



# **Annual Report**

## **HMP DURHAM**

**October 2016**

## Section 1

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### 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.

[for inclusion in prison IMB reports] The Board is specifically 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 the 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, any 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 to the prison's records.

## Section 2

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## Section 3

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### 3.1 Description of Durham Prison (HMP Durham)

a. HMP Durham is a large, Category B Victorian local prison for adult prisoners and young offenders. The prison holds sentenced, convicted and remand males over 18 years mainly from Cumbria, Northumberland and Co Durham and primarily serves the courts. There are usually about 11% young offenders in the establishment. The alignment of Durham Court's catchment area means the prison is holding most prisoners close to their homes; 90% of prisoners come from this catchment area. There are plans to change its function to that of a reception prison and work has started on that.

b. As a local prison, HMP Durham's current role is to assess all prisoners, to accommodate those prisoners serving short sentences as well as those on remand, and to introduce prisoners serving longer sentences to their journey through the prison system. It is not a training prison and the regime is therefore not designed for those serving long sentences.

c. Prison capacity is measured by two figures, namely the Certified Normal Accommodation (CNA) and the Operational Capacity (OC).

The CNA figure records the ideal maximum population of the prison if there was no overcrowding. In October 2015, the CNA for HMP Durham was 595.

The OC relates to 'that population which could be accommodated without risk of disruption through overcrowding'. For Durham, the Operational Capacity is 996.

The prison serves an area which stretches from Carlisle to North Yorkshire. The average overall population during the reporting period was about 930, but has risen lately to 950 (probably affected by disturbances elsewhere). Thus the majority of prisoners are held two to a cell, intended for sole occupancy. Most prisoners are Cat. C. Last year there were 80-90 Cat B prisoners, but this number is steadily reducing (now about 50) as the prison prepares to change its function to a reception prison.

d. The average length of stay in the prison is under 9 weeks. **There is a very high "churn".**

**3.2** Services are provided by a number of private and public organisations:

<b>Organisation</b>	<b>Outline of services provided</b>
Amey	Maintenance of facilities
G4S	Nursing, administration in Health Care Centre, pharmacy
Spectrum Burgess and Hyde	GP services Dental services
County Durham and Darlington NHS Foundation Trust	Visiting specialist services covering general, orthopaedic, vascular and ENT surgery, chest medicine and radiology.

Tees Esk Wear Valley NHS Trust	Community psychiatric nursing, general and forensic psychiatry and psychology
Airedale NHS Foundation Trust	Telemedicine
Sunderland MIND	Bereavement counselling
Time for Families	Relationship skills, financial management and parenting
Samaritans	Attend suicide prevention meetings and offering regular training to Listeners.
Parentline Plus	Provide a family learning course on F-wing
Newcastle Futures	Employment, training and partner events designed to support the re-employment of ex-offenders
NEPACS - North East Prison After Care Society	Visits, education, training and family ties – attendance at quarterly resettlement meetings, involvement in the planning process
Lifeline	Providing CARATS service – tailored drug and alcohol interventions, coordination of any other aspects of prisoners' needs such as housing, family support, education, employment, mental health intervention etc.
Islamic Diversity Centre	Diversity Race Equality Action Team (DREAT), advice on matters involving Muslim prisoners – also providing training
EMTEP - Ethnic Minorities Education and Training Project	Providing similar support to that given by the Islamic Diversity Centre
NOVUS	Provision of teaching services in Education – including the workshops.
Premier	Physiotherapy
Walkers opticians	Optician services
Durham Tees Valley CRC with ARCC and several charities	Resettlement
Sodexo with NACRO	Resettlement

## SECTION 4

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### EXECUTIVE SUMMARY

#### 4.1 Areas of excellence

- a. Governor and staff are to be congratulated on the generally peaceful atmosphere in a prison where staffing levels are tight. The Governor continues to set an excellent ethos in which prisoners are treated humanely and he provides strong strategic drive. The forthcoming change in function of the prison to that of a reception prison, with all the associated upheaval, is approached in a very positive spirit.
- b. Excellent work is done with families particularly with the help of NEPACS who run the visits centre and provide time for fathers to meet with their children regularly. The DART team has a project to help prisoners who have been on drugs or alcohol to re-engage with their families.
- c. Catering continues to be very good in this prison (5.2).
- d. The chaplaincy provides a high standard of support to prisoners and staff (6.1).

#### 4.2 Operational issues of concern

- a. Transfer to high and medium secure mental health units (MHUs) is often delayed to the detriment of clinical care. We have not yet had a satisfactory response from the minister on this. This problem is concealed by the method of recording (5.5d).
- b. Recruitment of nurses to health care continues to be a significant problem and, in this, G4S is in competition with the local NHS, where there are also many vacancies.
- c. Loss or damage to prisoners' property is the single largest subject of applications to the board and of complaints to the management (6.2).
- d. Better financial arrangements for necessary replacement of equipment are needed.

#### 4.3 Policy issues

- a. The prison is viewed as over-crowded and we endorse the comments made by HMCIP. It operates at all times close to its operational capacity. Cells built for single occupancy mostly hold two prisoners (5.1c). We regard this as a policy issue since it clearly relates to sentencing policy and/or provision of prison accommodation.
- b. Tight staffing levels together with a higher rate of sickness absence are impacting on many areas of prisoners' life and probably job satisfaction for staff (6.3).

## Section 5

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### 5.1 Residential facilities and services

#### a. The Estate

This is a Victorian prison but the premises have been refurbished and are in a reasonable state of repair. Progress has begun on changing the function of the prison to form a reception prison.

Prisoners are accommodated in one of 7 wings:

- A,D,E wings - Accommodate prisoners doing part time work, some on methadone.
- B wing - Prisoners attend full time work or training. B1 floor now accommodates VPs.
- C wing - Provides accommodation for VPs. Recently the numbers of these have exceeded the capacity of C wing and VPs have been accommodated on B wing. This wing is non-smoking.
- F wing - The induction wing, which includes the first night centre and care suite. The latter has been refurbished to a good standard since the last report. This wing is non-smoking.
- I wing - Drugs and Alcohol rehabilitation (17 prisoners).

The Health Care Centre serves HMYOI Deerbolt, HMP Northumberland as well as this prison. It has 6 in-patient beds including one with negative pressure ventilation. The latter is a national resource.

The SACU has 27 cells and 2 holding cells for prisoners awaiting adjudication.

#### b. Reception Centre and Induction:

The area is functional but is well managed. Journey time to the establishment may be up to 2 1/2 hours if from Cumbria. About 7.5% prisoners arrive after 1900. The receiving staff process new arrivals quickly and in a supportive manner. Information is received and recorded and questions answered sympathetically. However, they are often rushed while prisoners may have to wait for long periods in the holding cell.

**F wing and Induction, including First Night Centre:** Prisoners are moved here after leaving reception. Officers and members of the prisoners' Meet and Greet team receive new prisoners who are escorted to their cells after routine administrative matters have been concluded. These new prisoners will usually find their cells have been cleaned. The opportunity to use wing telephones is assured as well as to purchase a pack of useful items to cover the first night. Our impression is that the induction (which is led by prisoners) is of a good standard, covering the information that prisoners need to know. However, some prisoners are dissatisfied with the process (as reported by HMCIP) and work is to be done on finding out how it can be improved.

An initial assessment of the health needs is carried out within 24 hrs and a prisoner may see a chaplain if he wishes. The educational needs of the prisoners are assessed within the first 72 hours. Housing needs may also start to be identified for short term and remand prisoners. Employment is usually found quickly once the "gateway sessions" are completed.

**c. The wings:** These are generally clean. Cells are designed for single occupancy but most accommodate two prisoners. They appear too small. All cells have in-cell sanitation and power, but some toilets are inadequately screened.

**C wing**, for VPs, has proved to be too small and some have been transferred to HMP Holme House. Some are now held in an additional floor on B wing (B1). Relationships between staff and prisoners on C wing are particularly good (MQPL report).

**I wing** functions as a therapeutic community where prisoners are encouraged to support each other in combating their drugs and alcohol problems while participating in a demanding 12 step programme. Staff prisoner relationships are very good on this wing (MQPL report and HMCIP). The Board continues to consider the work done on this wing to be very good.

**Outside areas:** A thriving **horticulture** course has provided floral displays throughout the outside areas and contributes greatly to the general appearance of the prison while also providing training and qualifications for the prisoners. However the person responsible for this training has now left and not so far been replaced.

An all-weather pitch remains rarely used.

**d. Education, training facilities and gyms:** These appear adequate or good. The gym is popular and well-used but staff absences have caused cancellation or withdrawal of other facilities at times (5.3b).

**e. Time out of cell:** This is good for those in full time work but less good for others and for all at weekends (HMCIP unpublished report). The board will monitor this more closely.

## 5.2 Catering

Twenty-five prisoners are employed in the kitchen and many pursue qualifications in catering to NVQ 1 and 2 levels. A recent survey confirms that more than 80% of prisoners regard the food as satisfactory or better with regard to quantity, quality and temperature. The food is regularly sampled by IMB members who agree that the standard is high. Special diets and religious requirements are catered for. Food comments books are available on the wings though not much used. The kitchen has a 5\* rating for hygiene. The board has had no applications related to catering and only 9 of 1366 complaints to managers relate to food. The Board continues to view catering as a strength in the prison.

## 5.3 Education, Learning and Skills/Purposeful Activity

**a.** All prisoners have the opportunity to engage in purposeful activity managed by the Reducing Re-offending Team. The team holds weekly meetings well attended by internal and external providers, including NEPACS, National Careers Service, NOVUS, Shelter and Job Centre plus. These continually look to identify new, innovative and relevant opportunities for learning and work, and closely align themselves with other nearby establishments to try and ensure continuity of work/education when a prisoner transfers out.

The major challenges faced by the team are the high churn of the prison population and the number of prisoners on remand (45%). The average length of stay of prisoners is less than 9 weeks. Throughout the year the Reoffending Team have hosted a number of "business challenge days" which give prospective employers the opportunity to meet with prisoners and highlight the work opportunities available upon release. Each event has resulted in a small number of prisoners being offered work opportunities on release.

Within the first week a prisoner will receive an assessment of his educational needs and agreement reached on the types of activity he will benefit from. This assessment will take place in what is currently the EEU. There are 30 different educational, workshop and work activities available. Two innovations this year have been a Research Centre and Media Centre. Fifteen of the activities are available on a part time (half day) basis and the remaining on a full time basis. These cover a diverse range of subjects and skills, e.g. entry level functional skills through to business enterprise, along with traditional skills training in woodwork, bricklaying and plastering.

### **b. Prisoner survey**

The Board has conducted a quarterly survey with a sample of 25 prisoners. The prisoners were asked three questions. The results for the first two were consistent for each quarter:

### Q1 Do you arrive at your activity on time?

83% said they regularly arrived on time and 9% said they always arrived on time. The main reasons given for late arrivals were inconsistencies in regime timing and staff shortages.

### Q2 – Do you think that the activity is relevant to your needs?

31% said activities regularly met their needs and 65% said activities always met their needs.

The answers to question 3 showed a deteriorating trend between quarters. See table below:

	Never	Occasionally	Regularly	Always	Total
<b>Q3. How often are activities cancelled?</b>					
<b>Jan 16</b>	4%	68%	28%	0%	100%
<b>Apr 16</b>	0%	36%	64%	0%	100%
<b>Jul 16</b>	4%	40%	56%	0%	100%
<b>Sept 16</b>	0%	56%	44%	0%	100%

The size of the survey was too small for definite conclusions but suggests an increase in the frequency with which activities have been cancelled in the last 6 months. This reflects our own concerns identified during visits and also is reflected in the metrics reported by the Business Hub and Offender Learning and Skills Service, (OLASS) throughout the year. It has been caused by resignations and long term illness. Both of these issues are being addressed by management. However, recruitment is not a quick process and with constraints on budgets there is little scope to build in excess manpower to cover vacancies.

**c. Work allocation** is carried out weekly and processes are fair.

#### **d. Other purposeful activities**

The prison offers **Gym** access in a number of forms e.g. recreational, older prisoners, over 50's, medical referral, drug treatment and violence reduction.

In addition there is access to the **library, alcohol awareness and drug awareness courses**. A few library sessions have been cancelled because of lack of escort staff.

**Disabled prisoners** are provided with suitable activities. If necessary these may be on the wing or in the cell.

#### **e. Change of Status & Curriculum Review**

In mid-year it was announced that under the Ministry of Justice's reform programme, HMP Durham would become a reception prison. It is expected that this will be completed by May 2017. The concept of reception prison is new to the Ministry of Justice and as a result there are no historical references of best practice, particularly in terms of providing purposeful activity for a population who by and large are not mandated to participate. On the 28th July 2016 the Reducing Reoffending Team (external and internal partners) undertook a curriculum review. The foundation for change will

be social inclusion and coherence, behaviour and social skills deficits. Economic Development is to be delivered through work based “academies” focussing on social, environmental and economic impact. Work based academies will provide a skill based platform for addressing economic skills deficits and working towards career aspirations. Each prisoner will have a personal learning plan with portfolio. This will capture evidence of learning to aid successful progression and transition. Establishing a culture that builds upon social and economic capital will provide prisoners with the platform to prosper and transfer to a training prison or re-engage with society. The board looks forward to monitoring the new curriculum and its effectiveness in a reception prison throughout the course of 2016/17.

#### 5.4 Equality and inclusion

- a. **General:** Prisoners are invited to contribute to focus groups for older prisoners, younger prisoners, ethnic minorities, veterans and the disabled. However these groups are now infrequently held because of staff shortages. This is a matter of concern to the board. HMIP also commented that diversity work was weak.
- b. **Foreign nationals:** At the end of October 2016, there were 66 Foreign National Prisoners (FNPs) in HMP Durham of 29 different nationalities. They are located throughout the different residential wings of the prison. There are at present 9 detained under IS91, 2 of which are awaiting deportation.

Within HMP Durham there is a Foreign National Prisoner/Diversity Officer who liaises with the immigration officers at the Home Office in Leeds. During the year Immigration Officers have conducted immigration surgeries in Durham on a fortnightly basis to address any concerns the FNPs may have in connection with their personal circumstances whilst in custody, and to inform the FNPs of their Immigration status. The possibility of deportation of FNPs (administratively or otherwise) is considered by the Home Office. All FNPs eligible for the early removal scheme (ERS) are identified and addressed by the Home Office. The prison has engaged positively with the Home Office in this regard. Sentence expired detainees have also been kept informed on a monthly basis by the Home Office and updated on their immigration status. Nevertheless some are in custody for lengthy periods after expiry of their sentences.

The induction process in the first night centre is well organised and hard copies of the process are available in 16 or more foreign languages. Language Line is also used for non-English speaking FNPs.

Hard copies of prisoner information literature are now available in foreign languages in the library.

The PID team offers extra support to the FNPs in the form of Listeners, helping make written applications (including to the IMB) and in overcoming the problems of language and cultural differences whilst in custody.

Operational issues during the year have impacted significantly on the work of the FNP Officer. The allocated hours to fulfil his job description are not ring-fenced. As such, the FNP Officer is often carrying out other tasks. Consequently, the FNPs in HMP Durham have experienced a declining level of support over the year and focus groups directed to their needs have not been held. This matter has been brought to the attention of the Governor at Board meetings. At the time of this report the issue has not been resolved and it remains a monitoring concern for the IMB.

With the above reservations the IMB remains satisfied that FNPs are reasonably well supported and treated fairly and equally alongside other prisoners held in custody in HMP Durham.

## 5.5. Health, Mental Health and Dental Care

### a. Organisation and facilities

This is provided through 7 different contracts involving 5 providers. The Governor chairs a Health Local Delivery Board at which the various providers and the IMB are represented and any issues can be discussed, especially if involving more than one provider.

Staff recruitment still remains a major issue. There are at present 5.42 WTE vacancies for staff for delivery of primary care plus 2 going through security checks out of a total of 17. More senior staff are up to establishment. As the prison moves to becoming a reception prison, it is expected that the demands on the health care team and staff requirement will considerably increase and staff recruitment is noted as a significant risk. G4S has particular difficulty in attracting and retaining staff and continues to offer “golden hellos” but without easing the problem. It is acknowledged that they are in competition with the local NHS where there are also vacancies and conditions of service are more attractive to most. Agency, bank nurses and overtime are used to fill the gaps. There are also GP vacancies filled by locums. Some of these doctors have not always been aware of proper procedures in the prison, though this is being addressed.

Despite these difficulties the primary care services deliver a good standard of care and do well in the “friends and family” test. They are to be congratulated on achieving this in spite of staffing difficulties. It is pleasing to note that student nurses are now offered placements.

The in-patient unit has 6 beds and is available when needed for young offenders from HMYOI Deerbolt and HMP Northumberland. It is usually fully occupied and shortage of beds is an issue. Several beds are occupied by patients with long term problems such as cancer, stroke and refractory infectious disease. In the community these patients would probably be cared for at home with support, or in a care home, but in the prison staffing levels and lack of sufficient disabled facilities make this impracticable. Severely psychotic patients awaiting transfer to a MHU are also sometimes held in this unit. Unsurprisingly there is rarely a vacant bed. Association and exercise are not predictably provided for appropriate patients, though the benefit of exercise is acknowledged. Custody staff report that additional support to allow exercise is not requested, while HCC staff say that if it is requested, appropriate custody staff are not provided. The IMB is monitoring this and has drawn the issue to the attention of senior management.

### b. Primary care

This can be accessed directly by prisoners through free phone calls. Prisoners are seen the same day if necessary, or otherwise within 2 to 4 days. Recently an advanced nurse practitioner has been recruited, but it remains to be seen what effect this will have on the service. If the waiting list lengthens, extra sessions are promptly provided.

**Health screening** is carried out promptly after arrival in the first night centre. Where appropriate and desired, prisoners are offered all immunisations and screening for bowel cancer and aneurysms. However the high “churn” means that these opportunities may be missed if the prisoner is released quickly. Nevertheless targets in BBV testing have been exceeded.

**Telemedicine** is still not much used because of the good availability of visiting specialists, especially x-ray.

**Provision of immunisations** has been compromised by shortage of vaccines.

**Palliative care:** This is likely to be required with increasing frequency as the proportion of older prisoners increases. A prisoner dying with cancer was treated with exemplary compassion and sensitivity, avoidance of inappropriate restraints and collaboration with the local hospice.

### Smoking cessation

There are about 70-80 prisoners receiving smoking cessation support and advice and the smoking cessation adviser has won an award.

## Drugs and alcohol abuse

The DART team does excellent work in this area and has recently started to work with the families of those found to be taking NPS, aiming to promote the re-engagement of prisoners with their families where this is an issue. This has been well received, though some families are hard to reach.

**Complaints and feedback** Complaints fluctuate a little and continue to be mainly about medication. Attempts are being made to make prisoners aware of what they can expect, while efforts are also being made to speed up the provision of medication through electronic prescribing, so far without noticeable impact.

### c. Dental services

Dental services are well regarded by the prisoners and attract few complaints. The waiting list is too long at present (10 weeks) but extra sessions are to be provided to address this.

### d. Mental Health Services

These continue to be good and have benefited from continuity of provision from one highly rated NHS provider. There is work taking place on the development of a mental health support unit which will be based on one of the wings and recognises the needs of prisoners with mental health problems, especially when waiting for transfer to a mental health unit. The team offer mental health awareness training for staff and PIDs. Last year a number from each category received this training and appreciated it. However this year more of this training is not planned.

**Waiting times for transfer to mental health units:** The board regards this issue as of serious concern. The number of prisoners waiting has fluctuated through the year but sometimes the wait has been of several months. We were disturbed to find that waiting times are only documented after a prisoner has been placed on a mental health section (i.e. a bed is available). We believe that many of these prisoners, if in the community, would have been sectioned promptly and admitted as an emergency. Thus the principle of equivalence of care is being breached. The waiting time from diagnosis would reflect the problem more appropriately, while the present system appears to “brush it under the carpet.” A current patient has been waiting since his access referral date on 21st October 2016 because of lack of clarity on which CCG should take responsibility for his admission to a MHU. Another has been waiting for a bed since 8th August 2016. He has settled a little.

## 5.6 Rehabilitation, Re-settlement and Reducing Re-offending

There is a whole systems approach to rehabilitation and much is done through education and training/purposeful activity, (5.3) as well as addressing substance abuse (5.5b) and family work supported by NEPACS (6.4).

The responsibility for the resettlement of prisoners continues to be the responsibility of two providers: Northumbria CRC (Sodexo) and Durham Tees Valley (DTV) CRC. There has been no significant change since last year and prisoners continue to perceive a post code lottery in the type of support they receive. This may be equally good despite differences. We await the outcome measurement with interest.

## 5.7 Safer Custody and SACU

**a. Security:** In the third week of November 2015 there was a Crown Premises Fire Inspection, a Security Audit and Safer Custody Audit, which were all satisfactory.

**b. Prevention of suicide:** HMP Durham undertakes a whole prison approach to the prevention of suicide and self harm. There is an on-going programme of provision of mental health awareness courses to staff and PIDs, though recently this opportunity has not been taken up because of staff shortages. The Safer Custody Team is chaired by a member of the Senior Management Team who ensures compliance with prison service policy. There have been two deaths in custody in the past year of which one was the expected death of a seriously ill man, the other was unexpected. We await the outcome of the inquest on this.

Staff and IMB members are trained in the use of ACCT documents, monitor them and attend ACCT reviews whenever possible. In common with other establishments there was a rise in self-harm in 2014/15 but little change in the past year. However the number of ACCTs opened has increased

significantly in the last year. These two figures together may reflect good practice and awareness.

	2013/14	2014/15	2015/16
<b>Open ACCTs</b>	<b>654</b>	<b>664</b>	<b>752</b>
<b>Self Harm Incidents</b>	<b>197</b>	<b>230</b>	<b>240</b>

**c. SACU:** This continues to be well run with committed and caring staff displaying professionalism in their handling of volatile and challenging prisoners throughout the year. There have been 26 uses of force in the SACU over the reporting period. Very difficult prisoners are managed with exemplary care and compassion. Refractory prisoners with serious mental health problems are sometimes held in the SACU if unsuitable for a bed in the Health Care Centre. They receive good care in SACU and the regime is better there for these difficult individuals than in the Health Care Centre because of greater availability of custodial staff. There have been some instances of cells being damaged, sometimes quite badly, which has necessitated maintenance visits with the accompanying noise and disruption. The staff have handled this well.

A small library and in-cell education are provided within the SACU. Achieving further improvement to the regime there is problematical when taking into account adverse risk assessments and low availability of staff to provide individual escort duties.

Special accommodation has been used 29 times during the year, generally for very short periods. There have been a total of 269 uses of force over the whole prison during the year, 63 of them planned.

**d. Adjudications and segregation review boards:** Internal adjudications are held most days of the week and Board Members observe a sample of these. External adjudications are held monthly by a visiting District Judge and Board Members make every effort to attend. The Board is satisfied that both adjudications and review boards are well-conducted and outcomes fair. Senior Management has been helpful in scheduling Segregation Review Boards at regular times to facilitate attendance of IMB members. It is noted however that health care staff are not always present, though every effort is made to get a written report or telephone advice from them. This problem is being addressed. The Board is pleased to note that Senior Managers conducting the reviews demonstrate a robust approach when examining issues giving rise to a prisoner's continuing detention.

There has been a marked reduction in adjudications. This is related to change of practice in that staff have been encouraged to deal with minor issues themselves without going through the adjudication process. There have been delays in carrying out adjudications, but this problem is being addressed by provision of additional administrative support, legal advice, some evidence by telephone and the development of digital technology in the prison.

	2013/14	2014/15	2015/16
<b>Adjudications</b>	1193	1900	875
<b>Segregation Review Boards</b>	234	359	312

**e. Violence reduction and bullying:** The number of violent incidents fluctuates but the trend is upward in common with other prisons. There is a downward trend in assaults but an increase in more serious assaults. There have been 4 assaults on staff in the past year.

50% of assaults are related to bullying and often to debt. 20% involve young offenders (i.e. double the rate in the prison as a whole) and 20% occur in cells. A disproportionate number of episodes occur on A wing. The architecture of that wing makes supervision more difficult and this may contribute. HMCIP commented that prisoners felt unsafe.

HMCIP commented also that the CAB system is not effective against bullying. Two dedicated staff are employed to develop restorative justice and there have been some outstanding successes but more staff are needed to use this approach more widely.

Lack of CCTV evidence for various reasons frequently prevents perpetrators being brought to justice, but this is being addressed in the context of the prison changing its function.

**f. Incentives and earned privileges:** The management of IEP reviews during the reporting year has been good. Supervising Officers control the reviews and prisoners are invited to attend. A very small proportion of men refuse to do so and this is carefully recorded. Management checks are regularly conducted and only a very small number of reviews are ever overdue. The Board will be monitoring the behaviour of prisoners on basic regime, noting whether any improvement has taken place.

**g. Drugs:** There is a zero tolerance strategy for illicit substances. This is well publicised and understood by the prisoners. The MDT rate is currently about 13.75% (above target and higher than last year). Testing for NPS use may be a factor in a rise since last year (not tested for then). I wing continues to operate as a therapeutic community and the work done in this unit is excellent.

## Section 6

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### Reports by exception

#### 6.1 Chaplaincy

The chaplaincy teams are audited nationally and in this prison achieved 99% of targets including a number of statutory duties - daily visits to the SACU, HCC, seeing all new receptions within 24 hours, offering a programme of agreed weekly activities and weekly visits to all those on an ACCT document. They also supply informal support to staff when needed.

Recently an official prison visitors' scheme has been started to support those on ACCTs and others identified as isolated of who request a visitor.

The team provide a weekly religious services as well as teaching groups:

Monday:	am - 2 VP Bible study classes, one introductory and the other more advanced. pm - Sikh worship and teaching.
Tuesday:	pm - Jehovah's Witness meeting.
Wednesday:	am - Junction 42 Alpha Group. pm - Muslim teaching class (not operating presently) pm - Buddhist worship and teaching (Monthly).
Thursday:	am - Arabic teaching class (not operating presently) am - Pagan worship and teaching pm - Christian Bible study
Friday:	pm - Friday prayers (Muslim) pm - Christian teaching group.
Sunday:	am - RC Mass followed by C of E/Free Church service.

The team are always open to providing support to all the staff at HMP Durham and are often called upon informally to do so.

Community engagement is strong and relationships are good with all relevant faith communities, representatives of which visit the prison especially at Christmas. The chaplaincy is developing its involvement in resettlement and actively engages with several organisations which support prisoners after release and help them into employment. These include Junction 42, the Shirley Community

Chaplaincy, Betel House (combating addiction to harmful substances) and the Reaching Out Project for veterans.

The major challenge is staffing. There are three full time staff (including the managing chaplain). Recently our Muslim chaplain left on promotion and has so far not been replaced. A part time chaplain left in the summer and there are plans to convert his post to a full time one, but this has been held up by HR issues. However, the plan is to have 5 full time chaplains when the establishment becomes a reception prison to meet increased demand.

## 6.2 Property Management

Loss of property is a major source of complaints, occurring around transit between prisons or moving cells within the prison. 24 out of 26 of the applications we receive related to property. The problems appear to occur mainly within the establishment. Property issues are also the main subject of nearly a quarter of complaints made (315/1366). When property is irrevocably lost, prisoners often feel compensation is seriously inadequate. There is no way of ascertaining the truth of this. While processes seem to be in order there are often missing records and gaps in the paperwork. The property store itself is very congested and, given the importance prisoners attach to the little property they have, this is an area of real concern.

## 6.3 Staffing

Staff are fully stretched but work well together as a team, supporting each other when there are shortages. There are a total of 325 staff and 7 vacancies (as of Oct 2016). The sickness rate last year bettered the target, but this has not been maintained and indeed in this prison the sickness absence rate in October exceeded the target at 11.37. This may be partly explained by several staff members suffering from serious or long term illnesses.

Tight staffing levels impact on many areas of the prison:

- Time out of cell unsatisfactory for prisoners not in full time work and poor for all at weekends (HMCIP unpublished report).

- Cancellation of educational/training activities (5.3b).

- Staff/Prisoner relationships (MQPL report 2016)

- Rise in violence, addressing bullying (5.6e) and prisoners feeling unsafe (HMCIP).

- Addressing issues in diversity (5.4b).

The MQPL report (January 2016) expressed the opinion that tight staffing levels were also impinging on the job satisfaction of staff.

## 6.4 Works

In June 2015, the company AMEY was awarded the contract for maintenance and repairs of equipment and facilities.

Initially the implementation of the SLA caused problems, particularly with repairs. This was due to reduction in staff, ambiguities in the contract and lack of understanding regarding its implications and actual contractual issues.

In June this year a full monitoring exercise was carried out and it was pleasing to see that the contract was then being handled effectively and a close liaison existed between AMEY and the prison. The two KPIs - repairs and maintenance - were being easily met and in fact exceeded. A major problem still exists with replacement of equipment, especially washer/dryers and kitchen equipment, where there are recurrent faults. Replacement is not covered under the AMEY SLA.

Whilst the impending move to a reception prison has resulted in funding being found for new washers/dryers, **the Board still feels that the issue of funding for replacement equipment needs to be addressed.**

## **6.5 NEPACS**

This charity (North-East Prisoners' Aftercare Society) does excellent work in the prison. They run the visits arrangements, making bookings for prisoners' families and overseeing the visits room which has a cheerful, relaxed atmosphere. There are toys and volunteers who assist with young children. They also run father/child sessions every week when fathers may meet with their children to help with homework etc. Family learning sessions are also run on Friday evenings. They do much to help "humanise" the prison and are greatly appreciated by prisoners and staff.

## Section 7

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### The work of the Independent Monitoring Board

#### Overview

The Board started the year with only 14 members of whom 4 were still in their probationary year.

The Board is concerned that only one of 13 members is female. There is one representative of ethnic minorities but this is not out of proportion with their representation in the local community. Nevertheless we feel it would be beneficial to have one or more other members from ethnic minorities to broaden representation. A recruitment drive is planned for early 2017.

<b>BOARD STATISTICS</b>	
Recommended Complement of Board Members	20
Number of Board members at the start of the reporting period	14
Number of Board members at the end of the reporting period	13
Number of board members who have completed their probationary year	13
Number of new members joining within the reporting period	0
Number of members leaving within reporting period	1 (death)
Total number of Board meetings during reporting period	12
Total number of visits to the Establishment	716
Total number of segregation reviews held	312
Total number of segregation reviews attended	186
Date of next performance review	Sept 2017

**Applications processed by the Board:**

<b>Code</b>	<b>Subject</b>	<b>Year 2014</b>	<b>Year 2015</b>	<b>Year 2016</b>
A	Accommodation	0	1	2
B	Discipline (incl. Adjudications, IEP, sanctions)	6	7	13
C	Equality and Diversity (inc. religion)	0	0	3
D	Purposeful activity (inc. Education/employment/training, time out of cell)	8	7	5
E 1	Family/visits (inc. mail and phone)	34	38	16
E 2	Finance/pay	16	9	4
F	Food/kitchen related	3	5	0
G	Health (inc. physical, mental, social)	52	22	10
H 1	Property (within current establishment)	26	17	24
H 2	Property (during transfer/in another establishment)	13	18	1
H 3	Canteen, facilities, Catalogue shopping, Argos	4	2	1
I	Sentence related (inc. HDC, ROTL, parole, release dates, re-cat etc)	7	21	8
J	Staff/prisoner/detainee concerns (inc bullying)	8	15	4
K	Transfers	27	25	12
L	Miscellaneous	25	32	
	No. of IMB confidential access		17	15
	<b>Total applications</b>	229	219	118

The marked drop in applications since last year is interesting. It may relate to the increased knowledge of the PIDS.

## Section 8

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### GLOSSARY OF TERMS AND ABBREVIATIONS USED IN THIS REPORT

ACCT	Assessment, Care in Custody and Teamwork
BBV	Blood borne viruses (hepatitis B and C, AIDS)
CAB	Challenging anti-social behaviour
Cat B	Category B prisoner - requiring higher level of security short of maximum level.
CCG	Clinical Commissioning Group
DART	Drug and Alcohol Recovery Team
HMCIP	Her Majesty's Chief Inspector of Prisons
HMP	Her Majesty's Prison
HMYOI	Her Majesty's Young Offenders Institution
IEP	Incentives and Earned Privileges: Basic, Standard or Enhanced Levels
IMB	Independent Monitoring Board
IRC	Immigration Removal Centre
KPI	Key performance indicators
MHU	Mental Health Unit
MPQL	Measuring Prisoners' Quality of Life (Cambridge University)

NEPACS	North East Prisoners' Aftercare Society
NVQ	National Vocational Qualification
NPS	New Psycho-active Substances ("legal highs")
PID	Prisoner Information Desk person
PSO	Prison Service Order
SACU	Separation and Care Unit
SLA	Service Level Agreement
VP	Vulnerable prisoner (usually a sex offender)
WTE	Whole Time Equivalent