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INDEPENDENT MONITORING BOARD

HM PRISON DORCHESTER

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ANNUAL REPORT

Reporting Period

September 2009 – October 2010

'Monitoring Fairness and Respect for People in Custody'

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Section 2

STATUTORY ROLE OF THE IMB

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

The Board is specifically charged to:

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

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

Diversity Statement – HMP Dorchester IMB

The Independent Monitoring Board at HMP Dorchester is committed to a fully inclusive approach to Diversity, which encompasses and promotes greater interactions and understanding. Whilst carrying out its duties are fully aware of the diverse needs and perspectives within the prison population. The IMB values this same approach and understanding within its recruitment and Board development practices.

Section 3

DESCRIPTION OF THE PRISON

Dorchester is a small Victorian Local Category B Remand Prison built around 1880 located in the centre of Dorchester in the South West region. HMP Dorchester serves the courts covering Dorset and South Somerset. Holding adult male prisoners up to Category B, convicted and remand prisoners, including vulnerable prisoners and some young adults aged 18 – 21. Foreign Nationals held towards the end of their sentences and detainees awaiting transfer to Immigration Centres.

Operational capacity is 260 with a Certified Normal Accommodation of 147.

- Risk assessments require that at times a high number are held in single cells
- Many prisoners request cell sharing. Following risk assessments some prisoners need to share cells due to their vulnerability on ACCT
- The transient annual prison population is approximately 1900 with an average stay of 6 to 8 weeks
- The prison population mix is 43% remand individuals and 57% convicted prisoners

Therefore this prison is a very busy, hectic environment requiring a high level of labour intensive support to enable the service to meet the clerical 'paper-work' required.

Each prisoner requires a high level of officer support for prisoners presenting with demanding and complex needs, as many arrive direct from the courts.

Residential Units:

A Wing	Convicted and un-convicted adults and young adults (YOs)
A4 landing	Drug treatment/detoxification unit
B landing	Convicted and un-convicted adults and young adults (YOs)
C Wing	Inducting Wing / First Night Centre
D Wing	Vulnerable Prisoner Unit
D2 landing	Segregation Unit
Health Care	11 in-patient beds with 24/7 nursing cover, accommodates HMP Dorchester prisoners and prisoners transferred from The Primary Care Trust (PCT) area cluster prisons

Section 4

Changes since last reporting period:

As there are so many since the last report and to avoid repetition these have been included in the Executive Summary and in the general report.

EXECUTIVE SUMMARY

There has been a delay during the final month of this report's preparation as the Prison has seen rapid changes being implemented. These include the very recent re-organisation of the Governance of HMP Dorchester. With the need to action updated amendments to reflect an accurate portrayal of the current situation at HMP Dorchester. We believe this is an up to date (01.12.10) accurate portrayal of the current situation together with its impact upon the regime.

1. The year under review has seen substantial changes at HMP Dorchester as a result of efficiency savings and changes to organization and working practice. With more cuts to come as a result of the Justice Ministry budgetary reductions, we anticipate a further increased work-load for the prison's IMB and a heightened need for vigilance as members carry out their statutory monitoring role.
2. This reporting year has seen changes not only in the staffing level of senior management but all areas of the prison where there have been significant shifts in a very short period of time, in particular from January 2010 to the end of the reporting period.
3. A major change in the command structure has seen Dorchester twinned with the Young Offenders Institution at Portland from December 1 2010, with the Portland Governor placed in overall control of the two establishments. A joint feasibility team is exploring the options for improving the work at Portland and Dorchester and is expecting to learn from the experience of similar arrangements elsewhere in the service.

The move follows the retirement of the Dorchester Governor after two years in post and the transfer of the previous Deputy to another establishment.

The recently appointed Dorchester Deputy becomes on-site Governor in Charge until at least April 2011. The need for staff to adjust to new personalities and working styles is mitigated by the fact that the Governor of Portland is a previous Dorchester Governor and therefore familiar with the prison and many of the people working there.

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4. A key element of the work of this and other IMB Boards is the series of regular unannounced visits which enable us to make first-hand observations of prison life. In our view the existing changes, and the prospect of more to come, increases the relevance of our role as an informed body acting as the eyes and ears of a humane society. *It is hoped that the Minister will 'listen' to the following observations and recommendations of this informed body.*
5. The Workforce Modernization program and the introduction of the new PNOMIS and N.Vision computer recording system has impacted on both staff and prisoners time. The very tight three-month schedule for training and implementation has inevitably caused some problems as the system comes into day-to-day use and impacted on out of cell time for prisoners.
6. The IMB has observed and noted the good will of the operational staff and their flexible and professional approach to these changes, both individually and collectively. It was clear to us that the good prisoner-staff relationship is being maintained under considerable pressure and this continues, enabling the retention of a safe environment for prisoners, staff and visitors at HMP Dorchester. This key element in the approach and ethos at the prison is to be commended.
7. In our view the prisoner time out of cell is inadequate, as is the level of purposeful activity. These circumstances make it more difficult for prisoners to be effectively helped to address offending behavior or be motivated to improve their post-release lifestyle. While we accept that a Category B Local Prison ideally retains prisoners for an average of six to eight weeks before they are moved on to other establishments with better training and education facilities, a number stay on at Dorchester for significantly longer than this.
8. The intended short period of stay should not, therefore, be regarded as a valid reason for accepting the status quo or retrograde decisions. A case in point is the axing for financial reasons of the proven effective Short Duration Program courses which carried out proactive and challenging work guiding prisoners towards taking responsibility for their own actions.
9. We are concerned that this is an example of a trend that could see HMP Dorchester becoming little more than a short-term holding centre, a process which would be de-motivating for all. Even under the present system, work facilities are limited. Prisoners regularly tell the IMB that they are keen to do meaningful work. They should be encouraged to do so.
10. We note an increase in the level of illegal drugs introduced to the prison despite the considerable efforts of Security to combat this. The root of the problem continues to be drugs brought in by visitors, newly arrived prisoners and the proximity of the perimeter walls to the town centre. The increase has been accompanied by an inevitable increase in bullying and other discipline problems which the operational staff are increasingly ever vigilant.

Section 5

The impact of changes on the prison this reporting year:

1. **The loss of the Principal Officer rank** - a key experienced team leader role - as a result of the Workforce Modernization Program is, in our view, still creating some operational difficulties.
2. **Time Out of Cell** Prisoners' out-of-cell time has been restricted to allow for prison staff training and staff meetings which have also led to an increase in lock-downs.
3. **Short Duration Program** demise, we reiterate our regret at the loss of the Short Duration drug rehabilitation courses, which received a gold award for their work.
4. **I.D.T.S** There has been an increase in the numbers being admitted to the Integrated Drug Treatment System (IDTS) program without the staffing levels to manage this. In our view this has put both prisoners and staff at risk at times.
Ref PCT
5. **The Foreign Nationals Co-coordinator** left earlier this year when his contract was not renewed as an economy measure. His considerable workload has been absorbed by the Diversity Manager who was already over-stretched.
6. **The Health Care service** is at present provided by Prison Health Dorset Community Health Services (PCT). The individual staff members and the team collectively, provide a good service to a very vulnerable patient group. However, there is strong evidence, as raised in our 2008-2009 report, that they have not received the level of support required professionally either from their line manager or the Primary Care Trust. There appears to be a lack of meaningful communication. Support has continued to come directly from the prison personnel, which is good. But overall the situation is not satisfactory. There continues to be a high level of use of bank staff who have little or no experience of nursing practices within a prison environment. **Ref PCT and NHS**
7. **Health care new-build:** It is disappointing that plans for the new Health Care building have been put on hold for the fourth year running, despite regular planning meetings with the designated contractors and the approach of an agreed date for the start of work. **Ref PCT and NOMS**

- 8. Reducing Health Care provision:** It now appears probable that the prison's 24-hour in-patient bed facility, which also operates on behalf of other prisons in the regional cluster, is to be terminated.

There is also a possibility that in the future there will be only day cover and nursing staff and prison personnel will have to rely on the community call-out system for assistance. It is our view that the risk being taken by the authorities in agreeing to this, however the message is packaged, increases the risk for non-trained prison staff and prisoners. Although we are informed that the Minister is supporting this approach we still do not regard it as acceptable.

It should be stressed that a Category B Local prison receives people straight from the courts. Many of them have had poor health-care access in their previous lifestyles and can arrive on a late afternoon or Friday evening with physical and/or mental health needs. It requires little imagination to consider the complications and dangers of losing 24-hour cover.

NHS Equivalence Service These are considerations which should not be secondary to issues of cost. One cannot quote like-for-like service in the community as there is no comparison of need per head of prison population. Can the authorities afford to take the risk? **Ref PCT/ NOMS/ Justice Minister.**

Section 6

PARTICULAR ISSUES REQUIRING A RESPONSE:

Policy matters, on which a reply is sought from the Minister

1. There is a perception that the external management leads (NOMS) may lack a recognition or acceptance that in this Cat B Local prison with the high numbers of transient prisoner population, the paperwork with its time constraints has a busy work-load. The increase in the need for using monitoring tools with the time required for the administration has a great impact upon the actual residency work.
2. Concerns that this prison will be accepted purely as a holding prison based upon the concept that the average stay being six to eight weeks, there are more and more prisoners staying many months for various reasons. All the good intervention work and programs developed with front line staff has already seen a reduction for financial reasons, this not only de-motivates staff and prisoner alike. **One would ask is it meeting the Ministry of Justice's objective for a focus that prisoners are made to address offending behavior?**

Ref: Executive Summary Sect 4.3 Short Duration program

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3 The IMB accepts totally the need for a high focus on public safety and security, there is a risk if this lurch towards greater control at the expense of the reducing re-offending agenda the prison service will be taking a step backwards to the days when officers were only seen as key turning warders.

Time Out of Cell:

4. The benchmark for this prison is 5.5 hours out of cell and an average of 15 hours per prisoner weekly for purposeful activity. The IMB believe that this benchmark is not acceptable as many prisoners do not reach this average for purposeful activity. It is evident that this is insufficient for officers and other personnel to work with prisoners to address offending behaviour issues and the ability to promote any prisoner motivation for a work ethic ethos. Many prisoners' in conversation with the IMB ask or request they would like to work.

5. The rapid changes driven by the Government in the need to save money delivered by NOMS have put great pressure on an already stretched personnel, this reduces time to actively pursue the more proactive 'role of the prison officer' developed well over the last few years, therefore there could be an unsettling and de-motivated workforce for the future.

6. The changes again of the senior management of Governor and Deputy Governor with a new management structure requires hard work to develop strong leadership teams within the workforce, this will be equally challenging with the envisaged financial constraints announced.

7. The loss of the Principle Officer role is evident that this has affected the team approach, clarity of communication leads and the operational experienced officers lead in the training of new and inexperienced officers. The demise of this 'investment in people' can take years to recoup.

Conclusion:

The recent information of the budget cut for next year approx £50,000 on top of the cuts already made and then NOMS executive management committee have stated it will be a 3% cut for 2012/13 and a 2% for the following two years.

As an informed body the IMB questions what areas further cuts could be made that will not have a direct affect upon the prison service's 'duty of care' / prisoner purposeful activity, time out of cell, and the re-offending agenda?

If we are to accept (which we do commend) the Minister of Justice's view that prisons should be focusing on the re-offending cycle of prisoners, the prison requires the staffing levels and program's to be effective.

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There must be a limit to the expectation that there is a need for further financial cuts which impacts on front line engagement, in our view this is too much to impose on the prison now or in the future.

A realistic approach should be considered to enable the residency work; action to addressing offending behavior programs with sufficient time-out of cell for purposeful activity should be paramount.

It is accepted that at a management level efficiency savings are continually being reviewed, but the impact upon the actual work with prisoners should not be ALLOWED TO BE ERODED!

Section 7

Response/Reply - requested from the Minister, NOMS/ Prison Service, PCT/NHS and the Health Care Provider:

Health Care Provision - As a Cat B Local prison that receives individuals direct from court who may never have accessed the NHS services. There are a high number presenting with a complicated level of health care needs both chronic and acute illnesses

The reasons for our concerns are:

1. If there is a move to a cessation of night time clinical nursing personnel, with only a day-time service, with a reliance as in the community 'on call-out of hours service' to facilitate the prison health care support. The PCT quote that they will provide an 'equivalent service as in the community' this not in our view a realistically valid reason to cease night time cover in this prison. The following points are raised below. (The Governor is hopeful this night time service will continue to be provided with the retention of clinical nursing cover.)
2. The increase in the number of the prisoners presenting on entry to the establishment requiring the IDTS program arriving from court late evenings. Friday evenings and Week-ends there would be an expectation the prison service would rely on the out of hour on call service. **This would cause concerns.**
3. There has been evidence in the past that the on-call doctors when called advise the prison staff to be send the prisoner to A& E, which requires escorts and transport. There is no reason to expect this approach to change if more calls are actioned. The ambulance service has difficulty in providing an ambulance large enough to take a prisoner with two escorts. It is unclear if this is an operational or cost issue. There are time constraints of getting into a prison at night.

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4. Other concerns expressed are that the night prison staff who are not clinically trained or able to administer basic pain relief medication (i.e. toothache) and it is noted that prisoners in HMP Dorchester cannot self medicate.
5. Not all-night staff are adequately trained to an appropriate level of First Aid increasing the pressure and risk upon prison night staff and the operational night orderly.
6. If this loss of night cover was implemented then we believe this may not have been thought through, if it has, then the prime objective being implemented for reduction of the financial costs again. The government recently gave an indication that NHS budgets wouldn't see financial reductions, ring fencing many NHS services, this should equally be applied for the prison health service. **Therefore, are the Government/NOMS / Prison Service/NHS/PCT/The Health Care provider prepared to take this RISK of ceasing to provide a night time in-service?**
7. The agreed new build health care unit now put on hold again, leaves both the N H S staff, **Prison staff and Prisoners continue to be accommodated in a 'not fit for purpose' environment, which as a facility would be unacceptable in the community!**

Section 8

AREAS THAT MUST BE REPORTED ON

Diversity

1. The small Diversity team at HMP Dorchester carries out its work with professionalism and sensitivity. In the past year Dorchester has consistently been the best-performing establishment in the South West for prisoner KPT figures with results in the high 80s against a target figure of 70.
2. The ethnic mix of prisoners is overwhelmingly white British (85%). The most recent available figures showed the break-down of the remaining 15% as:- 5.1% black or black British, 2.6% Asian or Asian British, 1.3% mixed, 2.1% white Irish or white other, 2.1% Chinese or other ethnic groups and 1.8% not stated .
3. An area of concern to the Board has been the departure in March of the Foreign Nationals Co-coordinator, whose contract was not renewed as an economy measure. His work has been added to the already heavy remit of the Diversity Manager and although some fringe diversity areas have been delegated, the responsibility for foreign nationals remains with the Diversity Manager who is, in our opinion, overstretched.

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4. As a Category B local establishment Dorchester has a high prisoner turnover and this is also reflected in the turn-around of foreign national inmates. As an indication of the complexity of managing foreign nationals and the volume of work involved, the cross-section at one point this summer included:

Bangladeshis	3	Uzbek	1
Brazilian	1	Vietnamese	5
Egyptian	1	Zimbabweans	2
Gambian	1	Portuguese	1
Indian	2	Nigerian	1
Lithuanian	1	Polish	1

- 5 There has latterly been difficulty in obtaining lawyers to handle cases of foreign nationals. There are no local specialists in immigration matters, the nearest being in Exeter and Bristol. We are informed that it is more difficult to obtain a solicitor for Foreign Nationals due to the change in the legal aid system and lawyers are no longer able to claim travel expenses.
- 6 In common with other establishments the Diversity remit has this year also expanded beyond race equality to include age, sexuality, transgender and disability
- 7 The re-named Diversity and Race Equality Action Team meets six times a year and is chaired by either the Governor or his Deputy. The DREAT team currently has 15 members and includes all functional heads and three community representatives - one from CARATs, one magistrate and one from the voluntary sector. The IMB also attends in an observer capacity. An average of two prisoner representatives attend meetings and are encouraged to speak freely. In addition, minutes of the meetings are available to prisoners in the library or on application to the Race Equality Officer.
- 8 The most recent HMIP report on HMP Dorchester assessed race relations in the prison as good and this Board agrees with that. The vast majority of logged racist incidents involve allegations of assault or bullying. It is a measure of their relatively minor nature - and of the good relations in HMP Dorchester - that in the most recent 12-month reporting period all but one of the 29 incidents was resolved by simple inquiry. Only one progressed to formal investigation.
- 9 A number of successful cultural awareness events have been held in the prison (examples) and more are planned for the future. There are also continuing efforts at community engagement although results are inhibited by the low BME numbers in Dorset. However, there are useful contacts through the Southwest Dorset Multicultural Network and the Dorchester Islamic Centre. In addition, the appointment of a directly employed Imam has had a positive impact.

Section 9

Learning and Skills

1. The focus this year has been to develop those areas of weakness identified by the previous year's Ofsted.
2. The generally high standards recognised by Ofsted were reinforced when inspectors revisited HMP Dorchester to see the good practice in the teaching of literacy with regard to the excellent provision for differentiation to meet the needs of individuals.
3. Monthly meetings give the staff the opportunity to discuss progress and work on a critical pathway chart which uses a 'traffic light' system to highlight areas which have achieved targets (green), other areas that need some development (amber) and those that require a strong focus (red). In addition, meetings examine the local employment situation using figures researched by Tribal. These show job trends and seasonal impact in order to prepare prisoners for work after release.
4. A prisoner survey has shown that the main motivation for course attendance is the opportunity to gain qualifications. Dorchester is an establishment where prisoners are held for short periods and due to national changes it has become more difficult to provide accredited courses in the limited time often available. Dorchester has addressed this difficulty and where accreditation cannot be given due to time constraints, a certificate for recognition and award for part-time achievement (RAPA) can be awarded if targets are met. This has been recognised by HMIP as a robust system.
5. An induction programme is in place to assess a prisoner's requirements and ensure that he can continue to work and achieve at his own level or pace. This information goes with the prisoner to his next establishment enabling him to follow a longer course with as little interruption as possible. At present 62% of prisoners are on accredited courses in core provision. There are, in addition, one-day courses with recognised certification in such areas as manual handling.
6. No education takes place in any prison on Friday afternoons, when prisoners take part in association. There are no weekend courses at HMP Dorchester.
7. At present there are 62 work placements within the prison and due to the transient nature of the prisoner population these can be difficult to manage. This creates problems, in particular in the kitchen which is often understaffed during the wait for a prisoner to be replaced. It would be helpful if this replacement process could be streamlined as an appointment needs to be processed by several prison departments and delays are common.
8. Adjustment to pay scales for work and completed education has caused some dissatisfaction among prisoners but a review has produced a level of parity and prisoners now appear accepting of the status quo.

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9. An E.S.O.L. (English for speakers of other languages) class has been created, addressing a criticism made in the Ofsted inspection. In addition there is outreach provision for prisoners who cannot attend education classes due to disability or who cannot work in a group situation.
10. During the year Aug 1 2009 to July 31 2010 there were 10,300 contracted teaching hours. Of these 9,839 were actually taken up, with a loss of 461 hours. These were lost due to teacher illness, prison lockdown, administration, officer training and an open day.
11. The visiting area is now improved and a children's reading corner has been established with 'book sacks' on loan enabling fathers to interact with their children.
12. The library move enabled the vacated area on A4 to become 'The Hub'. Working in this area will be a newly appointed Partnership Manager whose role will be to help reduce reoffending using various strategies including introducing prisoners to their individual pathways through induction procedures and liaising with outside agencies. Prisoners will use the Hub's computers to access relevant web pages, meet up with members of staff to discuss their individual education plans and chat with representatives of outside agencies in a suitably calm environment
See Prison /Community -Partnership Projects Section 9.
13. Due to the demands of the vetting procedures there are no volunteers involved in Learning and Skills
14. The previous manager of Skills and Learning together with his staff, Tribal and the A4e course providers are giving a good level of service for prisoners. Following their last very good Ofsted report they have remained proactive in finding ways of improving their systems and are not afraid to self-assess and discuss shortfall. He and they should be commended.

Section 10

HMPs Prison/ Community Partnership Projects:

Gym

The gym continues to be well used with a good atmosphere and working relationship with staff. Although the changing/shower areas have been improved they are still too small for the numbers that use them.

The gym and its staff continue to provide a key element of normality and healthy exercise in the enclosed and confined community of HMP Dorchester. In the most recent recorded 12-month period the target of 29908 planned purposeful activity hours was exceeded, with a total of 30001. This is despite a loss of planned hours caused by loss of weekend PT for three months due partly to staff sickness. Hours were also lost as a result of the temporary transfer of a staff member to be Head of Learning and Skills.

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Gym attendance averaged 46.8% of the prison population. In addition to routine activities, sessions have been provided for prisoners in Healthcare, the Drug Treatment Wing, Segregation and the over 50s. Exercise referral is now established between the PE and Healthcare staffs.

The gym staff have worked hard to develop engagement between prisoners and outside community groups. The Dorchester Opportunity Group's two visits a year involving special needs children from five to seven - one for a Christmas Party. Special needs adults from the 'The Ridgeway Centre' at Weymouth visit once a month. Both sets of visits have proved rewarding for both the specially vetted prisoners involved, community volunteers the children and prison staff involved. .It is a very innovative rewarding project.

Community Partnership/Outreach

The Prison is developing a valuable partnership with the Prince's Trust to help qualify prisoners for employment in release. An expanding programme has seen the appointment by the Trust of an outreach worker to visit the establishment two days a week.

A further development is a link with the National Trust who are discussing the possibility of having Release on Licence prisoners undertake constructive voluntary work for the Trust once a week.

Yet another innovation is an agreement with Shelter to conduct fortnightly outreach visits to the prison to advise prisoners on tenancy and rent matters.

Common Assessment Framework (CAF) training sessions have seen more prison staff trained to take part in multi-agency assessments to protect children and other members of the public from sex offenders. The sessions are delivered by Dorset County Council.

Section 11

Health Care:

1. The Health care staff provide a good service to prisoners, the IMB have been made fully aware that at times there are serious staff shortages, many bank nurses are commissioned who do not have experience of the prison environment. There has been a constant lack of regular staff due to shortages, both long and short term sickness. Therefore, it has been difficult to develop and maintain a cemented team, and the experienced long term staff have consistently worked hard in carrying the responsibility and function to meet the every-day needs of a transient prison population. These staff had stayed on over duty time to meet the clinical/nursing needs of the service. IDTS teams have assisted with the Health Care unit although they have a very busy work-load for their service provision.

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2. Health Care personnel are informed by reception and attend all new arrivals to complete the Health Assessment within the time scale allocated. They also attend all prisoners transferred to segregation and the reviews. They work well with the prison personnel in carrying out these functions.
3. We are pleased to report that the Dental Health Service has now been provided with a long awaited well equipped facility. A Dentist with nurses visits weekly, and the waiting list is now being addressed, this has been a concern as many prisoners arrive with severe dental problems due to in many cases never visiting a dentist for years.
4. A specialist Hepatitis Nurse visits three times weekly.
5. The long awaited administrator is in post relieving much of the added burden that has existed for many months for the nursing staff, enabling them to have time to focus in the service provision.
6. The IMB welcome the newly appointed Lead Nurse Manager who met initially with the IMB to listen to concerns, we are assured that the nursing/clinical staff will be given the support, leadership, and communication needed for the teams to enable them to feel part of a team. We have been assured that the IMB will be invited to the regular unit meetings, as this enables the IMB to be aware of good practices and issues causing concerns, but to date this has not happened. The IMB are invited to attend the PCT and Prison Partnership/ Escort and bed-Watch meetings, if we are unable to attend all meetings we are kept informed via minutes.
7. The withdrawal of the in-patient health care beds and the possibility of reducing the health care in house provision to a day service, with the use of the on-call emergency call-out service causes concerns, this is covered in the Executive Summary

Section 12

IDTS (Integrated Drug Treatment System)

1. The increase in the prison population requiring intervention when admission is overwhelming this fluctuates between 50 – 80 prisoners when there is a population of 243 facility. Many prisoners express their feelings if they had this support out-side they may not be on the re-offending cycle. Along side this programme the IMB are informed there are regular reviews and assistance given for de-tox programmes.
2. This team is a very effective and dedicated team, working well and professionally across the multi-disciplinary teams and in the prison service, this has been lead by a very professional lead nurse supporting her team. They provide excellent support to prisoners not only in a dispensing role and in one to one engagement with very vulnerable individuals.

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3. The staff have unfortunately had unacceptable pressure at times during this the reporting period. This has been due to staff shortages, lack of admin support and an ever increasing work load providing a programme for from 50 -80 prisoners on the programme at any one time.
4. The IMB observation has again given genuine fears and concerns that the team have not been given regular clinical/nursing team support as is required of such a programme and team. The IDTS Dr who headed the team left during this period and no re-appointment of the post. This left the lead nurse taking a heavy responsibility for the programme some staff have stayed on duty on a regular basis over their duty hours, due to staff shortages and to assist in the Health Care Unit. Hopefully with the appointment of the Lead Nursing PCT Manager there will be an effective Line Management Support necessary.

Section 13

Mental Health

The Prison Mental Health In-Reach Team (PMHIRT):

1. Initial Healthcare assessments of prisoners arriving at HMP Dorchester continue to be carried out by the Healthcare teams and reception staff. They endeavour to identify any mental health issues but this is not always reliable as prisoners are reluctant to admit any mental health problems and admission files do not always accompany them on arrival.
2. The Prison Mental Health Inreach Team (PMHIT) is a secondary mental health care service. The team continues to be of support to both prisoners and prison discipline staff by offering advice, support and training. In particular, segregation staff support prisoners in their care and receive support from the PMHIT.
3. The prison population is currently receiving psychological support, which is an important improvement on last year when there was none. Between September 1 2009 and the end of March this year there were 17 referrals for psychological support. From September 2009 to June this year there were 94 referrals to the Mental Health Inreach ~Team and 359 patient contacts by the team members. During the reporting period October 2009 to June this year there were six transfers to NHS secure beds. Four prisoners waited up to two weeks to be transferred and two waited between five and eight weeks. Waiting times for transfers continue to improve slowly.

Section 14

Segregation :

1. Visits by the IMB to the Segregation unit is an integral part of the IMB role and statutory duties to observe transparency and treatment of individuals removed from normal location, when a prisoner is transferred from normal location to the segregation unit the IMB are informed.
2. If a prisoner is detained longer further regular reviews take place with the IMB being fully informed.
3. The Board have no concerns to date in regard of the application by the prison of the protocols and process within this unit.
4. This continues to be challenging area of the prison for staff to work in as prisoners can be difficult and disturbed and are often transferred to Dorchester from other establishments. The IMB wish to place on record their recognition of the sensitive and caring treatment received by prisoners in the Segregation Unit.
5. The IMB is kept informed when prisoners are transferred to the Segregation Unit and told when reviews are to be held. The duty IMB rota member will see and speak with all segregation prisoners, any of whom can request to speak with an IMB member in confidence with the same access as prisoners on normal location. Rota members check the case notes for each segregated prisoner on their visits.
6. One prisoner was transferred to and from HMP Dorchester on the 28-day protocol, under which particularly difficult prisoners were rotated every four weeks to a succession of prisons in the South West. This procedure was discontinued early this year and no prisoners have since been received under the protocol.

Reviews and Adjudications:

1. Reviews:

An initial 72 hours review takes place the IMB are kept informed and attend where possible. They see and speak to the prisoner either prior to or after a review if unable to attend. The IMB check case notes for each segregation prisoner on their regular visits to the Segregation Unit.

Reviews 72hrs/14day	IMB attendance GOOD reviews	IMB visits to SEG	Total Seg Reviews
Total 104 routine visits	70	72	95

2. Adjudications:

Adult adj 2008/2009	Adult adj 2009/2010	Outcome	Conclusion
254	186	-68	reduction
Young Offenders 2008/2009	Young Offenders 2009/2010		
48	20	-28	reduction
District Visiting Judge Adjudicator	Held 16 external adjudications	Certain awards can only be applied by the court	The Courts Representative is Judges Jurisdiction

3. Use of the Special Cell

This accommodation is used sparingly and only as a last resort when a prisoner is so disruptive that he cannot be managed elsewhere in the establishment. Five prisoners were placed in the special accommodation during the reporting period September 2009 to the end of August 2010. In addition, the special cell was used as a holding unit for one prisoner on two occasions while his segregation cell was specially cleaned following "dirty" protests. Three other prisoners were held in the special cell while their cells were cleaned and refurbished following damage and destruction.

The IMB are confident that all protocols for the use of the special cell were correctly followed and to date the Board has had no concerns.

Section 15

Offender Management Unit:

Safer Custody and Violence Reduction

- 1. Listeners:** As with last year, a lot of work has gone into providing Listeners at HMP Dorchester. Despite problems such as a high level of prisoner/candidate movement the situation is coming together well with six newly listeners which includes one YO. The turnover problem is being addressed by trying as far as possible to retain trained Listeners from being transferred out. Another useful facility is the continued use of the Care Suite for interviews. We are pleased to note there have recently 6 newly trained prison listeners which have been in operation for one month.

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2. It has been highlighted that some officers do not appear to understand exactly the way in which the Listener service operates 24/7. There have been instances of Listeners having to cut short a call/interview with undue abruptness due to the wing going into patrol state.
3. We would pay tribute to the Samaritans team for the considerable time and hard work they devote to training and the ongoing support of the Listener function. They frequently have to start again from scratch when prisoners are barred from continuing for various reasons or are released / relocated.
4. **Self harm:** Approximately 80 incidents occurred over the past year, averaging between six to seven each month. As with last year, the majority of incidents were, fortunately mainly superficial cuts or scratches to arms and other parts of the body. Most incidents were medically dealt with by the Health Care Centre with only two I considered serious enough to be referred to Dorset County Hospital in Dorchester. There are still a small number of prisoners committing multiple incidents of self harm and they are being carefully monitored.
5. **Violence Reduction:** The results of the Violence Reduction survey have now been published together with a pamphlet produced for all prisoners, which is being distributed to all cells. The survey confirms that prisoners generally felt very safe in HMP Dorchester. There are, however, a number of areas of concern such as the showers, stairways, the visits complex and the exercise yard. An action plan has been produced to reduce risks in these potential problem areas which include the installation of CCTV and curtains to screen the window in the visits complex.
6. Following a serious injury to a prisoner at another prison at the hands of his cellmate, an urgent review has been conducted of Dorchester's CSRA procedures. A total of 20 cell-sharing risk assessments were conducted at random on A and B wings involving prisoners charged with or convicted of crimes of violence.
7. **ACCTs:** Training is still currently ongoing at Dorchester to ensure that all documentation/writing up of Assessment Care in Custody Teamwork files is carried out in line with what is required in the prison.
8. **Bullying:** Reported bullying incidents are much in line with 2007/08 and average three or four a month. They usually involve canteen items, medication or drug/tobacco indebtedness. All problems have been dealt with internally by wing staff. The same applies to fights, of which there has been a low level with no serious injuries.
9. HMP Dorchester is considered one of the safest prisons in the South West *both* from a prisoner and staff perspective and this Board commends the considerable staff effort that creates this situation, the proactive risk assessments, and the appropriate attitude and approach by prison staff when dealing with prisoners reflects in this environment.

The prisoners reflections of 'feeling of safe' is evidenced by the Monitoring Prison Quality Survey (MPQS) report 2010 carried out by independent monitors with the prisoners., also reported in the HMIP (Inspectorate report) and through IMB observations, communication with prisoners during their regular unannounced rota visits

Offender Management Unit O.M.U.

Reducing Reoffending

- 1 The efficiency savings required this year have brought severe changes to the Reducing Reoffending Strategy. Stress caused by the losses was considerable and the necessary damage limitation was dispiriting.
- 2 However, there has always been a positive approach by the Reducing Reoffending team, focusing on what is possible with what you have. An evidence-based proposal for the Prison Service to realign the unrealistic target for employment on release has been successful. In view of the proportion of short sentences and the local economic climate and the seasonal nature of some work available in the region it was agreed that the target should be cut from 30% to 22%.
- 3 The Reducing Reoffending Action Plan now has eight pathways instead of the original seven. They are: housing, alcohol, drugs, education, training and employment, mental and physical health, children and families, attitudes and thinking and behaviour. Alcohol and drugs have been split into separate sections
- 4 Following the loss due to cuts of the Housing Manager post funding has been sourced for the Housing Manager to fill the vacant bail office role of BASS Officer, which incorporates HDC work (tagging). She also retains a 20% inclusion role on the management of housing referrals and, using her expertise in this area, she is working closely with Offender Management Unit (OMU) offender supervisors and outside agencies and providing in-house training and support of officers. The aim is to meet the 80% target of prisoners leaving Dorchester with settled accommodation arranged.
- 5 With the departure earlier this year of the senior probation officer who led the OMU and the consequent lack of replacement due to cuts, the work of the OMU case managers has been stretched to include the routine duties of administrative assistants. Regarding BASS work, the contract has now been taken over from Clearsprings by Stonham, a large housing provider. Stonham leaflets are included with all HDC papers and offer offenders support and housing. Dorchester is highly regarded for its BASS work, accounting for 50% of all referrals from South West prisons and courts.

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- 6 Pioneering work has introduced the concept of a Partnership HUB which is providing a co-ordinated approach to a 'through the gate' reducing reoffending service with the following objectives:-
- Encouraging more communication and joined-up working at a local level between prisons, careers information services, probation and Job Centre Plus.
 - Articulating a joined-up service with the activities of other partners, thus avoiding work duplication.
 - Providing clarity around roles and responsibilities to make sure that the offender receives appropriate targeted interventions and ensuring the correct sequencing of provision.
 - Making sure that the offer from partnerships is clear to the offender. **See Prison Partnership projects,**

Practically, the HUB has been achieved by integrating the library - previously elsewhere in the prison - into the Education area so that all resources are now in one place. Timetables for weekly and monthly visits by outside agencies are being prepared. This professional base for staff and offenders will be far more suitable than meetings on landings or in cells.

- 7 Work continues in other Pathways and, indeed in areas outside their remit. During the past year there have been improved arrangements with statutory bodies - the police, probation and the Criminal Justice Board - to engage with the public. The Reducing Reoffending Governor sits on the Confidence in Community Engagement group, which aims to show that the number of crimes in the area has fallen and that Dorset is a safe county in which to live.
- 8 A Steering Group consisting of the Prison Service, Police and Probation Service is also working to formulate a Dorset-wide Reducing Reoffending Strategy for the year 2010-11, reviewing what has been achieved and planning for future challenges.
- 9 Despite the significant losses this year, the Reducing Reoffending team has, in our view, responded to the challenges by consolidating, forming realistic aims, and working to give the best service possible

Kitchen and Catering:

This continues to be a well managed and an excellent training environment for prisoners working and developing their skills and experience. The prisoners welcome their opportunity to train in this environment and are well aware in liaison with the learning and skills department that their qualifications will be a good foundation for further qualifications in catering and assist them in getting employment when released.

It is always clean, and the variety of meals with the limited financial resources never ceases to amaze one, the team manages well in catering for medical dietary requirements and try very hard to put- on special food for cultural festivities to meet the needs of the cultural diversity within the prison population

The kitchen has discontinued serving hot lunches Monday to Friday. Prisoners now have sandwiches or baguettes delivered to the landings and while this seems at first sight to be a retrograde step it is claimed that most of the general population outside prison have a lunch of this nature without detriment to their health. The prison believes that the new system saves time previously spent going to the servery, leaving time for other out of cell activities. Cooked lunches continue to be served on Saturday and Sunday

Section 16

Other Areas of the Prison regime on which the Board wishes to report:

Drug Strategy

- 1 The last year has been challenging for the Drug Strategy Department, with the loss in March on economy grounds of the Short Duration Programme and the potential for further cuts. Staffing levels, especially with illness and holidays, continue to cause considerable concern as does the high numbers being handled by the IDTS (Integrated Drug Treatment System) team. However the department has achievements to its credit and a positive attitude to future goals. The Prison Drug Strategy group hold a monthly meeting with representatives from various departments and an overall shared awareness of drug related issues. The Standing Agenda includes MDT and CBDT statistics and reports from security (covering drug incidents and search dog handling), Carats, IDTS, Safer Custody, Diversity, Education and Physical Education. There is some concern that due to increased staffing pressures there has been a more limited attendance and reporting. This meeting sits alongside the daily interaction between departments.
- 2 There continues to be high risk concerns about trafficking of drugs from the community into the establishment by prisoners secreting items internally. The BOSS chair continues to be a welcomed tool in identifying illegal items being brought into the prison.
- 3 All new prisoners receive information and guidance about the services of CARATs (Counselling, Assessment, Referral, Advice and Through- care. Posters, leaflets and word of mouth seek to ensure that prisoners continue to be aware of scope of the service. Updates on dangerous practice/drugs are circulated.
- 4 Some group work and one to one counselling are offered, however, as already mentioned the axing of the very successful Short Duration programme is a substantial loss to the positive work of the department.
- 5 Alcohol abuse continues to be a major issue and the addition of an alcohol worker to the team is a welcome move. The IMB feels that there should be more focus and funding directed by the authorities to assist with the high number of prisoners presenting with alcohol problems. **This minimum service provision is inadequate.**

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- 6 The overall drug situation and targets are well monitored and every effort is made to ensure that care is taken in meeting prisoner needs. Data, trends, performance targets and any concerns arising are actively followed through.
- 7 Space allotted to administration and confidential work has improved but remains, in our view, less than adequate.
- 8 Among the achievements of the department, particularly in the face of difficulties, we would note the attainment of a good audit score and achieving the Key Performance Targets for the year and the successful roll-out of the Incentive Drug Testing Compacts. The dog handlers and their animals, both active and passive, are key to the disruption of attempts to bring drugs into the prison and have had a steady record of success. It is worth mentioning that this is achieved at a time when they are also having to cover another establishment.
- 9 The PE Department provide an in-cell lifestyle assessment to all prisoners on the IDTS. Prisoners receive a detailed breakdown of results with recommendations for lifestyle modifications. All prisoners are offered the opportunity to attend rehab PT in line with current drug strategy protocol and a full report is shared monthly.
- 10 We note that in the face of probable further savings measures, future goals are listed as:-
 - *Reducing or maintaining a low percentage rate on MDT
 - *Carrying out Needs Analysis of all prisoners to ensure good service provision within the establishment.
 - *Increasing the number of CARAT/IDTS groups to fill the void left by the loss of the Short Duration Programme.
 - *Robustly enforcing the Drug Strategy Policy to ensure the good order and discipline of the establishment.

Voluntary Drug Testing (VDT) and Mandatory Drug Testing (MDT):

These continue to be very proactively carried out regularly as part of the prison's Drug Strategy Policy

Use of trained Drug Dogs and Handlers /Security team:

- 1 There are four dogs (2 passive and 2 active drug dogs) based at HMP Dorchester with 2 well qualified handlers. This team is a vital component along with the security gate personnel for to the Security/Safety of the prison, its staff, visitors and prisoners. It is paramount to safeguarding against illegal drug trafficking into the prison. They perform their duties with diligence as part of the proactive security team, with an appropriate efficient approach when dealing with visitors and cell searches within the prison.

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- 2 The need to be ever diligent as a Cat B local prison the major illegal drugs being brought into the prison is routed via the attendance at court and transfers from court (straight from the streets) , sometimes via visitors.
- 3 **It is important the public are aware** - that if anyone found trying to illegally import drugs into the prison, they are dealt with by the police and the courts this includes any prisoner who will attend an adjudication by a visiting District Judge.

Counselling, Assessment, Referral, Advice and Through- care (CARATS):

This continues to be a very effective team working along-side the IDTS programme for prisoner support

Section 17

COMPLAINTS:

1. Prison Service Complaints:

Number of Complaints:

OCT 09	NOV 09	DEC 09	JAN 10	FEB 10	MAR 10	APR 10	MAY 10	JUN 10	JUL 10	AUG 10	SEP 10
90	90	79	64	79	89	106	75	66	66	67	55

Total = 926

Complaints in April 2010 increased due to initial problems with the new computer system Pnomis. Since this has been rectified, complaints have been reducing steadily.

2. Healthcare NHS Complaints:

There has not been any information for the IMB on any trends for complaints to the NHS, although the IMB has seen an increase in complaints regarding NHS complaints system asking if the IMB can assist in getting the prisoner to be heard or some resolution.

We have found at the local level usually an easy resolution has been obtained. Although the prisoner has access to the NHS PALS service this appears not as suitable for a local prison as it maybe in others due to the time it takes for a prisoner to be seen or the inability of PALS to speak to prisoners via the phone and in confidence.

AREAS NOT SPECIFICALLY MENTIONED

- ***We would like to state that any areas of the prison not specifically mentioned in this report are performing very well and have given no cause for concern and the staff responsible should be equally proud of their achievements. We have no concerns and observe that the staff are very committed and deliver a good service to the prisoners.***

Section 18

THE WORK OF THE INDEPENDENT MONITORING BOARD

Board Statistics	
Recommended complement of Board members	12
Number of Board members at the start of the reporting period	12
Number of Board members at the end of the reporting period	12
Number of new members joining with the reporting period	3
Number of members leaving with the reporting period	3
Total number of Board meetings during reporting period	11
Average number of attendances at Board meetings during reporting period	87%
Number of attendances at meetings other than Board meetings	36
Total number of visits to the prison (including all meetings)	675
Total number of applications received	133
Total number of segregation reviews held	95
Total number of segregation reviews attended	70

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Applications:

Code	Subject	2005/06	2006/07	2007/08	2008/09	2009/10
A	Accommodation				3	10
B	Adjudications				2	5
C	Diversity related				4	4
D	Education/Employment Training				4	7
E	Family/Visits				8	20
F	Food/Kitchen related				2	3
G	Health related				10	25
H	Property				20	35
I	Sentence related				3	2
J	Staff/prisoner/detainee related				3	2
K	Transfers				6	15
L	Miscellaneous				5	5
	Total number of applications	89	87	87	71	133

Prisoner Applications to the IMB:

- N.B. that we do not have a breakdown of the total applications for the previous reporting periods. (2005/06, 2006/07, 2007/08).
- There has been a marked increase in application to the IMB Board and an increase in Confidential access to the Chair of the board in the early part of this reporting period in particular Jan 2010 - Apr 2010. Some contact has been 'on the hoof' when members are on rota, these have been able to be resolved locally with wing managers. We feel this is due to the impact of the introduction of and changes to the recording IT systems and the time for training of staff that took place. One reason being there were temporary staff working to act as visits clerk, since a newly appointed clerk has taken on this role the complaints about visit bookings has rescinded. The key areas were regarding prisoners pay, booking of visits, these were resolved at source immediately the lost property continues to be on going and relevant.
- Loss of property remains a concern which seems to be an on-going problem that should be more pro-actively addressed by the prison service, as it is unfair for prisoners with limited financial resources who purchase items, then lose them on transfers, equally important are loss of personal belongings!

IMB Training:

Members of Dorchester IMB have undertaken various training courses throughout the year. The courses have been both internal and external and included both experienced and new members. At the monthly board meeting a 45 minute slot is allocated for training covering a specific relevant topic/issues for the board.. These courses have included; Security, CARATS, Fire Evacuation, Health and Safety and C & R training/disengagement techniques..

During the year all board members were required to attend one day training on the newly introduced Prison NOMIS I.T. system. All new members are required to attend the HMPS Security, Health & Safety, Fire Policy/Evacuation and IT training.

Board members visited another local area prison, HMP Verne. This gave a valuable insight into the procedures and policies at a different category C prison. Further visits and reciprocal visits for the future will need to be considered within budget constraints.

IMB training

Details	Nos Courses	Nos Attendees
Triennial Review	2	11
Continued Development	1	1
Foundation Course	2	3
BDO	1	1
Visit /other Prison	1	8
Prison Training sessions	19	164
Team Performance Review	1	10
Total members training Days	78	187

IMB Team Performance Review:

The annual team performance review took place with 80% attendees. This identified some key areas the board felt required an action plan identifying a priority for focus for the following reporting year.

Two members have successfully completed their probationary period therefore appointed to the IMB HMP Dorchester Board and collectively this current IMB Board has been appointed by the Minister for a further three year term of office

The IMB wish to thank all levels of prison personnel at HMP Dorchester for their openness, and transparent approach when dealing with individual board members queries, which enables the board collectively to fulfil its statutory duties.

JUDITH ANSTICE
IMB Chair

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Glossary of Terms

ACCT- ASSESSMENT CARE in CUSTODY TEAM

BME- BLACK or MINORITY ETHNIC

CARATS- COUNSELLING, ASSESSMENT, REFERRAL, ADVICE & THROUGH CARE SERVICES

CSRA- CELL SHARE RISK ASSESSMENT

DREAT- DIVERSITY RACE EQUALITY ACTION TEAM

HMIP- HER MAJESTY'S INSPECTOR OF PRISONS

IDTS- INTEGRATED DRUG TREATMENT SERVICE

KPT- KEY PERFORMANCE TARGET

MQPL- MEASURING the QUALITY of PRISONER LIFE

NOMS- NATIONAL OFFENDER MANAGEMENT SERVICE

PCT- PRIMARY CARE TRUST

PNOMIS- PRISON NOMIS

YO- YOUNG OFFENDER