

Annual Report of the Independent Monitoring Board at HMP The Verne

**For reporting year
1 August 2020 – 31 July 2021**

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Introductory sections 1 - 3

1. Statutory role of the IMB

The Prison Act 1952 requires every prison to be monitored by an independent board appointed by the Secretary of State from members of the community in which the prison is situated.

Under the National Monitoring Framework agreed with ministers, the Board is required to:

- satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release
- inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has
- report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

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

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that states designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The IMB is part of the United Kingdom's National Preventive Mechanism.

2. Description of the establishment

2.1 HMP The Verne is located on the Isle of Portland in Dorset. The Verne citadel, constructed using convict labour between 1857-81, served as Portland Harbour's primary defensive fortification. Many of the original buildings are still in use today and are Grade II or II* listed by Historic England. These buildings require constant upkeep and attention and cannot be altered without permission.

2.2 The Verne operated as a prison from 1949 until October 2013. It then housed an adult male immigration removal centre (IRC) from March 2014 until December 2017. On 28 July 2018, The Verne re-opened as an adult training prison, operated by Her Majesty's Prison and Probation Service (HMPPS), for persons convicted of sexual offences (PCOSO).

2.3 The certified normal accommodation is 570; the operational capacity is 580. This will increase to 604 once Evershot wing is fully occupied following refurbishment. The residential accommodation is described in 5.1 below.

2.4 Weston College provides most of the vocational and educational opportunities; these include tiling, bricklaying, barber shop, art and music. These are housed in the older 'casemates' part of the estate, as are the art room, library and multi-faith centre. Sports facilities at The Verne include:

- a well-used multi-use games area (MUGA)
- a larger playing field for football and cricket
- a well-equipped gymnasium and other outside exercise equipment.

2.5 Apart from education and health (see Section 6 below), HMPPS is responsible for all services currently offered in The Verne. Healthcare is provided by the Practice Plus Group (which was formerly known as CareUK). Social care forms part of the statutory duties of Dorset Council.

2.6 Voluntary organisations regularly entering the prison before Covid included: Age UK, Circles UK, the Samaritans, the Shannon Trust, Narcotics Anonymous and Alcoholics Anonymous (AA).

3. Executive summary

3.1 Background to the report

This report presents the findings of the Independent Monitoring Board (IMB) of HMP The Verne ('the Board') for the period 1 August 2020 – 31 July 2021. For the first half of that period, the Board was able to collect evidence from observations made on visits, scrutiny of prison records and of data, informal contact with residents and staff, and residents' applications. As in the previous year, Covid restrictions meant Board members did not enter the prison for most of the latter half of the reporting period. Monitoring was then restricted to telephone conversations with staff from across the institution. The Board also held weekly telephone conferences with the Governor or a senior staff member taking part. In addition, the clerk was able to give the Board her first-hand impression of conditions within the prison. She was also able to copy to members the (few) applications collected during this period and to pass on the Board's responses. The Board acknowledges with gratitude the clerk's important role during this period.

Although the Board participated in the scheme whereby prisoners could use an 0800 number to speak to an IMB volunteer who recorded their complaints, the Board received only one application via this route from a Verne resident.

3.2 Main judgements

How safe is the prison?

The Verne is very safe when compared with other prisons. Instances of violence are rare. Disruptive behaviour is dealt with promptly and firmly (see sections 4.2-4.4).

How fairly and humanely are prisoners treated?

The prevailing ethos established at The Verne is one of mutual respect between staff and residents. The perceived fairness and humanity of the regime is perhaps best indicated by the widespread acceptance of the various restrictions which Covid has necessitated for a second year.

The Board regrets that, once again, it has to point to an area where conditions might fall short of humane: the lack of 24 hour provision for an as yet small but growing number of frail, elderly residents who need regular personal care (see para. 6.3.6)

How well are prisoners' health and wellbeing needs met?

The Board is satisfied that, with the exception of the oldest and frailest residents, the health and wellbeing needs of the majority are adequately met (see sections 6.1-6.2).

How well are prisoners progressed towards successful resettlement?

The Board recognises that The Verne was set up as a training, rather than a resettlement, prison. It is aware of the considerable efforts that have been made to prepare the small number of residents (see para. 7.5.1) who are released directly into the community. While the shortage of category D places continues to make such releases an unfortunate necessity, the Board does not consider the resettlement provision to be entirely satisfactory.

3.3 Main areas for development

TO THE MINISTER

The Board invites the Minister to reflect on the need, in any future pandemic, for prison staff to be treated as a priority group in respect of vaccination (see para. 6.4.4).

TO THE PRISON SERVICE

The Board urges HMPPS to expedite the establishment of the ‘community hospital’ (para. 6.1.7) and a facility enabling 24hr social care (para. 6.3.6) at The Verne.

TO THE GOVERNOR

The Board hopes the Governor will continue the search for further employment opportunities for Verne residents (para. 7.2.3)

3.4 Progress since the last report

Any discussion of progress must take account of the constraints imposed by the pandemic. In addition, the Board is only too aware that progress cannot be reliably gauged when absent from the prison for over four months. However, the Board considers that Covid presented The Verne with an exceptionally serious situation. Structures built to service a Victorian artillery platform do not lend themselves to confining a dangerous pathogen. As time passes and normality slowly returns, it is easy to take the view that ‘it was not that bad’. But five residents died from Covid, and more needed hospital treatment, as did several prison staff.

It is unfortunate therefore that, in the event of a recurrence of the pandemic in the immediate future, the ‘community hospital’ discussed in our last report will not be available. A further source of regret lies in the lack of progress in respect of the social care facility.

Evidence sections 4 – 7

4. Safety

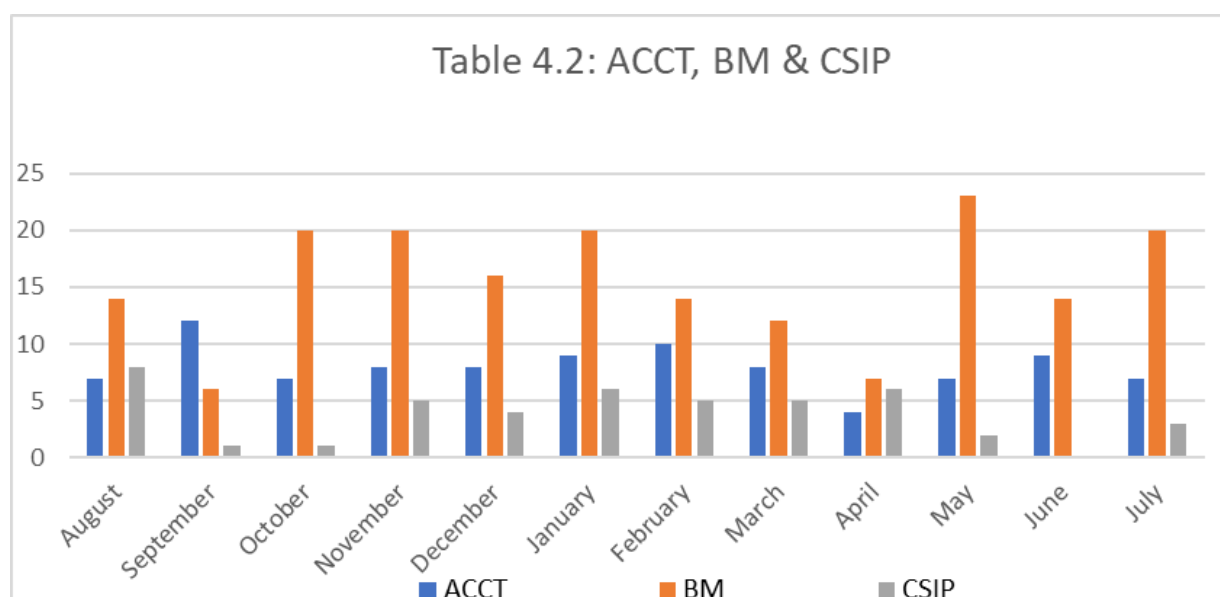
4.1 Reception and induction

4.1.1 Residents arriving at The Verne are escorted to the reception building. From the outset, they are introduced to the prison ethos of respect for the individual coupled with intolerance of anti-social behaviour. Their property is collected and stored. They may be given a light meal. Those with obvious mobility issues may then be transferred to Dorset wing but the majority move to the induction wing, Chesil (C1). Following Covid, new arrivals were required to spend 14 days in isolation on a designated spur in this wing.

4.1.2 The week-long induction programme seeks to instil further the prevailing ethos of The Verne regime: mutual respect between staff and residents, intolerance of violence and the development of a supportive and caring community. The programme offers the opportunity to become acquainted with all aspects of prison life: education, healthcare, work, gym, library, chaplaincy. They receive talks from representatives of protected characteristics (see 5.4.2 below) as well as from Listeners. Residents should be given the name of their key worker during induction although it tends to be some time later that the first meeting takes place. During lockdown inter-wing movements were proscribed and the meetings between key worker and resident were not always possible. Instead wing officers sought to engage with residents on a more *ad hoc* basis.

4.2 Suicide and self-harm, deaths in custody

4.2.1 There were nine deaths in custody during the reporting period: none was self-inflicted or aroused suspicion; five were the result of Covid, and the remainder were due to pre-existing medical conditions.



4.2.2 Residents who threaten self-harm are placed on an assessment, care in custody and teamwork (ACCT) care plan. They are carefully monitored (hourly if necessary) and frequently reviewed by a multi-disciplinary staff team until it is felt safe for the ACCT to be closed. Members of the IMB are invited to attend these reviews when possible and take part in the monthly audit of the relevant documents to ensure that they are fully and correctly completed. Table 4.2 shows the low number of ACCTs opened per month: no trend is apparent either pre- or post-lockdown.

4.2.3 The revised national ACCT process was adopted by the Verne in July and therefore too late in the reporting period for the Board to comment on its effectiveness.

4.3 Violence and violence reduction, self-isolation

4.3.1 Table 4.3.1 lists the instances of disruptive behaviour which were reported to the security department during the reporting period. Each wing has a violence reduction representative. They, along with staff, seek to de-escalate incidents as soon as they arise.

Table 4.3.1: Reportable incidents

Deliberate self-harm	54
Assault	22
Key/ lock	33
Death of prisoner	09
Finds	10
Fire	01
Tool loss	02
Damage to prison property	01
Drone sighting	02
Miscellaneous	18

4.3.2 From discussions with other IMBs, the Board is satisfied that the above data are indicative of a prison in which acts of violence and indiscipline are relatively rare. Nevertheless, The Verne is a prison and, as such, it has its small core of individuals who engage covertly in various forms of illicit behaviour. Table 4.3.2 lists the subject matter of intelligence reports received in the latter half of the reporting period.

Table 4.3.2: Intelligence Reports, January- July 2021

Drone	3
Escape	2
Assault	8
Key/ lock	7
Drugs	12
Drugs (medication)	17
Alcohol	10
Mobile phones	17
Pornography	4
Public protection issues	36
Bullying (perpetrator)	5
Bullying (victim)	32

4.3.3 A challenge, support and intervention plan (CSIP in Table 4.2) tends to be used in less serious cases of violent behaviour.

4.4 Vulnerable prisoners, safeguarding

4.4.1 Since all The Verne's residents have been convicted of sexual offences, they do not form the victimised minority found in other prisons. Unpaid debt (especially in respect of vapes) can give rise to bullying and such behaviour, when suspected by staff, triggers covert behaviour monitoring (BM in Table 4.2). Moving the bully to another wing has occasionally proved effective. On occasions, residents who clearly demonstrated that they could not adhere to the non-violent regime established at The Verne have been transferred to other prisons.

4.5 Use of force

4.5.1 Only 18 instances of the use of force were recorded in the reporting period.

4.6 Preventing illicit items

4.6.1 In our previous report, 18 finds of illicit drugs were recorded. None appears in the equivalent data supplied by security department for this reporting period; this is attributed to the curtailment of visits during lockdown.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

5.1.1 Constructed in the early 1970s, the greater part of the residential accommodation consists of three blocks each divided into two units. Each of the six wings - Arne, Abbotsbury, Bincombe, Blandford, Corfe and Chesil - has two spurs, each of twenty rooms, on both the first and second floors. The rooms do not have sanitation, but each spur has 24-hour access to WCs, washbasins and showers. Those residents employed in cleaning have maintained a very high standard of hygiene within all wings. On the ground floor of each unit there is a laundry, servery, dining area, communal area, and office. During lockdown a spur on Corfe was reserved for Covid positive prisoners needing to be isolated. New arrivals to the prison were housed on a spur on Bincombe until their Covid status could be determined.

5.1.2 Dorset wing is situated in the old 'casemate' part of the prison. All ten dormitories are on the ground floor with no stairs. This wing houses prisoners with mobility issues and social care needs. It has its own servery, WC and showers. £0.5m has recently been made available for a refurbishment of the recesses. Evershot wing comprises 24 portacabin-type pods. Each of these pods has its own WC and shower. This wing was used to house suspected Covid cases before those testing positive were moved to a dedicated spur on Bincombe.

5.1.3 At the beginning of 2020 there was a total loss of heating and hot water after all four boilers failed (under normal conditions, two boilers are in operation). Portable heaters were purchased and distributed throughout the establishment, although this took some time. These did not provide an adequate level of heating in some areas and there were numerous complaints from prisoners. Extra bedding was made available for prisoners who required it. Temporary boilers were installed until the existing boilers were repaired. The boilers have now been refurbished and are working efficiently. A filtration system has now been installed which, it is hoped, will prevent a recurrence of the build-up of limescale which caused the breakdown.

5.1.4 The Board understands that wearing their own clothes is now a privilege enjoyed by residents on the enhanced and standard incentive levels.

5.1.5 The kitchen is situated within the accommodation block. During the pandemic, the kitchen ran a two-shift system to provide continuity if one team of residents tested positive. In February, infection in one of these teams meant that the second had to work for around twenty days continuously. During the pandemic, three meals per day were provided for, on average, 550 prisoners.

5.1.6 The Board is impressed with the variety of menus offered, catering for all prisoner requirements on a very limited per capita allowance. These include allergen-free, gluten-free, kosher and vegan. The kitchen also provides appropriate food for various religious festivals. The food provided is of a high standard and is tasted most days by the duty governor and visiting Board member. There were very few complaints about the food from the prisoners.

5.1.7 As in previous years, the repair and replacement of catering equipment in the kitchen has been slow during the current reporting period. The Board understands that a multi-layered process in authorising and purchasing new, and repairing old,

equipment causes these delays. Once again, the kitchen staff are to be commended for maintaining a service in the face of persistent equipment failures.

5.2 Segregation, special accommodation

5.2.1 The care and separation unit (CSU or Swanage unit) consists of eight cells with in-cell sanitation, a shower, an outside exercise yard and a small library. Board members routinely visit the unit during their rota visits. Residents located on the unit under Rule 45 (good order or discipline) have access to a television if appropriate. IMB members are alerted by email of any new arrival. During rota visits, they speak to residents in their cells. The IMB checks documents in the CSU. These have usually shown that daily visits were made by appropriate staff including, duty governor, chaplain and nurse. Unfortunately, staff in CSU have been unable to supply the Board with data on the numbers of adjudications convened in the reporting period.

5.2.2 During Covid, cells in the CSU have been used to isolate residents on their return to the prison from hospital visits. The IMB has received no applications related to CSU facilities.

5.3 Staff-prisoner relationships, key workers

5.3.1 In our last report, the Board endorsed the HMIP's finding that 'Staff-prisoner relationships were among the best we have seen'. The fact that the restrictions entailed by the pandemic were generally accepted by the great majority of residents is indicative of the continued atmosphere of trust and mutual respect established earlier in the prison.

5.3.2 The Board believes the key worker scheme was working well until Covid reduced its effectiveness by limiting movement between wings.

5.4 Equality and diversity

5.4.1 The Lammy Review (October 2017) recognised that other groups besides black, Asian and minority ethnic (BAME) prisoners – for example, the Gypsy, Romany and Traveller (GRT) community – also required a voice. Consequently, a wide range of minorities is represented at The Verne, including BAME, GRT and lesbian, gay, bisexual and transgender (LGBTQ) residents. (In the Appendix, Tables A1-A3 illustrate respectively the distribution of residents by age, ethnic group, and sexual orientation.) Reports of discrimination incidents are investigated by the discrimination incident report forms (DIRF) system and are considered at the monthly Equality Action Team meetings.

5.4.2 Each of the protected characteristics¹ – age; religion or belief; race; sexual orientation; disability; marriage and civil partnership; gender reassignment - is overseen by a senior manager, a liaison officer and at least one resident representative. Forums were held regularly for all protected characteristics, and also

¹ [Protected characteristics | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://equalityhumanrights.com/)

for armed services veterans. Until Covid arose, residents were encouraged to organise special events and religious festivals, often bringing in outside groups.

5.4.3 The IMB remains confident that HMP The Verne effectively monitors and addresses the needs of all communities represented in the prison. The staff appear to be conscientious in their respect for all minorities.

5.5 Faith and pastoral support

5.5.1 In addition to the managing chaplain (Free Church), the Catholic and Muslim chaplains are also full-time with a part-time Anglican chaplain. They are supported by Anglican, Sikh, Free Church and Hindu sessional staff. There are also several volunteers – Catholic, Anglican, and Salvation Army, amongst others. They work as an inter-faith group, each chaplain supporting residents of all faiths and none.

5.5.2 During the first four months of lockdown, only two chaplains were able to work in the prison. The managing chaplain and his Catholic colleague spent every day on the wings with the residents until they sadly succumbed to Covid. The latter ensured that large quantities of distractions (puzzles, quizzes, games, pens and colouring books, writing paper, sewing and needlework, DVDs etc) were available to help the men through lockdown.

5.5.3 All of the major festivals were celebrated as far as Covid restrictions allowed. The Ramadan fast was observed by around 30 residents individually without the customary communal gatherings to break the fast. The Eid feast also entailed individual meals being delivered rather than a meal taken together. The Muslim and Catholic chaplains persuaded various external donors to subsidise extra food for Eid as well as the Traveller Festival and Black History Month. All feasts were prepared by the kitchen and the food was delivered in special hot boxes.

5.5.4 When they were able to do so, chaplains carried out their normal duties: looking after the welfare and spiritual needs of the residents, and attending ACCT reviews, adjudications and induction. During Covid the chaplains enabled residents to attend virtual funerals of loved ones, using an iPad to join the live streaming of services.

5.5.5 The Board is aware of the very high regard that Verne residents have for the work of the chaplaincy. The Board is happy to record its own appreciation of the dedication of the team during this very difficult time.

5.6 Incentive schemes

5.6.1 The Verne is committed to implementing the revised incentives scheme in line with the national Incentives Policy Framework.

5.6.2 The enhanced incentive level offers greater privileges than any of those on standard and basic level to reflect the commitment made in engaging with HMP The Verne's values. Extra privileges offered to enhanced prisoners include access to family visits once a month; 2 Purple Visits (which allow online contact via a secure platform) per month; entitlement to increased spends; access to own clothes. A prisoner on the standard incentive level will comply with expected standards and

engage in purposeful activity, without going above and beyond this requirement. A move to basic level will result from an individual failing to conform to the behaviour expected of a standard prisoner.

5.6.3 The Board is unaware of any major dissatisfaction at the way this revised scheme is operating.

5.7 Complaints

5.7.1 In the reporting period, 798 complaints were logged (the corresponding figure in our previous report was 1088). Complaint boxes continued to be emptied daily throughout lockdown and with various complaint forms and confidential access envelopes available. The process appears to be well managed with approximately 95 per cent of the complaints being responded to within the allocated timeframe. Responses seen by the Board were invariably courteous and considerate.

5.7.2 An additional 70 complaints were submitted by Verne residents for the attention of other establishments. 49 of these complaints were regarding property missing after transfer.

5.8 Property

5.8.1 Property loss within the prison resulted in only 1 application (out of 17) to the IMB. However, the loss of property during transfer would appear to be a continuing problem (see 5.7.2).

6. Health and wellbeing

6.1 Physical healthcare

6.1.1 Covid has dominated healthcare during the reporting period. As the IMB report for 2019/20 showed, the prison was very successful in keeping Covid out in the first period of lockdown. However, in February 2021 there was a major outbreak. Initially prisoners were isolated in Evershot wing, a block of 24 rooms (cabins) for single occupancy and with individual cell facilities but as the number of infections increased entire landings were designated as infected areas and had to be used for isolation, the prisoners on these wings forming a 'bubble' of 20 men. They were well looked after by healthcare staff and prison officers; many were given oxygen saturation monitors and buzzers. As the outbreak developed, several men required hospital treatment. Sadly, five residents died from Covid related conditions. A further four died from pre-existing conditions unrelated to the outbreak.

6.1.2 A member of staff was appointed to oversee all the planning arrangements surrounding Covid infection: vaccinations, isolating, personal protective equipment (PPE), publicising all the general health advice necessary and regularly updating the Board. This eventually led to frequent mass testing of staff with lateral flow tests. Advice was given to the whole prison on avoiding contact with positive cases and generally keeping safe.

6.1.3. The first vaccines arrived in The Verne on 29 January 2021, but their administration was delayed for those testing positive. By the end of February, the vaccination of residents was in line with that for the equivalent age cohort and vulnerable groups within the wider community. Supplies then arrived regularly and vaccination progressed in line with the community vaccination programme. From Table 6.1.1, it may be inferred that, by the end of the reporting period, 95% of residents had received a first dose and 94% a second.

Table 6.1.1: Vaccine take-up by age

Age Cohort	Eligible	1 st given	2 nd given	%	declines
80+	12	12	12	100%	0
75-79	23	22	22	96%	1
70-74 & vulnerable	64	61	61	95%	3
65-69	50	50	49	98%	*
16-64 & underlying condition	156	149	147	94%	9
60-64	11	9	9	82%	2
55-59	36	35	34	94%	2
50-54	36	33	33	92%	3
40-49	79	73	73	92%	6
30-39	77	76	76	99%	1
18-29	21	16	15	71%	6

* One resident was transferred before receiving his second dose

6.1.4 In spite of the high level of vaccination eventually achieved, regular testing found infection on all wings but worst on Dorset wing. Since this wing is exclusively ground floor, it is reserved for the elderly, less mobile population who spend most of their time there. The cubicles are partitioned with walls that do not reach to the floor or ceiling. This wing was, therefore, particularly vulnerable to infection. The first case was diagnosed in February 2021. Of the 80 residents housed here, 68 (85%) tested (PCR) positive for Covid at some point during the second lockdown (see Table 6.1.2).

6.1.5 Table 6.1.2 lists the numbers of residents, out of a total of around 540, who tested (PCR) positive on at least one occasion in the second half of the reporting period. Public Health England (PHE) were notified once two residents had tested positive. A representative of PHE visited the prison and expressed concerns over the quality of the PPE used by staff (this was later rectified) and, more importantly, the lack of adequate facilities to separate infected and non-infected residents. Only Evershot has rooms in which residents can be individually isolated. In the six wings, other than Dorset, twenty prisoners on each of four spurs must share a recess (WCs, washbasins and showers) thereby making effective quarantine impossible.

Table 6.1.2: Numbers of Covid positive tests per wing

Abbotsbury	17
Arne	31
Bincombe	59
Blandford	18
Chesil	21
Corfe	8
Dorset	68
Evershot	0
Total	222

6.1.6 Routine healthcare provision did fall behind during lockdown as residents were isolating and service providers were unable to run clinics. Emergency care was provided by the general practitioner and nurses; the dentist also saw emergencies. Extra appointments have now been provided by the dentist, podiatrist and optician and waiting lists are falling. There are plans to appoint and train 'health champions' who will aim to raise awareness of health issues amongst the residents and reduce the rate of non-attendance at appointments. All residents are offered screening for blood-borne viruses on arrival. Some hospital appointments are now carried out via video link which reduces the need for escorts; it is hoped this practice will increase.

6.1.7 Given the Verne's ageing population (see Appendix, Table A1) healthcare needs are becoming more complex. Many require regular outpatient appointments and hospital stays. This puts a strain on staff resources to provide escorts and bed-watches. One resident was an in-patient for many weeks before a place was found for him in a nursing home, where an escort continues to be required. Healthcare staff work from 7.30am to 6pm; outside these hours there is no nursing cover. However, the social care contract provided for a health care assistant to stay with one particularly frail resident up to 8pm and another terminal patient had overnight

nursing cover. Our last report referred to a proposal to set up a 'hospital unit' providing 24-hour nursing care and facilities to carry out some procedures. The Board regrets that this facility has not advanced beyond the planning stage.

6.2 Mental healthcare

6.2.1 The pandemic has led to increased mental health concerns due to isolation, reduced activities and loss of visits. The mental health team has worked hard to support residents. One man with a serious mental health condition was sectioned but given the lack of NHS acute beds, had to wait two weeks to be moved to hospital. This put great demands on the prison officers who, it must be remembered, are not mental health nurses.

6.2.2 The Listener service, with residents trained by The Samaritans, has been very helpful. It stopped for a few weeks in lockdown as there were concerns about social distancing, but they have had several hundred contacts during the past year. Many calls were about family contact; residents were distressed about the loss of visits and Purple Visits were limited.

6.3 Social care

6.3.1 The Board is very conscious that 81 (15%) of The Verne residents are over 70 and that there is an increasing prevalence of frailty and sickness among them. In previous years, several assessments have been requested for the type of social care funded by the local authority and provided in a care home. During this past year however, due to the Covid pandemic, the need for social care to be provided on a regular basis has become more apparent. Social care is funded by the local authority and provided by Practice Plus for two residents. The remainder are supported by resident support assistants (RSAs).

6.3.2 Referrals to social care are made by the prison staff without reference to healthcare; better communication here is needed.

6.3.4 Many elderly residents have suffered with Covid and their return to full health has been slow. In addition, the lack of regular exercise during the long periods of isolation has reduced mobility and has demotivated many of the men to maintain fitness. A physiotherapist from the musculoskeletal service visits healthcare monthly but this provision does not extend to rehabilitation.

6.3.5 In addition to formal social care (provided by a care assistant) the frail prisoners can be allocated an RSA. RSA training was originally done by an external trainer but is now organised internally. RSAs are allowed to assist in basic care but cannot engage in any intimate or personal care and may not assist with tasks such as washing, toileting or incontinence. The RSAs, however, are valued and their work became much more necessary during the pandemic. Many of those prisoners originally trained as RSAs have now given up the role or been released and more will need to be recruited soon.

6.3.6 The Board recognises that the problems of social care are just as difficult inside a prison as in the outside community, but it considers that, in view of The Verne's ageing population, more on-site care provision is now necessary. This would

allow full-time qualified carers to remain on the premises during the day and night and might well avoid some prisoners being hospitalised, therefore saving on expensive bed-watches by officers and less disruption to the prison and prisoner routine. The Board is aware of plans to set up a small care facility within Dorset wing but, as with the hospital unit (see 6.1.7), the Board is anxious to see more progress in this area.

6.4 Staff health

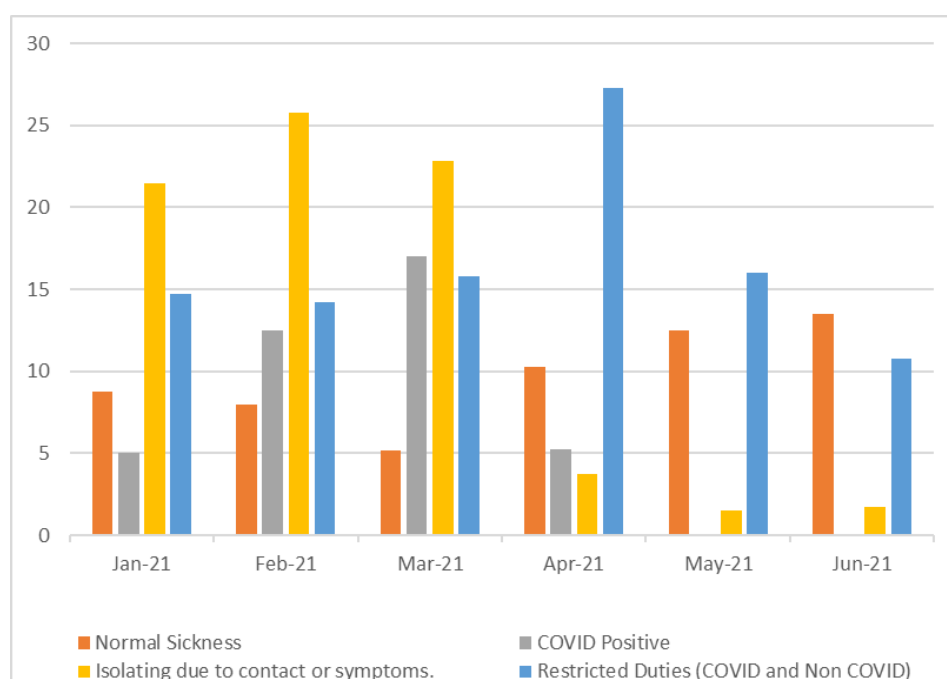
6.4.1 The Board is aware that the health and wellbeing of prison staff do not normally fall within the remit of its monitoring role. However, the Covid pandemic gave rise to very abnormal circumstances and the Board became increasingly conscious that the welfare of the residents depended upon an effective regime being maintained within the prison. The Board came to the view that such a regime could not be guaranteed given the prevailing levels of staff absence.

6.4.2 In December 2020, the Joint Committee on Vaccination and Immunisation (JCVI) advised² that prison officers (along with other frontline workers such as teachers and police officers) were not a workforce group eligible for vaccination. Only healthcare and social care staff were included in JCVI Priority 2. While the Board recognises the role of the JCVI as an authoritative source of independent, scientific advice to government, it is no less aware that The Verne is, like other prisons, a 'social care home' for its residents.

6.4.3 In early March 2021, following intervention by the MP for South Dorset, Mr Richard Drax, 10 vaccine doses per day were reserved for Verne staff, initially, at the Bournemouth International Centre. This was a positive development and generally welcomed by those who were able to take advantage. Notwithstanding, staffing levels in the prison became critical as numbers of those infected or self-isolating rose and others were deployed to bed-watch those residents in hospital. Several staff were hospitalised. The figures in Table 6.4 give the average number of staff absent or restricted to light duties in each month. The 45 absent in March represent 21% of the prison's 213 operational staff who would have been available to work on the wings. Only by very careful re-deployment and with staff volunteering to work what would otherwise be seen as excessively long hours was a viable regime maintained at the height of lockdown. While the Board commends Governor Bourne and his staff for their dedication during this period, it hopes that, in any future pandemic, their vulnerability will be recognised, and appropriate protection offered.

² <https://www.gov.uk/government/publications/priority-groups-for-coronavirus-Covid-19-vaccination-advice-from-the-jcvi-30-december-2020>.

Table 6.4: Staff absence January- June 2021



6.4.4 If The Verne is a ‘care home’ for its residents; for its staff, it is a workplace and one which, as PHE noted (see 6.1.5), hardly lends itself to infection control, with inevitable consequences for the health of the staff as well as the residents. Uncritical acceptance of the JCVI advice (see 6.4.2) failed to recognise the problems posed by the unusual infrastructure of HMP The Verne.

6.4.5 Until March 2021, HMPPS, along with other government bodies, adhered to the advice of JCVI that surplus doses of vaccine from opened vials should be destroyed rather than offered to others, that is, anyone outside the current age cohort. The Board therefore read with interest the March correspondence³ between the Secretary of State for Health and the JCVI. This advised that, where surplus doses could not be taken up by residents, they could now be offered to prison officers. Before this advice from JCVI was published, the Board was extremely concerned at the prospect of surplus doses being destroyed rather than being offered to staff. The Board understands that, in the event, the question of diverting surplus doses did not arise at The Verne. Notwithstanding, in any future pandemic, the Board would view a policy of insisting on surplus dose disposal as indefensible.

6.5 Exercise, regime

6.5.1 During lockdown, residents were confined to their spur and only allowed out to collect meals and for one hour of exercise daily. The elderly and frail men resident on the dormitory wing were encouraged to go outside for exercise for two hours daily but many were reluctant to do so as they were afraid of contracting Covid-19. The

³ Letter from the JCVI to the Health and Social Care Secretary on further considerations on phase 1 advice: 1 March 2021 - GOV.UK (www.gov.uk) and Letter from the Health and Social Care Secretary to the JCVI: 11 March 2021 - GOV.UK (www.gov.uk).

residents were allowed greater access to phone calls as many were very anxious about their families. There were several deaths reported among residents' family members which the chaplaincy and newly appointed Family Liaison Officers dealt with appropriately and sympathetically.

6.5.2 The gymnasium is housed in one of the older buildings in the prison. The Board is pleased to report that the problem of water ingress, causing damage to the gym floor, has now been resolved. New windows have been installed and the guttering is to be replaced but unfortunately the roof has not been repaired.

Gym usage before lockdown

Prison roll	568
Residents registered for P.E.	492 (87%)
Residents who attended P.E.	275 (48%)

6.5.3 During the Covid-19 lockdown periods the gymnasium was closed. Exercise sessions during these periods were taken outside on the sports field. Residents were offered two sessions a week. Initially, a maximum of 20 from one spur at a time were able to walk or run around the sports field. As regulations eased, the number of prisoners offered these sessions was increased to 40 from the same landing. Exercise equipment such as bar bells and 'step ups' were then brought to the sports field; these were sanitised after each session.

6.6 Drug and alcohol rehabilitation

6.6.1 The integrated substance misuse service (ISMS) is undertaken by EDP Drug and Alcohol Services under contract with the Practice Plus Group. The team consists of two full-time staff members, and one part-time. During the pandemic the service was adapted to continue to meet the needs of residents with substance misuse issues. Although face-to-face contact was extremely limited, contact was made by letter and telephone to respective wings where welfare sessions were held. As the prison came out of the coronavirus restrictions, the service resumed, with inductions, group work sessions, keywork sessions, health promotions and AA fellowship meetings. The drug strategy meetings occur every 2 months.

7. Progression and resettlement

7.1 Education, library

7.1.1 Weston College has the contract to provide education and vocational training. Covid meant that it was obliged to withdraw its services in March 2020. A small number of staff returned in June 2020 to provide education and activity packs for distribution to the wings, but face-to-face teaching was not able to resume until June 2021. Since this resumption in June 2021, the following educational courses have been available: information technology and computerised (Sage) accounting, mathematics, English, music, art and media.

7.1.2 Classroom numbers were initially reduced to comply with Covid protocols, and there has been some frustration among prisoners that greater numbers cannot be accommodated. At the end of the reporting, there were 80 residents (around 14% of the prison population) involved in education and training, although these figures will increase with prisoners enrolled in Open University courses due to start in September 2021.

7.1.3 The library has remained closed throughout the year; library staff have worked hard to ensure boxes of books have been delivered to landings for prisoners' use during this period of library closure.

7.2 Vocational training, work

7.2.1 Vocational courses were similarly affected by Covid, with face-to-face teaching again re-starting in June 2021. Vocational courses offered, for which qualifications (mostly City and Guilds) can be earned, included health and safety, tiling, cleaning, bricklaying, painting and decorating, cycle maintenance, food hygiene and barbering.

7.2.2 For most of the year, Covid has restricted work opportunities to essential activities such as kitchens, wing server/cleaning, and waste management. Other work options generally offered include gardening, window cleaning, wood mill, carpentry, spray shop, library assistants, prisoner support assistants, mentors, peer support work, barbers, breakfast pack filling, television repair, leather work, sewing and, more recently, tailoring.

7.2.3 At the end of the year, there were 290 residents (around 50% of prison population) actively employed; of these, 76 were employed in industries, 135 in kitchen and various wing jobs, and 79 as orderlies and mentors. Feedback from residents indicates that the work opportunities at The Verne are well managed and of good quality, and several popular areas have waiting lists of applicants, for example: gardens and waste management. However, there are significant numbers of unemployed prisoners, and a real need for more workplaces and other meaningful activities, not only to keep prisoners occupied, but also to contribute to the facilities and infrastructure of The Verne.

7.3 Offender management, progression

7.3.1 Those residents who might have been qualified to pursue the Horizon or Kaizen programme were unable to do so once Covid restrictions prevented transfer to establishments where these interventions are available.

7.3.2 The work of the offender management unit was severely affected by lockdown. Several staff developed Covid and many of the prison offender managers (POMs) were re-deployed to the accommodation blocks (see 6.4.3). Face-to-face meetings with residents were cancelled. Parole hearings were conducted via video links.

7.4 Family contact

7.4.1 All visits were cancelled from December 2020. They were resumed in May 2021, but each session was confined to ten residents and strict social distancing was observed. Visitors from high Covid localities were excluded. Provision was made for increased telephone contact, and online Purple Visits were introduced.

7.5 Resettlement planning

7.5.1 Following their inspection in February 2020, HMIP stated that The Verne 'did not have an action plan covering all areas of re-offending.' When the immigration removal centre was re-rolled as a category C prison in July 2018, it was not envisaged that any of the residents would be released directly from the facility, and as a result no funding was made available for this purpose. In the event, however, about 40 residents are expected to be released from The Verne during 2021 with a further 80 or so in 2022. To facilitate this an action plan has now been formulated and instituted by the Deputy Governor, a full-time staff member has been assigned to the resettlement role and another part-time staff member is shared with nearby HMP Portland. Unfortunately, implementing the plan has been somewhat hampered by the full-time staff member developing Covid and continuing to remain unwell.

7.5.2 The action plan requires that six months before residents are released, they are helped to renew their driving licence and are encouraged to enrol in courses in The Verne's education department, aimed at helping them become more employable on release. There was a recent case in which the Shannon Trust was able to teach an 84-year-old to read prior to release. Seven to eight weeks prior to release, the resident meets with the resettlement team and is assisted with connecting to the Department of Work and Pensions to ascertain their entitlements or to apply for universal credit. They are assisted to open a bank account with the offender banking programme of HSBC. The Verne's POM unit liaises with local authorities to arrange an address on release and link with community offender management teams.

7.5.3 Employment information and guidance is given through organisations such as the New Futures Network which provides lists of job opportunities. Age UK provides help to older residents and the Catholic chaplain provides a valuable service in distributing donated clothes. On release, they are given an accommodation address, a travel warrant, a resettlement pack and a discharge grant of £46.00.

8. The work of the IMB

Board statistics

Recommended complement of Board members	13
Number of Board members at the start of the reporting period	8
Number of Board members at the end of the reporting period	7
Total number of visits to the establishment	86
Total number of shifts on the 0800-telephone line	22
Total number of segregation reviews attended	2

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	11	1
B	Discipline, including adjudications, IEP, sanctions	3	1
C	Equality	0	0
D	Purposeful activity, including education, work, training, library, regime, time out of cell	4	1
E1	Letters, visits, telephones, public protection restrictions	6	0
E2	Finance, including pay, private monies, spends	4	1
F	Food and kitchens	0	0
G	Health, including physical, mental, social care	8	3
H1	Property within this establishment	4	1
H2	Property during transfer or in another establishment or location	6	2
H3	Canteen, facility list, catalogue(s)	1	1
I	Sentence management, including HDC, release on temporary licence, parole, release dates, recategorisation	8	3
J	Staff/prisoner concerns, including bullying	1	1
K	Transfers	2	0
L	Miscellaneous, including complaints system	7	2
	Total number of applications	65	17

Appendix: Equality and diversity: further data

Table A1: AGE PROFILE		
Age range	Number	Percentage
18-29	27	5
30-39	91	16
40-49	113	20
50-59	142	25
60-69	103	18
70-79	68	12
80+	13	2
TOTAL	557	98

Table A2: ETHNIC BACKGROUND		
	Number	Percentage
White E/W/S/NI	394	73
White other	13	2
Asian	38	7
Black	55	10
Chinese	9	2
White gypsy/ Irish traveller	19	4
Mixed black/ white Caribbean	11	2
Not known	2	<1
TOTAL	541	100

Table A3: SEXUAL ORIENTATION		
	Number	Percentage
Heterosexual	440	81
Gay/lesbian	26	5
Bi-sexual	21	4
Not disclosed	38	7
Not known	13	2
Other	2	<1
TOTAL	540	99



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