.2 How close is this prison to your home area or intended release address?

Very near	5 (15%)
Quite near	5 (15%)
Quite far	12 (36%)
Very far	11 (33%)

18.3 Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?

Yes	7 (21%)
No	26 (79%)

18.4 Are you getting help to sort out the following things for when you are released?

	Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
Finding accommodation	6 (21%)	19 (66%)	4 (14%)
Getting employment	5 (17%)	16 (55%)	8 (28%)
Setting up education or training	4 (15%)	13 (48%)	10 (37%)
Arranging benefits	7 (23%)	22 (71%)	2 (6%)
Sorting out finances	4 (14%)	19 (68%)	5 (18%)
Support for drug or alcohol problems	10 (36%)	10 (36%)	8 (29%)
Health / mental health support	8 (28%)	17 (59%)	4 (14%)
Social care support	4 (14%)	15 (52%)	10 (34%)
Getting back in touch with family or friends	7 (22%)	14 (44%)	11 (34%)

More about you

19.1 Do you have children under the age of 18?

Yes	101 (61%)
No	65 (39%)

19.2 Are you a UK / British citizen?

Yes	156 (95%)
No	9 (5%)

19.3 Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?

Yes	5 (3%)
No	159 (97%)

19.4 Have you ever been in the armed services (e.g. army, navy, air force)?

Yes	9 (5%)
No	159 (95%)

19.5 What is your gender?

Male	164 (99%)
Female	1 (1%)
Non-binary	0 (0%)
Other	1 (1%)

19.6 How would you describe your sexual orientation?

Straight / heterosexual	157 (95%)
Gay / lesbian / homosexual	4 (2%)
Bisexual	3 (2%)
Other	1 (1%)

19.7 Do you identify as transgender or transsexual?

Yes	3 (2%)
No	158 (98%)

Final questions about this prison

20.1 Do you think your experiences in this prison have made you more or less likely to offend in the future?

More likely to offend	19 (12%)
Less likely to offend	77 (49%)
Made no difference	62 (39%)

HMP Durham 2018

Survey responses compared with those from other HMIP surveys of local prisons and with those from the previous survey

In this table summary statistics from HMP Durham 2018 are compared with the following HMIP survey data:

- Summary statistics from surveys of local prisons conducted since the introduction of the new questionnaire in September 2017 (16 prisons). Please note that this does not include all local prisons.

- Summary statistics from HMP Durham 2018 are compared with those from HMP Durham 2016. Please note that we do not have comparable data for the new questions introduced in September 2017.

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** less than 1% probability that the difference is due to chance*

			HMP Durham 2018	All other local prisons surveyed since September 2017	HMP Durham 2018	HMP Durham 2016
	Number of completed questionnaires returned		**178**	**2,784**	**178**	**193**
		n=number of valid responses to question (HMP Durham 2018)				
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 21 years of age?	*n=176*	5%	5%	5%	8%
	Are you 25 years of age or younger?	*n=176*	22%	21%	22%	
	Are you 50 years of age or older?	*n=176*	10%	13%	10%	14%
	Are you 70 years of age or older?	*n=176*	2%	1%	2%	1%
1.3	Are you from a minority ethnic group?	*n=176*	7%	27%	7%	6%
1.4	Have you been in this prison for less than 6 months?	*n=174*	74%	60%	74%	
1.5	Are you currently serving a sentence?	*n=176*	44%	71%	44%	59%
	Are you on recall?	*n=176*	13%	12%	13%	10%
1.6	Is your sentence less than 12 months?	*n=171*	14%	20%	14%	19%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	*n=171*	1%	3%	1%	2%
7.1	Are you Muslim?	*n=170*	2%	14%	2%	2%
11.3	Do you have any mental health problems?	*n=169*	66%	49%	66%	
12.1	Do you consider yourself to have a disability?	*n=167*	49%	39%	49%	38%
19.1	Do you have any children under the age of 18?	*n=166*	61%	52%	61%	51%
19.2	Are you a foreign national?	*n=165*	6%	10%	6%	9%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	*n=164*	3%	6%	3%	5%
19.4	Have you ever been in the armed services?	*n=168*	5%	7%	5%	5%
19.5	Is your gender female or non-binary?	*n=166*	1%	1%	1%	
19.6	Are you homosexual, bisexual or other sexual orientation?	*n=165*	5%	4%	5%	4%
19.7	Do you identify as transgender or transsexual?	*n=161*	2%	2%	2%	
ARRIVAL AND RECEPTION						
2.1	Were you given up-to-date information about this prison before you came here?	*n=177*	14%	17%	14%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	*n=175*	26%	35%	26%	52%

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			HMP Durham 2018	All other local prisons surveyed since September 2017	HMP Durham 2018	HMP Durham 2016
	Number of completed questionnaires returned		178	2,784	178	193
		n=number of valid responses to question (HMP Durham 2018)				
2.3	When you were searched in reception, was this done in a respectful way?	*n=175*	74%	78%	74%	74%
2.4	Overall, were you treated very / quite well in reception?	*n=175*	73%	75%	73%	
2.5	When you first arrived, did you have any problems?	*n=173*	90%	88%	90%	86%
2.5	Did you have problems with:					
	- Getting phone numbers?	*n=173*	53%	45%	53%	36%
	- Contacting family?	*n=173*	56%	48%	56%	39%
	- Arranging care for children or other dependents?	*n=173*	4%	4%	4%	
	- Contacting employers?	*n=173*	8%	7%	8%	4%
	- Money worries?	*n=173*	44%	28%	44%	29%
	- Housing worries?	*n=173*	35%	23%	35%	23%
	- Feeling depressed?	*n=173*	62%	48%	62%	
	- Feeling suicidal?	*n=173*	31%	18%	31%	
	- Other mental health problems?	*n=173*	45%	28%	45%	
	- Physical health problems?	*n=173*	20%	19%	20%	16%
	- Drugs or alcohol (e.g. withdrawal)?	*n=173*	37%	23%	37%	
	- Getting medication?	*n=173*	42%	30%	42%	
	- Needing protection from other prisoners?	*n=173*	16%	11%	16%	15%
	- Lost or delayed property?	*n=173*	24%	20%	24%	15%
	For those who had any problems when they first arrived:					
2.6	Did staff help you to deal with these problems?	*n=152*	27%	30%	27%	31%
FIRST NIGHT AND INDUCTION						
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	*n=174*	76%	70%	76%	14%
	- Toiletries / other basic items?	*n=174*	50%	54%	50%	56%
	- A shower?	*n=174*	23%	29%	23%	20%
	- A free phone call?	*n=174*	26%	50%	26%	22%
	- Something to eat?	*n=174*	67%	76%	67%	60%
	- The chance to see someone from health care?	*n=174*	60%	62%	60%	63%
	- The chance to talk to a Listener or Samaritans?	*n=174*	22%	25%	22%	34%
	- Support from another prisoner (e.g. Insider or buddy)?	*n=174*	20%	21%	20%	
	- None of these?	*n=174*	6%	5%	6%	
3.2	On your first night in this prison, was your cell very / quite clean?	*n=175*	25%	28%	25%	
3.3	Did you feel safe on your first night here?	*n=171*	57%	61%	57%	62%
3.4	In your first few days here, did you get:					
	- Access to the prison shop / canteen?	*n=166*	24%	32%	24%	17%

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		n=number of valid responses to question (HMP Durham 2018)				
	- Free PIN phone credit?	*n=171*	74%	53%	74%	
	- Numbers put on your PIN phone?	*n=158*	23%	34%	23%	
3.5	Have you had an induction at this prison?	*n=171*	81%	82%	81%	79%
	For those who have had an induction:					
3.5	Did your induction cover everything you needed to know about this prison?	*n=138*	46%	48%	46%	
ON THE WING						
4.1	Are you in a cell on your own?	*n=173*	17%	34%	17%	
4.2	Is your cell call bell normally answered within 5 minutes?	*n=173*	22%	20%	22%	19%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	*n=174*	45%	55%	45%	44%
	- Can you shower every day?	*n=173*	90%	77%	90%	77%
	- Do you have clean sheets every week?	*n=172*	54%	61%	54%	38%
	- Do you get cell cleaning materials every week?	*n=171*	26%	50%	26%	36%
	- Is it normally quiet enough for you to relax or sleep at night?	*n=169*	38%	54%	38%	45%
	- Can you get your stored property if you need it?	*n=172*	20%	22%	20%	12%
4.4	Are the communal / shared areas of your wing or houseblook normally very / quite clean?	*n=173*	57%	55%	57%	
FOOD AND CANTEEN						
5.1	Is the quality of the food in this prison very / quite good?	*n=175*	26%	36%	26%	
5.2	Do you get enough to eat at meal-times always / most of the time?	*n=176*	26%	29%	26%	
5.3	Does the shop / canteen sell the things that you need?	*n=168*	63%	58%	63%	56%
RELATIONSHIPS WITH STAFF						
6.1	Do most staff here treat you with respect?	*n=168*	60%	67%	60%	65%
6.2	Are there any staff here you could turn to if you had a problem?	*n=169*	64%	70%	64%	60%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	*n=173*	30%	29%	30%	24%
6.4	Do you have a personal officer?	*n=161*	45%	56%	45%	
	For those who have a personal officer:					
6.4	Is your personal or named officer very / quite helpful?	*n=73*	58%	46%	58%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	*n=169*	4%	7%	4%	
6.6	Do you feel that you are treated as an individual in this prison?	*n=166*	36%	39%	36%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	*n=173*	34%	40%	34%	
	If so, do things sometimes change?	*n=58*	41%	34%	41%	
FAITH						
7.1	Do you have a religion?	*n=170*	55%	69%	55%	63%
	For those who have a religion:					
7.2	Are your religious beliefs respected here?	*n=95*	68%	66%	68%	

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7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	*n=96*	76%	64%	76%	
7.4	Are you able to attend religious services, if you want to?	*n=95*	88%	84%	88%	
CONTACT WITH FAMILY AND FRIENDS						
8.1	Have staff here encouraged you to keep in touch with your family / friends?	*n=172*	27%	24%	27%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	*n=170*	64%	55%	64%	45%
8.3	Are you able to use a phone every day (if you have credit)?	*n=172*	95%	80%	95%	
8.4	Is it very / quite easy for your family and friends to get here?	*n=170*	38%	46%	38%	
8.5	Do you get visits from family/friends once a week or more?	*n=168*	21%	24%	21%	
	For those who get visits:					
8.6	Do visits usually start and finish on time?	*n=97*	39%	44%	39%	
8.7	Are your visitors usually treated respectfully by staff?	*n=97*	66%	71%	66%	
TIME OUT OF CELL						
9.1	Do you know what the unlock and lock-up times are supposed to be here?	*n=168*	80%	82%	80%	
	For those who know what the unlock and lock-up times are supposed to be.					
9.1	Are these times usually kept to?	*n=135*	45%	49%	45%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	*n=170*	38%	35%	38%	39%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	*n=170*	4%	4%	4%	9%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	*n=172*	78%	48%	78%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	*n=172*	1%	1%	1%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	*n=170*	43%	41%	43%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	*n=171*	70%	43%	70%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	*n=169*	74%	46%	74%	
9.7	Do you typically go to the gym twice a week or more?	*n=166*	48%	38%	48%	
9.8	Do you typically go to the library once a week or more?	*n=169*	44%	39%	44%	37%
	For those who use the library:					
9.9	Does the library have a wide enough range of materials to meet your needs?	*n=92*	65%	56%	65%	69%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS						
10.1	Is it easy for you to make an application?	*n=167*	57%	66%	57%	72%
	For those who have made an application:					
10.2	Are applications usually dealt with fairly?	*n=133*	50%	47%	50%	43%
	Are applications usually dealt with within 7 days?	*n=131*	30%	32%	30%	18%
10.3	Is it easy for you to make a complaint?	*n=168*	46%	54%	46%	47%
	For those who have made a complaint:					
10.4	Are complaints usually dealt with fairly?	*n=93*	24%	26%	24%	24%
	Are complaints usually dealt with within 7 days?	*n=85*	15%	21%	15%	18%

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10.5	Have you ever been prevented from making a complaint here when you wanted to?	*n=118*	33%	29%	33%	
	For those who need it, is it easy to:					
10.6	Communicate with your solicitor or legal representative?	*n=160*	38%	41%	38%	
	Attend legal visits?	*n=156*	59%	58%	59%	
	Get bail information?	*n=152*	20%	16%	20%	
	For those who have had legal letters:					
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	*n=147*	74%	49%	74%	46%
HEALTH CARE						
11.1	Is it very / quite easy to see:					
	- Doctor?	*n=165*	31%	24%	31%	
	- Nurse?	*n=161*	47%	47%	47%	
	- Dentist?	*n=162*	14%	11%	14%	
	- Mental health workers?	*n=163*	31%	19%	31%	
11.2	Do you think the quality of the health service is very / quite good from:					
	- Doctor?	*n=164*	43%	40%	43%	
	- Nurse?	*n=162*	53%	51%	53%	
	- Dentist?	*n=161*	24%	25%	24%	
	- Mental health workers?	*n=156*	33%	24%	33%	
11.3	Do you have any mental health problems?	*n=169*	66%	49%	66%	
	For those who have mental health problems:					
11.4	Have you been helped with your mental health problems in this prison?	*n=106*	32%	34%	32%	
11.5	Do you think the overall quality of the health services here is very / quite good?	*n=168*	35%	34%	35%	
OTHER SUPPORT NEEDS						
12.1	Do you consider yourself to have a disability?	*n=167*	49%	39%	49%	38%
	For those who have a disability:					
12.2	Are you getting the support you need?	*n=77*	26%	26%	26%	
12.3	Have you been on an ACCT in this prison?	*n=165*	28%	23%	28%	
	For those who have been on an ACCT:					
12.4	Did you feel cared for by staff?	*n=43*	47%	47%	47%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	*n=164*	49%	45%	49%	
ALCOHOL AND DRUGS						
13.1	Did you have an alcohol problem when you came into this prison?	*n=169*	28%	23%	28%	29%
	For those who had / have an alcohol problem:					
13.2	Have you been helped with your alcohol problem in this prison?	*n=46*	65%	58%	65%	67%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	*n=168*	51%	33%	51%	43%

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** less than 1% probability that the difference is due to chance*

			HMP Durham 2018	All other local prisons surveyed since September 2017	HMP Durham 2018	HMP Durham 2016
	Number of completed questionnaires returned		178	2,784	178	193
		n=number of valid responses to question (HMP Durham 2018)				
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	*n=168*	30%	16%	30%	10%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	*n=166*	18%	11%	18%	
	For those who had / have a drug problem:					
13.6	Have you been helped with your drug problem in this prison?	*n=95*	53%	49%	53%	79%
13.7	Is it very / quite easy to get illicit drugs in this prison?	*n=166*	63%	50%	63%	
13.8	Is it very / quite easy to get alcohol in this prison?	*n=166*	39%	26%	39%	
SAFETY						
14.1	Have you ever felt unsafe here?	*n=172*	61%	61%	61%	60%
14.2	Do you feel unsafe now?	*n=165*	33%	28%	33%	29%
14.3	Have you experienced any of the following from other prisoners here:					
	- Verbal abuse?	*n=161*	45%	39%	45%	
	- Threats or intimidation?	*n=161*	42%	35%	42%	
	- Physical assault?	*n=161*	30%	21%	30%	
	- Sexual assault?	*n=161*	7%	2%	7%	
	- Theft of canteen or property?	*n=161*	39%	31%	39%	
	- Other bullying / victimisation?	*n=161*	24%	20%	24%	
	- Not experienced any of these from prisoners here	*n=161*	44%	47%	44%	
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	*n=160*	30%	35%	30%	
14.5	Have you experienced any of the following from staff here:					
	- Verbal abuse?	*n=163*	35%	33%	35%	
	- Threats or intimidation?	*n=163*	28%	25%	28%	
	- Physical assault?	*n=163*	18%	13%	18%	
	- Sexual assault?	*n=163*	2%	2%	2%	
	- Theft of canteen or property?	*n=163*	16%	11%	16%	
	- Other bullying / victimisation?	*n=163*	17%	18%	17%	
	- Not experienced any of these from staff here	*n=163*	56%	55%	56%	
14.6	If you were being bullied / victimised by staff here, would you report it?	*n=167*	36%	46%	36%	
BEHAVIOUR MANAGEMENT						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	*n=161*	39%	37%	39%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	*n=165*	36%	34%	36%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	*n=168*	20%	14%	20%	14%
	For those who have been restrained in the last 6 months.					
15.4	Did anyone come and talk to you about it afterwards?	*n=33*	9%	20%	9%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	*n=166*	16%	9%	16%	

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** less than 1% probability that the difference is due to chance*

		HMP Durham 2018	All other local prisons surveyed since September 2017	HMP Durham 2018	HMP Durham 2016
	Number of completed questionnaires returned	178	2,784	178	193
	n=number of valid responses to question (HMP Durham 2018)				
	For those who have spent one or more nights in the segregation unit in the last 6 months				
15.6	Were you treated well by segregation staff? *n=25*	44%	57%	44%	
	Could you shower every day? *n=25*	52%	49%	52%	
	Could you go outside for exercise every day? *n=25*	56%	57%	56%	
	Could you use the phone every day (if you had credit)? *n=26*	39%	46%	39%	
EDUCATION, SKILLS AND WORK					
16.1	In this prison, is it easy to get into the following activities:				
	- Education? *n=162*	65%	51%	65%	
	- Vocational or skills training? *n=158*	48%	26%	48%	
	- Prison job? *n=158*	44%	32%	44%	
	- Voluntary work outside of the prison? *n=157*	7%	4%	7%	
	- Paid work outside of the prison? *n=161*	5%	3%	5%	
16.2	In this prison, have you done the following activities:				
	- Education? *n=164*	75%	71%	75%	75%
	- Vocational or skills training? *n=155*	67%	54%	67%	62%
	- Prison job? *n=158*	73%	70%	73%	69%
	- Voluntary work outside of the prison? *n=147*	31%	32%	31%	
	- Paid work outside of the prison? *n=147*	33%	32%	33%	
	For those who have done the following activities, do you think they will help you on release.				
	- Education? *n=123*	57%	58%	57%	40%
	- Vocational or skills training? *n=103*	58%	57%	58%	26%
	- Prison job? *n=115*	45%	42%	45%	34%
	- Voluntary work outside of the prison? *n=46*	54%	50%	54%	
	- Paid work outside of the prison? *n=48*	56%	56%	56%	
16.3	Do staff encourage you to attend education, training or work? *n=142*	47%	44%	47%	
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan? *n=167*	18%	27%	18%	
	For those who have a custody plan:				
17.2	Do you understand what you need to do to achieve your objectives or targets? *n=29*	79%	76%	79%	
17.3	Are staff helping you to achieve your objectives or targets? *n=29*	59%	44%	59%	
17.4	In this prison, have you done:				
	- Offending behaviour programmes? *n=26*	39%	43%	39%	
	- Other programmes? *n=25*	36%	43%	36%	
	- One to one work? *n=25*	40%	36%	40%	
	- Been on a specialist unit? *n=25*	28%	21%	28%	

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** less than 1% probability that the difference is due to chance*

			HMP Durham 2018	All other local prisons surveyed since September 2017	HMP Durham 2018	HMP Durham 2016
	Number of completed questionnaires returned		**178**	**2,784**	**178**	**193**
		n=number of valid responses to question (HMP Durham 2018)				
	- ROTL - day or overnight release?	*n=25*	**28%**	**17%**	**28%**	
	For those who have done the following, did they help you to achieve your objectives or targets					
	- Offending behaviour programmes?	*n=10*	**50%**	**71%**	**50%**	
	- Other programmes?	*n=9*	**44%**	**66%**	**44%**	
	- One to one work?	*n=10*	**60%**	**67%**	**60%**	
	- Being on a specialist unit?	*n=7*	**57%**	**50%**	**57%**	
	- ROTL - day or overnight release?	*n=7*	**43%**	**50%**	**43%**	
PREPARATION FOR RELEASE						
18.1	Do you expect to be released in the next 3 months?	*n=164*	**22%**	**31%**	**22%**	
	For those who expect to be released in the next 3 months.					
18.2	Is this prison very / quite near to your home area or intended release address?	*n=33*	**30%**	**60%**	**30%**	
18.3	Is anybody helping you to prepare for your release?	*n=33*	**21%**	**45%**	**21%**	
18.4	Do you need help to sort out the following for when you are released:					
	- Finding accommodation?	*n=29*	**86%**	**65%**	**86%**	
	- Getting employment?	*n=29*	**72%**	**62%**	**72%**	
	- Setting up education or training?	*n=27*	**63%**	**49%**	**63%**	
	- Arranging benefits?	*n=31*	**94%**	**68%**	**94%**	
	- Sorting out finances?	*n=28*	**82%**	**57%**	**82%**	
	- Support for drug or alcohol problems?	*n=28*	**71%**	**51%**	**71%**	
	- Health / mental Health support?	*n=29*	**86%**	**57%**	**86%**	
	- Social care support?	*n=29*	**66%**	**41%**	**66%**	
	- Getting back in touch with family or friends?	*n=32*	**66%**	**41%**	**66%**	
18.4	Are you getting help to sort out the following for when you are released, if you need it:					
	- Finding accommodation?	*n=25*	**24%**	**31%**	**24%**	
	- Getting employment?	*n=21*	**24%**	**20%**	**24%**	
	- Setting up education or training?	*n=17*	**24%**	**15%**	**24%**	
	- Arranging benefits?	*n=29*	**24%**	**23%**	**24%**	
	- Sorting out finances?	*n=23*	**17%**	**17%**	**17%**	
	- Support for drug or alcohol problems?	*n=20*	**50%**	**41%**	**50%**	
	- Health / mental Health support?	*n=25*	**32%**	**23%**	**32%**	
	- Social care support?	*n=19*	**21%**	**17%**	**21%**	
	- Getting back in touch with family or friends?	*n=21*	**33%**	**26%**	**33%**	
FINAL QUESTION ABOUT THIS PRISON						
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	*n=158*	**49%**	**48%**	**49%**	

HMP Durham 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
- responses of prisoners who reported that they had mental health problems compared with those who did not.
- responses of prisoners who reported that they had a disability compared with those who did not.
Please note that these analyses are based on summary data from selected survey questions only.

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** less than 1% probability that the difference is due to chance*

		Mental health problems	No mental health problems	Have a disability	Do not have a disability
	Number of completed questionnaires returned	111	58	82	85
	DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION				
1.2	Are you under 25 years of age?	21%	21%	22%	20%
	Are you 50 years of age or older?	9%	12%	11%	10%
1.3	Are you from a minority ethnic group?	2%	16%	0%	4%
7.1	Are you Muslim?	1%	4%	1%	12%
11.3	Do you have any mental health problems?			94%	38%
12.1	Do you consider yourself to have a disability?	71%	9%		
19.2	Are you a foreign national?	1%	14%	3%	9%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	4%	2%	3%	4%
	ARRIVAL AND RECEPTION				
2.3	When you were searched in reception, was this done in a respectful way?	70%	83%	65%	83%
2.4	Overall, were you treated very / quite well in reception?	68%	83%	66%	81%
2.5	When you first arrived, did you have any problems?	95%	79%	95%	84%
	For those who had any problems when they first arrived:				
2.6	Did staff help you to deal with these problems?	25%	32%	24%	29%
	FIRST NIGHT AND INDUCTION				
3.3	Did you feel safe on your first night here?	51%	72%	47%	70%
3.5	Have you had an induction at this prison?	79%	86%	78%	85%
	For those who have had an induction:				
3.5	Did your induction cover everything you needed to know about this prison?	42%	53%	49%	44%
	ON THE WING				
4.2	Is your cell call bell normally answered within 5 minutes?	21%	26%	21%	25%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	42%	52%	40%	49%
	- Can you shower every day?	85%	100%	84%	96%
	- Do you have clean sheets every week?	47%	66%	46%	59%
	- Do you get cell cleaning materials every week?	29%	25%	27%	29%
	- Is it normally quiet enough for you to relax or sleep at night?	36%	43%	36%	42%
	- Can you get your stored property if you need it?	16%	28%	19%	21%

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** less than 1% probability that the difference is due to chance*

	Mental health problems	No mental health problems	Have a disability	Do not have a disability
Number of completed questionnaires returned	111	58	82	85
FOOD AND CANTEEN				
5.2 Do you get enough to eat at meal-times always / most of the time?	23%	35%	23%	29%
5.3 Does the shop / canteen sell the things that you need?	59%	68%	59%	67%
RELATIONSHIPS WITH STAFF				
6.1 Do most staff here treat you with respect?	58%	70%	54%	71%
6.2 Are there any staff here you could turn to if you had a problem?	65%	65%	57%	73%
6.3 In the last week, has any member of staff talked to you about how you are getting on?	32%	30%	34%	29%
6.6 Do you feel that you are treated as an individual in this prison?	32%	43%	29%	43%
FAITH				
For those who have a religion:				
7.2 Are your religious beliefs respected here?	66%	78%	63%	74%
7.3 Are you able to speak to a Chaplain of your faith in private, if you want to?	79%	74%	72%	81%
CONTACT WITH FAMILY AND FRIENDS				
8.1 Have staff here encouraged you to keep in touch with your family / friends?	24%	35%	25%	31%
8.2 Have you had any problems with sending or receiving mail (letters or parcels)?	68%	52%	61%	63%
8.3 Are you able to use a phone every day (if you have credit)?	93%	100%	95%	95%
For those who get visits:				
8.7 Are your visitors usually treated respectfully by staff?	64%	73%	58%	75%
TIME OUT OF CELL				
9.2 Do you usually spend less than 2 hours out of your cell on a typical weekday?	44%	23%	49%	25%
Do you usually spend 10 hours or more out of your cell on a typical weekday?	2%	7%	3%	5%
For those who use the library:				
9.9 Does the library have a wide enough range of materials to meet your needs?	66%	63%	64%	65%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1 Is it easy for you to make an application?	54%	63%	49%	66%
For those who have made an application:				
10.2 Are applications usually dealt with fairly?	48%	56%	45%	55%
10.3 Is it easy for you to make a complaint?	42%	54%	46%	46%
For those who have made a complaint:				
10.4 Are complaints usually dealt with fairly?	22%	28%	28%	21%
10.5 Have you ever been prevented from making a complaint here when you wanted to?	41%	15%	43%	22%

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	Mental health problems	No mental health problems	Have a disability	Do not have a disability
Number of completed questionnaires returned	111	58	82	85
HEALTH CARE				
11.1 Is it very / quite easy to see:				
- Doctor?	27%	40%	28%	35%
- Nurse?	43%	55%	49%	44%
- Dentist?	10%	22%	13%	16%
- Mental health workers?	29%	37%	31%	32%
For those who have mental health problems:				
11.4 Have you been helped with your mental health problems in this prison?	32%		32%	34%
11.5 Do you think the overall quality of the health services here is very / quite good?	28%	49%	30%	41%
OTHER SUPPORT NEEDS				
For those who have a disability:				
12.2 Are you getting the support you need?	24%	60%	26%	
SAFETY				
14.1 Have you ever felt unsafe here?	67%	45%	70%	49%
14.2 Do you feel unsafe now?	38%	21%	43%	21%
14.3 Not experienced bullying / victimisation by other prisoners	37%	57%	36%	53%
14.4 If you were being bullied / victimised by other prisoners here, would you report it?	28%	35%	31%	31%
14.5 Not experienced bullying / victimisation by members of staff	50%	72%	42%	73%
14.6 If you were being bullied / victimised by staff here, would you report it?	32%	46%	32%	42%
BEHAVIOUR MANAGEMENT				
15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	34%	48%	31%	47%
15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	30%	48%	31%	42%
15.3 Have you been physically restrained by staff in this prison, in the last 6 months?	22%	16%	25%	15%
15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	19%	6%	16%	12%
EDUCATION, SKILLS AND WORK				
16.3 Do staff encourage you to attend education, training or work?	43%	55%	35%	58%
PLANNING AND PROGRESSION				
17.1 Do you have a custody plan?	21%	13%	18%	20%
For those who have a custody plan:				
17.3 Are staff helping you to achieve your objectives or targets?	50%	86%	46%	69%
PREPARATION FOR RELEASE				
For those who expect to be released in the next 3 months:				
18.3 Is anybody helping you to prepare for your release?	17%	30%	22%	20%
FINAL QUESTION ABOUT THIS PRISON				
20.1 Do you think your experiences in this prison have made you less likely to offend in the future?	48%	50%	45%	54%

HMP Durham 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
- responses of prisoners aged 25 and under are compared with those of prisoners over 25
Please note that these analyses are based on summary data from selected survey questions only.

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		25 and under	Over 25
	Number of completed questionnaires returned	39	137
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	23%	0%
	Are you 50 years of age or older?	0%	12%
1.3	Are you from a minority ethnic group?	10%	6%
7.1	Are you Muslim?	3%	2%
11.3	Do you have any mental health problems?	66%	66%
12.1	Do you consider yourself to have a disability?	51%	49%
19.2	Are you a foreign national?	9%	4%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	4%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	58%	78%
2.4	Overall, were you treated very / quite well in reception?	53%	79%
2.5	When you first arrived, did you have any problems?	97%	87%
	For those who had any problems when they first arrived:		
2.6	Did staff help you to deal with these problems?	12%	31%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	46%	60%
3.5	Have you had an induction at this prison?	70%	83%
	For those who have had an induction:		
3.5	Did your induction cover everything you needed to know about this prison?	31%	49%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	13%	24%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	35%	48%
	- Can you shower every day?	89%	90%
	- Do you have clean sheets every week?	47%	55%
	- Do you get cell cleaning materials every week?	18%	28%
	- Is it normally quiet enough for you to relax or sleep at night?	21%	43%
	- Can you get your stored property if you need it?	8%	23%

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	25 and under	Over 25
Number of completed questionnaires returned	39	137

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	11%	30%
5.3	Does the shop / canteen sell the things that you need?	63%	63%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	36%	67%
6.2	Are there any staff here you could turn to if you had a problem?	41%	70%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	18%	34%
6.6	Do you feel that you are treated as an individual in this prison?	29%	39%
FAITH			
	For those who have a religion:		
7.2	Are your religious beliefs respected here?	56%	71%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	72%	77%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	14%	31%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	73%	61%
8.3	Are you able to use a phone every day (if you have credit)?	97%	94%
	For those who get visits:		
8.7	Are your visitors usually treated respectfully by staff?	48%	73%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	26%	41%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	3%	4%
	For those who use the library:		
9.9	Does the library have a wide enough range of materials to meet your needs?	78%	62%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	49%	60%
	For those who have made an application:		
10.2	Are applications usually dealt with fairly?	43%	52%
10.3	Is it easy for you to make a complaint?	39%	49%
	For those who have made a complaint:		
10.4	Are complaints usually dealt with fairly?	30%	21%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	30%	34%

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** less than 1% probability that the difference is due to chance*

	25 and under	Over 25
Number of completed questionnaires returned	39	137

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	24%	33%
	- Nurse?	36%	50%
	- Dentist?	6%	16%
	- Mental health workers?	18%	35%
	For those who have mental health problems:		
11.4	Have you been helped with your mental health problems in this prison?	35%	31%
11.5	Do you think the overall quality of the health services here is very / quite good?	23%	39%
OTHER SUPPORT NEEDS			
	For those who have a disability:		
12.2	Are you getting the support you need?	19%	28%
SAFETY			
14.1	Have you ever felt unsafe here?	65%	60%
14.2	Do you feel unsafe now?	43%	31%
14.3	Not experienced bullying / victimisation by other prisoners	41%	44%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	19%	33%
14.5	Not experienced bullying / victimisation by members of staff	43%	60%
14.6	If you were being bullied / victimised by staff here, would you report it?	33%	37%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	31%	41%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	27%	38%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	37%	15%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	27%	13%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	43%	48%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	20%	17%
	For those who have a custody plan:		
17.3	Are staff helping you to achieve your objectives or targets?	71%	55%
PREPARATION FOR RELEASE			
	For those who expect to be released in the next 3 months:		
18.3	Is anybody helping you to prepare for your release?	0%	22%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	52%	48%

HMP Durham

Comparison of survey responses from different residential locations

In this table responses from the vulnerable prisoner unit (F wing) are compared with those from the rest of the establishment.

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		F wing	rest of the establishment
	Number of completed questionnaires returned	35	139
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	3%	5%
	Are you 25 years of age or younger?	14%	24%
	Are you 50 years of age or older?	29%	4%
	Are you 70 years of age or older?	6%	1%
1.3	Are you from a minority ethnic group?	3%	8%
1.4	Have you been in this prison for less than 6 months?	63%	78%
1.5	Are you currently serving a sentence?	66%	39%
	Are you on recall?	20%	11%
1.6	Is your sentence less than 12 months?	15%	13%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	1%
7.1	Are you Muslim?	3%	2%
11.3	Do you have any mental health problems?	69%	64%
12.1	Do you consider yourself to have a disability?	51%	49%
19.1	Do you have any children under the age of 18?	42%	65%
19.2	Are you a foreign national?	6%	6%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	3%	2%
19.4	Have you ever been in the armed services?	9%	5%
19.5	Is your gender female/non-binary?	3%	1%
19.6	Are you homosexual, bisexual or other sexual orientation?	9%	4%
19.7	Do you identify as transgender or transsexual?	0%	2%
ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	11%	15%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	31%	25%
2.3	When you were searched in reception, was this done in a respectful way?	83%	71%
2.4	Overall, were you treated very / quite well in reception?	77%	71%

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		F wing	rest of the establishment
	Number of completed questionnaires returned	35	139
2.5	When you first arrived, did you have any problems?	94%	88%
2.5	Did you have problems with:		
	- Getting phone numbers?	38%	56%
	- Contacting family?	47%	58%
	- Arranging care for children or other dependents?	3%	4%
	- Contacting employers?	6%	8%
	- Money worries?	50%	42%
	- Housing worries?	41%	33%
	- Feeling depressed?	71%	59%
	- Feeling suicidal?	50%	25%
	- Other mental health problems?	47%	44%
	- Physical health problems?	21%	20%
	- Drugs or alcohol (e.g. withdrawal)?	27%	39%
	- Getting medication?	41%	42%
	- Needing protection from other prisoners?	29%	13%
	- Lost or delayed property?	15%	25%
	For those who had any problems when they first arrived:		
2.6	Did staff help you to deal with these problems?	52%	21%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	69%	78%
	- Toiletries / other basic items?	60%	47%
	- A shower?	26%	22%
	- A free phone call?	17%	28%
	- Something to eat?	71%	65%
	- The chance to see someone from health care?	63%	59%
	- The chance to talk to a Listener or Samaritans?	34%	19%
	- Support from another prisoner (e.g. Insider or buddy)?	11%	21%
	- None of these?	6%	6%
3.2	On your first night in this prison, was your cell very / quite clean?	49%	18%
3.3	Did you feel safe on your first night here?	57%	58%
3.4	In your first few days here, did you get:		
	- Access to the prison shop / canteen?	42%	19%
	- Free PIN phone credit?	79%	74%
	- Numbers put on your PIN phone?	31%	21%
3.5	Have you had an induction at this prison?	94%	77%
	For those who have had an induction:		
3.5	Did your induction cover everything you needed to know about this prison?	58%	44%

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ON THE WING			
4.1	Are you in a cell on your own?	20%	14%
4.2	Is your cell call bell normally answered within 5 minutes?	49%	15%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	89%	34%
	- Can you shower every day?	85%	92%
	- Do you have clean sheets every week?	91%	44%
	- Do you get cell cleaning materials every week?	41%	21%
	- Is it normally quiet enough for you to relax or sleep at night?	74%	29%
	- Can you get your stored property if you need it?	23%	19%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	97%	47%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	46%	20%
5.2	Do you get enough to eat at meal-times always / most of the time?	40%	22%
5.3	Does the shop / canteen sell the things that you need?	74%	60%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	74%	56%
6.2	Are there any staff here you could turn to if you had a problem?	82%	59%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	56%	23%
6.4	Do you have a personal officer?	77%	36%
	For those who have a personal officer:		
6.4	Is your personal or named officer very / quite helpful?	77%	48%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	3%	2%
6.6	Do you feel that you are treated as an individual in this prison?	52%	33%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	35%	33%
	If so, do things sometimes change?	59%	36%
FAITH			
7.1	Do you have a religion?	62%	52%
	For those who have a religion:		
7.2	Are your religious beliefs respected here?	71%	68%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	71%	76%
7.4	Are you able to attend religious services, if you want to?	91%	89%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	50%	20%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	37%	70%
8.3	Are you able to use a phone every day (if you have credit)?	100%	94%
8.4	Is it very / quite easy for your family and friends to get here?	46%	35%
8.5	Do you get visits from family/friends once a week or more?	12%	24%
	For those who get visits:		
8.6	Do visits usually start and finish on time?	33%	38%
8.7	Are your visitors usually treated respectfully by staff?	88%	60%

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TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	91%	78%
	For those who know what the unlock and lock-up times are supposed to be:		
9.1	Are these times usually kept to?	66%	37%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	29%	40%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	3%	4%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	63%	83%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	0%	2%
9.4	Do you have time to do domestics more than 5 days in a typical week?	54%	41%
9.5	Do you get association more than 5 days in a typical week, if you want it?	68%	72%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	65%	78%
9.7	Do you typically go to the gym twice a week or more?	49%	47%
9.8	Do you typically go to the library once a week or more?	44%	45%
	For those who use the library:		
9.9	Does the library have a wide enough range of materials to meet your needs?	68%	65%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	85%	50%
	For those who have made an application:		
10.2	Are applications usually dealt with fairly?	63%	46%
	Are applications usually dealt with within 7 days?	42%	26%
10.3	Is it easy for you to make a complaint?	70%	41%
	For those who have made a complaint:		
10.4	Are complaints usually dealt with fairly?	31%	22%
	Are complaints usually dealt with within 7 days?	29%	13%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	21%	35%

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	For those who need it, is it easy to:		
10.6	Communicate with your solicitor or legal representative?	50%	35%
	Attend legal visits?	52%	60%
	Get bail information?	28%	18%
	For those who have had legal letters:		
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	57%	79%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	46%	27%
	- Nurse?	59%	44%
	- Dentist?	28%	10%
	- Mental health workers?	52%	26%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	50%	41%
	- Nurse?	65%	49%
	- Dentist?	39%	19%
	- Mental health workers?	50%	28%
11.3	Do you have any mental health problems?	69%	64%
	For those who have mental health problems:		
11.4	Have you been helped with your mental health problems in this prison?	63%	22%
11.5	Do you think the overall quality of the health services here is very / quite good?	49%	30%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	51%	49%
	For those who have a disability:		
12.2	Are you getting the support you need?	47%	20%
12.3	Have you been on an ACCT in this prison?	24%	27%
	For those who have been on an ACCT:		
12.4	Did you feel cared for by staff?	88%	38%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	71%	42%
ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	37%	26%
	For those who had / have an alcohol problem:		
13.2	Have you been helped with your alcohol problem in this prison?	85%	59%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	29%	57%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	9%	35%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	3%	22%
	For those who had / have a drug problem:		
13.6	Have you been helped with your drug problem in this prison?	50%	54%
13.7	Is it very / quite easy to get illicit drugs in this prison?	49%	67%
13.8	Is it very / quite easy to get alcohol in this prison?	14%	45%

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SAFETY			
14.1	Have you ever felt unsafe here?	54%	62%
14.2	Do you feel unsafe now?	17%	39%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	49%	44%
	- Threats or intimidation?	36%	43%
	- Physical assault?	18%	33%
	- Sexual assault?	0%	9%
	- Theft of canteen or property?	27%	43%
	- Other bullying / victimisation?	21%	25%
	- Not experienced any of these from prisoners here	46%	43%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	59%	22%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	20%	39%
	- Threats or intimidation?	14%	31%
	- Physical assault?	6%	20%
	- Sexual assault?	0%	2%
	- Theft of canteen or property?	9%	19%
	- Other bullying / victimisation?	14%	19%
	- Not experienced any of these from staff here	74%	52%
14.6	If you were being bullied / victimised by staff here, would you report it?	53%	31%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	68%	31%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	55%	32%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	9%	22%
	For those who have been restrained in the last 6 months:		
15.4	Did anyone come and talk to you about it afterwards?	0%	11%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	6%	17%
	For those who have spent one or more nights in the segregation unit in the last 6 months:		
15.6	Were you treated well by segregation staff?	50%	40%
	Could you shower every day?	50%	50%
	Could you go outside for exercise every day?	50%	55%
	Could you use the phone every day (if you had credit)?	50%	33%

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EDUCATION, SKILLS AND WORK			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	79%	62%
	- Vocational or skills training?	44%	49%
	- Prison job?	39%	46%
	- Voluntary work outside of the prison?	6%	7%
	- Paid work outside of the prison?	6%	5%
16.2	In this prison, have you done the following activities:		
	- Education?	77%	75%
	- Vocational or skills training?	63%	68%
	- Prison job?	59%	77%
	- Voluntary work outside of the prison?	26%	34%
	- Paid work outside of the prison?	27%	35%
	For those who have done the following activities, do you think they will help you on release:		
	- Education?	52%	59%
	- Vocational or skills training?	55%	60%
	- Prison job?	47%	45%
	- Voluntary work outside of the prison?	50%	55%
	- Paid work outside of the prison?	50%	58%
16.3	Do staff encourage you to attend education, training or work?	73%	39%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	46%	10%
	For those who have a custody plan:		
17.2	Do you understand what you need to do to achieve your objectives or targets?	87%	69%
17.3	Are staff helping you to achieve your objectives or targets?	67%	46%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	33%	46%
	- Other programmes?	33%	40%
	- One to one work?	36%	46%
	- Been on a specialist unit?	21%	30%
	- ROTL - day or overnight release?	21%	36%
	For those who have done the following, did they help you to achieve your objectives or targets:		
	- Offending behaviour programmes?	40%	60%
	- Other programmes?	40%	50%
	- One to one work?	40%	80%
	- Being on a specialist unit?	33%	67%
	- ROTL - day or overnight release?	33%	50%

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PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	12%	24%
	For those who expect to be released in the next 3 months:		
18.2	Is this prison very / quite near to your home area or intended release address?	75%	25%
18.3	Is anybody helping you to prepare for your release?	50%	18%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	100%	88%
	- Getting employment?	100%	69%
	- Setting up education or training?	0%	67%
	- Arranging benefits?	100%	92%
	- Sorting out finances?	100%	79%
	- Support for drug or alcohol problems?	67%	71%
	- Health / mental Health support?	67%	88%
	- Social care support?	67%	68%
	- Getting back in touch with family or friends?	75%	67%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	75%	14%
	- Getting employment?	50%	22%
	- Setting up education or training?		25%
	- Arranging benefits?	50%	21%
	- Sorting out finances?	33%	16%
	- Support for drug or alcohol problems?	100%	47%
	- Health / mental Health support?	50%	32%
	- Social care support?	0%	24%
	- Getting back in touch with family or friends?	33%	33%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	63%	46%



HM Inspectorate of Prisons is a member of the UK's National Preventive Mechanism, a group of organisations which independently monitor all places of detention to meet the requirements of international human rights law.

