

Report on a full announced inspection of

HMP The Verne

6–10 August 2007

by HM Chief Inspector of Prisons

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Introduction

The Verne is a category C training prison, whose physical environment makes it suitable only for compliant, problem-free and able-bodied prisoners. Most such prisoners would be suitable for open conditions; as a consequence, the prison holds a large percentage of foreign nationals, who are now less likely to be able to transfer to open prisons.

There is little internal physical security in the prison, and considerable freedom of movement for prisoners. Security therefore depends almost entirely on the prison's rigorous selection criteria and the dynamic security engendered by its good staff-prisoner relationships. The significant concerns we had about safety at the last inspection had largely been addressed. However, we were concerned that neither the violence reduction nor safer custody procedures were sufficiently robust to ensure that bullying and self-harm could be prevented and monitored.

Relationships between staff and prisoners were in general extremely good. Staff related well to their mixed prisoner population, while setting appropriate boundaries. There was, however, some evidence of a lack of cultural awareness, and a need for more staff training. While race relations structures were sound, the outcomes for black and minority ethnic prisoners were less perceptible and the race impact assessment being conducted provided an opportunity to redress this. The absence of a Muslim chaplain was a serious deficiency in a prison where 14% of the population were Muslim.

The dormitory accommodation, in the old casemates set into the hillside, was entirely inappropriate for use. It was only usable at all because the Kainos programme was running it on therapeutic community lines. Not all prisoners, however, were in the programme, as it was the only accommodation to which physically disabled prisoners could be allocated. This wing should be taken out of use as soon as possible.

There were sufficient activity places for most prisoners. It was disappointing that vocational training had declined slightly; though it was encouraging that the prison was seeking to increase training places, with reference to employment opportunities. It was inhibited in doing so, however, by uncertainty as to whether foreign national prisoners could participate in all kinds of vocational training. Standards in education were high, with an appropriate focus on language skills. Pay levels, however, were unacceptably low.

The prison's resettlement strategy was out of date and the management of resettlement did not ensure that there were appropriate links between the different units delivering the various parts of the strategy. In particular, there were no links between sentence planning and work allocation, or between the offender management unit and either personal officers or prisoner categorisation.

The Verne had not been designated as a foreign national prison; nevertheless, two-thirds of prisoners were foreign nationals. While there were policies and procedures that recognised their needs, there was no comprehensive strategy for meeting them. There was limited use of professional interpretation for confidential matters such as healthcare. The provision of activities, and the prison's resettlement work, were not directed towards the specific needs of foreign nationals and indeed sometimes excluded them. There were potential and actual conflicts and tensions in seeking to meet the needs of both the British and foreign national populations.

The Verne is a well-run and safe prison. But it is in effect an open prison with walls. It can only operate under very restrictive allocation criteria, which in practice result in a high proportion of foreign national prisoners; and it has developed considerable expertise in dealing with that population. By contrast, it not best placed to meet the needs of the fairly small number of suitable British prisoners who cannot be held in open conditions. In previous reports, we have recommended that The Verne be a designated foreign national centre; we still consider this would be the best option.

Anne Owers
HM Chief Inspector of Prisons

October 2007

Fact page

Task of establishment

HMP The Verne is a category C training prison for adult male prisoners, including life-sentenced prisoners.

Brief history

HMP The Verne opened in 1949 on the site of a Victorian fortress, and many of the original buildings are still in use. A, B and C wings were built in the early 1970s. Due to security considerations and the relaxed regime, the prison has operated stringent allocation criteria since January 2006.

Area organisation

South-west

Number held

587

Certified normal accommodation

558

Operational capacity

593

Last inspection

19–20 July 2005

Description of residential units

There were six identical 'hotel style' wings, five of which held a maximum of 86 prisoners, and one (C2) held 92. In addition, D wing provided dormitory accommodation with curtained bed spaces and ran a Kainos programme. A1 and C1 wings accommodated only enhanced-level prisoners on the incentives and earned privileges scheme. A2 wing was the induction wing.

Healthy prison summary

Introduction

HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review Suicide is everyone's concern, published in 1999. The criteria are:

Safety	prisoners, even the most vulnerable, are held safely
Respect	prisoners are treated with respect for their human dignity
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them
Resettlement	prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

... performing well against this healthy prison test.

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

... performing reasonably well against this healthy prison test.

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns.

... not performing sufficiently well against this healthy prison test.

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

... performing poorly against this healthy prison test.

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Safety

HP3 Reception, first night and induction arrangements all operated effectively. Although there were low levels of bullying and self-harm, policies would be severely challenged by any increase in prisoner need. Discipline and the use of force were well managed.

Mandatory drug testing positive rates were very low. Overall, the prison was performing reasonably well against this healthy prison test.

- HP4 Prisoner escort arrangements were provided by Global Solutions Limited (GSL). Prisoners were not held on the contractor's vans for excessive time. Good relationships were observed between GSL staff and the prison's reception staff. Escort staff treated prisoners with respect and vehicles were suitable for the purpose.
- HP5 There were around eight new receptions each week. The treatment of prisoners by reception staff appeared respectful, and this was confirmed by prisoners. On arrival, prisoners could purchase goods, although smokers' packs were not available and this risked prisoners incurring avoidable debts. There was private space for healthcare and cell-sharing risk assessments. The completed cell-sharing risk assessments were delivered to the first night accommodation by prisoner Insiders.
- HP6 First night accommodation, as with many of the facilities in the prison, appeared shabby and unwelcoming. All prisoners were briefed by staff and prisoner Insiders about essential rules and routines. There was a full induction programme but prisoners had to wait until the start of the next week before they could start it. Important information was available in a variety of languages.
- HP7 Assessment, care in custody and teamwork (ACCT) documents had been opened on nine occasions in the first seven months of 2007, but none of these related to actual events of self-harm. There was a safer custody coordinator but there were concerns about the time available. The quality of documents was variable, with the majority incomplete. Self-harm first-aid kits ('grab bags') were out of date and it was not clear who had responsibility for their replacement. There were 24 prisoner Listeners, some of whom spoke languages other than English, and over 90% of staff were trained in ACCT procedures.
- HP8 There was a violence reduction strategy but it did not meet the needs of the establishment's population. There were no interventions to encourage bullies to confront their behaviour and no guidance to staff on how to support victims. There was little evidenced violence, and prisoners confirmed that they felt safe in the prison.
- HP9 Only 48 prisoners had spent any time in the small segregation unit in the first seven months of 2007. There was no special cell, although one cell was used as unfurnished accommodation.
- HP10 Use of force was very rare. There had been 129 adjudications in the first six months of 2007, and those observed were conducted fairly. There was no translated material describing the adjudication process. Cellular confinement was used inappropriately for offences that were less serious.
- HP11 The security agenda was appropriately focused on maintaining compliance with the establishment's strict allocation criteria. No prisoners were required to take closed visits. Security recategorisation reviews were not linked to sentence planning.
- HP12 The mandatory drug testing positive rate over the previous seven months had been only 1% positive, and only 7% of prisoners said that drugs were easy or very easy to obtain, against the comparator of 29%.

Respect

- HP13 The grounds were attractively maintained, but some washing and toilet facilities were in need of refurbishment and the dormitory accommodation in the original casements was unsuitable for use. Race equality and foreign nationals' services were well managed, but prisoner perceptions were poor. Other diversity issues had received less attention. The personal officer scheme had no clear strategic focus. Observed staff-prisoner relationships were very good. Health services were of good quality, but there was concern about cancelled NHS outpatient services. Overall, the prison was performing reasonably well against this healthy prison test.
- HP14 The prison grounds were clean and well maintained. Although the wings were reasonably clean, the communal shower and toilet facilities were shabby. Some single cells were used for double occupancy. The dormitory accommodation on D wing was poor and only able to be used because of the collaborative work with Kainos, who operated a form of therapeutic community.
- HP15 There were limits on the wearing of prisoners' own clothing that were hard to understand but there were no difficulties in accessing clean bedding, and laundering arrangements were satisfactory.
- HP16 Although there was no formal personal officer scheme, there was evidence in wing files that staff knew the prisoners for whom they had responsibility. Written entries were always respectful and often thoughtful. There was some confusion about the roles and responsibilities of personal officers and offender supervisors.
- HP17 Staff-prisoner relationships were good, with 82% of prisoners reporting that most staff treated them with respect. Most staff were observed to treat prisoners with courtesy and patience, but this was not at the expense of setting appropriate boundaries on behaviour. Prisoners were referred to as 'Mr...' or by their given name and, despite the linguistic and cultural challenges, communications were good and appropriate.
- HP18 There were two trained legal services staff with links to the induction process, and a good range of material was available through the prison library. Support for prisoners facing deportation was provided by the foreign nationals' liaison team, and there were monthly surgeries from the Border and Immigration Agency.
- HP19 The applications and complaints processes both worked reasonably well, and there appeared to be no consistent areas of complaint. The complaints process was more frequently used by white than by black and minority ethnic prisoners.
- HP20 The overwhelming majority of the prisoners were on the enhanced level of the incentives and earned privileges scheme. There were only two prisoners on the basic level, and both were reviewed and returned to standard level during the inspection. There were few differences between the standard and enhanced levels.
- HP21 Under half of the prison population was white. Race equality was well promoted and managed, and there was a full-time race equality officer. Although prisoners described a generally harmonious and cooperative environment, there were examples of cultural insensitivity among some staff. Use was made of prisoner representatives, who felt able to raise issues, although they expressed some frustration at the apparent lack of progress with some matters.

- HP22 Sixty-five per cent of the population were foreign nationals. There was no foreign national policy and foreign national prisoners' survey responses were significantly more negative. There were good links with the immigration authorities and there was effective advance planning, with few detainees held beyond release dates. Some local documents had been translated but there was frustration at the lack of translated national material. Prisoner translators were used and, although there were references to the use of the telephone translation service, the extent of usage could not be accurately determined. Translation services were not always used to deal with confidential matters.
- HP23 There was no overall diversity policy, and although there was a diversity information centre it focused chiefly on race and foreign national issues. There were serious shortcomings in the arrangements for the management of prisoners with impaired mobility. There were no specific arrangements to meet the needs of gay or bisexual prisoners.
- HP24 There were many complaints about catering. The food was observed to be bland and the range unimaginative. All meat served was halal. Prisoners working in the kitchen could not progress beyond National Vocational Qualification (NVQ) level 1.
- HP25 The chaplaincy team provided extensive support to prisoners but there was no Muslim chaplain in post to meet the faith needs of the 83 (14%) Muslim prisoners.
- HP26 The healthcare department provided a good range of clinical services. There was a range of nurse-led clinics, and an identified nurse for older prisoners. There were good dental services, although the waiting list was long. Mental health services were good, with dedicated primary care nurses holding daily clinics. There were good relationships with the local primary care trust, and opportunities for staff to work in the community to maintain skills and knowledge of current practice. Many NHS outpatient appointments were cancelled because of difficulties with staffing escorts.

Purposeful activity

HP27 There were enough activity places for most prisoners, although there were issues concerning allocation to activities and coordination with sentence planning. Library services had improved significantly. The education department was committed to continuous improvement and standards were high although opportunities for vocational training had decreased. There were problems with education funding for foreign nationals. Low pay levels were a source of concern to the many prisoners who had little other money. Some of the physical education (PE) facilities were poorly maintained. Time out of cell for prisoners was very good. Overall, the prison was performing reasonably well against this healthy prison test.

HP28 The prison had around 550 activity places and additionally 40 full-time places for English for speakers of other languages (ESOL). It was difficult to be accurate about how many prisoners were actually engaged in activity because the free flow movement meant that there was no reliable way to calculate who was at work at any one time. During the week before the inspection, 300 different prisoners had had some contact with the education department. Some areas of work offered recognised qualifications, and qualifications were shortly to be introduced in other areas. There was a wide range of work on offer, some of which was repetitive and mundane and

some was more challenging. Prisoner pay rates were generally low and many prisoners earned less than £9 a week. There were some inconsistencies in pay rates.

- HP29 Within the education department, there was a strong commitment to continuous improvement. Both attendance and punctuality were good and there were high achievement rates. There was good use of prisoner peer mentors. There were opportunities to undertake Open University and degree courses. Although information advice and guidance services operated well, there were insufficient links between these services and sentence planning. Funding for the high proportion of foreign nationals was problematic.
- HP30 There was satisfactory access to recreational PE, but equipment was not maintained adequately, and 60% of the cardiovascular equipment was not in use at the time of the inspection. There were good achievements in NVQs at levels 1–3. The PE department was engaged in promoting healthy living, and there were remedial PE programmes and provision for older prisoners.
- HP31 The library provided an appropriate range of literature and there were high participation rates; in our survey, 73% of prisoners, compared with the 48% comparator, stated that they had access to the library at least once a week. Although there was a shortage of space, there were guides in foreign languages about life in a British prison, and a range of books and periodicals in a number of languages. Computers were available, as were the required legal reference books and Prison Service Orders.
- HP32 Prisoners were able to take part in open-air exercise daily and to be out of their cells or dormitories for over 12 hours a day.

Resettlement

- HP33 Although the overall resettlement policy was deficient, most of the necessary reintegration services were in place and reached many prisoners. The offender management unit had been established but lacked key links with other parts of the establishment with responsibility for resettlement. There were many prisoners without offender assessment system (OASys) assessments. There was no overall strategy to target the resettlement needs of foreign nationals. Overall, the prison was performing reasonably well against this healthy prison test.
- HP34 The establishment's local reducing reoffending strategy was not based on a recent resettlement needs analysis. There was no longer one individual in charge of reducing reoffending, and a number of senior managers had responsibility for different elements of resettlement. Many departments were working in isolation.
- HP35 The offender management unit had been set up in the previous year, and around 40 prisoners were in scope for management under the National Offender Management Service model. Another 130 prisoners were case managed under the model, with offender supervisors appointed. A large number of prisoners had not undergone OASys assessments, chiefly because they had been allocated and transferred soon after sentencing.

- HP36 Prisoners' accommodation needs after release were identified at the induction stage. Of 51 prisoners released into the UK in 2007, only two had no settled address to return to. Jobcentre Plus provided pre-release job search arrangements. Jobs fairs had been held but no pre-release resettlement course was offered. Finance, benefit and debt needs were assessed at induction. Prisoners could open bank accounts while in custody. Jobcentre Plus provided a benefits advice surgery monthly.
- HP37 There were good arrangements to encourage continuity of healthcare after release. On release, each prisoner was provided with his full medical history while at the establishment. There was no longer a drug rehabilitation programme because the prison could not fill the places on the course. The small counselling, assessment, referral, advice and throughcare (CARAT) team carried a caseload of 153, most of whom were UK nationals. One worker specialised in alcohol issues and had a caseload of 80. There was an alcohol rehabilitation programme.
- HP38 Access to telephones was reasonable, although at the time of the inspection there were only two telephones on most wings. The cost of overseas telephone calls made it difficult for foreign national prisoners to maintain contact with friends and family. The brightly decorated visits hall was underused because of the large number of foreign national prisoners who received no visits. There were quarterly family visit days, and Storybook Dads was available, but there was no overall prison strategy for a greater range of activities and intervention aimed at the children and families of offenders.
- HP39 The enhanced thinking skills (ETS) programme was available and there was a waiting list of around 40 prisoners, which was manageable, given the sentence lengths at the establishment. The controlling anger and learning to manage it (CALM) programme was due to start shortly after the inspection. There were no programmes specifically targeted at the resettlement needs of foreign nationals.

Main recommendations

- HP40 There should be a formal personal officer scheme, setting out roles and responsibilities.
- HP41 The safer custody strategy should be reviewed to ensure that it recognises risks to prisoners and sets out procedures to help to reduce the risk of self-harm. The strategy should be sufficiently robust to assist any prisoner who is actively self-harming.
- HP42 An assessment should be made of the type and level of physical disability that can reasonably be managed, and the prison's selection criteria changed to reflect this.
- HP43 The OLASS and, in the future, NOMS should fully fund learning and skills work with prisoners, regardless of their nationality or country of release.
- HP44 The prison should develop clear learning and skills strategies for foreign national prisoners and those serving longer sentences.
- HP45 National Prison Service documents should be made available to all establishments holding prisoners with poor or no English.

- HP46 The local reducing reoffending strategy should be fully reviewed and updated, taking into account a local needs analysis.
- HP47 The backlog of outstanding OASys assessments should be cleared.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement prisoners' individual needs are recognised and given proper attention.

- 1.1 Prisoners were not held on the contractors' vans for excessive periods, and breaks were offered. Good relationships were observed between escort and reception staff, and relevant documentation accompanied the prisoners. Escort staff were respectful when talking to and about prisoners, and the contractor's vehicles were properly equipped.
- 1.2 The escort contractor was Global Solutions Limited (GSL), and they had developed a good relationship with the establishment's reception staff. In our groups, prisoners said that they had been treated well by escort staff, as did the prisoners we interviewed in reception. There was graffiti in the cubicles in the vehicles, but escort staff said that they were aware of and had reported this.
- 1.3 The contractor's vehicle was clean and had suitable emergency supplies. Prisoners were offered snacks throughout the journey.
- 1.4 Before the transfer, escort staff played a safety CD, which informed prisoners about what was going to happen to them throughout the escort and how to complain if they felt that they were not treated appropriately. Escort staff dealt with prisoners respectfully.
- 1.5 Reception staff were flexible when a van arrived during the lunchtime period, remaining on duty until prisoners had been processed.
- 1.6 The establishment received prisoners mostly from London and the south-west. According to the establishment's key performance target figures, prisoners were getting to court on time. No video link facility was available as a substitute for personal court appearances.

Recommendations

- 1.7 Graffiti in cubicles in the contractor's vehicles should be recorded and removed.

Good practice

- 1.8 *A safety CD was played prior to commencing escort.*

First days in custody

Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During

a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

1.9 Prisoners were treated respectfully in reception. Both the initial interview by health services staff and the cell sharing risk assessment (CSRA) were carried out in private, but their confidentiality risked compromise by their delivery being entrusted to Insiders. Prisoners were not allowed to wear their own clothing. Prisoners were treated well on their first night, but first night cells were shabby and unwelcoming. The establishment did not have a rolling induction programme. The induction programme was delivered by a multidisciplinary team, and the induction classroom was a well equipped, comfortable environment.

Reception

- 1.10 The reception building was adequate to deal with the average of nine prisoners moving in and out of the establishment each week. There was a comfortable holding room, with toilets, information about the establishment and refreshments.
- 1.11 Prisoners in groups informed us that they were treated well in reception, and we observed this. Embarkation was done efficiently, and prisoners' documentation was passed on to reception staff, with any sensitive issues explained. Health services staff carried out their initial interview in private, and the CSRA was also completed in private. Although white prisoners told us that they had been treated well in reception, this was not the case for black and minority ethnic prisoners or for foreign nationals. We observed no difference in the treatment of these groups during the reception process.
- 1.12 The prison did not have a vulnerable prisoners strategy. An Insider escorted newly arrived prisoners to the induction unit and, inappropriately, was given the CSRA to hand over to staff. The reception building lacked adequate access for disabled prisoners and we observed two prisoners with disabilities struggling with this.
- 1.13 Newly arrived prisoners were not offered a canteen pack as part of the reception procedure unless they requested one. Smokers' packs were not offered in reception because the establishment was trying to promote a no smoking environment; however, this could lead to prisoners borrowing on their first night.

First night

- 1.14 Newly arrived prisoners were accommodated in A2 wing, and this wing was also used to house vulnerable prisoners. The cells used for newly arrived prisoners were shabby and unwelcoming. Hygiene packs were issued, as were clean bedding and access to an initial telephone call.
- 1.15 Newly arrived prisoners were interviewed by staff on their first night, and information was re-emphasised by a prisoner Insider. Information was available in a range of languages, and first night staff went through the CSRA again to ensure that nothing had been missed.
- 1.16 Staff introduced themselves to newly arrived prisoners, but wore no identification badges to display their name and status. Staff worked hard to ensure that prisoners' immediate anxieties were addressed.

Induction

- 1.17 The induction programme started on Mondays; in some cases, this left newly arrived prisoners unoccupied for long periods. The programme was delivered by a multidisciplinary team.
- 1.18 Newly arrived prisoners were helped to understand information by staff and a well-trained Insider. The Insider interviewed all newly arrived prisoners and ensured that they understood what was required of them.
- 1.19 Information about the establishment and the induction process was available in a range of languages, and the Insider had a list of translators. Induction staff routinely conducted individual interviews with new receptions, where their initial feelings about imprisonment could be addressed as well as any suicidal thoughts or feelings of self-harm.
- 1.20 The induction programme lasted for two weeks. During the first week, this was delivered in a comfortable, well-equipped classroom. The second week of the programme took place in the information, advice and guidance facility. The induction staff were competent and enthusiastic but had no training to assist them in identifying prisoners with mental health needs.

Recommendations

- 1.21 Managers should explore why both black and minority ethnic and foreign national prisoners felt that they were not treated as well as white prisoners throughout the reception process.
- 1.22 Staff should not give the cell sharing risk assessment to the Insider to pass on to induction staff.
- 1.23 New receptions should be offered either a smokers' pack or basic items from the canteen list.
- 1.24 If the establishment continues to accommodate mobility impaired prisoners, reception should have adequate disabled access.
- 1.25 Cells allocated to newly arrived prisoners should be redecorated and clean. Information should be placed on the walls.
- 1.26 Staff should wear identification badges.
- 1.27 Prisoners should be able to start their induction on the first working day after arrival.
- 1.28 Induction staff should be trained in how to identify prisoners with mental health needs.

Section 2: Environment and relationships

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

2.1 There were no lockable cells, and one of the four wings had only dormitory accommodation. Communal toilets and showers were in poor repair. The Kainos programme was an integral part of making life on D wing tolerable. There was satisfactory access to essential facilities such as clothing, bedding and cleaning materials.

Accommodation and facilities

- 2.2 A, B and C wings were virtually identical. All the cells were on the first or second floor, and on each wing a small number were double occupancy, although all had been designed for one. Staff were not able to secure any of the rooms, although all had privacy locks. In the double-occupancy rooms, there were two small wall safes for each prisoner to secure his valuables. None of these rooms had alarms to summon staff, but prisoners were free to approach staff directly if they felt unwell during the night. None of the rooms had observation panels in the doors. Roll checks were taken at the cell door.
- 2.3 The single rooms provided adequate space for prisoners to live, especially as there was extensive time out of cell (see section on time out of cell). The double-occupancy rooms were cramped.
- 2.4 All prisoners on A, B and C wings could have a television in cell if they were on the standard or enhanced levels of the incentives and earned privileges (IEP) scheme (as virtually all were). Prisoners on basic lost the television in cell, but were also liable to be returned to a double-occupancy room if there was another prisoner on basic at the same time and in the same living unit.
- 2.5 The offensive displays policy was complied with. The policy was clear about not permitting display of material that was racially offensive, promoted drugs misuse or was pornographic, but was not specific about topless pin-up posters. Some staff stated that they would not permit this but the policy did not appear to support this.
- 2.6 There were numerous posters and notices displayed on the wings, many of which were in languages other than English.
- 2.7 The establishment had no procedures to enable staff to identify prisoners with a disability that might make them more vulnerable (e.g. a hearing impairment), and who might need additional assistance in fire evacuations or other incidents.
- 2.8 The wings were observed to be peaceful during the night. Prisoners had to be in their own rooms by 11pm during the week and 11.30pm at weekends.

- 2.9 The only ground floor accommodation for prisoners with impaired mobility was on D wing. This wing had nine eight-man dormitories, in which prisoners had their own space screened off from their neighbours only by fabric space dividers. Each of the dormitories had a communal area with comfortable seating and a communal television. As the dormitories accommodated eight men, they were all no-smoking areas. This accommodation was unsuitable for continued use by prisoners.
- 2.10 The Kainos programme operated a special residential regime on D wing; this had been successful in enabling prisoners to live in accommodation that was, fundamentally, unsuitable. The programme involved prisoners agreeing to live in these surroundings and to participate in programmes designed to assist them in reflecting on the causes of their criminality. The Kainos programme described itself as potentially being able to have an impact on five of the risk factors that can be identified in the OASys assessment of risk: relationships, lifestyles and associates, emotional well-being, thinking and behaviour, and attitudes. Each of the dormitories had a small sub-community that discussed issues of shared concern and set rules for acceptable behaviour. It appeared that the introduction of Kainos had had a positive impact on institutional behaviour such as recorded adjudications, although this was a self-selected prisoner group, the members of which were perhaps motivated to behave well in the first place.
- 2.11 The programme lasted approximately seven months and interwove the benefits derived from self-regulated community living, with various formal programmed courses examining moral reasoning and interpersonal relationships.
- 2.12 Prisoners who had completed the programme sometimes chose to remain within the unit as mentors. There were a number of letters from discharged prisoners recording their view that the Kainos community had been instrumental in helping them turn away from reoffending.
- 2.13 Not all of the prisoners on D wing participated in Kainos, as the establishment had to maintain full occupancy. At the time of the inspection, six of the prisoners on D wing were not participating in the programme. It was clearly inappropriate that less mobile prisoners had to be allocated to a dormitory without the choice of a smoking environment.

Hygiene

- 2.14 None of the rooms in A, B or C wings had integral sanitation, but the communal toilets were available to prisoners 24 hours a day. Both the toilet and shower facilities showed acute signs of ageing. None of the facilities provided adequately for the breadth of diverse cultures represented in the establishment.

Clothing and possessions

- 2.15 Prisoners could retain their own underwear, socks and tracksuit bottoms. Prisoners were not allowed to retain t-shirts in-possession, even as part of the IEP scheme. The rules governing the types of top (vests or t-shirts) that prisoners could wear in the grounds during hot weather, or whether topless sunbathing was ever acceptable, were not consistently applied.
- 2.16 Prisoners reported positively by comparison with other establishments about access to cleaning materials, bedding and clothing, and were allowed to visit the clothing exchange stores unaccompanied. They had no difficulty accessing their stored property.

Recommendations

- 2.17 Rooms designed for one prisoner should not be used to accommodate two prisoners.
- 2.18 Showers and communal toilets throughout the residential area should be renewed and appropriate provision made for the cultural diversity represented in the establishment.
- 2.19 Prisoners should be allowed to wear their own t-shirts, linked to the IEP scheme.
- 2.20 The dormitory accommodation in D wing should be replaced by suitable single cell accommodation.
- 2.21 A system should be drawn up to enable all staff to be able to identify prisoners with disabilities who might need additional assistance – for example, in fire evacuation situations.

Housekeeping points

- 2.22 The offensive displays policy should be applied consistently across the establishment.
- 2.23 The rules about wearing tops in the grounds should be clarified and applied consistently.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated respectfully by all staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

2.24 Staff-prisoner relationships were good and prisoners said that they were treated with respect.

2.25 In our survey, 82% of prisoners said that most staff treated them with respect, against the comparator of 76%. Staff routinely used prisoners' first names or referred to and about prisoners as 'Mr...'. Staff were in general courteous to and about prisoners. Although the establishment operated a relaxed regime, staff challenged negative behaviour by prisoners and were aware of the potential tensions between different groups.

Personal officers

Expected outcomes:

Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

2.26 There was no personal officer scheme. It was not entirely clear that all staff understood either the extent of their responsibility as personal officers or the responsibilities of the offender supervisors.

2.27 Although there was no formal personal officer scheme policy in place, prisoners knew who their personal officer was, and personal officers knew their allocated prisoners. Personal officer responsibilities were allocated by location: for a group of cells on A B and C wings and for a dormitory on D wing.

2.28 Wing files recorded contacts with prisoners by the personal officer. There was an expectation that an entry should be made each month and this was generally achieved. Most entries were merely routine reflections of prisoners passing their time peaceably. There were occasions when personal officers were involved in helping to deal with the aftermath of family tragedies overseas, and it was clear that staff responses in these cases were thoughtful and caring. It was not clear whether the personal officer had responsibility for chasing progress on sentence planning issues or whether this had passed to the offender supervisor.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

- 3.1 There was a violence reduction strategy, but it did not meet the needs of prisoners and practice in this area was not robust. The strategy did not reflect practice and there were no interventions to encourage bullies to address their behaviour, or guidance for staff in supporting victims. Monthly violence reduction meetings were not managed robustly, and attendance was not monitored. The meetings did not carry out detailed analysis of incidents, identify trends or review practices.
- 3.2 There was a violence reduction strategy, but prisoners' views had not been taken into account in its development. In addition, it was not clear whether it was sufficiently robust to deal with any concerted bullying.
- 3.3 A safer custody coordinator was in post, although he had no job description and was regularly redeployed to other tasks; in the year to date, he had been redeployed for a total of 146 hours. He had plans to introduce systems which would enhance the current provision, but had not had time to set them up.
- 3.4 There was one bullying document opened at the time of our inspection, with seven documents opened in the year to date. There was no document opened for the victim of bullying behaviour, and the wing staff concerned were unaware of any current procedures or that the victim was on their unit.
- 3.5 There were monthly violence reduction meetings, but they were not robustly managed. In some cases, the list of apologies for non-attendance was greater than the list of those in attendance. There was little monitoring of instances of bullying or any analysis of trends.
- 3.6 There was no specific training for staff in violence reduction and this was reflected in the poor quality entries in the monitoring documents. The strategy referred to a three-stage process in dealing with bullies, whereas in practice staff were using a four-stage process. There were no courses to encourage bullies to address their unacceptable behaviour, nor was there any support or self-esteem course available for victims. Management checks were not frequent and in some cases had not taken place at all.
- 3.7 Prisoners' families were not encouraged to make suggestions as to how the prison could better protect those in their care, and there was no well-advertised channel for families to make contact with the safer custody coordinator.
- 3.8 Prisoners were informed during induction about what to do should they experience any form of bullying, and that when a bullying incident form was submitted, the violence reduction coordinator would investigate. However, some prisoners told us that they had been bullied and

that staff were slow to react. The establishment did not carry out any exit interviews to gain intelligence about bullying.

- 3.9 Injury to inmate (F213) forms were not submitted on all occasions when injuries to prisoners had occurred, and in other cases submission of these forms was delayed.

Recommendations

- 3.10 The establishment's violence reduction strategy should be thoroughly overhauled and take account of the surveyed views of prisoners.
- 3.11 The safer custody coordinator should have a job description and should not be redeployed.
- 3.12 The violence reduction meeting should be managed robustly to ensure full attendance. Information provided at this meeting should be scrutinised to establish how prisoners' lives can be made safer.
- 3.13 Staff should be given violence reduction training and be made familiar with the use of bullying documentation, and there should be daily management checks and observations. Victims of bullying should have an equivalent document opened to ensure their support and staff awareness.
- 3.14 Interventions to support victims, and courses to encourage bullies to address their behaviour, should be introduced.
- 3.15 There should be a channel for families to communicate their concerns to the safer custody coordinator. Families should contribute to the safer custody strategy.
- 3.16 F213 forms should be submitted on all occasions when a prisoner has been injured. This should be submitted immediately after the incident.

Self-harm and suicide

Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.17 Over 90% of staff had been trained in the assessment, care in custody and teamwork (ACCT) procedures. Quality checks of the ACCT documents were not sufficiently thorough. There had been nine documents opened in 2007 to date, and the majority of these were incomplete, with immediate action plans and post-closure interviews not taking place. The contents of wing self-harm grab packs were out of date and it was unclear who was responsible for replenishing them. The Listeners' suite was adequate, and there were 24 Listeners.

- 3.18 The establishment had changed to the ACCT system in November 2006. Over 90% of the staff had been trained in the ACCT process, and the establishment had 24 Listeners. There had been nine ACCT documents opened in 2007 to date. There was a safer custody strategy, although the procedures described within the strategy were not delivered robustly. The majority of the ACCT documents we checked were incomplete. Immediate action plans were not carried out and post-closure interviews did not take place. Managerial checks were lacking, and in some cases observation frequency was not identified. The majority of ACCT documents had been opened because of prisoners receiving bad news or expressing thoughts about self-harm. The establishment had not recently opened any ACCT documents on prisoners who were actually self-harming, and it was therefore difficult to measure the robustness of the strategy and protocols in managing such a case.
- 3.19 Meetings took place quarterly, although there was little analysis of behaviour patterns or how treatment could be better delivered to the prisoners in distress. The committee did not have a member of the local mental health team in attendance and not all wings were represented. There was a safer custody coordinator in post and he had dedicated time each week to carrying out his duties; however, he was regularly redeployed to cover other tasks (see section on bullying and violence reduction).
- 3.20 Staff carried their own anti-ligature knives, and night staff had received training in how to deal with emergencies. The wing self-harm grab packs had not been checked for some considerable time (since 2005) and the contents were also out of date.
- 3.21 The establishment had an adequate Listeners' suite for prisoners who required further support, and there was a protocol for the use of this facility.
- 3.22 The control room had a central log, which was used to brief all staff about prisoners subject to ACCT monitoring. A number of ACCT documents had been opened and then closed within 24 hours. The safer custody coordinator was not aware of all of these cases.

Recommendations

- 3.23 Management quality checks should be more robust, to ensure that ACCT documents have been completed correctly and that improvements are introduced where necessary.
- 3.24 Quarterly meetings should analyse ACCT information for trends and introduce an action plan to address the findings. A member of the local mental health team should be invited to these meetings, and all wings should be represented.
- 3.25 The safer custody coordinator should monitor why some ACCT documents are closed after a very short time.
- 3.26 There should be a system to ensure that the self-harm grab packs are replenished and that the equipment they contain is in date.

Diversity

Expected outcomes: All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support.

- 3.27 The diversity agenda was underdeveloped, with no robust policy and a recently produced but incomplete action plan. The diversity information centre focused mainly on race and foreign national issues. A disability liaison officer had only recently taken up post. Residential staff were not aware of the special needs of prisoners, and there were inadequate facilities for disabled prisoners.
- 3.28 The diversity agenda was underdeveloped and the work that had taken place related mainly to meeting the equal opportunity needs of staff. There was no policy document that outlined how the needs of minority prisoner groups would be met or how discrimination on grounds such as age, sexual orientation or disability would be tackled. A diversity information centre had opened in April 2007 and was a good resource for prisoners, but it focused almost exclusively on race equality and foreign national prisoners.
- 3.29 The head of human resources held the role of diversity manager, and the first diversity action plan had been produced in June 2007; many of the action points had no responsible person identified or deadline for completion. The equal opportunities committee had not met regularly, and had been poorly attended; the terms of reference of this committee had been revised in June 2007 to include a wider representation across the prison.
- 3.30 A disability liaison officer had been in post for about two months and had begun to identify prisoners with special needs. Contrary to the view held by many staff, the prison's selection criteria did not exclude prisoners with limited mobility, even though the facilities for such prisoners were inadequate. Shortly before the inspection, a prisoner using a wheelchair had been transferred to HMP Guys Marsh, as managers had determined that reasonable adjustments could not be made for him at The Verne, and during the inspection two prisoners with restricted mobility arrived at the prison and had to be accommodated in dormitory accommodation on D wing. Apart from a nominated nurse, there was no specific provision for older prisoners, despite there being 36 over the age of 60 years.

Recommendations

- 3.31 A diversity policy should be developed that meets the needs of anti-discrimination legislation and outlines how the needs of minority prisoner groups will be met.

Race equality

Expected outcomes:

All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected.

- 3.32 Fifty-six per cent of prisoners, including a significant proportion of foreign nationals, were from black and minority ethnic backgrounds. Race equality was generally well managed and promoted, with a full-time race equality officer (REO), an effective race equality action team (REAT) and good use of prisoner race equality representatives. However, the perceptions of black and minority ethnic prisoners were comparatively poor. A significant number of staff required initial or refresher training. Racial, cultural and religious diversity was regularly celebrated. Racist incident investigations were managed effectively.

- 3.33 At the time of the inspection, 56% of the population were from black and minority ethnic groups. There was clearly a large overlap between the black and minority ethnic and foreign national populations, and although exact figures were not available, prisoners we spoke to estimated that between 65% and 80% of foreign nationals were from black and minority ethnic backgrounds. Since taking up post in April 2007, the full-time REO had concentrated mainly on implementing the requirements of the latest Prison Service Order on race equality. She was well supported by the senior management team and by the Prison Service area diversity manager, who met us during the inspection.
- 3.34 Race equality was generally well managed and promoted. A detailed race equality action plan for 2007/08 had identified the people responsible and target dates for all of the priority action points. The REAT, chaired by the deputy governor, met monthly and was reasonably well attended. The comprehensive notes of these meetings showed that issues, including investigations into racist incidents, were discussed in detail. All of the issues that prisoners raised with us during the inspection had already been raised at the REAT. Monitoring of prisoner access to services and participation in the regime took place routinely and had recently been extended to include more work areas. Areas highlighted as requiring action, as a result of black and minority ethnic prisoners being over- or under-represented, were looked into, and remedial action was taken in an appropriate manner. However, it was not always evident that action was taken when white prisoners were highlighted as being over- or under-represented (see section on applications and complaints).
- 3.35 Good use was made of prisoner representatives, and we met 11 race equality and foreign national representatives during the inspection. Race equality representatives attended the entire REAT meeting and played an active part. They told us that they felt confident about raising issues with managers, but that sometimes they felt that they had to bear the brunt of prisoners' frustration and dissatisfaction when no apparent progress was made on the issues raised. Generally, prisoners told us that although there was a lot of discussion about the prison's commitment to race equality, this did not translate into actual actions or outcomes. Our prisoner survey showed the experience and perceptions of black and minority ethnic prisoners to be generally poor: out of the 40 questions we routinely analyse, 26 (65%) produced responses that were significantly worse than those of white respondents. In recent months, prisoners had participated in a number of surveys and focus groups as part of the programme of completing race equality impact assessments, and we were concerned that they were likely to be even more disillusioned if no noticeable improvements or benefits resulted from these exercises.
- 3.36 We were not provided with details of the percentage of staff who had completed diversity training in the previous three years, but the computer printout we were given showed that over 100 staff required initial or refresher training. The programme had been temporarily suspended in anticipation of information technology-related training, and the REO was working with key staff to produce a new training package to be delivered later on in 2007. There was an acknowledgement that this needed to be more specific and sophisticated than the standard training package, to reflect the complexity and particular needs of the population. While relationships that we observed were generally good, there was some evidence of cultural unawareness among staff.
- 3.37 A programme of events was being organised for September and October 2007, and this was in addition to the regular events to celebrate racial, cultural and religious diversity held throughout the year.
- 3.38 The REO had not yet attended the recognised training for conducting racist incident investigations and so was assisted in this work by other suitably trained staff. The REO

conducted simple investigations, and those we read showed detailed enquiries, thorough recording and clear communication with the complainant. The New Bridge organisation, which worked with the prison, provided quality control of at least 10% of completed investigations.

- 3.39 A total of 66 racist incident report forms had been submitted so far in 2007, compared with 62 in all of 2006. Only the REO had access to the complaint boxes. Prisoner race equality representatives advised and supported prisoners who wanted to make complaints but, in accordance with the recommendations of the Mubarek report, they no longer attended interviews into racist incidents.

Recommendations

- 3.40 The negative perceptions of black and minority ethnic prisoners should be investigated, with the aim of ensuring positive outcomes.
- 3.41 All staff should receive diversity training and this should be kept up to date.
- 3.42 Implementation of the race equality impact assessments should include regular and effective feedback to prisoners to increase their confidence in the process.
- 3.43 The REO should attend the required investigation training.

Foreign national prisoners

Expected outcomes:

Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the specific needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.

3.44 Sixty-five per cent of the total population were foreign nationals. Despite recommendations in previous inspection reports, there was no clear strategic vision in respect of foreign national prisoners. A foreign national team worked in the new diversity information centre and operated an open-door policy. Foreign national issues were addressed at the race equality action team (REAT) meeting but foreign national prisoner representatives were generally less positive than race equality representatives about their role. Some progress had been made in providing translated materials but some prisoner translators felt undervalued. Use of the telephone translation service was not monitored. Working relationships with the Border and Immigration Agency (BIA) were excellent, with good advance planning. Some prisoners were deported under the early release scheme, and very few detainees were held after the end of their prison sentence.

- 3.45 As at our previous inspections in 2003 and 2005, the establishment held a large number of foreign national prisoners. In 2003, we made a recommendation to the Director General that Prison Service headquarters, together with the area manager and Governor, should establish a clearer strategic vision for The Verne in relation to its role for foreign national prisoners. Following a visit by the director of operations in May 2006, it had been determined that there was no immediate need to make the prison a centre for foreign nationals. The prison therefore continued to face the challenge of meeting the needs of diverse groups of prisoners, including foreign nationals who would be deported at the end of their sentence and those who would be

granted permission to stay in the UK. At the time of this inspection, 383 prisoners (65% of the total population) were foreign nationals, with the largest group (138) coming from Nigeria.

- 3.46 The foreign national team comprised a part-time principal officer (coordinator), a part-time senior officer (deputy coordinator) and a full-time administrative officer. Since May 2007, the team had been located in a dedicated unit known as the diversity information centre shared with the race equality and disability liaison officers. The team ran weekly surgeries, operated an open-door policy and encouraged prisoners to drop into the centre. The centre's resource room contained a range of translated documents and video equipment to enable prisoners to send video messages home.
- 3.47 The voluntary organisation, New Bridge, continued to visit the prison and offer support to all prisoners, and especially to foreign national prisoners, who spoke highly of the services provided.
- 3.48 A foreign nationals' strategy document had last been revised in May 2006 and was largely descriptive. There was no separate committee, as foreign national issues were covered by the REAT and were incorporated into the race equality action plan. However, the foreign national prisoner representatives we spoke to felt that the management of foreign national matters was not as well structured or given the same priority as race relations matters, and they generally felt less positive than the race equality representatives about their role.
- 3.49 Prisoners with poor or no English were strongly encouraged to attend the English for speakers of other languages course provided in education, but there were limits to the level of language support generally available (see section on education and work skills). Some progress had been made in translating local information, and evidence of translated material in at least five languages. However, insufficient centrally translated documentation had been produced by the Prison Service for general use across the prison estate, and staff had been told not to translate any nationally produced material.
- 3.50 There was continued reliance on multilingual prisoners to act as translators, although these prisoners received no reward or real recognition for this service. Some of the prisoner translators we spoke to said that they were happy to assist fellow prisoners, but others described feeling used by the prison and not valued by staff. The telephone translation service was used in a number of areas, with the notable exceptions of healthcare and adjudications. We were unable to assess whether the level of use was acceptable, as managers could not provide a breakdown of how often the service had been used in the previous 12 months.
- 3.51 The most significant improvement had been in the working relationship between the prison and the BIA, and the current arrangements were good. BIA staff from Croydon visited the prison at least once a month, staff from Gatwick attended once a quarter and staff in the local office at Poole were available to respond to emergency requests. BIA staff were provided with good interview space and telephone lines to enable them to use their laptop computers while in the prison. The foreign national team and BIA staff worked closely together to ensure that all of the relevant paperwork was in place well in advance of a prisoner's known release date. On one day during our inspection, immigration staff met prisoners with release dates in September 2008. In the period April to July 2007, 38 prisoners had been deported to their home country under the early release scheme, and it was very rare for prisoners to be detained in prison custody past their release date. Only one detainee was held at the establishment at the time of the inspection, and he had appealed against his deportation.

Recommendations

- 3.52 Prisoners should have access to accredited translation and interpreting services whenever there are issues of accuracy and/or confidentiality.
- 3.53 National Prison Service documents should be translated into a range of languages and made available to all establishments holding prisoners with poor or no use of English.
- 3.54 The role and contribution of foreign national prisoner representatives and prisoner translators should be reviewed to ensure that they receive appropriate support and recognition for their work.

Housekeeping point

- 3.55 The use of telephone translation services by different departments within the prison should be routinely monitored.

Contact with the outside world

Expected outcomes:

Prisoners are encouraged to maintain contact with the outside world through regular access to mail, telephones and visits.

- 3.56 Arrangements for processing incoming and outgoing mail were adequate. The high cost of telephone calls, combined with low wages, was a source of discontent among many prisoners. Visits ran only infrequently owing to the large numbers of foreign nationals, many of whom received no visits.

Mail

- 3.57 Arrangements for processing incoming and outgoing mail were adequate. We received no complaints from prisoners about the arrangements for sending and receiving mail, which confirmed the findings of our survey, in which only 19% of respondents, against the comparator of 35%, reported problems. An impressive service was provided by refusedbail.com, which enabled prisoners' families and friends to send an email to the website, which was then forwarded to the prison's mailroom, where the email was printed off and passed to the prisoner with the rest of his mail, thus saving both time and money.

Telephones

- 3.58 From the establishment's own needs assessment, 61% of prisoners cited the cost of telephone calls as a reason why it was difficult to maintain contact with friends and family, particularly in the case of foreign national prisoners, and this was compounded by low wages (see section on learning and skills and work activities). There were only two telephones per wing. Although telephones were readily accessible to prisoners in terms of the times that they were switched on, we still observed significant queues to use the telephones on occasions, and some

prisoners described access as a problem. However, only 14% of respondents to our survey, against the comparator of 22%, stated that they had problems getting access to the telephones.

Recommendation

- 3.59 The cost of telephone calls for foreign national prisoners should be addressed.

Visits

- 3.60 Over half of the prisoners at the establishment received no visits.
- 3.61 The visits hall itself was large and bright. It could accommodate up to 40 visits, but was rarely full. There was a children's play area, and visitors were able to purchase refreshments. Domestic visits were only scheduled for weekends, and every second Wednesday. Family visits and enhanced visits to prisoners on the Kainos programme ran on Wednesdays when there were no domestic visits.
- 3.62 There was no visitors' centre, although there was a waiting area where visitors could purchase basic refreshments. A helpful leaflet was provided for visitors, and they were able to book their next visit while they were at the establishment.

Applications and complaints

Expected outcomes:

Effective application and complaint procedures are in place, are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 3.63 Staff actively sought to resolve questions or problems before recourse to formal procedures. Some delays were evident in responding to applications, but there was a robust system for managing complaints. Proportionately more complaints were received from white prisoners. There was no management check to ensure the consistency and quality of responses.
- 3.64 Prisoners were more positive than at comparator prisons about the applications and complaints procedures. Both the applications and complaints procedures were covered in the induction course, and arrangements were well advertised. Applications were, in the first instance, dealt with by wing staff, who actively sought to answer questions or resolve problems before recourse to formal procedures. Some prisoners complained about delays in responses to written applications; such delays mainly occurred when the form had to be passed to another department for a response. There was no formal system to monitor where these had been sent, or response times.
- 3.65 On average, 100 written complaints per month were submitted. A locked yellow box was available on each wing for this purpose, and was opened each night by the orderly officer, who passed written complaints to the complaints clerk, to be logged. These were distributed to the appropriate managers at the Governor's morning meeting. The vast majority of complaints were responded to within agreed timescales. Although no particular patterns of complaints were evident in terms of subject matter or location, it was evident that white prisoners were

making proportionately more complaints than black and minority ethnic prisoners. Prisoners were made aware of the appeals procedures, both in and outside the prison.

- 3.66 Most responses we saw were thorough and appropriate, although some exceptions to this were observed and we found an example of a complaint that had been handled by the person who had been complained about.
- 3.67 There was no quality assurance management check to maintain consistency and quality. Links to anti-bullying and safer custody arrangements were good.

Recommendations

- 3.68 The race equality action team should monitor complaints received to ensure that there are no intended or unintended adverse impacts on any prisoner groups.
- 3.69 The quality of responses to complaints should be maintained by a monthly management check of a random sample.

Housekeeping point

- 3.70 A system to track applications sent to other departments for a response should be introduced, and agreed timescales met.

Legal rights

Expected outcomes:

Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.

- 3.71 Demand for legal services was relatively low but was provided by two suitably trained officers. Prisoners with concerns relating to immigration and deportation were usually signposted to the foreign national coordinator.
- 3.72 Legal services were provided by two trained officers, based on the A2 induction wing, who had a dedicated office. Because of where they were located, the legal services officers were able to establish good links with induction staff to ensure that those prisoners with legal issues were identified at the earliest opportunity.
- 3.73 Given the large foreign national population, it was not surprising that issues relating to immigration and potential deportation were particular concerns. However, such cases were usually directed to the foreign national coordinator, who in turn ensured that they were included in the monthly meetings facilitated by visitors from the BIA. It was rare that the legal services officers undertook more than 2.5 hours of such work per week or saw more than six prisoners in this time.
- 3.74 The prison library contained a good range of legal material, which was readily available to all prisoners. All appropriate Prison Service Orders could be accessed, along with prisoner information that had been translated into a number of different languages. Other legal documents were available on CD-ROMs and had been copied from the internet.

- 3.75 Legal visits took place one afternoon per week. In our survey, 61%, against the comparator of 54%, said that it was easy or very easy to attend legal visits, and 61%, against the comparator of 48%, said that it was easy or very easy to communicate with their solicitor.

Substance use

Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

- 3.76 No clinical provision was available for prisoners with substance misuse issues, and there was no indication that it was required. Mandatory drug testing (MDT) across the establishment was low and there were few indications that drug misuse was a problem.
- 3.77 No clinical provision was available for prisoners with substance misuse issues. The establishment's criteria for accepting prisoners precluded anyone subject to either a detoxification or maintenance programme, and there was a low incidence of drug misuse generally, as indicated by both MDT and voluntary drug testing. If a prisoner were to require a clinical intervention, he would be transferred to HMP Dorchester. However, there had been no such incident in the previous three years. The prison was not currently identified for inclusion in the integrated drug treatment system.
- 3.78 The MDT rate for the prison over the preceding seven months was 1% (two positive tests, one for cannabis and one for opiates). Prior to June 2007, there had been no positive tests for six months. This reflected both anecdotal views from prison staff and the general experience of prisoners that drug use in the prison was relatively rare. In our survey, only 7% of respondents, against the comparator of 29%, said that drugs were either easy or very easy to obtain.
- 3.79 Facilities for MDT were good, with a dedicated unit incorporating three holding cells, although we were told that it was relatively rare that any of the cells were actually used. The target for weekend testing was consistently met, and although testers usually carried out tests on all prisoners on the random list from a given wing at the same time, there was no predictable pattern as to when this would happen. A series of CDs were available containing information regarding the MDT process, in a large number of languages.
- 3.80 No prisoners had been subject to a frequent drug testing programme in the previous seven months and no reception testing had been undertaken during the same period. Suspicion testing did take place but was relatively rare. Only 23 suspicion tests had been undertaken between January and June 2007, and only one of these had been positive. This indicated that, due to the relatively rare incidence of positive drug tests, staff would submit security information reports on the basis of little evidence. There was also a suggestion that the drug dogs might be more likely to give false positive indications owing to the relatively little use that they got.
- 3.81 In the month before the inspection, there had been what the prison described as a 'blip' in drug testing results. Of nine suspicion tests, two had produced diluted results, two had been positive for opiates and there had been one refusal. There had also been one random positive test, again for opiates. Information from security indicated that these results had all emanated from

one package coming in through visits, and that the individual responsible had subsequently been moved. Since then, testing results appeared to have reverted to a more usual pattern.

- 3.82 Although there appeared to be a relatively high incidence of mobile telephone finds, given the level of drug misuse generally, this did not appear to be related to substance misuse.
- 3.83 In line with other prisons in the south-west area, visitors to prisoners who received an indication from one of the drug dogs would be offered a closed visit. No corroborating evidence was required.

Recommendations

- 3.84 Security information reports and drug dog indications relating to prisoner drug use should be scrutinised more rigorously to maintain the credibility of the suspicion testing process.
- 3.85 A closed visit for a visitor receiving an indication from a drugs dog should only occur where there is corroborating evidence.

Section 4: Health services

Expected outcomes:

Prisoners should be cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive in the community.

4.1 The health services team was professional, with good relationships with prisoners, and provided a high overall quality of care. A comprehensive health screening on arrival at the prison was followed by a secondary screening process. A GP clinic was held every day, as well as nurse-led clinics for chronic diseases. The number of dental sessions was insufficient to meet the level of need. Prisoners at the establishment received good mental health support. There were a high number of cancellations for NHS outpatient appointments because of staff shortages.

General

- 4.2 Health services were commissioned and provided by Dorset Primary Care Trust (PCT). The Prison Health Partnership Board met regularly to discuss a wide range of issues. A strategy had been drawn up with the involvement of relevant stakeholders to move toward equivalence and integration with the NHS. Subgroups had been set up to tackle specific issues, which then fed into the partnership board. It was evident that the PCT's objective was to promote consistency of health provision across all of its prisons. Health services staff were highly motivated, with a desire to improve healthcare for prisoners. A prison health general manager was responsible for healthcare in the prisons and spent one day per week at each of the prisons.
- 4.3 The healthcare centre was a single-storey building, located at the far end of the prison. The department was large and welcoming, with good levels of clinical and office space, and it was clean, tidy and in a reasonable state of decoration. There were emergency bells appropriately sited throughout the department. Disabled access was satisfactory.
- 4.4 The waiting room was small but satisfactory and there was a selection of physical and oral health promotion leaflets, but none in languages other than English.
- 4.5 The dental surgery was modern, well equipped and fit for purpose. There was no oxygen available in the surgery during clinical sessions.
- 4.6 The dispensary area was sufficient in size but was not appropriately equipped. Although there was a reasonable amount of storage space, it was unfit for purpose. The medicine cupboards were too narrow to store the large amounts of in-possession medication, and during the period of medication administration, packages were prone to falling out. The whole system was outdated. A hatch led out into the waiting room, where patients collected their medications. The hatch was very small and there was no hood to enable prisoners to have a confidential conversation with nursing staff. There was no telephone in the dispensary, and this caused problems when nurses were working alone in the room, as there was no method of communicating with the rest of the prison.

- 4.7 All other offices were generally well equipped, except for the psychiatrist's office, which did not have a telephone. Office equipment was in good supply. An electronic medical information system, called System 1, was fully functional and provided a comprehensive patient management system, including a prescribing function.
- 4.8 The lead nurse and another registered general nurse (RGN) had attended a study day on caring for older people in prison, and were the nominated leads for monitoring the health of older prisoners. Older prisoners were initially assessed by the lead nurse and then reviewed every six months or earlier.
- 4.9 There were serious and significant difficulties in getting prisoners to external NHS appointments, and during the first quarter of 2007, 16% of NHS appointments had been cancelled owing to a lack of escorts.

Clinical governance

- 4.10 There were clinical governance arrangements, and these included the management and accountability of staff. A governor grade provided operational support to the health services team and represented the health services department on the senior management team (SMT). There was no professional input to the SMT, despite the fact that other prisons within the PCT cluster included the prison health general manager as a member. This did not enable equivalent representation of healthcare issues on the SMT.
- 4.11 The health services team was led by a band 6 RGN, who was supported by three band 5 nurses (one RGN and two registered mental health nurses (RMNs)), two health services assistants and two administrators. The lead nurse was undertaking a nurse practitioners' course and worked one day a week at a local general practitioner (GP) surgery in order to maintain clinical competencies and keep up to date with modern general practice. We were told that plans were being considered to offer this facility to all staff. Ongoing professional training was available, where relevant, and clinical supervision was supported, with protected time offered to staff. There were monthly team meetings with the prison health general manager.
- 4.12 A GP held daily clinics at the prison, as well as holding clinics at a local GP practice. The GP provided cover until 6.00pm on weekdays, and the South West Ambulance Service NHS Trust provided all out of hours cover.
- 4.13 A dentist from a local dental surgery, accompanied by a dental nurse, was commissioned by the PCT to provide one full-day clinic at the prison.
- 4.14 Two full-time administrators, one of whom worked for an agency, supported healthcare functions. There was no prison officer support to the department.
- 4.15 The health services team was small and professional, with a progressive view of healthcare. We found relationships between prisoners and health services staff to be respectful, although some prisoners felt that health services staff did not always understand their needs. Despite this, our prisoner survey showed that 55% of prisoners, against the comparator of 44%, said that the overall quality of healthcare was good or very good.
- 4.16 Emergency medical equipment was available but not sufficiently well organised. Oxygen, a defibrillator and other equipment were located in a room next to the nurse's office, but none of the items were stored collectively or neatly, so it was possible that, in an emergency, some

items could be left behind. Moreover, the emergency drugs were stored in a locked cabinet in the dispensary, which was some distance away. There was no emergency equipment on any of the wings. The equipment was checked regularly every week.

- 4.17 Specialist equipment was available through PCT resources.
- 4.18 Clinical records were stored in the nurse's office and all clinical notes made during the prisoners' time at the establishment were computer based. System 1 had been introduced into the prison and provided an electronic patient information system which could be accessed by all health services staff; it was compatible with other prisons within the cluster, as well as with the PCT. There were computers in all offices and clinical areas, and staff were well versed in their use. We reviewed several aspects of the system, including the prescribing facility, and were impressed with the high quality software and the standard of record keeping, which identified the time and date of entry, as well as the operator.
- 4.19 We reviewed a selection of injury to inmate (F213) forms and found that some had not been completed by health services staff. We were told that this was because the forms had not reached the healthcare centre until long after the first part of the form had been completed, and in most cases the injury was so minor that the prisoner did not wish to have it reported. However, health services staff had not filled in the date when the report was received by the healthcare centre, or whether or not the prisoner had been seen.
- 4.20 Complaints were initially dealt with by the lead nurse, who replied within two days; prisoners were also advised about the patient advice and liaison service. If they remained unhappy, they were advised how to complain directly to the PCT.
- 4.21 There were good systems for the prevention of communicable diseases, and staff had built up a good rapport with the PCT public health department, as well as the Health Protection Agency. The PCT infection control lead provided any necessary advice and support.

Primary care

- 4.22 All new arrivals to the prison were seen in reception and again on the induction course, to which health services staff provided input. An initial health assessment was carried out in reception to ensure that there were no serious health issues that needed immediate attention. Once the nurse was confident that prisoners had no immediate problems, arrangements were made for them to attend the healthcare centre on the following morning to undergo a secondary, more in-depth health screening. If a prisoner was on any medication, he would automatically be seen by the doctor on the following day to ensure that his medication was reviewed and, where necessary, continued. Prisoners were given some general information on how to access health services, as well as a healthcare information leaflet. The leaflet we saw was out of date and was only in English.
- 4.23 The secondary screening process was extremely comprehensive and included screening for communicable diseases and mental health. Prisoners were asked about their vaccination history and whether they needed to complete any ongoing vaccination courses. Those with lifelong conditions, such as diabetes and asthma, were booked into the next available clinic to begin their regular reviews. Staff were able to access specialist community nurses for additional support or advice.
- 4.24 There were regular hepatitis B clinics and patients were able to check their hepatitis C status following some pre-test counselling. Barrier protection was available from health services staff.

- 4.25 Smoking cessation courses were well established.
- 4.26 There was some active health promotion provided through the 'well man' clinic but there was no specialist input from the PCT health promotion advisor.
- 4.27 There were a number of regular visiting healthcare professionals, including a chiropodist, optician, orthopaedic consultant and genitourinary specialist. The genitourinary team held clinics monthly, but where necessary saw prisoners at their clinic.
- 4.28 The healthcare centre was open every day between 8am and 5pm, including at weekends. If a prisoner needed to see any member of the health services team, he completed an application form, which was found on the wings, brought it to the healthcare centre and placed it in a locked box, which was emptied every day by one of the nurses. If the request was not urgent, the prisoner would be seen within two days by the nurse or doctor, and if the request was urgent, the prisoner would be seen on the same or next day. Appointments, which were known as movement slips, were returned to prisoners by health services staff, and prisoners attended without the need for escorting staff.
- 4.29 A GP clinic was held every day, as well as nurse-led clinics for such conditions as asthma and chronic heart disease. Prisoners who felt unwell at any point during the day were seen and assessed by health services staff, and where appropriate given rest in cell. None of the nurses had completed a nurse triage course, and they based their assessments on experiential knowledge. Although this was generally satisfactory, it meant that individuals were working from differing standards, with no standardisation of assessment criteria. Very few prisoners did not attend for appointments.
- 4.30 Prisoners held in the segregation unit were seen daily by a member of the health services team.

Pharmacy

- 4.31 Pharmacy services were provided by the local general hospital. The pharmacist visited the prison monthly and had access to prisoners' pharmacy records remotely through the System 1 system.
- 4.32 Medicines were stored correctly and met labelling regulations. Named patient medication was separated from stock, and internal and external medicines were stored separately. A pharmacy refrigerator was located in the dispensary and was checked regularly, but the temperature had not been reset following the check. There were both current and out-of-date pharmacy reference books in the dispensary. All out-of-date medicines, and those from patients who were no longer in the prison, were removed by the pharmacist or technician.
- 4.33 The GP prescribed medications using System 1, and a print-out was signed by the GP and faxed through to the pharmacy. These sheets functioned as prescriptions and were normally kept in the prison; however, they had been destroyed prior to the inspection. Regulations state that prescriptions should be retained for two years, either by the prison or the pharmacy, but we were unable to verify that this was being done. We were told that drug alerts were acted upon but there was no record to verify this.
- 4.34 Medications were administered between 8am and 9am, noon and 1pm, and 3.30pm and 4.30pm every day. Two nurses administered the medicines and recorded the administration directly onto the computer system. Prisoners attended the healthcare centre on their own, and

there were occasions when they behaved inappropriately and rudely challenged staff about their medication. There were no discipline staff to support health services staff, although for the majority of the time there was no need for them to be there.

- 4.35 Homely remedies were available but there was no specific policy detailing what could be issued and in what circumstances.
- 4.36 Medicines were supplied from stock when they could not be obtained quickly enough from the pharmacy. For example, if a patient was prescribed 28 days of a certain medication, he was given a week's supply from stock. When the medicines arrived from the pharmacy, a further 28 days of medication was supplied, resulting in a week's supply of the medication being wasted. Patient information leaflets (PILs) were issued if medicines were supplied in their original packs. However, on occasion, medicines were not supplied in their original packs and therefore patients did not have a PIL. Medicines were given for up to 28 days in-possession, following a risk assessment, and the majority of prisoners were on in-possession medication.
- 4.37 We were told that patient group directions (PGDs) were in place, although we could not find any documented evidence of this.
- 4.38 A drug and therapeutic committee (DTC) had been formed and met every two months, although there had not been a meeting since February 2007. Representatives from the PCT, pharmacy and healthcare centre attended.

Dentistry

- 4.39 The dentist held one full-day surgery per week at the prison and treated up to 30 prisoners at each visit; treatment included the full range of NHS treatments and oral health advice. Emergency care and trauma was referred to the local hospital.
- 4.40 There were 180 prisoners waiting to be seen, and all had appointments over the next two months. However, this level of demand was likely to result in unacceptable delays if urgent or routine treatment was to be completed within an acceptable period of time. It was clear that the provision of additional dental sessions was a necessity, and we understood that discussions were underway to facilitate this.
- 4.41 Paper dental records were securely stored and entries were of a good standard; entries were also made on to the computer system.

Secondary care

- 4.42 A large number of NHS outpatient appointments were cancelled by the prison owing to lack of escorting staff. In June and July 2007, there had been a total of 77 booked appointments, 12 of which were cancelled by the prison, and the majority of these had been cancelled for the second time. During the inspection, one patient who had waited nine months for a follow-up appointment had it cancelled to make way for another patient, who needed to be seen urgently. The earliest time that the prison could get the former patient to the hospital was November 2007. Many prisoners were unhappy about the situation, as were health services staff, who had to explain why their appointments had been cancelled. The prison was not meeting NHS standards, which state that patients should be seen within 13 weeks of referral.

Mental health

- 4.43 The establishment could not offer support for prisoners with severe or enduring mental illnesses; such prisoners were transferred to other prisons within the cluster. There had only been one transfer to a secure unit in the previous two years. However, prisoners at the establishment received good mental health support. The service was evolving, and the main focuses for development were the rationalisation of counselling services and improving throughcare for prisoners. One of the RMNs was in the process of undertaking a mental health survey of all prisoners receiving primary mental health support, in an effort to gain an insight into what they were expecting from the service.
- 4.44 The two RMNs provided excellent support to prisoners. They held a mental health clinic twice a day from Monday to Thursday, with one clinic on Friday. Prisoners needing support, or those with a history of mental health issues, were identified through the reception process and referred to the RMNs. Referrals were accepted from any other prison department. There were 30 patients on the RMN caseload. The GP routinely saw all prisoners who were on psychiatric medication. There was a high level of need for support to prisoners with post-traumatic stress syndrome, those who were depressed and those who had difficulty in coping with life in prison. Nurses saw patients regularly for up to eight weeks, then discharged them with the proviso that they could be referred again if necessary. Nurses tried to visit the wings as often as possible but staffing levels did not always permit this. However, they had developed excellent relationships with wing staff and supported them in managing patients on the wings. Many prisoners had the support of other prisoners on the wings through a 'Buddy' system; this often helped them outside the normal support structure.
- 4.45 Secondary services were commissioned by the PCT and comprised a consultant psychiatrist, who visited every two weeks (or more frequently if needed), a community psychiatric nurse (CPN), who visited weekly, and a social worker; there was no psychologist input. External interpreters were brought in to translate where necessary. Relationships between the primary and in-reach mental health teams were very good and there was evidence of good joint working. However, there were no formal meetings between the primary and in-reach teams to discuss patients or other professional issues. This was recognised by the teams as an issue that needed to be resolved. All work with patients was done on a one-to-one basis, with no group working, although this was an aspiration for the future.
- 4.46 There were counselling services at the prison, but the counsellors did not work with health services staff, and we were told that they refused to share information with the latter. The PCT primary mental health lead nurse for the cluster was undertaking a review of mental health provision within the Dorset prisons, which would address this anomaly. He was also working with local and national mental health providers to improve throughcare facilities for prisoners being released.
- 4.47 Mental health awareness training for prison officers was in place and was well received by officers.

Recommendations

- 4.48 A sufficient number of escort staff should be provided to enable prisoners to attend external hospital appointments.

- 4.49 The health services department should be represented on the SMT by a senior health professional.
- 4.50 There should be a prison officer present at all medication times to provide supervision for prisoners collecting medication, thus ensuring the safety of staff.
- 4.51 The primary and secondary mental health teams should formalise arrangements to hold regular multidisciplinary meetings to review patients and working practices.
- 4.52 The PCT should review the counselling services to ensure that patients benefit from a holistic service which includes joint working from all those involved in the care of the mentally ill.
- 4.53 The location and composition of emergency equipment should be reviewed to ensure that health services staff respond rapidly and effectively to emergency calls.
- 4.54 More health promotion and educational material should be available in other languages.
- 4.55 The PCT should be asked to provide increased input to the health promotion programme.
- 4.56 Triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners.
- 4.57 The dispensary should be completely refurbished with appropriate pharmaceutical storage facilities.
- 4.58 A telephone should be provided in the dispensary and the psychiatrist's office.
- 4.59 Extra dental sessions should be commissioned to reduce the waiting list.
- 4.60 Oxygen should be available in the dental surgery when patients are receiving treatment.
- 4.61 Nursing staff should ensure that when part of a prescription is given from stock, this is made clear on the prescription, and the amount requested from the pharmacy is correspondingly altered.
- 4.62 Patient group directions should be present in the pharmacy, and read and signed by all relevant staff.
- 4.63 The drug and therapeutic committee should meet at least four times a year; meetings should be meaningful, with all stakeholders attending (including representation from the medical staff).
- 4.64 Patient confidentiality should be reviewed and a marked area and privacy hood installed when prisoners collect medication.
- 4.65 A written special sick (homely remedies) policy should be in place.

Housekeeping points

- 4.66 Old reference books should be discarded, and only the most recent copy should be kept, to ensure that all information used is up to date.
- 4.67 F213 forms should include the date and time of when it is received by the health services department.
- 4.68 Patient information leaflets should be supplied wherever possible, and a notice should be displayed to advise patients of the availability of leaflets.
- 4.69 Any prescriptions issued should be retained for a period of two years from the date of issue.
- 4.70 The health information leaflet distributed during reception assessments should be updated and available in other languages.

Good practice

- 4.71 *There was a named nurse responsible for the care of older patients.*

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

- 5.1 Most prisoners were able to access education, which was available on a part-time basis and included literacy and numeracy classes for those in workshops and those attending vocational training programmes. There was distance learning and English for speakers of other languages (ESOL) provision. There were evening classes in information technology (IT), and an enrichment programme was appreciated by many learners. Limited vocational training was available, for example in catering, physical education (PE), construction crafts and contract workshops. There were no formal written strategies for foreign national prisoners or those serving longer sentences. There was sufficient work for the size of the prison, and some accreditation was available. The work allocation system was transparent and fair, but it was driven by regime rather than sentence planning considerations. The pay structure was inequitable and rates low, and at times participation in activities was dictated by the prisoners' need to earn wages. Library facilities were good, with high participation rates.
- 5.2 The leadership and management of learning and skills were good. Learning and skills was delivered by external providers funded through the Learning and Skills Council Offender Learning and Skills Service (OLASS). Strode College provided basic skills and work-related options, Tribal managed the information, advice and guidance (IAG), and A4e provided ESOL and social and life skills courses. Learning and skills provision was well organised, and staff had clear roles and responsibilities that focused on improving the quantity and quality of education provided. Some 300 prisoners participated in learning each week.
- 5.3 The head of learning and skills was a member of the senior management team and worked well with partner providers to maximise funding opportunities, although the curriculum was stretched owing to the limitations in the funding streams available. Given the high number of foreign national prisoners at the establishment, the policy of OLASS only to provide funding for UK nationals was having a significant impact upon the prison's ability to provide a range of skills development opportunities. In addition, the prison feared that the National Offender Management Service (NOMS) would adopt a similar approach when commissioning services in the future and, if correct, this presents a potential threat to the prison's ability to maintain and develop provision for all of its prisoners.
- 5.4 There was a strong strategic direction and commitment to improve learning and skills, and this had been well communicated to staff and prisoners. It aimed to improve the education, training and accreditation opportunities for prisoners, as well as focusing on addressing prisoners' reoffending behaviour. Nevertheless, learning and skills delivery strategies for foreign national prisoners and those serving longer sentences had not been fully developed.

- 5.5 Improvements planned in construction were based on a comprehensive needs analysis and labour market review. One improvement was the introduction of a multi-skills training programme designed to improve employability chances for prisoners. The self-assessment process was inclusive, well established and very effective. The self-assessment report was widely used, and a comprehensive action planning process helped to support the drive for continuous improvement.
- 5.6 IAG was well managed. The introduction of part-time education and embedded literacy and numeracy support in the training areas and contract workshops was proving effective in widening participation. However, language support for foreign national prisoners in these areas was insufficient.
- 5.7 The curriculum was broadly satisfactory and there was access to higher-level and distance learning. The usual range of courses was available, including literacy and numeracy, social and life skills, and information and communications technology. In addition, courses for self-employment were included in the provision. There was sufficient ESOL provision. Some evening classes in IT and enrichment were provided. Retention and achievement of qualifications were high in all areas.
- 5.8 Accredited vocational training was available – for example, in brickwork, industrial cleaning, horticulture, catering, manufacturing operations and PE (National Vocational Qualification levels 1– 3). Retention and achievement rates were high on all programmes. Waiting lists for some vocational training programmes were long, although prisoners were able to participate in other activities while waiting. Over recent years, there had been a significant decrease in the number of vocational training workshops available to prisoners, with, in some cases, lower-quality work being substituted.
- 5.9 Induction and the initial assessment of learners' literacy and numeracy needs were adequate. Learners with language support needs were offered ESOL at induction. There was no specialised assessment of those with specific learning needs – for example, dyslexia and learning difficulties – and few staff were trained in these areas of expertise.
- 5.10 Teaching and learning was generally satisfactory or better. Experienced and well-qualified teachers worked effectively to support learners and help them to develop competence and self-confidence. Lessons were well generally planned, and contained a good range of stimulating activities. There was good development of practical skills in vocational workshops. Some of the resources were not well maintained, particularly in the brickwork area.
- 5.11 There were 550 workplaces available, mainly in contract workshops, stores, kitchen, waste reclamation, cleaning and orderly work. It was not possible accurately to establish how many prisoners were actually engaged in activity because the free flow movement meant that there was no reliable way to calculate who was at work at any one time. Prisoners were engaged in a range of work, some of which was mundane and repetitive. Lobster-pot making enabled prisoners to develop transferable skills, although these were rarely formally recognised. Good skills development was taking place elsewhere, but much of this was not accredited – for example, in the wood machining and television repair shops. Customer service qualifications were available in the prison shop, but no learners were engaged in these at the time of inspection. Purposeful activity hours were recorded accurately and relevant activities included.
- 5.12 Prisoners started on their work or education placements immediately after their induction course had finished. Procedures had been tightened to ensure that all work allocation decisions were made by the activities board, thus making the process transparent and fair. However, the long waiting lists in many of the work areas meant that limited opportunities were

available at this initial allocation. Prisoners were routinely placed on waiting lists for most work opportunities. In addition, the offender management unit were not involved in these decisions, which meant that regime rather than resettlement considerations were driving the allocation process. This was also evident when prisoners subsequently applied to be re-allocated to a new work area or regime activity, with sentence planning targets rarely being considered.

- 5.13 The pay policy favoured participation in purposeful activity, but some prisoners complained about wage levels, which were low, with rates ranging from £6 to £16. This was a particular issue for prisoners who did not have family or friends who were able to supplement incomes, and also presented a significant problem for foreign nationals having to make expensive international telephone calls. In addition, many foreign national prisoners told us that if they earned more they would be able to save money to assist them if and when they were deported from the UK, or help with the ongoing financial support of their families.
- 5.14 Despite a review of prisoner pay in March 2006 recommending that rates should recognise those gaining educational awards, this had not been implemented and the arrangements contained anomalies such as different rates of pay for people doing the same job. In addition, the pay arrangements did not always reflect the type of work being undertaken, its complexity or its value. The prison was again reviewing its pay policy, and in particular the value that should be placed on each activity.

Library

- 5.15 The library was well managed by Dorset Library Services. There was a full-time chartered librarian, a full-time assistant and four orderlies. The orderlies had received accredited training in customer care and communication at level 3, and one as a library assistant. There were appropriate arrangements for meeting the needs of those who could not access the library.
- 5.16 The library contained a stock of over 7,300 books and other resources. There was an appropriate range of easy read, large print and audio books and a small range of graphic novels. The prison had a suitable range of books for foreign nationals which were prominently displayed. There was a suitable range of legal books and Prison Service Orders. There were no other legal books on immigration law and procedures for use by foreign nationals. The library had no funding to support distance learning through inter-library loans.
- 5.17 There was good access to newspapers and magazines, and a range of newspapers in European foreign languages. The library service had developed some good links to learning, particularly with Storybook Dads. The library supported both a reading and a creative writing group. There were five computers, which were well used by learners on distance learning programmes and for other learning, research work and legal work.
- 5.18 All new prisoners had a library induction. However, this had not applied to those prisoners who were identified as having significant difficulties communicating in English, but there were plans to include this induction during the ESOL programme. Over 85% of prisoners made use of the library. Learners on education had suitable access to the library. The library service had analysed which prisoners were not using the library and was introducing strategies to improve their involvement.

Recommendations

- 5.19 Arrangements for the initial assessment of prisoners' literacy, numeracy and language needs should be improved.

- 5.20 Language support should be improved to meet the needs of those in training and work areas.
- 5.21 There should be an effective management information system to monitor participation, attendance, progression and success rates fully, in order to aid decision making and planning.
- 5.22 There should be greater emphasis on sentence planning targets in the initial and subsequent allocation of work, education and regime activities, and offender management unit staff should attend the activities allocation board.
- 5.23 The ongoing pay review should be completed, and a published pay policy should be produced that recognises productivity, accreditation and achievement.
- 5.24 There should be improved technology support for those following distance learning opportunities.

Physical education and health promotion

Expected outcomes:

Physical education (PE) and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 5.25 Access to PE was generally satisfactory, and support for recreational PE programmes was good. Some equipment was unserviceable and poorly maintained. There was good accredited training.
- 5.26 Inductions were run every Friday and all offenders attended a 'how to use the gymnasium' induction. Health assessments were carried out on all prisoners who were about to start using the gymnasium. Promotion and personal fitness were explicit objectives for prisoners, especially when need was identified as part of sentence planning. Recreational PE was available in the evenings and at weekends. Some offenders perceived access as inadequate, but there were many spaces on evening sessions and at weekends. Rehabilitation PE was offered daily during weekdays. There were good links with 'smokestop'. All prisoners, especially older prisoners, were assessed by health service staff. However, there were no additional support facilities to provide rehabilitation physiotherapy.
- 5.27 Daily outdoor exercise was never offered as a substitute for using the PE facilities. Physical activity – for example, short tennis – was available during association. PE facilities were broadly reflective of the nature of the population. Good use was made of the sports field for runners and joggers. PE activities included weights and team activities, such as football, volleyball, basketball and cricket.
- 5.28 Much of the cardiovascular kit was unusable owing to inadequate management of the maintenance process. Two-thirds of the equipment was broken and had been awaiting repair for over 15 weeks. The gymnasium had inadequate ventilation. The cardiovascular area on the mezzanine floor was very hot. Showering facilities were available, although most prisoners

preferred to shower on the wings to give them extra time in the gymnasium. Injuries were appropriately managed and recorded.

Recommendations

- 5.29 The ventilation systems in the gymnasium should be improved, especially for the cardiovascular training areas on the mezzanine floor.
- 5.30 A training programme should be established for weightlifting and for cardiovascular work.
- 5.31 There should be sufficient functioning cardiovascular exercise equipment.

Faith and religious activity

Expected outcomes:

All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall, care, support and resettlement.

5.32 About half of the total population were Christian and 14% were Muslim. There was no Muslim chaplain currently in post. The chaplaincy team, under the leadership of a new coordinating chaplain, provided a range of activities to promote faith and encourage personal development. The chapel was accessible to prisoners, but private interview space was limited. There was a new multi-faith centre. Chaplains raised no major concerns about prisoner access to worship, and most prisoners felt that their religious beliefs were respected.

- 5.33 Within the prisoner population, Anglicans and Roman Catholics were the largest groups, accounting for around half of all prisoners. At the time of the inspection, there were 83 Muslim prisoners but the prison had not had its own Muslim chaplain since January 2007, and the process of identifying a replacement was only in its early stages. In the meantime, prisoners led Muslim prayers and the coordinating chaplain attended some of those services.
- 5.34 The multi-faith chaplaincy team promoted and supported activities that nurtured faith and encouraged personal development. Some additional staff time had been allocated in recognition of the wide range of activities provided, which included music workshops and coordination of the Toe by Toe peer support scheme for prisoners wishing to learn to read; at the time of the inspection, 30 prisoner mentors were supporting 45 prisoners. However, much of the work of the chaplaincy was still largely unrecognised in terms of strategic planning. A new coordinating chaplain had been in post for about a year and had developed the use of information technology to enhance the work of the chaplaincy, such as in contributing to regime monitoring and ensuring that all prisoners received a personalised card on their birthday. Despite their regular, and often intensive, contact with some prisoners, chaplains were not asked to contribute to the sentence planning process, except in the case of life-sentenced prisoners.
- 5.35 The large chapel was centrally located in the prison; its doors were open whenever a chaplain was on duty, and prisoners were able to walk in. On several occasions, we saw prisoners sitting in the chapel in private contemplation or prayer. The chapel doubled as a meeting room and music practice venue. However, the office and private interview space was very limited, especially when several chaplains were on duty. Since the last inspection, a new multi-faith

room had been installed behind the main chapel, and this provided a pleasant environment that was shared by prisoners of non-Christian faiths.

- 5.36 We met with a group of six chaplains and all of them confirmed that attendance levels at services were good, that no restrictions were placed on prisoner access to worship and that, generally, religious needs were respected and all recognised religious festivals celebrated. We received complaints from Buddhist prisoners about the quality of incense sticks available through the prison shop. Chaplains thought that prison staff were generally thoughtful and sensitive when searching prisoners and visitors, or handling artefacts of religious significance.
- 5.37 In our prisoner survey, the questions relating to the chaplaincy all scored significantly better than the comparators for other training prisons: 61% compared with 51% had access to a chaplain within 24 hours of arriving at the prison; 73% compared with 60% said that they were able to speak to a religious leader of their own faith in private; and 73% compared with 54% felt that their religious beliefs were respected.

Recommendations

- 5.38 Managers should seek whatever help is required to ensure the early appointment of a Muslim chaplain.
- 5.39 Chaplains should routinely be invited to make contributions to the sentence planning process so that they are consulted about the prisoners they are involved with.
- 5.40 The chaplaincy team should have adequate office and private interview space to fulfil its tasks.

Housekeeping point

- 5.41 The prison shop should provide incense sticks of an adequate quality and price to satisfy the requirements of Buddhist prisoners.

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

- 5.42 Prisoners were able to be out of their rooms or dormitories from 8am until 11pm during the week, and until 11.30pm at weekends. These routines were well understood and worked well.

- 5.43 Each evening, from 6pm until 8pm, prisoners could associate freely in the open air. In the autumn and winter months, the area for outdoor association was restricted to that adjacent to the living units. In the spring and summer months, prisoners had access to all of the grounds of the prison. There was no recent memory of cancellation of association or exercise. Although staff supervision was low-key, there was no evidence that prisoners felt at risk of violence.

Section 6: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

6.1 Weaknesses in the physical security of the prison reinforced the need for appropriate selection of prisoners and good dynamic security. The small security department focused heavily on enforcing the selection criteria. An acceptable number of security information reports were submitted; these were processed quickly, but lack of staff sometimes caused delays in carrying out targeted searches. No prisoners were subject to closed visits. There were effective links with the police to support public protection and drug strategy work. Prisoners were aware of prison rules but there were examples of local instructions being inconsistently applied. The recategorisation process was mainly paper based and did not involve the prisoner, but regular reviews were held and a reasonable number of prisoners transferred to open conditions.

Security

- 6.2 Despite improvements since the last inspection, there were still weaknesses in the physical security of the prison: the interior fence did not extend all around the perimeter, there was no sterile area around the main gate and the grounds contained no fenced-off areas to create secure zones. The comparative lack of physical security and the open nature of the living environment reinforced the need for the appropriate selection of prisoners and for good dynamic security. The small security department appropriately focused much of its attention on policing the allocation of prisoners and ensuring that the prison's strict selection criteria were adhered to. All new arrivals were thoroughly screened, and those not meeting the criteria (for example, untreated sex offenders or those with a history of racism or prison drug trafficking) were either promptly moved to another establishment or closely monitored until an informed decision could be made as to their suitability to remain at the establishment.
- 6.3 Under the leadership of the head of operations, the security department comprised three senior officers (SOs), one principal officer, one collator and a full-time analyst. The department was also responsible for aspects of categorisation and for the deployment of the operational support grade staff. There was no dedicated search team: security SOs had to rely on the availability of residential staff to assist in targeted searches, and we were told that this sometimes made it difficult to respond promptly to information submitted in security information reports (SIRs).
- 6.4 Through regular briefings and sessions of refresher training, security staff tried to ensure that there was a suitable focus on security and control. A total of 750 SIRs had been submitted so far in 2007 and these were usually processed within 24 hours. Staff submitting SIRs were sent a written acknowledgement of receipt, and those who requested it received feedback on the outcome of any resulting investigation or action. In the first six months of 2007, there had been

nine reportable incidents: four of drugs being intercepted in the mail, four assaults or fights and one mobile telephone found.

- 6.5 Although the number of domestic visits was small relative to the size of the population (see section on contact with family and friends), no prisoners were subject to closed visits. There was one dog handler, with one passive and one active dog; inevitably, this meant that not all weekend visit sessions were covered, and following a recent incident in which drugs were passed during a visit, all procedures had been tightened, including making the presence of the drug dog less predictable.
- 6.6 A full-time detective constable acted as the police liaison officer for The Verne and for nearby Portland. He attended the prison regularly and focused mainly on public protection and drug strategy work. At the request of Dorset police, all requests for information and contact with other police forces were channelled through the police liaison officer.

Rules

- 6.7 When we asked for copies of the prison's rules, we were told that only the Prison Service rules were applied and that the establishment did not have any of its own. However, there were a number of prisoner information notices issued, some of which appeared to constitute local rules, as they could result in disciplinary action if breached. We observed one prisoner being placed on report for not wearing the correct clothing while in the prison grounds, yet other, similarly dressed prisoners went unchallenged.
- 6.8 Although not all rules and notices were displayed prominently throughout residential and communal areas, prisoners were given a suitable range of information during induction, and prisoner compacts were available in a range of languages. Prisoners we spoke to, including those with little or no use of English, confirmed that they understood the prison rules and knew whom to go to for guidance if they had any queries. We saw examples of staff applying appropriate discretion in enforcing rules – checking the prisoner's understanding of what was required or explaining why certain behaviour was unacceptable. However, we also noted that some prisoners were placed on report for what appeared to be relatively minor offences that could have been dealt with under the incentives and earned privileges scheme.

Categorisation

- 6.9 Under a locally agreed 'category C protocol', prisoners incorrectly allocated to the establishment could be transferred to HMP Erlestoke or Guys Marsh. When this was not possible, the prisoner was sent to the local prison at Dorchester for reallocation; prisoners recategorised to category B also went initially to Dorchester, but staff could not recall when this had last happened.
- 6.10 The security department managed the relatively small number of applications from category C prisoners wishing to come to or leave the establishment. National population pressures meant that moves to another category C prison were not easy to achieve, although some had taken place recently to enable prisoners to undertake identified offending behaviour programmes.
- 6.11 The process for recategorisation from category C to D was a paper-based, sequential process, with no involvement by the prisoner. Race and equality impact assessments for this area of work were due to be completed by September 2007.

- 6.12 Categorisation reviews were carried out at least annually, with extra reviews held if there was a significant change in circumstances, such as on completion of a programme. There was no coordination between recategorisation and sentence planning processes, and we were told that this was because, historically, delays in obtaining information from the Border and Immigration Agency (BIA) had held up sentence planning. Offender management unit (OMU) staff still contacted BIA for information on the status of foreign national prisoners, even though immigration staff now regularly attended the prison and such information was likely to be held in the prison's own foreign national unit.
- 6.13 In the period April to June 2007, 80 cases had been considered for recategorisation and 15 prisoners had been transferred to open conditions. Only two category D prisoners were held at the time of the inspection.

Recommendations

- 6.14 The staffing profile should ensure that target searches can be routinely and promptly completed.
- 6.15 Managers should ensure that rules are applied openly, fairly and consistently, with no discrimination and are published to prisoners.
- 6.16 The process of recategorisation to category D should be reviewed to improve: the level of engagement with the prisoner; links with sentence planning; and coordination with the foreign national unit and the BIA.

Discipline

Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

- 6.17 Adjudications were relatively rare and those that did take place were mainly conducted fairly and appropriately, although some punishments were unduly harsh. Prisoners were treated with respect and given appropriate information regarding the process, although time could be wasted in waiting for this information to be translated into other languages. The quarterly adjudications meetings covered a range of issues regarding segregation and disciplinary action, but action points were not always followed up. The use of force and of the segregation unit was rare. The segregation unit accommodation was appropriate and prisoners held there were treated appropriately. Although the regime for prisoners was limited, it was nevertheless appropriate.

Adjudications

- 6.18 In the six months before the inspection, there had been 129 adjudications. In the 12 months to March 2007, there had been 249. Monthly monitoring figures were reviewed and evaluated, and, consistently, the most frequent offence for which adjudication was undertaken was disobeying an order. There had been four proven assaults between prisoners in the previous six months and none against staff. In our survey, a significantly low 9%, against the comparator of 13%, said that they had spent a night in the segregation unit in the previous six

months. We observed some adjudication punishments to be unduly harsh – for example, cellular confinement as a punishment for swearing at an officer.

- 6.19 The adjudication process was conducted in a respectful manner and in an appropriate environment. Prisoners we spoke to who had been subject to the process said that they felt satisfied about their experience, but some concerns were expressed about the length of time it sometimes took to conclude cases. Documents relating to the adjudication process were not available in different languages, and even when a McKenzie friend was available to act as a translator, the formal language of the documentation made this problematic, resulting in further adjournments.
- 6.20 Throughout the observed process of adjudications, although a formal mechanism, staff attending the hearings made efforts to put prisoners at their ease, check understanding and advise as to appropriate conduct. A review of the local tariff was undertaken in October 2006.
- 6.21 An independent adjudicator attended the prison monthly, but often there were no cases to hear. In the previous six months they had adjudicated on only one case.
- 6.22 Quarterly adjudication review meetings were undertaken, in which patterns of adjudications were reviewed and management checks were relayed, but it was not apparent that issues raised were always followed up.

Use of force

- 6.23 The use of force was very low. In the six months prior to the inspection it had only been used on three occasions, and in the 12 months to April 2007 it had been used four times. On each occasion that force had been used, it had been appropriately documented, including input from a health services representative.
- 6.24 Two of the uses of force in the previous six months had been minimal and had involved staff guiding the perpetrator of an assault away from the situation, and on both occasions these prisoners had walked voluntarily to the segregation unit. Neither man was still at the establishment. At the time of the inspection, the last prisoner who had been subject to the use of force was still being contained and awaiting a transfer to another prison. He told us that he had been treated fairly in the process. On this occasion, the prisoner had initially been contained in what was described as an 'unfurnished' cell, but it was not listed on the cell certificate as a special cell, despite it being used as one.

Segregation unit

- 6.25 Mechanical restraints were kept securely within the segregation unit, along with two body belts. Neither of the body belts had been used for some considerable time. According to the log, the last use of a body belt was two years earlier, and then two years previously.
- 6.26 The segregation unit itself was used relatively rarely. In the previous six months, 48 prisoners had been held for between one and 40 days, the latter being under Rule 43 (prisoner's own interests). The unit contained eight cells, including one unfurnished cell. Four of the cells had electrical power. The unit was well maintained, clean and tidy, as was the showering area. A small exercise yard was available, which also contained a wooden bench.
- 6.27 Interaction between the unit staff and prisoners was appropriate and appropriate documentation was in place. Comments in files were made regularly although they were

primarily observational. Prisoners were reviewed within 72 hours of admission and again every two weeks. We were told that it was rare for more than four prisoners to be in segregation and at the time of the inspection only two prisoners were being held. We spoke to both of these men and although both wished to move from The Verne at the earliest opportunity, both said that they were treated well by the staff.

- 6.28 Prisoners in segregation were able to access books from a small library on the unit and, if requested, a wider range from the main prison library. There was no association and no access to the gymnasium. The published routine for the segregation unit included two periods of exercise and access to showers, along with one telephone call.

Recommendations

- 6.29 The use of the unfurnished cell should be regulated by special cell procedures, including appropriate certification.
- 6.30 Adjudication punishments should be proportionate to the offence committed.
- 6.31 Information regarding the process of adjudications should be translated into a range of foreign languages and held in the segregation unit.
- 6.32 Action points arising from the quarterly adjudication meetings should be followed up and the outcomes monitored.

Incentives and earned privileges

Expected outcomes:

Incentives and earned privileges schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

- 6.33 Most prisoners were on the enhanced level of the incentives and earned privileges (IEP) scheme. This scheme worked well, although there were few differences between the standard and enhanced levels.

- 6.34 IEP policies worked adequately, and at the time of the inspection there were 468 prisoners on enhanced, 115 on standard and two on basic. It was relatively rare for prisoners to be on the basic level.

- 6.35 Although there were many prisoners on the enhanced level, there were relatively few differences between the range of facilities available to prisoners on the standard level and those on the enhanced level, aside from access to additional spending from private cash, and more visits. In fact, many of the prisoners were foreign nationals, without family or acquaintances in the UK, and therefore without anyone to visit them or send in money, and these incentives were valueless.

- 6.36 It was clear that when it could be established that prisoners had been on enhanced level at another establishment, this assessment was honoured on arrival at The Verne.

- 6.37 When details of prisoners who had been demoted to basic and then returned to standard level were examined, it was clear that warnings about the trend of behaviour had been issued and that the moves in both directions had been justified.
- 6.38 There had been few appeals against IEP decisions. Sixty-one per cent of the prisoners in our survey, against the comparator of 53%, felt that they had been treated fairly under the scheme.

Recommendation

- 6.39 There should be additional differentiations between the standard and enhanced levels of the IEP scheme.

Section 7: Services

Catering

Expected outcomes:

Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

- 7.1 Food was generally good and offered reasonable variety. Lunch and dinner were served too early. All fresh meat used was halal. A recent re-launch of National Vocational Qualifications (NVQs), although offering qualifications to more prisoners, potentially reduced the opportunities for extended qualifications and experience.
- 7.2 Catering was delivered by a staff team of eight caterers, one of whom was part time, and a catering manager. A maximum of 16 prisoners were also employed and worked on a rota of 12 on any one day. When prisoners also wanted to attend education, some flexibility was available to match these needs to their days off.
- 7.3 All prisoners working in the kitchen had an appropriate induction programme incorporating training in each area of work. Training records were kept on all prisoners. NVQ qualifications were also available. In recent weeks, the NVQ programme had been re-launched to incorporate level 1 in the preparation and storage of food. We were told that it was planned for all prisoners in the kitchen to gain this qualification and then to be moved on from the kitchen to enable others to undertake the training. Although this would offer more prisoners the opportunity to achieve catering qualifications, there was the attendant danger that such a turnover of prisoners would provide little opportunity to put such skills and qualifications to effective use.
- 7.4 The kitchen was well laid out and clean and tidy, especially given that it was 14 years old. Food was appropriately stored and labelled. There was no cooking equipment specifically for the preparation of halal meat, although generic pans were well cleaned between uses. All fresh non-pork meat was halal, and therefore the dangers of contamination were minimal, although this did not give prisoners who did not eat halal meat an appropriate degree of choice. Non-halal meat was only available in pre-prepared products.
- 7.5 Prisoners were served three meals per day. Breakfast was served at 7.50am, lunch at 11.50am and dinner at 4.50pm. We were told that at weekends meals were served a little earlier. Most prisoners we spoke to felt that the evening meal was served too early.
- 7.6 A reasonable range of options was available on the four-week meal cycle, and although no cultural evening, specifically orientated to a given region of the world, had been undertaken in the previous 12 months, attempts had been made to incorporate some dishes orientated to a range of cultural and dietary needs into the menu. Although a number of prisoners we spoke to complained about the food, many others said that it was good. In our survey, 32%, against the comparator of 35%, said that the food was either good or very good. We sampled the food on three units, over three different meals, and found that the standard was reasonable. Prisoners had the option of either eating their meals in their cells or communally in the dining area. Breakfast comprised cereal and toast during the week and hot alternatives at weekends. Kitchen staff met every other month with prisoner wing representatives to discuss related

catering issues, and there were indications that these and the biennial prisoner surveys did result in some changes in provision. However, only 291 surveys had been returned out of 589 distributed at the last survey in March 2007.

- 7.7 Prisoners working on wing serveries were appropriately trained in food hygiene, wore appropriate clothing and kept the serving areas clean. Complaints books were not always available at the serveries during meal times but comments were fairly rare. As in the main kitchen, halal-specific utensils were available but were not always used.

Recommendations

- 7.8 Meals made from fresh meat should include non-halal options.
- 7.9 Separate cooking and serving utensils for halal food should be used in the kitchen.
- 7.10 The prison should ensure that halal utensils on wing serveries are used appropriately and that halal trays are washed separately.
- 7.11 Lunch should not be served before noon and dinner not before 5pm.
- 7.12 The introduction of the new NVOs should allow prisoners, where appropriate to continue to work in the kitchen beyond the completion of their training.

Housekeeping point

- 7.13 Food comments books should always be available on serveries during meal times.

Prison shop

Expected outcomes:

Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely, from an effectively managed shop.

- 7.14 Aramark provided the canteen facility, and employed prisoners to pack canteen orders for three other establishments. A wide-ranging canteen list was available and prisoners were able to order from approved catalogues. Monthly amenities meetings assisted prisoners in adding items to the canteen list.

- 7.15 Aramark provided a comprehensive canteen list, which catered for the diverse needs of the establishment. The list of items was issued on induction and was publicised throughout the wings. Prisoners were issued with canteen supplies on Monday and Tuesday nights, and as Aramark were on site, any discrepancies were solved on the following day.

- 7.16 Prisoners could not always purchase a canteen pack within 24 hours of their arrival. Nevertheless, Aramark did try to see in advance any prisoner who was due for transfer, and those who were not in the establishment (for example, being in court) during canteen times were supplied the next day.

- 7.17 Aramark employed a number of prisoners in its small warehouse area. Prisoners packed for The Verne, Guy's Marsh, Dorchester and Portland. There was a good relationship between the staff and prisoners, and the establishment had just received an award for its efficiency in this area.
- 7.18 A monthly amenities meeting took place, in which prisoners could express their concerns about the Aramark service. The Aramark manager attended these meetings.
- 7.19 Prisoners were allowed to order items from establishment-approved catalogues.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

- 8.1 The local management structure did not lend itself to a coordinated approach to delivering resettlement services. The establishment's reducing reoffending strategy document had not drawn on the findings of a recent resettlement needs analysis and was being redrafted at the time of the inspection.
- 8.2 The management structure for overseeing the resettlement of prisoners had changed earlier in 2007. The head of reducing reoffending post had been discontinued. Instead, some members of the senior management team (SMT) now owned different strands of the reducing reoffending agenda, covering regimes, offender management, programmes and interventions, learning and skills, and so on.
- 8.3 An information, advice and guidance (IAG) service was provided for prisoners (see section on learning and skills and work). This unit provided a valuable assessment and referral service to other departments and agencies within the establishment. It was centrally located and easily accessible for prisoners. However, the links between the resettlement departments were not adequately developed. Some departments, notably the offender management unit (OMU), worked in relative isolation from other key departments, and the communications links were weak. The current structures, having no single SMT member with strategic oversight of the reducing reoffending agenda, did not lend themselves to an integrated approach to identifying and addressing prisoners' resettlement needs.
- 8.4 There was a local reducing reoffending strategy, dated 2007. However, some of the information contained in this document was already out of date. The strategy contained some useful information but did not make fully clear the distinction, in terms of accountability and responsibility for delivery of resettlement services, between, for example, the OMU and the IAG service. The policy document did not contain clear outcomes and it was not immediately apparent how successful delivery would be measured. Significantly, the most recent resettlement needs analysis, which had been carried out by the programmes manager, had not been used to inform the reducing reoffending strategy, which was a waste of a good piece of work.
- 8.5 The reducing reoffending strategy team met every second month, chaired by the head of residential and regimes. Attendance at this meeting was reasonable, although there were some inconsistencies. The direction of the meeting had changed in recent months, and meetings had a more focused approach to strategic issues across the range of resettlement pathways.

Recommendation

- 8.6 Management responsibilities set out for the different resettlement strands should be clarified in order to develop a more coordinated approach to delivering resettlement services.

Offender management and planning

Expected outcomes:

All prisoners have a sentence or custody plan based upon an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved with drawing up and reviewing plans.

- 8.7 There were around 40 prisoners in scope of offender management, although the establishment case managed a large number of prisoners in addition to this. The structure of the offender management unit (OMU) was adequate, but prisoners' sentence plans did not have a significant impact on their custodial experience. The input from offender managers in the community, for prisoners within the offender management model was inadequate. The establishment received a large number of foreign national prisoners directly from establishments in London, with no assessments in place, resulting in a large backlog of outstanding assessments. Life-sentenced prisoners were managed appropriately, although some prisoners complained about delays in obtaining moves to other prisons or obtaining a place on appropriate interventions.
- 8.8 HM Inspectorate of Probation jointly participated in the inspection of offender management processes, as part of their regional inspection of offender management across all probation areas in the south-west.
- 8.9 An OMU had been established in 2006. Offender supervisors were a mix of prison officers and seconded probation staff. Most of the relevant core functions had been brought under the management of the OMU. Staff in the OMU were all clear about their role and responsibilities. However, other staff in the establishment, notably prison officers, had less detailed knowledge, and there was a lack of clarity about the respective roles of the personal officer and the offender supervisor. Overall, the OMU was working in isolation, with weak internal links.
- 8.10 There were around 40 prisoners in scope of the offender management model. Newly arrived in-scope prisoners were identified in their first few days. An offender supervisor also spoke to all new arrivals during their induction, to explain the role of the OMU. In-scope prisoners were managed in accordance with identified procedures. However, there was a poor level of input from external offender managers. Although sentence planning objectives and targets were signed off by offender managers, in reality they did not take a particularly active role in prisoners' cases once they came into custody, and it was the offender supervisors who determined the targets to be set. All prisoners attended a sentence planning board following the completion of an offender assessment system (OASys) assessment or review by an offender supervisor. Attendance at sentence planning boards by offender managers was very rare.

- 8.11 There was no video-conferencing facility. Although telephone conferencing was possible, this too was rarely used. Consequently, the OMU senior officer chaired these boards, although they were not multidisciplinary and usually only involved OMU staff and the prisoner.
- 8.12 There were no prisoners serving less than 12 months at the establishment. In addition to the 40 in-scope prisoners, 130 additional prisoners were also case managed under an almost identical process, although without a named offender manager in the community. These prisoners were identified by the head of the OMU for case management based on individual risk factors, and included the life-sentenced prisoners.
- 8.13 The remaining prisoners were not allocated specific named offender supervisors as case managers, but were assessed and reviewed (using OASys) by the offender supervisors in the OMU, who were the establishment's only trained OASys assessors. All sentence planning arrangements were therefore driven by OMU staff. Of those prisoners not being case managed, there was a backlog of 160 assessments. This was caused, first, by the fact that the establishment had diverted resources for a considerable period of time away from sentence planning into other duties, and had struggled to catch up with this lost ground. Second, many prisoners, in particular foreign nationals, were received at The Verne from other establishments with no OASys assessment in place, or only with an assessment carried out by the probation service. Staff from The Verne's OMU therefore had to carry out these initial assessments, often with very little information about the individuals concerned, and without adequate resources.
- 8.14 Sentence planning requirements played little part in prisoners' transfer between establishments. Of those prisoners that did arrive with an OASys assessment in place, some had been inappropriately transferred, requiring interventions that were not available at the prison, hindering progression to category D status. OMU staff were knowledgeable and competent, and the quality of their assessments was reasonable. Targets were based on individual assessed needs rather than simply what was available at the establishment. However, population pressures made it difficult to secure transfers to other category C establishments, where these interventions were run, in order to address risk factors.
- 8.15 Other than input to induction, the OMU and the sentence planning process did not feature during prisoners' early days at the establishment. No assessment of needs and risk factors was carried out by OMU staff at this point. Instead, this role was undertaken by the IAG team (see section on resettlement pathways). Although the IAG team provided a valuable service, the strategic links between the OMU, the IAG and the sentence planning process were unclear. OASys assessments and reviews were not carried out until several weeks after prisoners' arrival, by which time prisoners had already been seen by the IAG team, referred to other departments, had their learning and skills levels assessed, and been allocated to a work activity. Therefore, although the sentence plans generated by the case supervisors in the OMU were reasonable, these plans did not have a particularly strong influence over prisoners' custodial experiences.
- 8.16 There were no prisoners serving indeterminate sentences for public protection at the time of the inspection. There were 57 prisoners serving life sentences. Of these, approximately one-third had been recalled to prison or failed in open conditions, another third were over tariff and the final third were on track with their sentences and had transferred to the establishment as a progressive move.
- 8.17 Life-sentenced prisoners were all case managed by one of the seconded probation officers based in the OMU. The lifer manager was the deputy manager of the OMU. He was an experienced lifer manager, although had to combine this role with orderly officer duties. The

lifer manager wrote all of the required progress reports on lifers, and did the risk assessments for escorted absences.

- 8.18 There was no forum for lifers to meet as a group with local managers. These had been run in the past, and we were told that they had not been popular, but some of the lifers we spoke to said that they would welcome the reintroduction of such a group. A business day was planned for October 2007.
- 8.19 Some of the lifers we spoke to were not happy with delays in the system – for example, in transfers to other establishments that ran interventions that they were required to complete, and in obtaining a place on the relevant course – and there was a perception that the establishment was not serving their needs.
- 8.20 There were no psychology services. When a psychological report was requested, this would be commissioned from a private source.

Recommendations

- 8.21 Prisoners should be allocated offender supervisors during induction, who should be involved in initial assessments, which should then feed into initial sentence plans.
- 8.22 The establishment should ensure that sentence plans have a much greater impact on a prisoner's custodial experience.
- 8.23 Sentence planning boards should be multidisciplinary, with contributors from all relevant departments.
- 8.24 Prisoners should be transferred to training establishments where appropriate interventions are available in order for them to complete identified sentence planning targets.
- 8.25 Prisoners identified as requiring interventions not delivered at an establishment should be able to transfer to another establishment quickly in order to undertake the relevant intervention.
- 8.26 Prisoners sentenced to more than 12 months should have an OASys assessment done before transfer to a training prison.
- 8.27 Community-based offender managers should play a greater role in influencing offenders' sentences during the custodial element of the sentence.
- 8.28 Lifer meetings should be reintroduced.

Resettlement pathways

Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

8.29 Accommodation needs were identified during induction. Some attempts were made to match work and activities provision to the needs of the labour market, with links with Jobcentre Plus and employers, although there were insufficient vocationally relevant opportunities. No pre-release resettlement course was offered. The pre-release health needs of prisoners were well met. The counselling, assessment, referral, advice and throughcare (CARAT) scheme worked well. A dedicated alcohol worker offered both group work and one-to-one provision. Support in the opening of bank accounts was particularly well developed, although the provision of one-to-one debt counselling was inadequate and unfunded. Although some services to maintain links with children and family were available, overall provision was underdeveloped. There were no resettlement services aimed specifically at foreign national prisoners.

Accommodation

- 8.30 The induction questionnaire was used to identify if newly arrived prisoners had any accommodation needs, and if this was the case they were seen during the second week of induction by the full-time resettlement officer based in the information, advice and guidance (IAG) unit. This person was able to provide assistance with accommodation needs, including issues relevant to housing retention, and, even at this early stage, discussion about release plans.
- 8.31 An accommodation action sheet was completed during induction and was readily available to all staff. A weekly accommodation surgery was run and was well used by prisoners.
- 8.32 Good links with other departments in the prison which were providing assistance with housing on release were maintained, including the CARAT scheme, chaplaincy and Kainos, and the resettlement officer organised periodic informal meetings with these departments. Good links were also evident with regional housing initiatives, such as Gateway, and a range of housing providers.
- 8.33 Any prisoner identified as being without accommodation was seen two months before his release date, and only two prisoners had been released with no fixed abode during the preceding seven months. Nevertheless, the absence of a structured pre-release course meant that it was possible for a prisoner to be released with no fixed abode without the resettlement officer being aware of the issue.

Education, training and employment

- 8.34 On the basis of a labour market review, which had been informed by a prisoner needs analysis, the head of learning and skills was attempting to improve the match between activities provision and the needs of the labour market. An example of this was the planned conversion of separate building trade courses into a multi-trade course which would equip prisoners with the skills to become jobbing builders. Nevertheless, vocational and accredited skills development opportunities were only available to approximately 30% of the population, and the number of such workshops had been considerably reduced, although those that remained were of a good standard.
- 8.35 The education department provided opportunities which aimed to enhance prisoners' employability, including basic skills, English for speakers of other languages, business start-up and a CV/job interview workshop.

- 8.36 A Jobcentre Plus worker provided job search advice, and jobs fairs had been run with input from employers and others, although there was no opportunity for prisoners themselves to undertake structured job search activities prior to release. There was no pre-release resettlement course.

Mental and physical health

- 8.37 All prisoners were seen by the health services department prior to release. Basic health checks included weighing the prisoner and ensuring that all vaccination courses had been completed. All prisoners were given a complete copy of their medical history during their time at the prison. They were advised to see their GP on their release and were given help on how to register with a GP if they did not already have one, in addition to information on NHS Direct. They were given any remaining medication that belonged to them.
- 8.38 Health services staff worked with probation and resettlement staff to ensure that appropriate advice and guidance was given to prisoners. Prisoners with ongoing mental health needs were referred to community mental health teams if appropriate.

Drugs and alcohol

- 8.39 The drug strategy group met quarterly and attendance was generally acceptable. There was a drugs and alcohol strategy. Although it effectively described the broad activities of the various contingent parts, no development objectives were included, apart from annual key performance targets. A needs analysis had been undertaken in May 2006, drawing upon questionnaires sent out to prisoners, and a more recent evaluation had been completed but was specifically orientated to the likely requirements of voluntary drug testing (VDT). Information on which to base an accurate evaluation of prisoner treatment needs was not always available, and although CARAT files and assessments contained information such as the level of dependency, substance of choice, ethnicity and range of previous treatment, it was not collated on a database or evaluated.
- 8.40 The Addiction Rehabilitation Centre programme, which had been in operation at the establishment for about four years, had ended earlier in 2007, and had been transferred to HMP Dartmoor. This reflected relatively low demand and difficulties in recruiting prisoners. This fact, combined with the relatively low level of drug misuse at the prison, led to the reduction in CARAT staffing from the equivalent of 1.8 full-time staff to 1. Nevertheless, 153 prisoners were on the CARAT caseload, although some of them, despite histories of drug misuse and in many cases engaging with the CARAT scheme previously, had declining or infrequent contact. The vast majority of CARAT clients (approximately 85%) were British nationals and many had completed rehabilitation programmes previously.
- 8.41 At the time of the inspection, the CARAT team was not delivering any group work. This decision, although based on the low demand, was also a pragmatic solution to the current staffing arrangements because each of the two staff worked at opposite ends of the week, so co-facilitation of group work would be very difficult. From a review of casework, it was apparent that a good range of one-to-one work was offered, focusing primarily on relapse prevention and work relating to crack cocaine – the most prevalent drug of choice.
- 8.42 All prisoners identified with a substance misuse problem – both drugs and alcohol – were initially assessed by the CARAT team, and those with alcohol-related problems were referred to the prison's dedicated alcohol worker. At the time of the inspection, 80 (of the 153 identified on the CARAT caseload) were engaged in alcohol-related work. To manage the demand, the

alcohol use disorders identification test tool was completed and the results used to prioritise those with the greatest level of need. A similar tool available to the CARAT team (severity of dependence questionnaire) was not used. An approved five-week, 10-session alcohol relapse prevention programme had been developed and was delivered every two months. The attrition rate was very low, with only one drop-out from the previous four programmes of the nine participants who started. A weekly aftercare group was delivered for those who had completed the relapse prevention programme. The work undertaken was very positive but the group work continued to be delivered by the alcohol worker alone and there were insufficient resources. An Alcoholics Anonymous group also attended the prison weekly.

- 8.43 Generally good links had been established with the local community drug intervention programme (DIP), but contact was sometimes hampered by the geographical spread of prisoners. Visits from DIP workers remained relatively rare. Although pre-release work was undertaken with clients with whom the CARAT team had ongoing contact, those who had lapsed or declined contact were less likely to be detected, and there was no mechanism for identifying, some way in advance, those due to be released in order to engage in effective pre-release work.
- 8.44 VDT was made up of 313 compacts, of which two-thirds were compliance compacts based on the enhanced units of A1, C1 and D wings. There was no difference between compliance testing and VDT compacts; both types of compact allowed for prisoners, following a second positive drug test, to have an incentives and earned privileges (IEP) review. In reality, given such low levels of drug use, two positive tests for a prisoner was extremely rare, but VDT prisoners could also be subject to full searches prior to testing, which was disproportionate for such a programme. In the first six months of 2007, there had only been two positive results out of 2,800 voluntary/compliance tests.
- 8.45 Although any prisoner testing positive under VDT was subject to a seven-day ban from the gymnasium and from employment requiring the use of heavy machinery owing to health and safety considerations, those prisoners working in the kitchen were not subject to compliance testing, despite the potential dangers of such an environment.

Finance, benefit and debt

- 8.46 The induction questionnaire was used to identify if newly arrived prisoners had financial advice needs; if this was the case, they were seen during the second week of the induction course by a qualified guidance and advice worker based in the IAG unit. The worker was able to provide basic financial advice or, if appropriate, a referral to either the Jobcentre Plus worker, who could assist with benefits queries, or the resettlement officer, who could close down an existing rental or housing agreement.
- 8.47 There was a well developed system to assist prisoners in opening a bank account, and they could apply for this at any time during the two years before to release. During the previous 12 months, bank accounts had been opened for 68 prisoners. This was reflected in our prisoner survey, with 56% of prisoners, against the 32% comparator, stating that they knew whom to contact about opening a bank account.
- 8.48 Benefit advice surgeries were run every two weeks by the Jobcentre Plus worker, and a money management course was available through the education department. However, the provision of one-to-one debt counselling was ad hoc, based upon the goodwill of the current provider, and was not funded.

Children and families of offenders

- 8.49 There was a range of services designed to contribute towards prisoners maintaining links with their children and families, but they were disconnected. A senior officer had just been given the responsibility for this pathway, but had not yet had the chance to look at the overall strategic provision of services. Family days were run quarterly, and were extremely positive occasions, in a relaxed environment. Prisoners were also able to record stories for their children through the Storybook Dads initiative. Both of these featured in the establishment's reducing reoffending strategy. Foreign national prisoners who did not receive regular visits could receive some free credits in order to call their families overseas (but see section on foreign national prisoners).
- 8.50 There were other good initiatives, which did not feature in the overall resettlement strategy. For example, refusedbail.com was a good initiative and was well publicised around the establishment (see section on contact with the outside world). In addition, the chaplaincy had done some good work through the Salvation Army in tracking down families of some foreign national prisoners. However, this work was ad hoc, not resourced and not publicised.
- 8.51 Overall, there was no clear strategy for provision of services under this pathway, and there was scope to increase provision, targeted on identified needs, especially given the savings that the establishment made by not having to run visits very frequently owing to the large foreign national population (see section on contact with the outside world).

Attitudes, thinking and behaviour

- 8.52 The head of programmes was the identified lead for this resettlement pathway. A needs assessment had been carried out in 2006. The only accredited programme was enhanced thinking skills (ETS), although controlling anger and learning to manage it (CALM) was scheduled to commence in September 2007, as a shared provision in conjunction with neighbouring Portland. There was a waiting list of around 40 or so prisoners for ETS, which meant, in reality, a six-month wait. Given the length of stay for most prisoners at the establishment, this was not unreasonable, and prisoners assessed as being required to complete ETS were able to complete the course while at the prison.
- 8.53 A 12-step addiction programme had recently been discontinued, owing to low take-up, and had moved to HMP Dartmoor (see section on drugs and alcohol). A drug importers course had also ceased to run, although the reasons for this were less clear. Consequently, although foreign national prisoners were eligible for the accredited programmes, in practice many did not fit the assessment criteria, so there was nothing specifically targeted at their needs.

Recommendations

- 8.54 **The proportion of work and activity opportunities that provide a suitable training and learning environment to prepare prisoners for work after release should be increased.**
- 8.55 **A pre-release resettlement course should be developed and run during the last eight weeks before release. This should be targeted to meet the needs of both British and foreign national prisoners.**
- 8.56 **The drug strategy document should include annual developmental targets and objectives.**

- 8.57 A comprehensive needs analysis of the prison's population should be carried out annually to inform service development and ensure that appropriate levels of CARAT provision are available.
- 8.58 The CARAT team should develop an effective means of prioritising cases to ensure the most effective use of resources.
- 8.59 Further resources should be made available to support the present alcohol strategy and ensure co-facilitated group work.
- 8.60 A clear distinction should be made between voluntary drug testing and compliance testing compacts.
- 8.61 Participants in VDT should not be subject to full searches unless security information indicates otherwise.
- 8.62 Prisoners employed in the kitchen or other work requiring the use of machinery should be subject to compliance testing.
- 8.63 The current ad hoc arrangements to provide one-to-one debt counselling should be strengthened and properly funded to meet the needs of prisoners.
- 8.64 Savings generated from the lack of prison visits should be redirected into the provision of services, in particular aimed at foreign national prisoners, to help prisoners maintain links with their children and families.

Good practice

- 8.65 *The dedicated alcohol worker offered a good range of treatment options for prisoners with alcohol-related problems, especially when offending was alcohol related.*
- 8.66 *Prisoners were able to open a bank account at any time during the two years before release.*

Section 9: Recommendations, housekeeping points and good practice

The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

Main recommendation

To the Chief Executive of NOMS

- 9.1 The OLASS and, in the future, NOMS should fully fund learning and skills work with prisoners, regardless of their nationality or country of release. (HP43)

Main recommendation

To the Director General

- 9.2 National Prison Service documents should be made available to all establishments holding prisoners with poor or no use of English. (HP45)

Main recommendations

To the Governor

- 9.3 There should be a formal personal officer scheme, setting out roles and responsibilities. (HP40)
- 9.4 The safer custody strategy should be reviewed to ensure that it recognises risks to prisoners and sets out procedures to help to reduce the risk of self-harm. The strategy should be sufficiently robust to assist any prisoner who is actively self-harming. (HP41)
- 9.5 An assessment should be made of the type and level of physical disability that can reasonably be managed, and the prison's selection criteria changed to reflect this. (HP42)
- 9.6 The prison should develop clear learning and skills targets for foreign national prisoners and those serving longer sentences. (HP44)
- 9.7 The local reducing reoffending strategy should be fully reviewed and updated, taking into account a local needs analysis. (HP46)
- 9.8 The backlog of outstanding OASys assessments should be cleared. (HP47)

Recommendations

To the Chief Executive of NOMS

Offender management and planning

- 9.9 Prisoners should be transferred to training establishments where appropriate interventions are available in order for them to complete identified sentence planning targets. (8.24)
- 9.10 Prisoners identified as requiring interventions not delivered at an establishment should be able to transfer to another establishment quickly in order to undertake the relevant intervention. (8.25)

- 9.11 Prisoners sentenced to more than 12 months should have an OASys assessment done before transfer to a training prison. (8.26)

Recommendations

To the Governor

Courts, escorts and transfers

- 9.12 Graffiti in cubicles in the contractor's vehicles should be recorded and removed. (1.7)

First days in custody

- 9.13 Managers should explore why both black and minority ethnic and foreign national prisoners felt that they were not treated as well as white prisoners throughout the reception process. (1.21)
- 9.14 Staff should not give the cell-sharing risk assessment to the Insider to pass on to induction staff. (1.22)
- 9.15 New receptions should be offered either a smokers' pack or basic items from the canteen list. (1.23)
- 9.16 If the establishment continues to accommodate mobility impaired prisoners, reception should have adequate disabled access. (1.24)
- 9.17 Cells allocated to newly arrived prisoners should be redecorated and clean. Information should be placed on the walls. (1.25)
- 9.18 Staff should wear identification badges. (1.26)
- 9.19 Prisoners should be able to start their induction on the first working day after arrival. (1.27)
- 9.20 Induction staff should be trained in how to identify prisoners with mental health needs. (1.28)

Residential units

- 9.21 Rooms designed for one prisoner should not be used to accommodate two prisoners. (2.17)
- 9.22 Showers and communal toilets throughout the residential area should be renewed and appropriate provision made for the cultural diversity represented in the establishment. (2.18)
- 9.23 Prisoners should be allowed to wear their own t-shirts, linked to the IEP scheme. (2.19)
- 9.24 The dormitory accommodation on D wing should be replaced by suitable single cell accommodation. (2.20)
- 9.25 A system should be drawn up to enable all staff to be able to identify prisoners with disabilities who might need additional assistance – for example, in fire evacuation situations. (2.21)

Bullying and violence reduction

- 9.26 The establishment's violence reduction strategy should be thoroughly overhauled and take account of the surveyed views of prisoners. (3.10)
- 9.27 The safer custody coordinator should have a job description and should not be redeployed. (3.11)
- 9.28 The violence reduction meeting should be managed robustly to ensure full attendance. Information provided at this meeting should be scrutinised to establish how prisoners' lives can be made safer. (3.12)
- 9.29 Staff should be given violence reduction training and be made familiar with the use of bullying documentation, and there should be daily management checks and observations. Victims of bullying should have an equivalent document opened to ensure their support and staff awareness. (3.13)
- 9.30 Interventions to support victims, and courses to encourage bullies to address their behaviour, should be introduced. (3.14)
- 9.31 There should be a channel for families to communicate their concerns to the safer custody coordinator. Families should contribute to the safer custody strategy. (3.15)
- 9.32 F213 forms should be submitted on all occasions when a prisoner has been injured. This should be submitted immediately after the incident. (3.16)

Self-harm and suicide

- 9.33 Management quality checks should be more robust, to ensure that ACCT documents have been completed correctly and that improvements are introduced where necessary. (3.23)
- 9.34 Quarterly meetings should analyse ACCT information for trends and introduce an action plan to address the findings. A member of the local mental health team should be invited to these meetings, and all wings should be represented. (3.24)
- 9.35 The safer custody coordinator should monitor why some ACCT documents are closed after a very short time. (3.25)
- 9.36 There should be a system to ensure that the self-harm grab packs are replenished and that the equipment they contain is in date. (3.26)

Diversity

- 9.37 A diversity policy should be developed that meets the needs of anti-discrimination legislation and outlines how the needs of minority prisoner groups will be met. (3.31)

Race equality

- 9.38 The negative perceptions of black and minority ethnic prisoners should be investigated, with the aim of ensuring positive outcomes. (3.40)

- 9.39 All staff should receive diversity training and this should be kept up to date. (3.41)
- 9.40 Implementation of the race equality impact assessments should include regular and effective feedback to prisoners to increase their confidence in the process. (3.42)
- 9.41 The REO should attend the required investigation training. (3.43)

Foreign national prisoners

- 9.42 Prisoners should have access to accredited translation and interpreting services whenever there are issues of accuracy and/or confidentiality. (3.52)
- 9.43 National Prison Service documents should be translated into a range of languages and made available to all establishments holding prisoners with poor or no use of English. (3.53)
- 9.44 The role and contribution of foreign national prisoner representatives and prisoner translators should be reviewed to ensure that they receive appropriate support and recognition for their work. (3.54)

Contact with the outside world

- 9.45 The cost of telephone calls for foreign national prisoners should be addressed. (3.59)

Applications and complaints

- 9.46 The race equality action team should monitor complaints received to ensure that there are no intended or unintended adverse impacts on any prisoner groups. (3.68)
- 9.47 The quality of responses to complaints should be maintained by a monthly management check of a random sample. (3.69)

Substance use

- 9.48 Security information reports and drug dog indications relating to prisoner drug use should be scrutinised more rigorously to maintain the credibility of the suspicion testing process. (3.84)
- 9.49 A closed visit for a visitor receiving an indication from a drugs dog should only occur where there is corroborating evidence. (3.85)

Health services

- 9.50 A sufficient number of escort staff should be provided to enable prisoners to attend external hospital appointments. (4.48)
- 9.51 The health services department should be represented on the SMT by a senior health professional. (4.49)
- 9.52 There should be a prison officer present at all medication times to provide supervision for prisoners collecting medication, thus ensuring the safety of staff. (4.50)

- 9.53 The primary and secondary mental health teams should formalise arrangements to hold regular multidisciplinary meetings to review patients and working practices. (4.51)
- 9.54 The PCT should review the counselling services to ensure that patients benefit from a holistic service which includes joint working from all those involved in the care of the mentally ill. (4.52)
- 9.55 The location and composition of emergency equipment should be reviewed to ensure that health services staff respond rapidly and effectively to emergency calls. (4.53)
- 9.56 More health promotion and educational material should be available in other languages. (4.54)
- 9.57 The PCT should be asked to provide increased input to the health promotion programme. (4.55)
- 9.58 Triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners. (4.56)
- 9.59 The dispensary should be completely refurbished with appropriate pharmaceutical storage facilities. (4.57)
- 9.60 A telephone should be provided in the dispensary and the psychiatrist's office. (4.58)
- 9.61 Extra dental sessions should be commissioned to reduce the waiting list. (4.59)
- 9.62 Oxygen should be available in the dental surgery when patients are receiving treatment. (4.60)
- 9.63 Nursing staff should ensure that when part of a prescription is given from stock, this is made clear on the prescription, and the amount requested from the pharmacy is correspondingly altered. (4.61)
- 9.64 Patient group directions should be present in the pharmacy, and read and signed by all relevant staff. (4.62)
- 9.65 The drug and therapeutic committee should meet at least four times a year; meetings should be meaningful, with all stakeholders attending (including representation from the medical staff). (4.63)
- 9.66 Patient confidentiality should be reviewed and a marked area and privacy hood installed when prisoners collect medication. (4.64)
- 9.67 A written special sick (homely remedies) policy should be in place. (4.65)

Learning and skills and work activities

- 9.68 Arrangements for the initial assessment of prisoners' literacy, numeracy and language needs should be improved. (5.19)
- 9.69 Language support should be improved to meet the needs of those in training and work areas. (5.20)
- 9.70 There should be an effective management information system to monitor participation, attendance, progression and success rates fully, in order to aid decision making and planning. (5.21)

- 9.71 There should be greater emphasis on sentence planning targets in the initial and subsequent allocation of work, education and regime activities, and offender management unit staff should attend the activities allocation board. (5.22)
- 9.72 The ongoing pay review should be completed, and a published pay policy should be produced that recognises productivity, accreditation and achievement. (5.23)
- 9.73 There should be improved technology support for those following distance learning opportunities. (5.24)

Physical education and health promotion

- 9.74 The ventilation systems in the gymnasium should be improved, especially for the cardiovascular training areas on the mezzanine floor. (5.29)
- 9.75 A training programme should be established for weightlifting and for cardiovascular work. (5.30)
- 9.76 There should be sufficient functioning cardiovascular exercise equipment. (5.31)

Faith and religious activity

- 9.77 Managers should seek whatever help is required to ensure the early appointment of a Muslim chaplain. (5.38)
- 9.78 Chaplains should routinely be invited to make contributions to the sentence planning process so that they are consulted about the prisoners they are involved with. (5.39)
- 9.79 The chaplaincy team should have adequate office and private interview space to fulfil its tasks. (5.40)

Security and rules

- 9.80 The staffing profile should ensure that target searches can be routinely and promptly completed. (6.14)
- 9.81 Managers should ensure that rules are applied openly, fairly and consistently, with no discrimination and are published to prisoners. (6.15)
- 9.82 The process of recategorisation to category D should be reviewed to improve: the level of engagement with the prisoner; links with sentence planning; and coordination with the foreign national unit and the BIA. (6.16)

Discipline

- 9.83 The use of the unfurnished cell should be regulated by special cell procedures including appropriate certification. (6.29)
- 9.84 Adjudication punishments should be proportionate to the offence committed. (6.30)

- 9.85 Information regarding the process of adjudications should be translated into a range of foreign languages and held in the segregation unit. (6.31)
- 9.86 Action points arising from the quarterly adjudication meetings should be followed up and the outcomes monitored. (6.32)

Incentives and earned privileges

- 9.87 There should be additional differentiations between the standard and enhanced levels of the IEP scheme. (6.39)

Catering

- 9.88 Meals made from fresh meat should include non-halal options. (7.8)
- 9.89 Separate cooking and serving utensils for halal food should be used in the kitchen. (7.9)
- 9.90 The prison should ensure that halal utensils on wing serveries are used appropriately and that halal trays are washed separately. (7.10)
- 9.91 Lunch should not be served before noon and dinner not before 5pm. (7.11)
- 9.92 The introduction of the new NVQs should allow prisoners, where appropriate, to continue to work in the kitchen beyond the completion of their training. (7.12)

Strategic management of resettlement

- 9.93 Management responsibilities set out for the different resettlement strands should be clarified in order to develop a more coordinated approach to delivering resettlement services. (8.6)

Offender management and planning

- 9.94 Prisoners should be allocated offender supervisors during induction, who should be involved in initial assessments, which should then feed into initial sentence plans. (8.21)
- 9.95 The establishment should ensure that sentence plans have a much greater impact on a prisoner's custodial experience. (8.22)
- 9.96 Sentence planning boards should be multidisciplinary, with contributors from all relevant departments. (8.23)
- 9.97 Community-based offender managers should play a greater role in influencing offenders' sentences during the custodial element of the sentence. (8.27)
- 9.98 Lifer meetings should be reintroduced. (8.28)

Resettlement pathways

- 9.99 The proportion of work and activity opportunities that provide a suitable training and learning environment to prepare prisoners for work after release should be increased. (8.54)

- 9.100 A pre-release resettlement course should be developed and run during the last eight weeks before release. This should be targeted to meet the needs of both British and foreign national prisoners. (8.55)
- 9.101 The drug strategy document should include annual developmental targets and objectives. (8.56)
- 9.102 A comprehensive needs analysis of the prison's population should be carried out annually to inform service development and ensure that appropriate levels of CARAT provision are available. (8.57)
- 9.103 The CARAT team should develop an effective means of prioritising cases to ensure the most effective use of resources. (8.58)
- 9.104 Further resources should be made available to support the present alcohol strategy and ensure co-facilitated group work. (8.59)
- 9.105 A clear distinction should be made between voluntary drug testing and compliance testing compacts. (8.60)
- 9.106 Participants in VDT should not be subject to full searches unless security information indicates otherwise. (8.61)
- 9.107 Prisoners employed in the kitchen or other work requiring the use of machinery should be subject to compliance testing. (8.62)
- 9.108 The current ad hoc arrangements to provide one-to-one debt counselling should be strengthened and properly funded to meet the needs of prisoners. (8.63)
- 9.109 Savings generated from the lack of prison visits should be redirected into the provision of services, in particular aimed at foreign national prisoners, to help prisoners maintain links with their children and families. (8.64)

Housekeeping points

Residential units

- 9.110 The offensive displays policy should be consistently applied across the establishment. (2.22)
- 9.111 The rules about wearing tops in the grounds should be clarified and applied consistently. (2.23)

Foreign national prisoners

- 9.112 The use of telephone translation services by different departments within the prison should be routinely monitored. (3.55)

Applications and complaints

- 9.113 A system to track applications sent to other departments for a response should be introduced, and agreed timescales met. (3.70)

Health services

- 9.114 Old reference books should be discarded, and only the most recent copy should be kept, to ensure that all information used is up to date. (4.66)
- 9.115 F213 forms should include the date and time of when it is received by the health services department. (4.67)
- 9.116 Patient information leaflets should be supplied wherever possible, and a notice should be displayed to advise patients of the availability of leaflets. (4.68)
- 9.117 Any prescriptions issued should be retained for a period of two years from the date of issue. (4.69)
- 9.118 The health information leaflet distributed during reception assessments should be updated and available in other languages. (4.70)

Faith and religious activity

- 9.119 The prison shop should provide incense sticks of an adequate quality and price to satisfy the requirements of Buddhist prisoners. (5.41)

Catering

- 9.120 Food comments books should always be available on serveries during meal times. (7.13)

Examples of good practice

Courts, escorts and transfers

- 9.121 A safety CD was played prior to commencing escort. (1.8)

Health services

- 9.122 There was a named nurse responsible for the care of older patients (4.71).

Resettlement pathways

- 9.123 The dedicated alcohol worker offered a good range of treatment options for prisoners with alcohol-related problems, especially when offending was alcohol related. (8.65)
- 9.124 Prisoners were able to open a bank account at any time during the two years before release. (8.66)

Appendix I: Inspection team

Anne Owers	Chief Inspector of Prisons
Francis Masserick	Team leader
Gail Hunt	Inspector
John Simpson	Inspector
Keith McInnis	Inspector
Jonathan French	Inspector
Sean Sullivan	Inspector
Bridget McEvilly	Healthcare inspector
Simon Denton	Pharmacy inspector
John Reynolds	Dental inspector
Julia Fossi	Senior researcher
Samantha Booth	Researcher
Helen Meckiffe	Research trainee
Lisa Cox	HMI Probation inspector

Appendix II: Prison population profile

Population breakdown by:

(i) Status	Number of prisoners	%
Sentenced	587	99.8
Convicted but unsentenced	0	
Remand	0	
Civil prisoners	0	
Detainees (single power status)	1	
Detainees (dual power status)	0	0.2
Total	588	100

(ii) Sentence	Number of sentenced prisoners	%
Less than 6 months	45	7.7
6 months to less than 12 months	0	
12 months to less than 2 years	7	1.2
2 years to less than 4 years	22	3.7
4 years to less than 10 years	423	72.1
10 years and over (not life)	33	5.6
Life	57	9.7
Total	587	100

(iii) Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	%	Number	%
Less than 1 month	Not available			
1 month to 3 months	Not available			
3 months to 6 months	Not available			
6 months to 1 year	Not available			
1 year to 2 years	Not available			
2 years to 4 years	Not available			
4 years or more	Not available			
Total				

(iv) Main offence	Number of prisoners	%
Violence against the person	86	14.7
Sexual offences	2	0.3
Burglary	29	4.9
Robbery	27	4.6
Theft and handling	5	0.9
Fraud and forgery	8	1.4
Drugs offences	354	60.3
Other offences	23	3.9
Civil offences	0	
Offence not recorded/Holding warrant	53	9.0
Total	587	100

(v) Age	Number of prisoners	%
21 years to 29 years	69	11.7
30 years to 39 years	231	39.3
40 years to 49 years	177	30.1
50 years to 59 years	75	12.8
60 years to 69 years	33	5.6
70 plus years	3	0.5
Please state maximum age	75	
Total	588	100

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison	Not available	
Between 50 and 100 miles of the prison	Not available	
Over 100 miles from the prison	Not available	
Overseas	Not available	
NFA	Not available	
Total		

(vii) Nationality	Number of prisoners	%
British	205	34.9
Foreign nationals	383	65.1
Total	588	100

(viii) Ethnicity	Number of prisoners	%
<i>White</i>		
British	150	25.6
Irish		
Other White	106	18.1
<i>Mixed</i>		
White and Black Caribbean	7	1.2
White and Black African		
White and Asian	2	0.3
Other Mixed	2	0.3
<i>Asian or Asian British</i>		
Indian	7	1.2
Pakistani	4	0.7
Bangladeshi	3	0.5
Other Asian	18	3.0
<i>Black or Black British</i>		
Caribbean	69	11.7
African	185	31.5
Other Black	33	5.6
<i>Chinese or other ethnic group</i>		
Chinese		
Other ethnic group	2	0.3
Total	588	100

(ix) Religion	Number of prisoners	%
Baptist	4	0.7
Church of England	161	27.4
Roman Catholic	126	21.4
Other Christian denominations	48	8.2
Muslim	83	14.1
Sikh	5	0.9
Hindu	3	0.5
Buddhist	15	2.5
Jewish	2	0.3
Other	50	8.5
No religion	91	15.5
Total	588	100

Appendix III: Summary of prisoner questionnaires

Prisoner survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence base for the inspection.

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 11 July 2007, the prisoner population at HMP The Verne was 593. The baseline sample size was 129. Overall, this represented 22% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a local inmate database system (LIDS) prisoner population printout using a stratified systematic sampling method. This basically means that every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Two respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, two respondents were interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 119 respondents completed and returned their questionnaires. This represented 20% of the prison population. The response rate was 92%. In addition to the two respondents who refused to complete a questionnaire, eight questionnaires were not returned or returned blank.

Comparisons

The following document details the results from the survey. All missing responses were excluded from the analysis. All data from each establishment were weighted, in order to mimic a consistent percentage sampled in each establishment. Presented alongside the results from this survey, are the comparator figures for all prisoners surveyed in category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 30 category C trainer prisons since April 2003.

In addition, a further comparative document is attached. Statistically significant differences between the responses of white prisoners and those from a black and minority ethnic group are shown, alongside statistically significant differences between those who are British national and those who are foreign national prisoners.

In all of the above documents, statistical significance merely indicates whether there is a real difference between the figures – that is, the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading.