



ANNUAL REPORT OF THE INDEPENDENT MONITORING BOARD

1 OCTOBER 2014 – 30 SEPTEMBER 2015

HMYOI Deerbolt

Bowes Road

Barnard Castle

Co. Durham

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Section 1: Statutory Role of the IMB

The Prison Act 1952 and the Immigration and Asylum Act 1999 require every prison and IRC to be monitored by an independent Board appointed by the Secretary of State from members of the community in which the prison or centre is situated.

The Board is especially charged to:

1. Satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of their programmes preparing them for release.
2. Inform promptly the Secretary of State, or any official to whom he has delegated authority as it judges appropriate, and concern it has.
3. **Report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.**

To enable the Board to carry out these duties effectively its members have right of access to every prisoner and every part of the prison and also prisoner's records.

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Section 3

Description of HMYOI Deerbolt

A maximum of 513 sentenced male offenders aged 18-21 are accommodated at HMYOI Deerbolt, Barnard Castle in County Durham. The intake used to be limited to prisoners with a maximum sentence of six years. Since this limit was relaxed, the intake now includes young men serving long sentences often for violent offences and this has had an observable effect on the atmosphere within the prison. The purpose-built establishment includes an administration centre, nine residential wings with exercise yards, industrial workshops and education classrooms, a gymnasium and chapel and a separate Reducing Reoffending Unit (RRU). One wing is dedicated to helping prisoners overcome alcohol and drug abuse, which have clearly been a factor in the criminal activity of many if not most prisoners, not just those on the special wing. There are extensive areas of grass, and cultivated plots of flowers and vegetables, making the whole area most attractive.

Prisoners are received from a wide catchment area: Young Offenders from the local north east region are in a minority and prisoners are transferred in from all points south, either because prisons are full further south or there are staff shortages there or gang members have to be separated, but sometimes also because Young Offenders should benefit from the good range of education and vocational training that Deerbolt offers.

Section 4

Executive Summary

Deerbolt has certainly had an eventful year in 2014-2015. A prison riot, introduction of new reduced staffing levels and a change of Governor with a two-month interregnum virtually coincided. There was a dip in staff morale but it soon recovered as the new arrangements bedded in and the new Governor supported staff with new policies to curb the availability of drugs in the prison, which is the basic cause of most violence and risk to both prisoners and staff. As previously reported a large minority of prisoners display violence verging on psychotic while another significant minority are immature poor copers, and some prisoners manage to swing between these behaviours. As independent observers, members of the Board soon recognise that the job of a Prison Officer is frequently testing, and are regularly impressed by the high professional standards of Deerbolt staff who switch from controlling violent and manipulative prisoners to caring for immature inadequate personalities in an instant as the situation demands. It is encouraging that since last year access to professional Psychology and Psychiatry services has improved, which seems to be a positive outcome of the change of Healthcare Service Provider.

Issues where a response is requested:

The safety and rehabilitation of prisoners at Deerbolt is seriously affected by the amounts of drugs entering the prison, mostly in packages thrown over the prison outer walls. The drugs enter the residential wings via opening windows. These windows need to be replaced with a

type that provides ventilation without opening. Funding has been sanctioned to replace the windows in the Care and Separation Unit. **Will the Minister give assurance that funding window replacement in the residential wings that face the prison outer walls will be prioritised in 2016?**

In 2014/2015 the Resettlement Prison system was established, whereby Resettlement Prisons have resources to prepare prisoners for release and to monitor and assist their rehabilitation into Society, with a view to reducing re-offending. Deerbolt is not a Resettlement Prison, so the resources it had to assist with resettlement such as a Shelter worker to help with finding accommodation were withdrawn. Deerbolt is supposed to transfer its prisoners to the Resettlement Prison near to their home locality at 12 weeks prior to their release date. In practice this does not happen in very many cases either because the Resettlement Prison claims to be full or because transport is not provided in a timely manner. **The Board requests assurances that either movement to a Resettlement Prison at 12 weeks is guaranteed, or resettlement resources are restored at Deerbolt.**

In 2014/2015 Education at Deerbolt was seriously compromised because of staff shortages. In previous annual reports the Board has noted that The Manchester College did not seem to be willing to provide substitute instructors to cover planned holidays let alone sickness of their employees. In the year under review some 20 education staff resigned. The Board believes that an unsupportive management style from The Manchester College contributed to this. Also a loyal band of volunteers, many of them retired professional teachers, who voluntarily provided one to one literacy and other education support to prisoners was driven to resign en masse because of insensitive management. New staff have now been recruited and commendable steps have been taken by The Manchester College (now under the brand name Novus) to align its offerings with the actual needs of the prisoners and the prison regime. However, the underlying issue is that the contractual terms for the education provision bear little relation to realities on the ground. For example the education provider was able to claim and be paid 98% of its contractual income even when grossly underperforming its contract due to staff shortages, and the contract terms seem to give the provider little or no incentive to develop effective training suited to the many prisoners with severe learning disability, mental health, personality and behavioural issues, which mean they do not respond well to classroom education and probably could not aspire to NVQ 2 even in favourable circumstances. **The Board seeks assurance from NOMS that when education contracts are able to be re-negotiated and re-let, the specification and incentives will be re-designed to try to align the incentives of the provider with the needs of the full range of prisoners and of the prison regime.**

Deerbolt is bringing in policies that aim to ensure a much higher percentage of prisoners are out of cell for most of the day and engaged in useful activity. This has highlighted the fact that many prisoners are assessed under LARA as “medium” or “high” risk, while many of the activities are only open to prisoners classified as “low” risk. **In the experience of the Board it is vital for safe custody that young prisoners are kept occupied out of cell in activities appropriate to them and the Board seeks assurance that steps will now be taken to reclassify activities (often by providing more supervision) or introducing new activities that can be offered to “high” risk prisoners.**

Due to new restrictions on prisoner movements, aimed at curbing drug supply, it has become

essential for more healthcare to be provided by nurses visiting the residential wings. However apart from I wing the healthcare facilities on the wings are not fit for purpose, lacking even wash hand basins. **Funding for improvement has been secured from NHS England and the Board seeks assurance that this work will be expedited as a priority early in 2016.**

A longstanding issue has been the antiquated Dental Chair in the Deerbolt Healthcare facility. It is understood a replacement chair could be available from Frankland. **The Board seeks assurance from NOMS that action be taken to replace the old chair as soon as possible.**

Section 5.a. Equality and Inclusion

Last year's Annual Report expressed grave concern about two important areas. The first was the availability of timely and clear data about prisoners' ethnicity, disabilities, etc., without which it is impossible to make quantified judgments as to how effectively diversity and inclusivity are handled in the prison. The data is not updated regularly, and is difficult to interpret, particularly where it records a 'red' entry for reasons that are not clear, or which fail to take account of the particular population of a YOI. It is hoped that these problems are being addressed nationally.

The second area of concern related to successive changes in the staff charged with responsibility for this area at Deerbolt. By contrast, the year now under report has been a period of stability, giving the opportunity for staff to get a firmer grasp of their responsibilities and to encourage good practice. Since the appointment of a new Head of Diversity and Equality, the previous backlog in the handling of DIRFs has been resolved. The number of DIRFs submitted remains quite constant at a rate of 5-6 per month.

This year has seen the publication of regular Deerbolt 'Diversity and Equality Newsletters', each with a focus on one of the key areas or strands under this umbrella. These have been well-produced and informative.

There was a temporary breakdown in the system for recording prisoner disabilities on transfer to Deerbolt and it led, in some instances, to a failure to prepare PEEPS for individuals with particular evacuation needs. This is now in process of being remedied, and it does not appear that any prisoners were harmed.

Poster displays and special events are run to promote equality and inclusivity in the prison. A successful Holocaust exhibition took place with particular reference to Travelers, and members of the Traveler community were among prisoners who acted as guides. For the national Holocaust commemoration in January, Deerbolt was the only prison to be chosen among seventy nation-wide locations for the lighting of a commemorative candle.

Given the turnover of the prison population, it is not easy to enlist, train and retain Diversity Champions on each of the residence wings but effort is made to sustain and publicise this team of prisoner volunteers.

Chaplaincy support available to prisoners of a wide range of faiths, including individual pagans and Buddhists. Arrangements for the observation of Ramadan were well organised by the chaplaincy, the prison authorities and the kitchens and a substantial number of those prisoners

registered as Muslim completed the fast. When staffing levels and grades throughout the prison were re-based in 2013-2014, the decision was taken not to appoint a Managing Chaplain but to have each member of the chaplaincy team reporting direct to one of the Prison Governors. The Board observes that whilst the chaplaincy staff team maintain good working relationships, the lack of an appointed leader within the team has become a source of friction during the year under report.

Section 5.b. Education, Learning & Skills

This is covered under Purposeful Activity (including Work).

Section 5.c. Healthcare and Mental Health

The significant issues relating to Healthcare this year are:

- **Support for prisoners with Learning Disabilities (see sections 1 and 5)**
- **The Waiting Room in Healthcare (see sections 1 and 4)**
- **Prisoners being admitted with undiagnosed health needs and others being moved away from areas where they have hospital appointments (see section 6 and addendum in section 16)**
- **Dental waiting times (see section 8)**

1. Issues from the IMB Annual Report 2013-2014

- Access to Psychology is not now seen to be an issue for the mental health team who report good access to the Prison Psychology Service. The weekly attendance of a Psychiatrist on site, through the mental healthcare provider, ensures that there are no prolonged waits. The appointment of two Learning Disability Nurses with one training to undertake Autism assessments, usually undertaken by the Psychologist, is very positive.
- Access to health records from other prisons, especially private ones and courts, has been an issue but the situation has improved this year with requested records coming through in a timely way.
- The printed literature from the healthcare service was basic but both the Mental Health and General Healthcare patient leaflets have been updated this year and provide information in an accessible, informative way.
- The waiting room in healthcare was noted to be ‘rather perfunctory’ and no further improvements have taken place

- #### 2. On 1st April this year there were significant changes of the providers and sub-contractors who provide healthcare services, albeit most of the in-prison healthcare staff transferred employment to the new providers. This has been a challenging year for the staff but they have worked hard to ensure a seamless transfer to new providers while continuing to provide a high quality service to the prison during a period of uncertainty for the future of their service and them personally.

3. There were two IMB Applications relating to Healthcare, in this reporting period, one for Mental Health and one for General Health which have been dealt with effectively and are now closed. There were sixteen Healthcare related complaints, none of which were for Mental Health, during the period all of which are now resolved. There was one complaint during the period October to March and fifteen complaints during the period April to September. The number of complaints have risen following the implementation of the new contract. The Healthcare Team suggest that this trend is due to the split in the contract to a number of providers resulting in a complaint being made to an employee of one provider about the service of another provider. Where previously this would have been dealt with at source with an apology and an explanation to the complainant, staff may have felt that it was appropriate to ask the prisoner to complete a written complaint which could be passed to the provider organisation for resolution. Reviewing these complaints, the healthcare team believe that the majority of them could have been resolved locally and verbally. Examples of complaints include one regarding treatment by the general practitioner at the prison, one regarding an external hospital appointment and one regarding medication which was missed as the prisoner was at a Gym session. Providers are working hard to review their complaint management system with the appointment of a dedicated post holder to address the process and the issues.

4. The monthly Prisoner Consultative Committee is attended by a member of the Healthcare Team, with 100% attendance and there is a routine Healthcare slot on the agenda. Whenever possible the meeting is also attended by an IMB Member. The prisoners generally reported at these meetings that Healthcare runs very smoothly and they have good access to appointments. Specific areas of interest which have been raised this year include:
 - A number of issues around the Patientline phone number whereby prisoners ring to make an appointment with Healthcare. These include the prisoners not knowing that Patientline is only for making appointments and repeat prescriptions and not for reporting sick. Some prisoners did not know they were able to ring to make an appointment, some wings were not displaying the telephone number and some prisoners did not know they could leave a message if the phone was not answered. There have been some abusive calls where the prisoners have been traced and sent for adjudication. Some of this had resulted from a misunderstanding as to the purpose of the phone line. Next day appointments are always available with healthcare staff.
 - An increase in the number of prisoners reporting sick from work
 - The popular Mental Health acupuncture session is being held in an unsuitable, noisy environment with other prisoners looking through the glass windows into the room
 - A number of prisoners reporting they have overdosed, when they have not, with Healthcare advising the prisoners that this will take staff away from those who need their help while they deal with the false alarms.
 - A prisoner waiting a number of weeks for a splint.

- Complaints that the waiting room in Healthcare is too small, that it is locked and that it is smelly. Also that some prisoners coming later appear to be being seen first and therefore jumping the queue
- Proposal to have Healthcare Champions on each wing to manage some of these issues
- Prisoners are being reminded that there is an appropriate way of disposing of used needles in confidence
- Ramadan participants asked to inform Healthcare to ensure that their medication is dispensed at a suitable time
- Dangers of the latest forms of New Psychoactive Substances (NPS) resulting in seizures, has been discussed and the fact that there is no antidote held in the prison. This would only be available in the nearest Accident and Emergency Department.
- Advised that a new Pharmacist would be holding drop in clinics to give prisoners the chance to speak about medication. The plan is that he attends the Prisoner Consultative Committee (PCC) to discuss how the pharmacy clinics should be developed.

The Healthcare Team are working hard to address all these issues and keep prisoners informed of any new developments. The IMB is most concerned about the Waiting Room issues, within Healthcare, which were also mentioned in last year's report as being not fit for purpose, and for which there do not appear to be plans for improvement.

5. The General Healthcare Team work extended days seven days a week and the Mental Health Team work five days a week with one on call nurse at the weekend for the North East prison cluster. There is no overnight health service and no in-patient beds at Deerbolt. Outside these times the Duty Governor will call an ambulance via 999. General Practitioners have been providing an excellent service to the prison with 100% of their planned clinics running. This has not been the case with other prisons in the cluster and the IMB would not want to see any deterioration in this service to Deerbolt, in order to equalise the service across the cluster from a single provider.

Staffing vacancies over the year have been a challenge. One general staff nurse post was converted to a Practice Nurse to facilitate recruitment and one Staff Nurse Post remains vacant. Support posts such as porter and administration remain vacant at the end of this reporting period although the manager is optimistic of making appointments. The mental health team have recruited two Learning Disability Nurses to their core team. These are welcome appointments to support the client group in the prison. No violent or aggressive incidents have been reported against the Healthcare teams in this period.

6. Service provision issues include:
 - a. There have been no mental health sections or transfers to in-patient mental health facilities during this year.
 - b. There are not many prisoners who fail to attend appointments once offered with the highest recorded performance indicator being 10%. Both the General and Mental Health Teams take the opportunity to speak to any prisoner who has missed an appointment to see what the issue is. New appointments are offered

if required. Do not attend (DNA) for appointments is not considered a particular issue for Deerbolt.

- c. Group sessions currently being provided by the Mental Health include acupuncture, art, Dialectical Behaviour Therapy skills and reading/reflection. Last year this service was relocated from the Ashley Done suite to a less effective space in the Education Centre. A further move is being discussed but the team are now settled in the Education Centre with the close proximity and excellent working relations with the library
 - d. All prisoners are seen by a general healthcare practitioner on the day of admission and given a full health screening and then within a five days there is a more in depth health screen. Medical history is checked, family history and any presenting medical problems. The key performance indicator for this assessment is 'completed within five days' which is being met. Referrals are sent to Mental health if required but they are considering a universal screen on admission.
 - e. Vaccinations – Childhood records are checked and any missing vaccinations are offered. Hepatitis B and Measles, Mumps and Rubella (MMR) are given as a matter of course. All prisoners with medical long term conditions are offered flu vaccination. There are 37 prisoners at Deerbolt in this category and there has been a 70% uptake on the flu vaccination in this group.
 - f. A new risk has been added to the risk register i.e. the number of prisoners arriving at Deerbolt with unmet health needs. Sending establishments are not fulfilling hospital appointments and medical holds are not being utilised. This is a significant concern for the IMB.
7. As an example there were 242 escorted hospital visits from January to September and 8 in-patient admissions with a total of 23 nights where prisoner officers remained with the prisoner. One prisoner has been receiving Dialysis at a hospital 40 miles away three times a week and he is waiting to go on the kidney transplant list. Telemedicine services are regularly used linking the clinical room in Healthcare to Airedale Hospital for consultations. This can cause some difficulty with local services not accepting referrals from these out of area consultants. The future plans are an expansion of this service with a link to City Hospitals Sunderland and a Telecare consulting room in Spectrum Healthcare's headquarters.
8. Future developments include a plan to introduce an electronic prescribing service during 2015/2016 and appoint a dedicated pharmacist to this service. This is welcomed as the current service is paper based. The new service will support the Nurse prescribers and enable easy access to medication information with pharmacy oversight of the prescribing. The roll out is due in February 2016.
9. Dental waiting times have been a challenge all year but at the time of writing this report they are down to 5 weeks for an initial appointment for a dental check-up with 31 on the waiting list, 11 weeks for an appointment with the Dental Therapist who does routine fillings and scale and polishing with 57 patients on the list and zero waiting times and zero patients on the waiting list for dental treatment by the dentist such as

extractions. As the dentist visits routinely he/she will now take some of the patients from the Dental Therapy waiting list. There is a one week wait to see the Oral Health Educator (OHE) with 9 patients waiting. The other significant issue in the dental service is the state of the dental chair and the need to replace it. This issue has been ongoing for some considerable time, with a potential solution to move a spare chair from Frankland Prison, looking like the most likely solution.

10. IMB make every effort to attend Rule 49 reviews in the Care and Separation Unit. There is almost always a healthcare representative present, or failing that healthcare are consulted by phone. There was one occasion where IMB had to insist the Review be delayed until a healthcare representative could attend
11. The new Governor is planning to reduce the movement of unsupervised prisoners within the prison from 1st October 2015 in order to limit risk of violent incidents and prevent prisoners roaming the site freely to access or distribute drugs. To reduce the number of prisoners moving to the central healthcare facility, nurses should run clinics in existing healthcare rooms on each Wing. However apart from the Reception Wing (I Wing) the healthcare facilities on the Wings are not fit for purpose. Although they have access to IT connections they do not have wash hand basins. This prohibits the development of outreach clinical services apart from medication dispensing which already takes place in these facilities. The Governor has worked hard to identify funding for this development and now NHS England has agreed to fund it. However with the time lag for quotations and start date, the work is not expected to be completed until February 2016 which is very disappointing.
12. A Prison Operational and Clinical Governance Forum was set up at the request of the Commissioners in line with the new contract provision. This commenced in April 2015 and is a monthly meeting chaired by the Governor where access to healthcare and issues are routinely discussed and resolved. All the healthcare providers are represented as well as the commissioners and there is a significant amount of provider to provider dialogue. The IMB have a representative at this meeting who has been able to express any areas of concern which have been observed or raised during the previous month by the prisoners. Being able to attend this meeting has been welcomed by the IMB
13. Several prisoners provide an excellent 'Listener' service co-ordinated by one of the officers, which provides a vital role in supporting prisoners who are not coping and even suicidal. The training of the listeners is supported by the Mental Health Team who have recently met with the Samaritans to discuss and update the training package. Regular refresher training is also provided.
14. With the increasing requirement to focus on Health Promotion, not least the forthcoming No Smoking policy one of the deputy governors has been appointed as the lead for a new Health Promotion Board to examine the following issues:
 - Sexual Health
 - Smoking
 - Diet and nutrition

- Parenting
- Vaccination – Hepatitis B

These are the national priorities but there will also be capacity to look at local prison specific issues which is welcomed.

Work has been ongoing with health promotion during the year with some examples as follows:

- Focus groups on oral health
- Mindfulness event where information on mental health was displayed in the entrance and in education.
- Planning for a World Mental Health Day event on October 9th jointly with Rethink and Tees, Esk and Wear Valley NHS Foundation Trust
- Back care awareness
- Work to increase identification/diagnosis of patients with diabetes

15. Access to training for healthcare staff has a high profile within the prison, and for example, one staff member has secured a place on Eye Movement Desensitisation Reprocessing Training which is used to treat Post Traumatic Stress Disorder

16. Healthcare routinely seek feedback from their clients in a structured way which is very positive. This year a random survey of prisoners was undertaken by the IMB to ascertain their views on the Healthcare services provided in the prison. Twelve prisoners agreed to participate. Eleven were chosen by random selection, one prisoner was selected as he is undergoing dialysis and is on the transplant list and supported by Deerbolt Health Care Team. The results are attached as an Appendix.

Section 5.d. Purposeful activity – including work.

Last year's annual report highlighted a range of issues which were impacting on the level of purposeful activity in Deerbolt. It is our observation that, in the early part of this year, that situation remained unchanged, but the new Governor introduced new policies to tackle the issue head on.

It is very pleasing to note that the library continues to be well used and that the outreach programme has been very successful although we have some concerns over the future of the outreach programme given the resignation of the experienced employee of The Manchester College who ran it, and also the loss of a number of volunteers who worked on a one to one basis with those prisoners who needed additional support with learning.

The library achieved the gold award for the "6 Book Challenge" despite the lower number of prisoners on role for a large part of the year. A number of prisoners have engaged in the successful "story-time dads" initiative. This gives prisoners who have children the chance to read a children's book and have it recorded onto CD to be sent to their child/children. This initiative has been expanded to offer the chance for the recording to be on DVD with graphics from the book added and the finished result is very impressive.

There appears to be number of things which have contributed to the lower levels of engagement in purposeful activity than expected, some are a continuation of difficulties from last year, but there are also others which have added to the challenge that Deerbolt has faced in its efforts to get prisoners actively engaged in purposeful activity.

The main difficulties that have had to be overcome this year are as follows:

1. A shortage of teachers in the educational classes and instructors in the various workshops. This has been caused by sickness, resignations (particularly within the areas contracted to The Manchester College) and difficulty in recruiting suitably qualified staff. The loss of a number of qualified instructors/teachers has led to a reduction in provision and the closure of one of the opportunities – the motor mechanics class, which closed in July. The loss of this provision is regrettable however it is understood that the current situation in that trade has changed over the years and opportunities in the trade are now extremely limited. In relation to recruitment the location of the prison coupled with the price of fuel and the relatively high level of qualifications required discourages suitable people from applying as there are better paid jobs available for those with such qualifications. As a specific example, posts for instructors in the prison gardens took over a year to fill and had to have repeat advertising. Eventually, as there were no suitably qualified applicants, permission was granted to allow applications from those willing to work towards obtaining the relevant qualifications. Although it is pleasing to note that this has now resolved the recruitment problem it is disappointing that it took such a long time to reach a solution.

2. The starting level of qualification being Level 2 NVQ. One of the difficulties in running NVQ courses with a lower level of staff than required is the impact on the administration and internal verification of the NVQ accreditation as the focus has inevitably to be on the day to day training and supervision of the prisoners which leaves little time for anything else. This is significantly affected by the starting point of most NVQs being at Level 2 which then requires a great deal of additional support to be given to “fill in” what would have been learned if Level 1 had been offered and to motivate prisoners who feel they are unable to work at that level. Given the limited academic capabilities of a large percentage of prisoners this is an important issue.

3. The type of prisoner now being admitted to Deerbolt has changed over the year. Deerbolt now has prisoners who are serving long, sometimes life, sentences and, accordingly, prisoners who have committed more serious offences. It is difficult to keep long term prisoners occupied in meaningful activity, particularly when they have attended the majority of classes or refuse to engage further with education (given that education cannot be mandatory as they are all over 18). A further problem is that many of the activities are only open to prisoners with a low risk assessment under LARA, whereas nowadays the majority of prisoners sent to Deerbolt are classified as “medium” or “high” risk. For example, the following activities are only open to prisoners with a “low” risk assessment: kitchens; gardens; waste management; laundry; print shop; environmental studies and recycling. This means that many prisoners are unable to take up an option that they wish to undertake and would benefit from. This not only applies to those with high or medium risk assessments but also those who are assessed as low risk as they often have to be placed into the opportunities only available to those with low risk to allow prisoners with a high risk to take up those opportunities which they are allowed to attend. The prison has requested that the activities are re-assessed to see if any can have a reduced risk rating,

which will give better opportunities to the bulk of prisoners in Deerbolt.

The prison does not collect statistics which give a clear picture of how many prisoners are locked up in their cells all day, however it is pleasing to see that the statistical information which is available indicates that the numbers of prisoners who are engaged in some purposeful activity has increased over the year and is still on an upward trend.

Discussions with the Governor and a number of staff show that there is a general understanding of the difficulties outlined above and a new activity strategy will be implemented from October. The main elements of this are: a change to the movement regime incorporating very limited provision for a prisoner to leave an activity whilst it is in progress; additional training for teachers in classroom management to handle difficult classroom situations; a daily meeting to discuss allocating in industries; over allocation of places to ensure all classes are full each day and a weekly allocation meeting to identify those who have not been in any activity for a month and to allocate them a place to start. At the time of writing this report the indications are that the strategy has already started to have an impact. In January the team will be strengthened by the recruitment of a new dedicated industries manager (currently this responsibility sits with the contracts manager). We are also aware that the Governor has had a lot of engagement with the education provider to try to get a resolution to some of the problems relating to the contracted provision. We are very encouraged by the work that has been done by Deerbolt in identifying where the problems lie and drawing up and implementing the new strategy and we look forward to watching the work progress over the coming year

The roll at Deerbolt has been significantly below capacity this year with less than 400 prisoners for a number of months. The key performance targets for the “out of scope” activities, i.e. gardens, laundry, print shop, and the charity workshop are numerical and don’t take into account the number of prisoners in Deerbolt. It is therefore particularly impressive to see that the targets are being achieved despite a reduction of approximately 20% on the roll over the year.

It is also commendable that the prison plans to re-open the PICTA workshop and introduce 3 new opportunities into the waste management workshop. These new opportunities are: sight and sound, the repair of hearing aids and spectacles for 3rd world countries; the recycling of in house furniture by “cannibalising” broken items of furniture to make fewer, usable items; the dismantling of sewing machines for recycling of parts and the collection of scrap metal. The last initiative should make a small amount of income and give good quality training opportunities.

Section 5.e. Re-settlement

Deerbolt has been confirmed as NOT being a re-settlement prison. One of the first effects of this change was that the prison lost the services of SHELTER, the charity which had a small, but highly effective, department which, in 2014, found accommodation for 250 released prisoners, which they could not have accessed themselves.

Despite not having re-settlement status, it is both disappointing and disturbing to see transfers in from other establishments, of prisoners approaching their release date, and arriving from prisons that were much nearer their home towns. Lincoln is one example, that transferred a

group of prisoners to Deerbolt, several of whom were within weeks of release.

Deerbolt does still try very hard to assist in resettlement, for example in the 3 months October through December 2015, 62 prisoners were released:

30 WERE SENT TO RESETTLEMENT PRISONS

32 WERE RELEASED FROM DEERBOLT

Of those released from Deerbolt:

9 had been refused a place at their local resettlement prison

7 were unable to move because transport was not provided

9 had been sent to Deerbolt with only a few weeks left to serve

7 were retained by Deerbolt out of Health or Safety concerns

This does not include prisoners transferred out for other reasons, such as indiscipline.

It is evident to the Board that more work is needed to ensure that places are made available at Resettlement Prisons and that necessary transport is provided at the right time. However it appears that a certain number of releases will always happen from Deerbolt, so it essential that some resources are at hand to facilitate re-settlement as this is seen to be the key to reducing re-offending.

Section 5.f. Safer Custody

The Safer Custody department has had a busy and proactive year. A Violence Reduction Conference at Newbold Revel was attended in March with a second scheduled for October. Where topics included Body Worn Cameras and identifying violence hotspots were discussed. These areas now have Hotspot Boards in place and extra CCTV is either in place or planned.

The position of Violence Reduction Coordinator is scheduled to start early October, with the objective of identifying the prisoners causing the most problems and working with them.

Two V.R. Coordinators are also planned to support this work on the wings with a view to mediation and restorative processes to help reduce violence.

On the instigation of the new Governor, a working group was formed in May 2015 with the objective of changing the existing free ad-hoc movement of prisoners to a controlled supervised process.

This was a comprehensive group covering all affected parties, meetings were held weekly, Unions were consulted throughout the process and open feedback was encouraged. Five trials were held. Initial thoughts were that such a major change to the movement regime would lead to a high level of complaints from prisoners, the Governor did warn the IMB that we could expect more complaints. The aims of the changes are:-

1. To reduce prisoner on prisoner violence.

2. To reduce assaults on staff.
3. To reduce the opportunity to distribute illicit substances, drugs and mobile phones.
4. To ensure prisoners remain in education/industry for the duration of their lesson.

The scheme was scheduled for commencing on Oct 5th. 2015. (This was achieved and early indications are very encouraging and fine tuning continues).

Deerbolt continues to demonstrate excellent ACCT procedures, showing the best ratings of any North East prison. Close liaison with affected families and continuing staff training, 80 were trained in ACCT procedures recently, contribute to this commendable result.

Another welcome development is a more formalised structure of cooperation between departments, particularly Security, Residence and Safer Custody, resulting in marked success in identifying bullies, Dealers and violent prisoners. Some are moved on and others referred to The Police or the Independent Adjudicator. Some very significant extra sentences have resulted. One recent one being an additional 5 years.

Section 5.g. Segregation, Care and Separation, Close Supervision

- 2013-2014 was reported as a difficult year - 2014-2015 was no different. Once again a continuous throughput of prisoners, with demanding behaviour, has continued to put the staff under constant pressure. **Adjudications are at a record high**, averaging 9/10 per day, sometimes as high as 13/14 per day. However, the Board wishes to put on record its observation that very high standards by staff continue to be maintained.
- In spite of these difficulties, the regime has worked hard and has been successful in working towards the goal that the Care and Separation Unit only holds those prisoners that cannot reasonably be returned to normal location. The result has been that on certain - albeit rare - occasions the Unit has actually been empty for short periods. However, it's a situation that quickly returns to 'business as usual!'
- Board Members see all prisoners held in the Care and Separation Unit on their rota visits. Staff contact Board members by phone to inform us about special accommodation use, although the previously efficient system of alerting us to up-coming 72 hour Rule 49 Reviews has almost ceased.
- A total of 105 Rule 49 reviews were attended by IMB - a very similar number to the previous reporting period. It is a requirement of the IMB that they visit prisoners in their cells prior to Reviews to advise them of the role of the Board during the review, but more often than not this is either not possible, or at best a discussion is held with the prisoner through the cell door, due to lack of staff to escort the Board members and open cell doors.

- The Independent Judge attends Deerbolt once per month and dealt with **substantially more cases this period** than last - 287, compared to 171. The IMB sit in on these adjudications when possible and individual IMB members continue to be very impressed with the professional, expeditious and ultimately fair manner in which the Judge deals with the cases presented to him.
- It is the observation of the Board that the calibre of prisoners held at Deerbolt, compared to roughly 2013, continues to contain more and more “poor copers”, more prisoners of a highly unstable and violent nature, and correspondingly fewer middle-of-the -road or “normal” young men, and **this year the Board consider that the calibre of prisoners has deteriorated even further**. Much of this is due to prisoners being sent to Deerbolt from establishments/home location yet further away, resulting in prisoners resisting being at Deerbolt, and causing trouble in the hope of a transfer to an establishment closer to home. (If a transfer is made, it is usually even further from home, so as not to *encourage les autres*.) This, coupled with the fact that the Care and Separation Unit is seen as a refuge from drug sale debt collection activities, has meant that more prisoners end up in Separation and Care than in previous years. The work of the staff in the Unit continues to be challenging but Deerbolt Senior management are well aware of this and give the staff their full support, particularly in the last six months of the reporting period, with the arrival of a new Governing Governor, who makes it his business to visit the Unit on a very regular basis, much to the satisfaction and morale of the staff on the Unit.
- It was reported in the 2013 - 2014 period that the showers in the Care and Separation Unit were in a poor state and urgently needed refurbishment to meet required hygiene standards. This continues to be the case, but just prior to the end of the present reporting period, funding was secured not only to refurbish the showers, but to replace the opening windows with venting widows, refurbish the cells and provide a staff room for the Unit. **This is most welcome and encouraging news** not only for the Board, but also for staff and prisoners alike.
- The Segregation Monitoring and Review Group (SMARG) meet quarterly with IMB in attendance. In these meetings individual cases are discussed in detail and plans for each segregated prisoner are developed, with the objective of a return to normal location.. The date and time of the meeting is subject to far too many changes leading to attendance problems.

Section 5.h. Residential Services

Deerbolt YOI has nine residential wings, set in well-maintained grounds. B wing was closed for a period for refurbishment following the riot in March that caused extensive

damage to the communal areas. It has been fully restored and reopened. F wing has been closed due to a reduced population and has also been repainted during this time.

Virtually all the cells are single occupancy with in cell toilets and washbasins. J wing also has in cell showers. E wing showers have now been replaced with individual shower cubicles which are essential to violence reduction. The funding to upgrade F wing showers to individual cubicles is still awaited. The board would ask that funds are made available to upgrade all the remaining communal showers including the gym to individual cubicles.

The communal areas are for the most part kept in a clean state but some would benefit from repainting. Many cells are also looking in need of refurbishment and many lack curtains. This leads to prisoners creating makeshift curtains from bedding materials which in turn leads to shortages.

The problem of contraband being thrown into the grounds of the prison has led to a variety of issues around those wings near the perimeter. Prisoners will put out windows and use bedding materials in order to try and collect the contraband materials. At times there is an accumulation of rubbish thrown out of windows on some wings to disguise and distract from the contraband. This is addressed through clearance parties but it uses staff time to organise.

There have at times been shortages of kit particularly towels and sheets, in addition some sheets are in a very poor state. This is partly due to the destruction of kit as described above. The monitoring of kit exchange and damage to in cell prison property such as kettles and televisions relies on the wing staff having the time to oversee this duty. But without an accurate reckoning the stock soon degrades and this affects all prisoners. In the coldest months shortage of warm bedding coupled with broken windows becomes a problem.

The serveries are usually kept in a clean state and there has been a concerted effort to monitor food temperatures this year. All meals are taken in cell. Food comment books tend not to be obviously present or not used. But staff tell us they address any issues with the food immediately with the kitchens.

The exercise yards are still not covered by security cameras, and they lack any form of play equipment. Could footballs be provided?

Kitchens

The kitchen staff must again be complimented on their ability to produce a varied menu with five choices per meal on a four-week cycle, on the small food budget of just two pounds per person per day. Their careful planning means that they offer options that meet the cultural, religious and medical dietary requirements of the prison population. Themed nights are built into the year that are well received. Particular attention is given to the Christmas period and Ramadan. The kitchen staff go to great lengths to support the prisoners who are observing Ramadan.

During our monitoring visits we invite comment from the prisoners regarding the food and we taste the food which has always been judged edible. The prisoners often

comment that they would like more and the sandwiches tend not to be popular. There is a food consultative prisoner group that meets a few times a year which receives feedback from the prisoners.

Breakfasts are distributed together with the evening meal that is the hot meal of the day. Lunch is cold mostly sandwiches and baguettes. Our observations of the meals being served would suggest that not much fruit or vegetable is eaten unless it is incorporated in the cooked dish. It may be that this age group still need encouragement to eat adequate fruit and vegetables. This probably requires both education and a budget that allows for more appealing vegetable servings. The kitchens try to make use of produce grown in the prison gardens when available, but this year a problem with rats in the gardens has led to reduced use of home grown vegetables to avoid potential health issues.

Repairs to kitchen equipment continue to be slow adding to the challenges for the staff.

The kitchens and the training kitchen continue to offer training to the prisoners, although the use of the training kitchen to produce sandwiches rather limits the scope of real training that can be offered there. Judging the Christmas cake decoration competition is a highlight of the IMB board year; the standard of decoration is very impressive.

Section 6 The Work of the Board

The work of the Board in monitoring and observing all aspects of prison life to ensure fair and humane treatment of Prisoners could not be done without not merely tolerance but active support from all members of prison staff in all departments. We remain more than grateful for the co-operation we receive despite the considerable pressures imposed on staff in the present environment.

The work of the Board is ably supported by our Clerk, Joanne Anderson, who as well as providing administration for all our activities, is an essential mine of information, helping us to know which member of prison staff we should approach to follow up on Prisoners' problems that come to the Board through the Prisoner Applications system. The Board is extremely grateful for the work Joanne does and the efficient and cheerful way she does it. We appreciate that being IMB Clerk is only one of many important duties she has in the prison,

As Chair I want to thank each and every one of my IMB colleagues for their unstinting efforts for the prison and for their support to me.

John Stoney - Chair

Section 7. Statistical Appendices 2013/2014

	11/12	12/13	13/14	2014/15
Recommended Board Complement	14	14	14	14
Number of Board Members at start	9	11	10	11
Number of Board members at end	8	10	11	10
Number of new members joining	1	3	4	0
Number of members leaving	2	1	3	1
Number of attendances to the prison (other than Board Meetings)	274	226	296	
Number of visits to the prison (including all meetings)	362	310	408	
Total number of applications	150	74	101	129
Total number of Rule 49 Reviews held	122	135	109	105
Total number of Rule 49 Reviews attended.	117	135	107	103

Applications analysis

Code	Subject	Year 11/12	Year 12/13	Year 13/14	Year 14/15
A	Accommodation	5	0	0	5
B	Adjudications	8	4	4	9
C	Equality & Diversity (inc religion)	1	1	0	8
D	Education/employment/training inc IEP	19	9	7	9
E 1	Family/visits inc mail & phone	28	10	10	7
E 2	Finance/pay	9	7	6	6
F	Food/kitchen related	1	2	3	3
G	Health related	2	0	1	0
H 1	Property (within current establishment)	4	7	7	8
H 2	Property (during transfer/in another establishment)	5	3	7	5
H 3	Canteen, facilities, Catalogue shopping, Argos	3	0	0	2
I	Sentence related (inc. HDC, ROTL, parole, release dates, re-cat etc)	5	2	9	10
J	Staff/prisoner/detainee concerns inc bullying	8	3	10	22
K	Transfers	22	5	10	24
L	Miscellaneous	30	24	27	12
	Total number of IMB applications	150	77	101	129
	Of total: Confidential Access	1	0	1	2

Survey of Prisoners' Experience of Healthcare Services.

Data was collected by oral questioning and the use of rating scales.

RATING: 1 = POOR 10 = EXCELLENT. Scale applies to all boxes

Q1 How long after being admitted to Deerbolt were you seen by the Health Care Staff?

Response: All prisoners seen within a few days.

Q2 Services used:

Doctor: All prisoners Waiting Time: All prisoners seen 'within one week'

1	2	3	4	5	6	7	8	9	10	Total
1			1		3	1	1	1	4	Number of prisoners = 12

COMMENTS: 'Don't always see same Doctor (Rate 1)

'Doctor always in a hurry' (Rate 4)

Nurse: All prisoners Waiting time: All prisoners 'within a week'

1	2	3	4	5	6	7	8	9	10	Total
					2	3	2	1	4	Number of prisoners = 12

Dentist: 11 prisoners Waiting Time:

2 to 3 weeks	4 weeks	6 weeks	8 weeks	Total
4	3	1	3	No. of prisoners 11

Rating once seen:

1	2	3	4	5	6	7	8	9	10	Total
		2	3		2	2		1	1	Number of prisoners = 11

Hospital Appointments: 6 prisoners Waiting Time:

Within 1 week	2 weeks	6 weeks	3 months	Total
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1	2	2	1	No of prisoners 6
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Rating once seen:

1	2	3	4	5	6	7	8	9	10	Total
				3			1		2	Number of prisoners = 6

Optician: 2 prisoners

Waiting Time: 2 weeks

1	2	3	4	5	6	7	8	9	10	Total
	1							1		Number of prisoners = 2

Vaccinations:

11 prisoners (one refused) **Waiting Time:** 11 prisoners -

within one week

1	2	3	4	5	6	7	8	9	10	Total
				3		1	3	1	3	Number of prisoners = 11

Comments:

1 prisoner 'I didn't know what the vaccinations were for'

1 prisoner 'I didn't ask for them – they just happened'

Prescriptions/Medication: 12 prisoners **Waiting Time:** 12 prisoners 'within one week'

Rating:

1	2	3	4	5	6	7	8	9	10	Total
				3		2	1	1	5	Number of prisoners = 12

Comments: 'If you are in the gym you don't get your prescriptions on time'

Regular Health Checks: 3 prisoners **Waiting Time:** 3 prisoners - None

Rating:

3 prisoners - 10 (Excellent)

Emergency:

5 prisoners **Waiting Time** 4 prisoners 'immediate'.

1 prisoner (dental) 'one week'

Mental Health

8 prisoners **Waiting Time:** 7 prisoners 'within 2 days'. 1

prisoner 'four months'

1	2	3	4	5	6	7	8	9	10	Total
				1	1			1	5	Number of prisoners = 8

Sexual Health: 1 prisoner Waiting Time: Immediate
Rating: 10 (excellent)

Drug and Alcohol (DART) 6 prisoners Waiting Time: 'within 2 days'

1	2	3	4	5	6	7	8	9	10	Total
					1	1		1	3	Number of prisoners = 6

Physiotherapist 1 prisoner Waiting Time: 4 to 5 weeks
Rating: 8

Q.3 **Have you attended all your health care appointments?** 12 prisoners replied 'yes'

Q.4 **12 prisoners - Do you know the following?**

- a. Listeners 12 prisoners replied 'yes'
- b. Samaritans 11 prisoners 'yes' 1 prisoner 'no'
- c. Complaints (Health) 12 prisoners 'yes'

1 prisoner had used the 'Listener' service and rated it '10' Excellent
 1 prisoner was in training to be a listener.

Do you need or have needed, ongoing Health Care? 3 prisoners

1	2	3	4	5	6	7	8	9	10	
							1	1	1	Number of prisoners = 3

SMOKING: 12 prisoners

- a. Do you smoke? 8 yes 4 no
- b. Would you like to stop? 8 yes
- c. Would you use E Cigarettes? 6 yes 2 no
- d. What do you think about Non Smoking prisons

All 12 prisoners agreed, in principle, with Non Smoking Prisons

COMMENTS:

4 smokers 'there would be more trouble/violence if smoking was stopped'

1 smoker 'it gives you something to do'

1 non-smoker who stopped while in Deerbolt 'it would be good in the long term but in the short term it would lead to violence'

1 non-smoker who stopped while in Deerbolt 'it's a coping mechanism – smokers need it as it relaxes them.

1 non-smoker 'smoking in pads is not good – the smoke goes down the corridors'

ADDENDUM

Prisoner currently having dialysis 3 times a week - need for ongoing Health Care.

This prisoner has had kidney problems since early childhood. He was not diagnosed with kidney failure until he moved to Deerbolt in January 2015 (his original diagnosis was 'stress'). Since the diagnosis he has been receiving dialysis treatment and is on the transplant list.

He reports to be extremely satisfied with the Health Care that he has received and in particular the help he has received from Nurses and Hospital Staff. The prisoner is a smoker who has tried to give up but without success so far. He recognises the importance of this especially if he is to undergo a transplant operation