



Annual Report of the Independent Monitoring Board at HMP The Verne

**For reporting year
1 August 2021 – 31 July 2022**

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Contents

Introductory sections 1 – 3	Page
1. Statutory role of the IMB	3
2. Description of establishment	4
3. Executive summary	5
 Evidence sections 4 – 7	
4. Safety	7
5. Fair and humane treatment	10
6. Health and wellbeing	15
7. Progression and resettlement	20
 The work of the IMB	
Board statistics	23
Applications to the IMB	24
 Appendix: Equality and diversity: further data	25

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 immigration removal centre (IRC) from March 2014 until December 2017. On 28 July 2018, The Verne reopened as an adult training prison, operated by Her Majesty's Prison and Probation Service (HMPPS), for people convicted of sexual offences (PCOSO).

2.3 The certified normal accommodation is 594; the operational capacity is 604. The prisoner 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. Gov Facilities Services Limited (GFSL) provides maintenance and project services.

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) at HMP The Verne ('the Board') for the period 1 August 2021 – 31 July 2022. Since the worst of Covid pandemic had passed, the Board was no longer required to rely on telephone contact with the prison but was able to resume direct monitoring, while respecting restrictions to those areas where infected individuals were isolated. For the whole of the reporting period, the Board was able to collect evidence from observations made on visits, scrutiny of prison records and of data, informal contact with prisoners and staff, and prisoners' applications.

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 is aware of only two applications via this route from Verne prisoners.

3.2 Main judgements

How safe is the prison?

The Verne is very safe: instances of violence are rare. Disruptive behaviour is dealt with promptly and firmly (see sections 4.2–4.3).

How fairly and humanely are prisoners treated?

The prevailing ethos established at The Verne is one of mutual respect between staff and prisoners. The perceived fairness and humanity of the regime was, once again, illustrated by the widespread acceptance of the various restrictions which Covid has necessitated. (It was only in May 2022 that all restrictions ceased.)

The Board regrets that, as in its previous report, it has to point to one area where conditions fall short of humane: the lack of 24-hour provision for an as yet small but growing number of frail elderly prisoners who need regular personal care (see para. 6.3.4)

How well are prisoners' health and wellbeing needs met?

The Board is satisfied that, with the exception of the oldest and frailest prisoners, the health and wellbeing needs of the majority are adequately met (see sections 6.1, 6.2 and 6.5).

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 continuing efforts to prepare the significant number of prisoners (77, see para. 7.5.3) who are released directly into the community. The Offender Management Unit is seriously understaffed (see para 7.3.2) and the Board recognises the dedication and professionalism of the few

members of staff who work in this area. 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 satisfactory.

3.3 Main areas for development

TO THE MINISTER

The Board invites the Minister to consider whether a community hospital, serving other prisons in the south-west, could be sited at HMP The Verne.

TO THE PRISON SERVICE

The Board urges HMPPS to expedite the establishment of a facility enabling 24-hour social care at The Verne (para. 6.3.5).

TO THE GOVERNOR

The Board encourages the Governor to continue the search for further employment opportunities for Verne prisoners (para. 7.2.3).

3.4 Progress since the last report

In previous reports, the Board has stressed the need for a facility which would enable the social care needs of prisoners to be met more adequately than hitherto. It is with considerable regret that the Board is unable to point to any progress in this area. With 17 prisoners over 80 years of age and 69 aged 70-79, this need can only become more pressing.

In addition, the Board understands that there is currently no plan to establish a 'community hospital' at The Verne. This has been discussed in earlier years. Reducing the need for elderly prisoners to visit Dorset County Hospital for minor procedures would offer considerable savings in staff time on escort and bedwatch duties.

4. Safety

4.1 Reception and induction

4.1.1 Prisoners 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 antisocial behaviour. Their property is collected and stored. They may be given a light meal. Those with obvious mobility issues are then transferred to Dorset wing but the majority move to the induction wing, Chesil (C1). During 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 prisoners, 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 5.4.1 below), from Listeners and, where possible, from a member of the IMB. Prisoners 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. The key worker scheme was suspended during the pandemic period and engagement with prisoners was via a recorded welfare check instead of key work. Although a less detailed interaction, it was nevertheless a regular and recorded contact.

4.2 Suicide and self-harm, deaths in custody

4.2.1 There were four deaths in custody during the reporting period: none was self-inflicted or aroused suspicion.

4.2.2 Prisoners who present as being at risk of self-harm are placed on an ACCT (assessment, care in custody and teamwork) document. 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 4.2.1 shows a marked reduction in the number of ACCTs opened in the reporting period. In July 2021 a revised system of ACCT was introduced across all prisons in England and Wales with the aim of reducing self-harm. The Board is happy to report that this new system appears to be working satisfactorily at The Verne.

Table 4.2.1: ACCTs, behaviour monitoring (BM), challenge, support and intervention plans (CSIP)

	2021-22	2020-21
ACCTs	53	96
BM	133	186
CSIPs	16	46

4.2.3 The Listener service, with prisoners trained by the Samaritans, continues to be very helpful in supporting their peers.

4.3 Violence and violence reduction, self-isolation

4.3.1 Table 4.3.1 summarises the instances of disruptive behaviour which were reported to the security department.

Table 4.3.1: Reportable Incidents

FINDS		
	SIM/memory devices	12
	Medication	9
	Metal objects/weapons	5
	Hooch	9
	Miscellaneous	15
SELF-HARM		
	Prisoner A	9
	Prisoner B	12
	Others	64
ASSAULT		
	Prisoner on prisoner	25
	Prisoner on prisoner sexual	4
	Prisoner on staff	2
KEY/LOCK INCIDENTS		39
USE OF FORCE		3
DAMAGE TO PROPERTY		7
DEATH IN CUSTODY		4
MISCELLANEOUS		17
TOTAL		236

It may be observed that two habitual self-harmers account for nearly a quarter of this category of incident.

From discussions with other IMBs, the Board remains satisfied that the above data are indicative of a prison in which acts of violence and indiscipline are relatively rare. Each wing has a violence reduction representative. They, along with staff, seek to de-escalate incidents as soon as they arise.

4.3.3 CSIPs (see table 4.2.1) tend to be used in less serious cases of violent behaviour.

4.3.4 As in all prisons there are vulnerable groups. Unpaid debt (especially in respect of vapes) can give rise to bullying and such behaviour, when suspected by staff, triggers covert behaviour monitoring (see BM in table 4.2.1). Moving the bully to another wing has occasionally proved effective. There have been occasions where prisoners who clearly demonstrated that they could not adhere to the non-violent regime established at The Verne have been transferred to other prisons.

4.4 Use of force

4.4.1 Force was used on 11 occasions in the reporting period; the reasons are listed in table 4.4.1. These were all unplanned and none involved the use of handcuffs. In four of these instances, the prisoner was later taken to hospital. However, only one of these uses of force was the reason for the hospital visit (a prisoner was restrained following non-compliance during a cell search; when he later complained of a pain in his left arm, he was taken to hospital on the advice of healthcare).

Table 4.4.1: Use of Force

Preventing self-harm	3
Non-compliance	2
Assault	2
Good order or discipline	2
Others	2
TOTAL	11

4.5 Preventing illicit items.

4.5.1 The 50 finds of illicit items are listed in table 4.3.1. The Board does not consider these to be excessive or indicative of any systemic failure by the prison authorities.

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 20 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 prisoners 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 the pandemic various wings were designated for Covid-positive prisoners needing to be isolated. New arrivals to the prison were tested and isolated until their Covid status could be determined.

5.1.2 Dorset wing is situated in the old ‘casemate’ part of the prison. All 10 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. Refurbishment of the showers and toilets in this wing was ongoing during the reporting period.

5.1.3 Evershot wing comprises 24 portacabin-type pods. Each of these pods has its own WC and shower. It has its own kitchen area and day room. There is an office within its perimeter fence and gate. It is proposed to construct a second portacabin, accommodation block. It will comprise 40 self-contained rooms in a two-storey unit. Each room will have its own shower, WC, heating and lighting.

5.1.4 During October 2021 the heating boilers serving the whole prison were shut down for five days to carry out statutory annual insurance inspections. Hot water was maintained over this period. Portable electric heaters were made available throughout the prison. The Board received very few complaints about this.

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

5.1.6 The kitchen is situated within the accommodation block. The kitchen runs a two-shift system to provide continuity if one team of prisoners tests Covid positive. Three meals per day are provided every day of the year.

5.1.7 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.

5.1.8 The Verne is fortunate in having extensive grounds, some of which are given over to the growing of vegetables. As an illustration, during the summer of 2021, lettuce, tomatoes and other salads were grown with a total of 1,300 heads of lettuce and 260kg of produce overall being supplied to the kitchen. Twenty-four prisoners are involved in the growing of the produce. This contribution continues to be most valuable, especially given the sharp increase in costs currently being experienced.

5.1.9 Equipment failures were less of a problem this year compared to previous years. The need for a cold room was identified and achieved during the year. There were also some outstanding training requirements which, again, have largely been resolved.

5.2 Segregation

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. Prisoners 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 prisoners in their cells. The IMB checks the documents in the CSU. These record the visits from staff mandated to attend (viz. duty governor, chaplain and nurse). No instance of segregation exceeded 42 days and the great majority were less than one week.

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

5.2.3 The more serious type of reportable incident will result in a prisoner being charged, subject to adjudication and, if the charge is upheld, sanctions. During the reporting period, 215 adjudications were held (see table 5.2.1 below) and these involved 408 charges. Of these charges, 264 resulted in sanctions (principally cellular confinement, loss of earnings, forfeit of privileges).

Table 5.2.1: Adjudications

Alcoholic intoxication	2
Unauthorised possession	59
Damage to property other than his own	10
Disrespect	2
Assault or threatening behaviour	47
Disobedience	57
Fighting	10
Endangers health or safety	17
Obstruction	3
Administering controlled drug	8
TOTAL	215

5.3 Staff-prisoner relationships, key workers

5.3.1 The Board is satisfied that staff-prisoner relationships are as good as previously reported. The fact that the restrictions entailed by the second year of the pandemic were generally accepted by the great majority of prisoners is indicative of the 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. However, it would hope to see an increase in contact with key workers once staffing levels permit.

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) prisoners. (In the appendix, tables A1-A3 illustrate respectively the distribution of prisoners by age, ethnic group, and sexual orientation.) Reports of discrimination incidents are investigated through 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 prisoner representative. Forums were held regularly for all protected characteristics, and also for armed services veterans. Until Covid, prisoners 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 and Free Church chaplain. They are supported by Anglican, Sikh, Free Church, and Hindu minimum-hours contracted staff. There are also several volunteers – Catholic, Anglican and Salvation Army, amongst others. They work as an interfaith group, each chaplain supporting prisoners of all faiths and none.

5.5.2 Over the course of the reporting year, the Covid restrictions were gradually eased, and the chaplains were able to introduce their normal activities step by step, with some examples shown the following table of total monthly attendance.

	January 22	May 22	July 22
Attendance at services	115	785	670
Faith classes	94	186	162
Social events	0	0	149

5.5.3 All of the major festivals were celebrated as far as Covid restrictions allowed. The Ramadan fast was observed by prisoners 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 Christmas

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

and Eid as well as the Traveller Festival and Black History Month. All special meals were prepared by the kitchen and the food delivered in special hot boxes.

5.5.4 When they were able to do so, chaplains carried out their normal duties viz. looking after the welfare and spiritual needs of the prisoners, attending ACCT reviews, adjudications and induction. During Covid the chaplains enabled prisoners to use an iPad to virtually attend the funerals of loved ones.

5.5.5 The Board is aware of the very high regard that Verne prisoners have for the work of the chaplaincy. The Board is happy to record its own appreciation of the dedication of the team during the Covid outbreak.

5.6 Incentives 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 both standard and basic levels to reflect the commitment made in engaging with HMP The Verne's values. Prisoners on Basic IEP level are allowed only their statutory visits, viz. one per fortnight subject to a maximum 26 visiting orders permitted annually. A prisoner on the Standard level is allowed, in addition, one privileged visiting order (PVO) per month. A prisoner on Enhanced IEP is allowed two PVOs and two social video calls (formerly delivered by Purple Visits, which allow online contact, via a secure platform, in one session per month, but more by application); 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 remains unaware of any major dissatisfaction at the way this revised scheme is operating.

5.7 Complaints

5.7.1 In the reporting period, 1,087 complaints were logged (the corresponding figure in our previous report was 798). The subjects of the complaints included such matters as residential issues, canteen ordering and property. Complaint boxes continued to be emptied daily throughout lockdown and with various complaint forms and confidential access envelopes available. The process continues to be well managed with over 90% 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 95 complaints were submitted by Verne prisoners for the attention of other establishments; 57 of these complaints were regarding property missing after transfer.

5.8 Property

5.8.1 Property loss within the prison resulted in only three applications (out of 68) to the IMB. However, the loss of property during transfer would appear to be a continuing problem and prompted eight applications (see also 5.7.2).

6. Health and wellbeing

6.1 Physical healthcare

6.1.1 Covid was a major feature in the previous report; but the prison was clear of Covid from April 2021 until February 2022. There were then a few more cases but those infected were less unwell, resulting in a lower impact on healthcare. The prison was again clear of Covid by the end of March.

6.1.2. The vaccination of prisoners was in line with that for the equivalent age cohort and vulnerable groups within the wider community. The uptake was as follows:

First dose	92%
Second dose	91%
Booster	91%

Healthcare staff are to be commended for their conscientious efforts to track down the unvaccinated and persuade them to reconsider. A small number refused because of feared side-effects; and the fluid population meant that some prisoners arrived unvaccinated.

6.1.3 Waiting-lists for routine healthcare, which lengthened during the pandemic, have now been markedly reduced thanks to the hard work of healthcare staff. Outside contractors have done additional clinics and now have minimal waiting lists. At the end of the reporting period, the optician had 22 on the waiting list; the physiotherapist had 10; the podiatrist had 12 and is now assisted by healthcare assistants who do non-diabetic foot care. During the reporting period, there was no audiology service available for prisoners.

6.1.4. There are 90 diabetic prisoners. Recently a DESMOND (diabetes education and self management for ongoing and newly diagnosed) course was put on for them to help them manage their diabetes. The podiatrist sees 39 diabetic prisoners for regular review.

6.1.4. New prisoners are tested on arrival in reception for hepatitis C, hepatitis B and HIV, although they can opt out of these tests. Healthcare is gradually testing the long-stay prisoners: 305 have been tested for hepatitis C in the past 12 months; but 295 prisoners have not had a test for hepatitis C in the past 12 months.

6.1.5 Of The Verne's 600 prisoners, more than 50% are over 50 years of age and some 14% are over 70. In consequence, many prisoners have complex health and social care needs.

Dementia register	4
Palliative care register	5
Frailty register	34

Dorset wing has ground floor accommodation for 80 prisoners. This unit is suitable for wheelchairs. On this wing, a pharmacy is open daily: a nurse visits for phlebotomy and there is a GP clinic weekly.

6.1.6 The Verne has healthcare cover from 7.30am to 6pm. There is a need in the prison estate for a hospital unit which can provide overnight care. Plans were made to create such a unit at The Verne. The Board regrets that this facility has not advanced beyond the planning stage (see para 6.3.5).

6.1.7 Given The Verne's ageing population, many require regular outpatient appointments and hospital stays. The Board understands that there were more than 800 medical or dental outpatient appointments during the reporting period. This puts a strain on staff resources to provide escorts and bed-watches. The allocation is for escorts for two prisoners in the morning and two in the afternoon. If an appointment runs over from morning into afternoon, then an afternoon appointment must be cancelled. This puts the healthcare staff in a very difficult position in having to choose which appointments are more urgent. About one-third of appointments were cancelled during the year – some by the hospital and some by the prison, mainly due to a lack of escorts.

6.1.8 One prisoner was an in-patient for many weeks before a place was found for him in a nursing home, where he has been for over a year. An escort continues to be required, taking up scarce staff resources.

6.1.9 Efforts are being made to reduce the demand for escorts. A telephone appointment system has been introduced. An X-ray clinic is now held at The Verne each month. A 24-hour ECG machine has been purchased by healthcare. Staff have been trained by Dorset County Hospital and recordings are sent to the hospital for analysis.

6.1.10 There were four deaths during the reporting year – all from natural causes. All have been investigated by the PPO and NHS assessors. The Board has some concerns that criticism of healthcare sometimes does not take into account that it comprises a daytime GP-led service staffed by one part-time GP and practice nurses and cannot be compared to a hospital emergency department. The Board continues to believe that, when compared with NHS healthcare in the wider community, the service at The Verne is of a consistently high standard. During the pandemic most prisoners who contracted Covid were extremely well looked after and had daily access to prompt medical and nursing care if and when it was needed.

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 prisoners. A psychiatrist visits weekly and there are two part-time psychologists. Group work was restarted in June 2022 and gym sessions have been introduced for mental health and substance misuse patients. In May the Care Quality Commission (CQC) assessed the mental health provision at The Verne as 'excellent'.

6.3 Social care

6.3.1 More than 14% of The Verne prisoners are over 70 and many have health and mobility problems. Several of these men require assistance with activities of daily living such as washing, dressing, toileting, getting into and out of bed and other social care needs; and most are housed in Dorset wing. There is an additional, more specialised small unit on Bincombe, with three rooms large enough to accommodate a hospital bed if required. It was intended to use this area for palliative care. However, it is currently given over to prisoners and accompanying officers from Exeter prison while their end-of-life care unit is being refurbished.

6.3.2 Dorset wing is part of the old 'casemate' area of the prison and can house all its prisoners in small, dormitory-style areas at ground level. This is more suitable for those prisoners whose mobility is limited. The wing consists of 10 rooms, each having a small communal area and eight single dormitory-style cubicles. Although the wing has its own servery and dining room, the dining area has been out of commission for large parts of the year as it had to be closed to most of the prisoners and used as a 'care' room for prisoners either too sick or dying or requiring too much disability equipment to be housed in a dormitory. Although the prison staff did their best to ensure those very sick were comfortable in this room, it was not a dignified or suitable area. A large, bare room, without proper care facilities, it is hardly a suitable place for the dying.

6.3.3 Dorset wing has several washing and toilet areas which have recently been or are being currently upgraded and made more suitable for less mobile prisoners. Wet rooms and showers are now provided and have all been fitted with emergency pull cords. The men who need some daily assistance with their social care can be allocated a 'buddy' to help them (collecting meals, taking them outside in a wheelchair etc.). Buddies are not allowed to do any personal or intimate care and may not assist with tasks such as washing, toileting or incontinence. There are currently 10 buddies who have recently been trained in-house by a senior prison officer in the management team. The help they provide is highly valued by prisoners and officers alike.

6.3.4 The IMB is very conscious of The Verne's ageing population (see appendix, table A1 below). Those serving long sentences will become more frail and possibly unwell, requiring inpatient hospital or nursing home care. Just as in the community, full social care packages will be required. As in the general population, the care packages are provided by the local authority, who usually commission the prison healthcare centre staff to carry out the care following an assessment of need. The care package is usually very minimal, approximately 15 to 30 minutes in the morning and again in the evening when the prisoner will be helped into bed. Ideally bathing should be done on alternate days but is occasionally only carried out three times each week. The Board feels this is inadequate for those elderly prisoners who are doubly incontinent. This is not a criticism of the social care packages carried out at The Verne but more of a comment of the resources allocated to social care generally.

6.3.5. In view of the ageing population at The Verne, more onsite provision for care of the elderly (such as a small residential home or hospital facility) is required. This would allow full-time qualified care staff to be available throughout the day and night and could avoid some prisoners being hospitalised. This in its turn would save

money on expensive bedwatches by prison officers and cause less disruption to the prison. If more treatment could be offered within the prison, it could reduce the current number (more than 800, see 6.1.7) of outpatient appointments. It would also assist with the staffing and recruitment difficulties that appears to be prevailing throughout the prison service in general.

6.3.6. Dorset wing staff do their best to provide activities for the prisoners. Many prisoners are able to do light work, e.g. tea-bag packing. The men are all encouraged to go outside each day (although there is often reluctance to do so) and many social events are arranged to keep them occupied and active, including input from the physical education instructors. Age Concern and other local charities do much to organise activities, and these are much appreciated by both prisoners and staff. Many of the Dorset wing prisoners have become more disabled and inactive during the Covid lockdowns, and some were severely ill, and it has become increasingly difficult to motivate them into activity again. The PE staff have introduced chair-based aerobics and 'walking for health' for the elderly prisoners to help maintain their mobility. However, the Board believes that the inevitable frailty and subsequent immobility of The Verne's ageing population needs to be acknowledged and properly provided for.

6.4 Exercise, regime

6.4.1 During lockdown, residents were confined to their spur but allowed out to collect meals and for one hour of exercise and the chance to complete domestic tasks. From May 2022, the 'core day' has been restored except on those several occasions when staff shortages necessitated curbs on association. Typically, and for those not on basic regime, the core day consists of: weekday mornings – three hours working or 1 hour outside association for those retired or seeking purposeful activity; afternoons – 2 hours working or 1 hour outside association. Friday afternoons are given over to the issuing of canteen, Muslim prayers and association.

6.4.2 The gymnasium is housed in one of the older buildings in the prison. The Board is pleased to note that the gym usage is almost back to the pre-Covid level.

Gym usage

Prison roll	599
Residents registered for P.E.	460 (77%)
Residents who attended P.E.	237 (39%)

6.5 Drug and alcohol rehabilitation

6.5.1 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 two part-time. Once the prison had emerged from the Covid restrictions, the service resumed with inductions, group work sessions, key

work sessions, health promotions and Alcoholics Anonymous fellowship meetings. The drug strategy meetings occur every two months.

6.5.2 The substance misuse team sees around 50 prisoners each month; these may be one-to-one sessions or group sessions. Most substance abuse is related to alcohol.

7. Progression and resettlement

7.1 Education, library

7.1.1 Weston College has the contract to provide education and vocational training at The Verne; the contract is due to expire in March 2023. Due to Covid restrictions, face-to-face teaching was not resumed until June 2021. The courses now offered include functional skills in maths and English (entry levels 1-3 and levels 1 and 2), ICT, Sage accounting, art, music, and graphic design. Five students achieved Highly Commended awards with Koestler Arts.

7.1.2 Open University courses reopened in September 2021 and there are now 41 students enrolled in access and undergraduate courses and two students undertaking postgraduate studies in maths and global development. In addition, 23 students are studying various educational and vocational courses through the Prisoners' Education Trust

7.1.3 The library reopened in May 2021. It was previously run by Dorset Public Library but is now under the contract with Weston College, with the result that inter-library loans are no longer possible. Weston College staff do their best to buy popular titles when requested but more unusual titles have to be purchased by the prisoners themselves. The library is open every weekday morning and afternoon as well as Thursday evenings. Magazines and newspapers are no longer stocked in the library but there is a wide variety of fiction, reference books, CDs and DVDs. Ten prisoners are allowed in at a time and appointments can be made in advance.

7.2 Vocational training, work

7.2.1 A number of vocational courses are offered, including mentoring/employability, construction skills, painting and decorating, health and safety/food hygiene, barbering, and industrial cleaning. There are also occasional courses in nail art, food safety, health and safety in the workplace and a diploma in bricklaying. .

7.2.2 The wings offer the largest numbers of paid jobs (viz. cleaning, servery and laundry); others consist of gardening, kitchen, waste management, window cleaning, woodmill, carpentry, spray painting, library assistance, mentoring, peer support work, breakfast pack filling, television repair, leather work (key pouches and rings) and textiles (hemming towels). Currently around one-third of the roll are not engaged in purposeful activity: induction (37); retired (75); unemployed medical (15); waiting for employment (60).

7.2.3 There is some discontent among prisoners that payment is very low, and considerably lower than in most other prisons. The Verne falls within the scale operating nationally. However, it is not able to compete with some private prisons or with prisons that have private sector companies running workshops that can pay at a higher level.

7.3 Offender management, progression

7.3.1 Those prisoners qualified to pursue the Horizon or Kaizen programmes for men convicted of sexual offences have to go to other prisons to access them. There is a plan to start delivering the Horizon programme in new accommodation planned for The Verne.

7.3.2 The work of the offender management unit continues to be severely affected by a lack of trained staff. There are currently only two part-time probation officers despite a complement of eight full-time; four (POMs) when there should be six; and only one 0.5 full-time equivalent senior probation officer when there should be 1.5.

7.4 Family contact

7.4.1 Visits take place 3 times per week in the afternoon. Potential visitors (providing they are named on NOMIS) can book online or if they do not have access to a computer, this can be done by phone or by post. Family visits are scheduled to start in August 2022. It is planned that family visits with children will be scheduled twice during each school holiday and once each half term. They will alternate with family visits for adults. PACT (Prison Advice and Care Trust) is the new visits organizing body, they have taken over from Dr. Bernardos and should be employing a full time Family Liaison manager to facilitate these in the future. Social video calls (formally known as purple visits) allow online contact via a secure platform.

7.4.2 A prisoner on Basic level IEP may not enter the ballot by which family visits are allocated.

7.5 Resettlement planning

7.5.1 Following an inspection in February 2020, His Majesty's Inspectorate of Prisons (HMIP) reported that The Verne had no action plan covering all areas of reoffending. However, when The Verne was re-rolled as a category C prison in July 2018, it was not envisaged that any of the prisoners would be released directly from the establishment and, as a result, no funding was made available for this purpose. The Ministry of Justice still has not made any funding available. However, The Verne has allocated one of its staff members to work on resettlement. In addition, the Shaw Trust funds a full-time information, advice and guidance (IAG) adviser who sees each new inmate within two weeks of arrival at The Verne to offer advice and guidance on education and work, training, employability and CV writing to help them prepare for resettlement. The aim is for their situation to be reviewed every six months.

7.5.2 Twelve weeks prior to release, prisoners attend a release board meeting at which there is also input from the Department for Work and Pensions (DWP). Prisoners are helped to open a bank account, secure a residential address, and, if needed, obtain a copy of their birth certificate and a citizenship card (obtainable at a reduced rate). Acquiring a driving licence is an ongoing problem as the Driver and

Vehicle Licensing Agency (DVLA) require a permanent address other than a prison. Another difficulty can arise if a prisoner has changed their name, but the new name is not registered on p-NOMIS.

7.5.3 The Board understands that 77 prisoners were subject to conditional release during the reporting period. This is a significant number for an establishment which is funded as a training – not a resettlement – prison, especially given the current shortage of staff in the offender management unit (see 7.3.2).

The work of the IMB

Board statistics

Recommended complement of Board members	13
Number of Board members at the start of the reporting period	6
Number of Board members at the end of the reporting period	6 (+2 probationers)
Total number of visits to the establishment	123
Total number of shifts on the 0800-telephone line	2
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	1	7
B	Discipline, including adjudications, incentives scheme, sanctions	1	3
C	Equality	0	2
D	Purposeful activity, including education, work, training, library, regime, time out of cell	1	3
E1	Letters, visits, telephones, public protection restrictions	0	9
E2	Finance, including pay, private monies, spends	1	3
F	Food and kitchens	0	0
G	Health, including physical, mental, social care	3	7
H1	Property within this establishment	1	3
H2	Property during transfer or in another establishment or location	2	8
H3	Canteen, facility list, catalogue(s)	1	5
I	Sentence management, including HDC, release on temporary licence, parole, release dates, recategorization	3	5
J	Staff/prisoner concerns, including bullying	1	2
K	Transfers	0	2
L	Miscellaneous, including complaints system	2	8
	Total number of applications	17	67

Appendix: Equality and diversity: further data

Table A1: AGE PROFILE		
Age range	Number	Percentage
18-29	35	5.79%
30-39	94	15.56%
40-49	122	20.19%
50-59	155	25.66%
60-69	112	18.54%
70-79	69	11.42%
80+	17	2.81%
TOTAL	604	

Table A2: ETHNIC BACKGROUND		
	Number	Percentage
White E/W/S/NI	457	75.66%
White other	21	3.47%
Asian	30	4.96%
Black	45	7.45%
Chinese	7	1.15%
White gypsy/ Irish traveller	21	3.47%
Mixed black/ white Caribbean	22	3.64%
Not known	1	<1%
TOTAL	604	

Table A3: SEXUAL ORIENTATION		
	Number	Percentage
Heterosexual	500	83%
Gay/lesbian	27	4%
Bisexual	28	5%
Not disclosed	25	4%
Not known	20	3%
Other	4	<1%
TOTAL	604	



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