



Annual Report of the Independent Monitoring Board at HMP Isle of Wight

**For reporting year
1 January 2024 to 31 December 2024**

Published August 2025



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Introductory sections 1 – 3

1. Statutory role of the IMB

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

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

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

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

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

2. Description of the establishment

HMP Isle of Wight is a category B male training prison and part of the long-term and high-security estate group (LTHSE). It primarily holds prisoners serving long-term sentences for sexual offences (categories B and C, with a small number of category D) and provides a small remand unit serving the Isle of Wight Crown Court and magistrates' court. The establishment comprises two sites - Albany and Parkhurst - both with separate perimeter walls. Parkhurst dates back to the 1830s, with most of its accommodation also dating from the Victorian era. There are 49¹ double occupancy cells in Parkhurst, which were not designed for multiple occupation. Albany opened in 1967, on the site of a former military barracks. There is a single separation and reintegration unit (SARU) located in Parkhurst. Both sites have their own healthcare centres but share a single in-patient healthcare unit (IHU), located in Albany. The prison's administration offices, including the Governor's office, are in Albany House, which is outside both sites.

From 2022 onwards, because of wider pressures across the prison estate, the population significantly changed from mostly category B to mostly category C prisoners (about 70%). This led to the prison adjusting for the lower security risk by moving the majority of category C and all category D prisoners to the Albany site, where initiatives were introduced for a dedicated environment more suited to category C prisoners. The majority of category B prisoners were held at the Parkhurst site.

Prior to October 2024, the operational capacity (the maximum number of prisoners that can be held without serious risk to safety, security, good order and the proper running of the planned regime) was 1,101 prisoners (Albany, 613; Parkhurst, 488). The actual number of prisoners at the establishment was 1089, the same as at the end of the previous reporting year. These were distributed as follows: 613 across seven house blocks in Albany and 474 across seven house blocks in Parkhurst (two in the outside hospital). This was just 12 below the operational capacity.

From October 2024, a significant population change occurred. House block 19 and part of house block 20 in Parkhurst were closed in order to improve the fire safety systems. This is anticipated to be a rolling programme of house block improvements across the Parkhurst site. It resulted in 138 prisoners transferring to Albany or to other prisons ('the decant process'). Wider population decisions across the estate also mean that during the first half of 2025 category C prisoners will be transferred to other category C prisons and will be replaced by category B prisoners. This will result in HMP Isle of Wight reverting to a predominately category B men's training prison and will lead to significant challenges for the prison, particularly during the transition period.

Due to these changes, as of 31 December 2024, the operational capacity fell to 968 (Albany, 613; Parkhurst, 355), with an actual occupancy of 951. As at the end of the reporting period, category B prisoners represent 35% of the population and category C prisoners 62%, with two category D prisoners and 22 on remand. The category composition will significantly change in the next reporting year, as detailed above.

¹ Figures included in this report are local management information. They reflect the prison's position at the time of reporting but may be subject to change following further validation and therefore may not always tally with Official Statistics later published by the Ministry of Justice.

3. Key points

3.1 Main findings

Safety

- In the Board's view, the prison is a less safe environment than last year for prisoners and staff. There has been a 57.6% increase in staff assaults and a 17.7% increase in prisoner-on-prisoner violence.
- Whilst the reasons for the increase in violence are complex, the Board observed an increase in the availability of illicit drugs, particularly Spice, and consequential prisoner debt, which we consider likely to be major contributory factors.
- There has been a significant increase in the overall number of use of force incidents (696), a rise of 110% over last year.
- The number of planned use of force incidents has increased from 66 last year to 257 this year, although 78% of these were within the separation and reintegration unit (SARU). The Board also observed an increased need for such planned events in the in-patient healthcare unit (IHU) in relation to prisoners awaiting transfer to secure hospital units.
- Spontaneous use of force incidents increased by 65.6% and these appear to be across the prison, with 22.6% of the 439 incidences in the SARU.

Fair and humane treatment

- The SARU has been under pressure this year, being largely full and with significantly increased levels of prisoner violence and planned use of force incidents. In the Board's view, the staff have coped well despite these difficult circumstances. The number of prisoners in the SARU on open assessment, care in custody and teamwork (ACCT) plans, which are used to support prisoners who are at risk of self-harm and suicide, seems high given that authorisation of segregation in these circumstances should be exceptional.
- From the Board's observations, equality seems to be of lower priority than in previous years. The full-time role of equality manager has not been replaced, leaving one custodial manager (CM) with overall responsibility for equality issues across both sites. This role is operational, so there are potentially long periods, due to night shifts, followed by rest leave and annual leave, when equality is not being operationally managed. This has impacted the timeliness of the discrimination complaints process.

Health and wellbeing

- The prison has faced considerable challenge this year due to the number of prisoners with complex mental health needs requiring transfer to secure hospital. These prisoners often require resource-intensive management.
- Staffing shortages and contract issues have led to waiting times to see a GP and dentist that are too long, in the Board's view. Aside from this, the Board has observed that delivery of physical healthcare is generally good. The downward trend of complaints has continued. The healthcare department delivered an excellent and successful hepatitis C awareness and testing campaign over the summer.

- The integration of mental health and substance abuse treatment appears to have been successful and the daily triage and multi-disciplinary treatment plans work well. The substance abuse treatment team has doubled its intervention work through the delivery of group sessions, which is to be commended by the Board.
- Staffing vacancies within the mental health team mean that, at times of peak demand, they have been overstretched and the Board feels that this has had an adverse impact on delivery.
- The neurodiversity support manager has been successful and impactful in shifting the prison culture towards greater understanding and management of those with neurodivergent needs.
- From the Board's observations, the social care wing provides an excellent environment and care for elderly, frail and disabled prisoners. However, without a more robust system of identification and assessment for those with personal/social care needs across all wings, we cannot be satisfied that the needs of the increasing elderly prison population are being met.
- Improvements in staffing levels have enabled a reliable regime to be delivered in terms of work, education, library and gym access. Weekend closure rates have improved significantly since last year but, given the better staffing situation, the Board notes, with some concern, that weekend closures and placement into safe systems of work during the week continues.

Progression and resettlement

- The managerial priority given to prisoner attendance at education and work has resulted in sustained attendance improvement, which is to be commended by the Board.
- Managerial priority has also been given to library access and provision is now good. If achievable, the current consideration of extending library sessions for those engaged in distance learning would be an excellent development, in the Board's view.
- The chronic staff shortage of qualified probation officers has not improved this year. From the Board's observations, this affects prisoners in terms of delayed categorisations and OASys (offender assessment system) reports (which works out why a prisoner offends and what can be done to help them stop the behaviour) and creates unsustainable workloads for staff.

3.2 Main areas for development

TO THE MINISTER

- Can the Minister work with the Minister for Health and Social Care to provide sufficient beds in secure hospital facilities to ensure that the increasing number of mentally ill prisoners in the prison estate can be transferred to an appropriate care setting within the 28-day transfer target?

TO THE PRISON SERVICE

- Will the Prison Service urgently prioritise funds for the installation of enhanced security gates at both sites, in line with the security arrangements at other LTHSE establishments?

- The national initiatives introduced to address the chronic staffing shortage of qualified probation staff have made no difference to HMP Isle of Wight. Are there any bespoke measures that can be introduced to reduce the unsustainable workload of probation staff at this prison and reduce the adverse impact on prisoners?
- Funding is needed to repair the workshops and waiting facilities for family visits. Can the Prison Service prioritise funding for this purpose?

TO THE GOVERNOR

- What changes can be made to ensure there is a proactive, timely and robust system to identify and assess prisoner social care needs and ensure that prisoners understand they can self-refer?
- Given the older prisoner demographic, could funds be allocated to enable the charity, Age UK, to attend on site and continue its valuable work in relation to prisoner welfare and dementia?
- All positive drug test results are forwarded by security to the substance misuse treatment team so that support can be provided. Could a similar centralised approach be adopted so that the inclusion team is notified when a prisoner is under the influence or alcohol is found in their cell?
- Given the barriers to family social visits caused by the prison's location, can the Governor maximise social video call opportunities by ensuring that monitors are available in each wing in Parkhurst? Also, could a review of any unmet needs and available technologies be undertaken with a view to increasing the number of daily and weekend social video call slots available?
- Can appropriate equipment/instruction materials be immediately installed in the IHU so that translation services are available for prisoners located there and for prisoners who arrive outside of core hours when initial health screening takes place in the unit?
- When prisoners in SARU fail the algorithm and are transferred to the IHU either for observation or anticipated transfer to a secure hospital facility what therapeutic engagement with the mental health team is provided for under the contract with Practice Plus Group?

3.3 Response to the last report

Issue raised	Response given	Progress
To the Minister		
1. What steps will be taken regarding the impact of transferring prisoners from secure hospitals to a full and stretched prison?	A letter was received on 31 October 2024, which acknowledged that the transfer and remission of adult prisoners under the Mental Health Act 1983 results in swifter remission from hospital, but that in the LTHSE patients are sent to the prison that best	<p>The mental health service provider has increased provision by recruiting and locating a mental health worker in the IHU at weekends.</p> <p>New recruits to the mental health service provider will</p>

	<p>meets their needs by assessing a range of areas pre-release. It is recognised that more work needs to be done at the prison and that the south east NHS Commissioning team is working with the prison's healthcare provider to address gaps in provision and ensure the integrated model is functioning effectively. The Ministry of Justice (MoJ) is working with the Department of Health and Social Care to implement a range of reforms to support people suffering mental illness in the criminal justice system. It is recognised that adult male prisons have been under acute capacity pressures, which have been affected by the reduction in standard determinate sentences from 50% to 40%.</p>	<p>be required to work flexibly, including at weekends.</p> <p>The changes to standard determinate sentences did not reduce capacity at the prison which, aside from a small remand facility, holds men convicted of serious sexual offences to whom the changes do not apply.</p> <p>The Mental Health Bill is not yet in force.</p>
<p>2. When will urgent steps be taken to address the chronic shortage of qualified probation staff?</p>	<p>A letter was received on 31 October 2024. It stated that there have been a variety of measures to stimulate national recruitment, which has increased by 10.9% in the south-central region. These include a probation alumni Scheme to encourage qualified staff to return. A trainee probation officer campaign has been launched, aimed at increasing diversity and application volumes. To increase interest in the Isle of Wight, there is an ongoing recruitment campaign with public interest transfer (PIT).</p>	<p>There are still two remote-working probation staff. Although one of the staff in post at the start of the year was not retained, a replacement was found and went live towards the end of the year.</p> <p>In 2024, one new probation officer was recruited due to the PIT transfer advert. However, the prison lost one probation officer back to the community so, overall, there were no change in numbers. The prison has provided placements for trainees throughout the year but, despite requests from some of these to remain in the</p>

	<p>[This involves organisations offering relocation and/or other benefits to encourage people to move and work on the island] and the offer of placements for trainee probation officers. Two full-time remote probation offender managers (POMs) have been provided on loan. The national Prioritisation Framework controls the workload of frontline staff.</p>	<p>prison on qualification, this has not been approved and they have returned to the community. There has, therefore, been no change in the prison's situation in the last 12 months.</p>
To the Prison Service		
1. When will the Prison Service prioritise funding to repair the central laundry?	<p>A letter was received on 31 October 2024. It stated that concerns were raised and consequential impact on the house blocks recognised. A project to refurbish the laundry has been developed and the business case approved, but autoclaved aerated concrete has been identified. Surveys have been instructed. It is anticipated that this will be remedied, along with the laundry project, with both aimed to commence on site this financial year.</p>	<p>As noted, surveys have been commissioned.</p>
To the Governor		
1. How will the Governor ensure translated induction material is always available and remove possible barriers to the use of translation services. This should include providing speaker telephones and training for health workers who cover reception health screening outside of	<p>The Governor will ensure translated induction materials are available by using SharePoint, identifying languages through flags, and utilising The Big Word service with spider phones for privacy. Health screenings are supported by IHU nursing staff, and Google Translate is used for document translation. Peer support and multilingual staff are</p>	

core hours from the IHU.	also available for assistance	
2. How will the Governor prioritise the repair of the heating plant in Parkhurst and the provision of washing machines and driers on all wings?	The heating plant operates on a temporary boiler system, with no funding for full replacement. Challenges with Ministry of Justice (MoJ) contracts have delayed acquiring washing machines and driers. Efforts continue to push for these items through local purchases and support from the finance business partner, with regular updates at tripartite meetings.	
3. Can the Governor look for innovative approaches to recruit workshop instructors and prioritise repairs to workshop facilities?	The Governor is exploring apprenticeship programmes and collaboration with the Prison Service industries team to recruit instructors. Despite challenges with workshop space and infrastructure, local initiatives and MoJ support are ongoing to improve workshop delivery and repair facilities.	
4. How does the Governor plan to ensure a consistent and fair approach to unlocking retired prisoners during the working day?	Improved staffing levels allow for a consistent regime, particularly at Albany, where category C prisoners can remain unlocked during the core day. Access to internal gardens is being reviewed, and the new profile SDSOL aims to refine unlock levels and staffing.	
5. When will the Governor put in place an effective means to monitor the impact of the literacy strategy?	The literacy strategy includes daily monitoring of library access, a new library timetable, and programmes such as Storybook Dads.	

	<p>Attendance and progress are tracked through various meetings and tools, with feedback from learners analysed. The curriculum has been updated to offer more English and Maths lessons.</p>	
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Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

During 2024, 158 prisoners arrived at HMP Isle of Wight from other prison establishments, while 325 were transferred to other prisons. These figures do not include the large number of remand movements from/to local courts or any local (Isle of Wight resident) releases; neither do they include any transitory movements, such as local hospital visits or transfers between the Albany and Parkhurst establishments.

These figures reflect a churn of the order of nine prisoners per week over the year, which is comparable to the figures in the previous report. The decant of prisoners out of the establishment towards the end of the year, to accommodate the fire and safety improvements in house block 19 and part of house block 20 (detailed in section 2, above), does skew these figures in terms of departures. Taking into account this managed decant, the figures reflect a continuation of the trend shown in 2023, i.e. that of a limitation in prisoner movements over the period due to the general level of population throughout the country.

The Board regularly monitors the processing of arrivals and departures and observed, throughout, the consideration and care shown by staff to arriving and departing prisoners.

The arrival process (including initial health screening) in usual core hours, and when reception is adequately staffed, has been observed as efficient and well managed. Reception staff are welcoming and provide a great deal of reassurance to prisoners, while further support is provided by the presence of Listeners (prisoners trained by the Samaritans to offer confidential emotional support to other prisoners) and/or mentors. From its observations, the Board believes that this peer support is invaluable.

Conditions are more challenging for staff when prisoners arrived late, i.e. between the end of core hours at 5pm and reception closing at 7pm. This is certainly not an irregular occurrence due to ferry timetables, but we have been told by prison officers that prisoners are always given essentials for their first night. These delayed arrivals can result in the various processes being rushed or, in part, delayed until the following day. Sometimes, this also results in the initial health screen being undertaken by nurses in the inpatient healthcare unit (IHU). In our previous report, we raised this, believing that it created some risk for vulnerable prisoners, and it seems that the issue may not have been fully addressed (see 6.3/Translation Equipment).

After initial processing, new arrivals, some in prison for the first time, spend at least two weeks in a dedicated induction wing (houseblock 11), before moving to a regular longer-term location. During Induction, written material and seminars are provided to prisoners, with information, advice and guidance (IAG) mentors playing a leading role. The written materials are available in a range of languages.

The ideal induction period should be between two and four weeks, by which time new entrants are ready to be accommodated elsewhere within the prison; however,

throughout the year, with the population of the establishment close to full capacity, the ability to move prisoners out of the induction area in a timely manner has been limited by the lack of available space elsewhere.

Induction into the remand unit is generally carried out within the remand wing. As a more transitory environment, induction in remand is often limited to a prisoner/officer one-to-one, usually on the day after arrival. If the remand wing is at full capacity, then any overflow has been accommodated on houseblock 15 - again, a consequence of limited spare capacity within HMP Isle of Wight.

We have regularly spoken to prisoners both within the induction process and to prisoners who have moved through it and received good feedback on its preparation and support for living within the prison environment.

4.2 Suicide and self-harm, deaths in custody

During 2024, there were 911 self-harm incidents, 58 more than in 2023 (an increase of 6.8%). These incidents were in relation to 113 prisoners, which is around 10% of the total population (at mid-year). We note, as in similar previous reports, that 468 (51%) of these incidents were in respect of 10 prisoners, with one single prisoner accounting for 133 (14%) of all such incidents throughout the year (a factor that can skew the overall picture).

At the end of 2024, there were five prisoners formally classified as chronic prolific (self) harmers.

As the prison's total population has remained largely unchanged between 2023 and 2024 (with the exception of the end-of-year decant), it is evident that the prevalence of self-harm across the establishment has increased in comparison with 2023.

Incidents of self-harm in 2024 were not equally distributed across the prison: 346 (38%) were in Albany and 565 (62%) were in Parkhurst.

Taking account of the distribution of prisoner numbers across the two sites, and even accounting for the one individual referred to above, it is evident that the susceptibility to self-harm is more prevalent within the category B population than that of the category C/D population.

For the majority of the year, the distribution of prisoners across the two sites meant that Albany was largely a category C prisoner site, plus local remands, and Parkhurst a largely category B prisoner site, plus the separation and reintegration unit (SARU), which can be a mix of categories.

At the end of 2024, a 'snapshot' of the distribution of self-harm across the prison (for the previous 365 days) can be represented as follows:

Out of the actual prison population of 943 (on the day).

- 25 (2%) were actively self-harming at the time.
- 214 (23%) were recorded as having a history of self-harm in 2024 (but not currently active).
- 704 (75%) never self-harmed.

The top five identifiable triggers for self-harm in 2024 were recorded as mental health-related issues, relationships, release/resettlement issues, location and

adjudications. In terms of the two sites, mental health is the main factor in Parkhurst and release/resettlement is the main factor in Albany. It should be noted that location issues can cover a broad spectrum of concerns, such as the island location, remoteness from home, wing location, site location (Albany or Parkhurst) or cell-sharing problems.

The dynamic of the assessment, care in custody and teamwork (ACCT) process is that once an ACCT has run its course and the prisoner has reached the point where it can be 'closed', it will then move into post-closure status. Post-closure is a period of six weeks, during which time the ACCT can be reopened if deemed necessary.

Over 2024, 258 ACCTs were opened: 128 on the Parkhurst site and 125 on the Albany site, plus a further five prisoners transferred in on open ACCTs. It is noted that these figures do not match the recorded distribution of self-harm across the two sites over the year. The reason for this apparent discrepancy is that prisoner reception for both sites is in Albany and, as such, there can often be a number of precautionary 'first night' ACCTs raised on arrival, as well as ACCT referrals from court receptions. It should also be noted that, after the induction process, category B prisoners will then be transferred to Parkhurst.

The Board regularly monitored ACCT reviews and the status of ACCT documents on the wings, checking for their level of completion. We noted the significant quality-control measures taken by the prison to monitor performance in maintaining these records properly. Levels of completion have improved during the year, but we regularly observed documentation that was incomplete, often with regard to the required level of observations.

The role of key workers and prisoner Listeners is important in managing and minimising self-harm.

Over 2024, there were 46 constant supervisions put in place, of varying durations.

During 2024, there were six deaths in custody. It appears that five such deaths were natural causes (subject the coroner's final confirmation).

In the case of the sixth death, which was self-inflicted, both initial and final Prisons and Probation Ombudsman (PPO) reports have been issued, with no recommendations. However, the prison pre-empted the PPO reports, identifying and putting in place key self-learning with respect to this case.

In summary, of the six deaths in custody in 2024, one PPO (initial and final) report has been issued, while all other deaths are awaiting PPO reports;

In terms of deaths before 2024, six PPO reports have been issued over the year: four from 2023, one from 2022 and one from 2021.

Key learning points and recommendations from PPO reports over previous years can be summarised as:

- The use of restraints when working with and transferring prisoners to and from a hospital environment.
- Unlock protocols for end-of-life prisoners.
- Family support, particularly leading up to, and post, end-of-life point.

- The quality of the transfer of information between prison and hospital environment.

We have raised with the Governor at our Board meeting that we have not been satisfied with the level of medical information provided by the healthcare department in the hospital escort-risk assessment form. This is supposed to give a clear account of the prisoner's medical condition and how it impacts on the risk of prisoner escape, enabling an informed decision to be made by a governor about the level of restraint. We have observed repeated occasions when the risk assessment has not been completed or has merely stated that there is no objection to restraints, which has led to inconsistent escort-restraint decisions being made. We have been invited to meet with a member of the senior leadership and assured that the most recent PPO decision and recommendations are being taken seriously and escort documentation inspected at the end of the year was completed correctly.

It should be noted that the establishment of a family liaison and death in custody lead officer, who is responsible for the consistent and joined-up management of the prison family liaison process, along with liaison with all other related parties (such as hospitals, police and the coroner) leading up to and after end-of-life care, is working well.

Day to day, this role has been extended in terms of general family liaison across the prison population when there is a death of a prisoner relative. This centralised approach is a welcome new initiative and role for 2024.

4.3 Violence and violence reduction, self-isolation

There were 256 violent incidents recorded in 2024, an increase of 34% on the figure of 191 for 2023. It is certainly possible that, but for the decant which began in October when 138 prisoners were transferred out, this figure would have been even higher. These included:

- 123 assaults on staff: an increase of 45 (57.6%) compared with 2023.
- 49 of the above assaults on staff were in the separation and reintegration unit (SARU): an increase of 22 (81%) compared with 2023.
- 133 prisoner-on-prisoner violent incidents: an increase of 20 (17.7%) compared with 2023.

Factors that appear to have contributed to this substantial increase from 2023, particularly with regard to assaults on staff, include: an increase in the number of more complex mentally ill prisoners in the prison (further exacerbated by limited opportunities to move such prisoners to more suitable locations: see 6.3); an increase in illicit drugs, particularly Spice; and debt repayment issues, coupled with an increase in the number of less experienced staff. Throughout the year, the percentage of operational staff in post with less than two years' service was between 22% and 23%. A reduction in the level of more experienced staff can have a two-fold effect: a shortage of skills for the guidance and mentoring of newer staff; and a shortage of the skills necessary for the early de-escalation of such problems. We have observed situations where wing staff have failed to manage prisoner situations, with a lack of confidence being evident.

Prisoner debt issues have increased, alongside a rise in drug availability in the prison. We have observed at adjudications (disciplinary hearings held when a

prisoner is alleged to have broken prison rules), as well as at SARU and ACCT reviews, that prisoners incur debt to fund a drug habit, which leads to prisoner-on-prisoner violence when not repaid. There have been frequent incidents of prisoners seriously breaching prison rules (usually through accessing the netting at height) in order to secure their removal to the SARU where, in segregation, they are safe from assault. The Measuring the Quality of Prison Life survey report (MQPL) records findings from a large prisoner survey across both sites, which was conducted in June. This revealed negative prisoner perception about safety and widely shared opinions that the level of drug use was high and responsible for lots of problems among prisoners. The inexperience of staff was also referred to in the responses from prisoners in Albany.

Violent incidents were not equally distributed across the prison: of the 123 assaults on staff, the distribution across the sites was 48 in Albany and 75 in Parkhurst.

Safety intervention meetings (SIMs) and safety reviews (SRs) are important mechanisms for the management and reduction of violence and self-isolation in the prison.

The SIM is held weekly and addresses issues to promptly put in place actions to support prisoners and their safety. It considers incidents of violence (including self-harm and use of force), challenge, support and intervention plan (CSIP) management progress (used to support and manage prisoners who pose an increased risk of violence), one-page plans, prisoner location management, security and ACCT assurance monitoring.

The SIM also closely monitors incidents of social-isolation and prisoners of concern. Over the review period, there has been an increased focus on the causes and impact of self-isolation, with staff actioned to proactively monitor and address these issues.

The weekly SIM meetings have also adopted a more robust and proactive approach in terms of monitoring progress with regard to resultant actions. Increasing the accountability of all participants, this has also led to the adoption of initiatives to focus on, and help, a number of the more complex individuals in the prison. Feedback received by the Board from some prisoners involved in this initiative indicates that they feel more listened to and supported by this process, although such cases can be very challenging for all those involved.

In addition, during 2024, substantial consideration has been given to the impact of debt throughout the prison. This has included understanding, reviewing and addressing the various causes for debt in the prison. Prisoners have also been encouraged to identify such problems and supported in minimising consequential problems, plus signposting out of such issues (with the support of both staff and other prisoners). Unfortunately, the MQPL survey results suggest that more work needs to be done, and Board observations lead us to conclude that unless the drugs' issue is successfully tackled, the debt problems, closely linked to prisoner exploitation and violence, will remain.

Safety reviews are held monthly. Like the SIM, they track cases of violence and self-harm, along with the effectiveness of the CSIP and ACCT processes. An important part of this meeting is the examination of data accumulated over a rolling 12-month period to assist in identifying trends and introducing process improvements to address any longer-term trends.

We regularly observed a sample of SIM and safety review meetings. All minutes and action plans were circulated to the Board.

4.4 Use of force

Use of force (UoF) can arise from either: (a) planned enforced transfer of a reluctant prisoner, with the intent to de-escalate an existing situation; or (b) as an immediate and urgent response to an incident in the prison.

In 2024, there were 696 UoF incidents: 257 were pre-planned and 439 were spontaneous incidents of self-defence. In the SARU, there were 301 incidents, 202 of which were pre-planned and 99 spontaneous. In comparison, in 2023, there were 331 UoF incidents, 66 of which were pre-planned, and 265 spontaneous incidents of self-defence, with 72 such incidents in the SARU.

This represents an overall increase of 110% in incidents from 2023, and a 318% increase in incidents in the SARU. These substantial increases may reflect the same factors identified above for incidents of violence in the prison, which include: more complex mentally ill prisoners in the prison (where planned use of force is sometimes necessary for cell moves to preserve sanitary conditions and for health reasons when dealing with the increased number of 'dirty protests'); continuing debt; and a significant increase in illicit materials and drugs in the prison. This is all coupled with an increase in the number of staff with less experience.

The Board is routinely informed in advance of planned UoF procedures, which we monitor whenever practical. The majority we have observed were handled well, using clear explanations and negotiations with the prisoner beforehand and clear explanations of where they were being moved to and why. This usually resulted in the prisoner's cooperation without any force, other than to guide them through the move for the safety of all concerned. The healthcare unit is seen to be and remains an important attendee for such procedures. However, some of the mentally unwell prisoners awaiting transfer to secure hospital units have been anxious and distressed by cell moves involving reasonable UoF, which was necessary due to lack of cooperation and aggression. In these situations, officers are often in full personal protective equipment (PPE). These are difficult repeat situations and the impact on the mental health and wellbeing of prisoners and staff should not be underestimated.

The regularity of filming planned (and unplanned) UoF incidents has considerably increased over the period. Board observations also indicate regular defusing of situations, with a consequential reduction in the risk of injury or harm to all involved. The Board regularly observes pre- and post- UoF briefings.

However as will be observed above, there has also been a marked increase in spontaneous incidents across the sites.

The use of regularly reviewed metrics for the filing of UoF reports (within 72 hours) has improved over the year, including prisoner feedback (generally collected by an uninvolved third party).

4.5 Preventing illicit items

Despite the screening of mail, visitors, arriving prisoners and staff, the presence of illicit items in the prison remains a major issue. During 2024, the frequency of mandatory drug testing increased.

Over the year, 655 random mandatory drug tests (MDTs) were carried out, with a total of 208 positive results. In addition, there were 171 suspicion-lead tests carried out, with 73 positive results. All positive cases were reported to the inclusion team.

In total, there were 33 test refusals, 23 of which were for suspicion-led tests.

This level and spread of MDT satisfies the establishment's target of 5% of the population on a monthly basis, with 14% of testing carried out over the weekends.

Over the year, there were a total 165 cell searches, 15 of which discovered illicit drugs and three of which discovered alcohol. Cell searches are generally intelligence-driven; there is no random or routine cell search policy in place.

In terms of social visits, out of a total of 348 sessions, drug-detection dogs were deployed on 124 occasions. On a number of occasions, dogs had indicated drugs on visitors but no drugs were found.

Over the year, six staff search days were carried out, three in Albany and three in Parkhurst; no drugs were found, although restricted items were discovered (and confiscated for the day).

Over the year, the following illicit items of significance were discovered:

- Weapons (or items that could be fashioned into a weapon): 30
- Drugs (illicit possession): 17
- Mobile phones: 3
- Fermenting liquids (prison-brewed alcohol): 1

The lived experience within the prison clearly indicates that there is a high level of illicit drugs/substances within the establishment and that the above seizures are far from fully representative of the true problem.

The Board believes that, in order to address the issues of excessive violence, debt and the consequential risks to the health and safety of all prisoners and staff, the prison must rigorously reduce all potential methods/means of ingress of drugs and other illicit items into the establishment. Improved gate security is essential if this is to be achieved, with more extensive random and intelligence-led searches of staff and visitors to the prison.

The Board also notes, in discussions with the prison management, that HMP Isle of Wight is one of very few LTHSE prisons that does not have enhanced gate services in place. Budget considerations may be an issue here.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

Food

The amount of money spent on prisoner food is overspent by the prison each month: prisoner allocation is £3.07 per day, but £3.17 is budgeted to be spent.

The kitchens are providing five choices at lunch and dinner. Food should reflect the religious, cultural and medical requirements of the prisoners. Dinner choices are hot food, with vegan, vegetarian and halal choices. Other dietary requirements are catered for after supporting evidence is supplied. The cycle is every four weeks and a summer and winter menu are in operation. Information is supplied and is 'available' to all prisoners regarding healthy options, food additives and portion size per menu choice. These, however, are either not readily available and/or not easily read, as the type is too small. All wings have been requested to keep the information prominent and available, but it seems to vary from wing to wing.

It is a legislative requirement that food should be served no longer than 45 minutes after the cooking process and that hot food should be at a temperature of 63°C. Board observations indicate this is not the case at the prison and temperature probing is not reflecting this on the wings. Each wing has a log book for recording the temperature of the hot food and for comments on the food and any shortages. There are frequent complaints about food not being kept to the correct temperature and the condition of trolleys contributes to this. All wings are asked to keep notes of their temperature probes and problems with food not being up to temperature. This is reported at the bi-monthly catering forum meetings.

Special meals are provided for religious celebrations or observances, e.g. Ramadan, Christmas, Easter and Pagan festival, as well as for special events such as Black History Month and Rastafarian festivals, and specific groups, including the Gypsy, Roma and Traveller community, Hindus and Sikhs.

A review is being done on special diets by a nutritionist, with a reference to medical confirmation of specific requirements, e.g. gluten-free, non-dairy, extra dairy or other supplements. There are 20 registered vegans, whose diets incur additional costs for nuts, soya milk and multi-vitamins. The cost of the vitamins is met nationally.

There is an annual catering survey for feedback from the prisoners on the menus and the food served. Each wing has food complaint forms for prisoners to complete or prisoners can use the E. App system for comments and complaints.

Distribution of food

Trolleys

Due to the movement of food from the kitchens outside the prison by lorries and then onto the wings, the Board has observed that the trolleys are in very poor condition, with doors hanging off, broken wheels and some trolleys not able to keep food up to the correct temperature. These are maintained by an outside contractor, with Gov Facility Services Limited (GFSL) often having to wait for several problems before a contractor is called in. The situation with the food trolleys is improving, with six new smaller trolleys to be put into service. There is a brand-new delivery lorry. Maintenance of these delivery vehicles is not the responsibility of the kitchen

managers. The transport manager of operations manages these vehicles. Two of the delivery vehicles are 11 years old, with one out of service due to a hole in the base board. This vehicle has not been in service for eight months. As the kitchens are outside, the prison lunch and dinner are delivered to both sites by these vehicles using the food trolleys.

Servery

The Board found that the main complaints relating to the servery are favouritism by servery staff, food taken by servery staff and the size of portions due to insufficient food being sent. The Board has observed occasions when there was insufficient or no supervision by wing staff on many wings.

Food shortages

The Board frequently observes that it is common for wings not to get the correct number of servings. This is constantly raised at catering forums. However, the kitchens staff state that it is due to the wings not providing the correct numbers of meals to them. Reminders sent to wing functional mailboxes are not routinely picked up. The availability of 'extra' food on specified wings is sporadic, with food often being unavailable.

Lack of hygiene certificates

Most wings do not have servery workers with these certificates and heads of residence have been challenged on this and are looking into it. There may be certification via a course on Way out TV and a self-completing booklet. There have been complaints about cross contamination of food. Halal separation is constantly checked both on the servery and in the trolleys. Any issues are checked with the Imam.

Breakfast packs

The preparation of these packs has improved: they consist of a portion of cereal, four tea bags, four sachets of sugar, four sachets of whitener, one sachet of preserve, two spreads, a carton milk (189ml) and two slices of bread. Prisoners should have the facilities and commodities to prepare four hot drinks a day.

Beard guards/hats and workwear for servery workers

The Board observed a consistent issue with stores regarding the availability of beard guards. Laundry of work wear has improved, with the rolling out of new washing machines and dryers.

Catering forums

These are held bi-monthly on each site. Menus and food choices are regular topics for discussion and quality of food. After much rallying, it has been possible to get a representative from each wing: Albany are the best attendees, and Parkhurst is improving, with those unavailable to attend sending notes about issues. All are asked to keep temperature logs up to date and to have a food log for all complaints. In the Board's view, the kitchen staff do listen and kitchen supervisors are very patient. Meetings last about 1-1½ hours and although they cannot fix every problem, matters can improve. Halal chicken is more frequently on the menu.

Accommodation

Houseblocks are kept clean by prisoners and generally present a clean environment. Each cell contains a bed, locker, chair, in-cell phone and, in line with their incentives scheme level, a television, which prisoners pay for. Curtains and privacy curtains are provided as required.

In Parkhurst, many cells are double occupancy, and cells contain toilets and hand basins. Prisoners eat their meals in their cells.

In Albany, a system of night sanitation (whereby prisoners use communal toilets) is in place, with the exception of the remand wing and the social care wing. This system often breaks down and portable toilets are then put into use. There is no running water in the cells in Albany. Prisoners are allowed out for seven minutes to use the facilities and can have up to five exits from their cells during night sanitation.

Heating

The Board received many complaints concerning cells in Parkhurst being too hot or, more frequently, too cold. In Albany, the majority of complaints related to cells being too hot in the summer months. With the lack of running water in Albany cells, fridges on wings for water to be chilled are of great importance in summer.

Kitchens in Albany wings

The provision of microwaves, toasters and fridges have been welcomed by prisoners in preparing snacks, particularly as most of the men are from the category C population so are entitled to these facilities.

Laundry

The laundry has not been in operation since 2021 and general laundry is sent to other prisons. Prisoners' personal items are washed and dried in each wing and the Board noted continuing problems with the washing machines and dryers. The prison has made efforts to procure washing machines and dryers locally, although they have been constrained by budgetary and procurement constraints.

5.2 Segregation

The segregation and reintegration unit (SARU) has 15 standard cells, one special accommodation cell and two 'dirty protest' cells. The SARU has been consistently full this year with, regrettably, a self-inflicted death taking place. There are three orderlies (trusted prisoners who take on work to provide services that contribute to the running of the prison), who cover all aspects of the work in the SARU, from serving food to bio-cleaning. These men have segregation review boards to check on their welfare, with daily case notes recorded.

All prisoners in the SARU are seen daily by a Governor, as well as a member of staff from the healthcare unit and someone from the chaplaincy team. They may be located for a specific length of time on cellular confinement on punishment, awaiting the outcome of adjudication for good order and discipline or for their own Interest. These prisoners are reviewed formally every 14 days after the initial 72-hour review. An IMB member signs this 14-day paperwork and sees prisoners every week. The 14-day reviews have significantly improved, with the attendance by a member from the mental health team, although this is not consistent and issues are still caused by non-attendance.

The average length of stay in the SARU is 20 days, although one prisoner has been there in excess of 848 days: the appropriate external director is aware and has approved this. (The limit allowed without external authorisation is 42 days.)

The SARU is both clean and consistently attended to by 'works', which carries out repairs of electrics, observation panels and wall damage. Furniture is also fairly frequently smashed, with wooden tables replaced by plastic ones as a consequence of the damage. The fabric of the cells is poor and agreement has been reached for re-furbishing. Anti-ligature and fixed stainless-steel furniture is awaited, in an attempt to reduce cell damage and the risk of prisoners self-harming. The unit has become significantly more violent during the reporting year, with an 81% increase in staff assaults compared with last year, and a 318% increase in use of force incidents (see 4.3 and 4.4) a rise in dirty protests. The segregation unit care and progression plan continues to be a great asset to progressing prisoners and everyone being made aware of what is happening and what is required.

Some prisoners are in the SARU either due to their own interest/protection (if they or prison staff think they are in danger) or because they refuse to leave when their allocated time there is finished. There has been an average of nine long stayers. Staff have arranged a gradual return to the prisoner's allocated wing in an endeavour to make the integration more successful. This does not always work, due to prisoners feeling they cannot return to wings because of debt issues.

Virtual segregation meetings have been held on a monthly basis, although this will now be reduced to alternate monthly meetings between Governors from the long term high security estate (LTHSE). These meetings seem to have been fairly successful in moving prisoners around the prison estate and have been monitored on an ad hoc basis.

From the Board's observations, staff always present decently, regardless of the behaviour of prisoners, who are frequently threatening to staff and their families. Assaults on staff have increased and, as a result, the use of force (UoF) has increased. Fully kitted staff protocol (which involves personal protective equipment) has been used on 220 days during the reporting period for three prisoners.

Special accommodation (where items such as furniture, bedding and sanitation are removed in the interests of safety) has been used on 16 occasions during the year. Of the prisoners in the special accommodation, 5% have been under the care of the mental health team but have remained in the SARU. Two prisoners have been transferred to another prison. A total of 42 prisoners arrived on an open assessment, care in custody and teamwork (ACCT) plan (and 33 were placed on an ACCT during their time in the SARU). A total of 16% of the prison population were black, Asian and minority ethnic, whilst 0.5% of the population in the SARU were from these groups.

5.3 Staff and prisoner relationships, key workers

Key workers

The Board observed frequent problems with prisoners not knowing the identity of their key worker, especially after a wing move, or for those who had recently arrived at HMP Isle of Wight. The new key worker handbook is a comprehensive document with specific details of the role and good practice on case notes, etc. Sessions

between key workers and prisoners are meant to take place twice a month and last at least 45 minutes.

Staff often state that they do not have sufficient time to carry out meaningful key worker sessions. The Board found that key worker sessions are nearly always recorded on Nomis (the prison's internal computer system). However, the entries are often generic, using standard wording rather than meaningful comments about the prisoner and their situation.

The Board was informed by the Governor and the Deputy Governor that staffing levels have been good. However, with prison officers being loaned to the offender management unit (OMU), suspended or under investigation, as well as staff being off due to sickness and those taking holidays, there is still pressure. This has resulted in some wing or workshop/gym closures and alterations to the regime. The high percentage of new prison officers is to be noted, although this is common across the prison estate (see 6.5 for more detail).

Adjudications

Many adjudications (disciplinary hearings when a prisoner is alleged to have broken prison rules) on both sites are either adjourned and subsequently dismissed for lack of evidence, or procedurally incorrect. This has also happened on several occasions, when cases have been referred to the independent adjudicator (IA). The Board noted that some adjudications by the IA have resulted in additional days being added to the prisoner's sentence. Mandatory drug testing failures are commonly referred to the IA.

From the Board's observations, the adjudication process would appear to be fair and consistent, with an emphasis on procedural justice. A laminated booklet is available for all prisoners to see how the adjudication process works. Prisoners are given an opportunity to seek legal advice, present any witnesses and request that the reporting officer attend the adjudication. Prisoners can also request that any body worn video camera (BWVC) footage is shown at the adjudication.

5.4 Equality and diversity

The diversity, equality and inclusion team is experiencing a restructure following the departure of the full-time manager. The management of the forums is now allocated to a designated officer. However, it should be acknowledged that equality staff are also detailed for other duties. This prevents staff from always attending the forums, which has caused continuity issues. Staff from other relevant departments are also encouraged to attend to give direct feedback to the forums. This is not always possible and, again, leads to some frustration, where prisoners feel that the forums are merely lip-service. The forum grouping has been revisited and, as a result, some forums have been amalgamated, which has not been received very well by some prisoners, who feel that merging groups is not appropriate. The forums for each group are now held bi-monthly to allow for issues to be resolved. Also, different groups need different types of forums: for instance, the Gypsy, Roma and Traveller group prefers a less formal meeting, while forums for young prisoners were not particularly well attended and have been replaced, successfully, with activity sessions. However, the value of different groups located on different wings having the opportunity to meet should not be underestimated, in the Board's view. The

Gypsy, Roma and Traveller group has asked for a rosary group to be set up, which was accommodated by the chaplaincy team.

Many excellent events were put on by the equality team in 2024, and 38 forums were held on each site. These included a Holocaust Memorial Presentation; LGBTQ+ History Month; immigration surgeries; Gypsy, Roma and Traveller History Month, celebrating Appleby Fair; Black History Month, where a remembrance picture of Stephen Lawrence, painted by a prisoner, was exhibited; and a transgender awareness event, where a guest speaker attended and gave a fascinating presentation.

In addition, the equality team continued to carry out training for both prisoners and staff. This year has seen training for buddies provided by the local authority. Reviews were held on all transgender prisoners.

The age breakdown of the prison is shown below:

Age	No. of prisoners	%
Minimum age: 21	-	-
21 years to 29 years	107	11.3%
30 years to 39 years	242	25.4%
40 years to 49 years	209	22.0%
50 years to 59 years	165	17.4%
60 years to 69 years	149	15.7%
70 plus years	79	8.3%
Under 21	0	0.0%
Maximum age: 93	-	-
Total	951	100.0%

5.5 Faith and pastoral support

The managing chaplain has stated that there are 19 religions supported at HMP Isle of Wight. The duties of the chaplaincy team include daily visits to the in-patient healthcare unit (IHU) and the separation and reintegration unit, as well as seeing new arrivals within 24 hours of arriving at the prison and reviewing open ACCTS on a weekly basis. There have been difficulties providing pastoral support for some religions, resulting in difficulties in offering weekly religious services.

5.6 Incentives schemes

Incentives levels

2023			2024		2024	
HMP IOW			ALBANY		PARKHURST	
	Number of prisoners	%	Number of prisoners	%	Number of prisoners	%
Basic	32	2.9	5	0.7	44	12.6
Standard	190	17.4	87	14.9	88	25.3
Enhanced	870	79.7	497	84.4	216	62.1

Incentives levels remain fairly static and are continually reviewed. In Albany, 84.4% of prisoners are on the enhanced (top) level, compared with 62.1% in Parkhurst. Similarly, 0.7% of prisoners in Albany are on the basic (bottom) level, compared with 12.6% in Parkhurst. Overall for the prison, the percentage of prisoners on the enhanced status has fallen slightly from 79.7% to 76.1%.

These statistics are presented at the monthly equality meeting, by ethnicity, sexual orientation and religion of each level of the incentives scheme; they are also broken down into all the protected characteristic groups, so the system is totally transparent. The high number of prisoners on the enhanced level was noted in the last HM Inspectorate of Prisons (HMIP) inspection report.

5.7 Complaints

January 2024 to December 2024:

Month	Total Complaints	Total Complaints in 2023	Percentage completed late%	Percentage Completed late previous year
January	239	280	12%	8%
February	234	269	20%	10%
March	210	288	14%	10%
April	192	211	16%	8%
May	259	303	17%	8%
June	219	257	13%	14%
July	309	256	12%	13%
August	265	266	14%	4%
September	325	238	5%	8%
October	269	261	10%	7%
November	268	228	6%	7%
December	268	180	8%	8%

The number of complaints continues to remain relatively high and represents an overall increase of 0.7%, from 3037 to 3057. It has to be noted that the number of complaints that were completed late went up from 8.8%, in 2023, to 11.9% this year.

The table below shows the top five categories, which are the same as last year but in a slightly different order.

Complaints by category: 2024	
Category	Number
Residential	629
Property	323
Work	239
Finance	345
Staff	307

In the first six month of the reporting year, there was a 15.9% reduction when compared with 2023. However, in the months July to December, the complaints increased by 19.9%. The table below shows how the complaints in each category, except staff, increased in the second half of the year.

Comparison of first and second halves of 2024		
	Jan-Jun	Jul-Dec
Residential	281	348
Property	148	175
Work	104	135
Finance	149	196
Staff	156	151

A business-wide tracker has been put in place to enable accurate tracking to see where problems lie with orders: either with suppliers or when it enters the business, or when distributing to the wings. There have been a high number of complaints submitted regarding staff. Some of these are through repeat complainers, who seem to be targeting particular members of staff. Repeat complainers are monitored to see if they can be managed in a different way.

A 10% monthly sample of complaints are checked by management. Learning and suggestions from these checks are fed back to the functional head or relevant section. Complaints and the 10% sample are discussed at the monthly residential meeting, together with the statistics for the past month. The minutes are then circulated to all managers for learning and information. Overdue complaints are monitored and reported daily at the management team meeting. Every week, an overview of complaint themes and overdue complaints and areas of concern are discussed in the morning meeting, which is attended by all band five officers and above. This allows any individual problems to be shared with the establishment to ensure that a consistent message is being delivered across the two sites.

There were a couple of high complaint point areas within the year: one was to do with the movement of prisoners from site to site to enable a category C and category B population split and included payment for work, while the other was when the policy for requests for pin credit was more robustly enforced. This is mostly

responsible for the increase in residential, property and finance complaints in the second half of the year. With the second change on pin credit, lessons have been learnt on the lead-in time for communications.

One of the highlights of the year was when HMP Isle of Wight was recognised as one of the three sites to launch the Independent Prisoner Complaint Investigations (IPCI) ambassadors' scheme. The prison was chosen because of its good practice, with prisoner representatives being trained to give information, advice and guidance to other prisoners regarding the complaints process, as well as the frequently asked questions (FAQS) they had devised, which have now been rolled out nationally under the scheme.

Discrimination incident reporting forms

The top topics remains race, closely followed by religion. The Board continues to scrutinise the discrimination incident reporting forms' (DIRFs) standards of investigation, watching out for themes or hotspots, fairness and timeliness. Parkhurst, again, submitted slightly more DIRFs than Albany, although it can be seen from the tables below that the number on both sites has fallen since last year. This could be for various reasons, such as other routes being used to resolve issues, as frequently indicated to prisoners, or it may be that there is a lack of faith in this system. It should be noted that staff have also submitted DIRFs during this reporting period. Investigations of DIRFs do, unfortunately, often go beyond the required timeframe.

ALBANY

	2024	2023
<i>TOTAL</i>	<i>90</i>	<i>108</i>
UPHELD	5	8
PARTIALLY UPHELD	7	15
NOT UPHELD	31	38
NON DIRFS	46	45

PARKHURST

	2024	2023
<i>TOTAL</i>	<i>107</i>	<i>130</i>
UPHELD	7	12
PARTIALLY UPHELD	4	14
NOT UPHELD	36	46
NON DIRFS	59	58

5.8 Property

An IMB thematic report on prisoners' property suggested that this is a common area of complaint across the prison estate. Problems usually occur when prisoners are transferred to HMP IOW with an overnight stopover at another prison, resulting in two journeys on prisoner transport and property being placed on the van with the prisoner.

We note, and have challenged, the 14-day turnaround for the prison to process the property of newly arriving prisoners. We believe this could be swifter.

6. Health and wellbeing

6.1 Healthcare general

Healthcare issues are discussed internally each month at a local delivery quality board (LDQB). Additionally, each quarter, a partnership board is chaired by NHS England. This brings together commissioners of healthcare services, contractors and partners, including the local authority (LA), to discuss quality and performance.

The prison is not exempt from the long-term staffing challenges facing the wider NHS and which are particularly acute on the Isle of Wight. The most difficult vacancies to fill are senior clinical positions such as GPs, pharmacists and senior nurses. Out of a required staffing compliment of 72.29 whole time equivalents (WTE), at the end of the year the employed staff compliment was 47.43, with 11 WTE at the recruitment stage. Despite this, healthcare staffing ended the year positively as, in the new year, two GPs will be in post, there is a permanent pharmacist, plus a second providing locum cover, and a psychiatrist has been appointed. As in previous years, agency staff are used to cover staffing gaps, which is not ideal but enables healthcare to deliver a comprehensive service, in the Board's view.

During 2024, the Board received 55 applications (prisoners' written representations) relating to healthcare issues, which was one more than in the previous year. This represents around 11% of all Board applications.

Timely complaint handling by the healthcare team seems to have been poor this year, which has been exacerbated by unrealistic resolution timescales and a lack of dedicated administrative staff. From January to the end of May, only 44% of prisoner healthcare concerns were addressed within the target five working days. This resulted in prisoner dissatisfaction. The healthcare department has addressed the issue by introducing a new complaints' process and a dedicated complaint handler was recruited in November. To date, the timescales for concerns and complaints under the new system have been met. However, given the very generous timescales for completion that have been introduced, we would expect this success rate to be maintained. Despite the complaint handling issues, the overall downward trend in relation to complaints is continuing and has fallen to 200 this year.

6.2 Physical healthcare

On average during 2024, the healthcare department provided around 680 consultations per week. The number of cancelled appointments has increased to around 130 per week, of which around 22% are recorded as non-attenders (DNA: did not attend; or NAV: non-access visit) which is when staff didn't manage to get the prisoner to their appointment. The Board regularly receives applications from prisoners complaining that they have not been collected for their appointments, particularly from workshops. It has proved difficult to identify the root cause for the DNAs and a more robust system of healthcare appointment notification and prisoner collection is recognised as required.

On average, 21 prisoners attended the local hospital each week, which is similar to last year. There were 441 cancelled hospital appointments, of which 45% were cancelled by the hospital and 30% by the prisoner. However, 18% were cancelled due to unit issues, which is likely to have included staffing/escort problems.

Waiting times for appointments have undoubtedly been impacted by staff shortages. There were significant issues with the dental unit for around three months in the early part of the year, leading to the closure of the clinic for several weeks in May, which resulted in a significant back log.

The healthcare department has been very successful in running a hepatitis C awareness and testing campaign, which senior leadership supported with prisoner incentives. From 13-15 May, 88% of the prison population were tested. All new arrivals are offered testing and Government targets are being met. An award for these results is pending from NHS England.

6.3 Mental health

A new integrated approach to mental health and substance abuse was introduced in 2023, when there was a change in service provider. Board observations throughout the year are that this has been a positive move and resulted in the creation of multi-disciplinary treatment plans for those (many) prisoners who have both mental health and substance abuse issues. The team meets daily to assess new referrals, who are all triaged to determine if they should be added to the caseload. Referrals average 40-50 per month, but only around half are added to the caseload. To reduce inappropriate referrals, a structured induction session for new staff has been introduced, which covers appropriate mental health referrals. It is too early to measure whether or not this has been a success.

A significant number of prisoners have mental health issues. At the end of 2024, the caseload was 183, an increase of 23 over last year. This does not reflect the number of cases dealt with during the year, as 533 cases were closed.

As in previous years, staff shortages have been a major challenge. The substantive psychiatrist role was unfilled throughout the year and was covered through online clinics and attendance by the clinical director one day per month. There are 97 prisoners on the psychiatry caseload. The psychologist role remains unfilled and is covered by agency staff. There are 10 prisoners on the psychology caseload, with additional support from a counsellor. There is a further gap in provision for registered mental health nurses. There should be four but these posts have been vacant for several years and are covered by three agency members of staff. Fractions of roles are vacant for an occupational therapist, a learning development nurse and a mental health support worker.

There were 144 cases on the substance abuse caseload at the end of the year, but these figures have been distorted by the October decant process, which resulted in a significant number of prisoners being removed from the caseload. Cases closed throughout the year were 167. All positive mandatory and suspicious drug test results, conducted by security staff, are forwarded to the substance misuse team so that appropriate support can be offered. A similar centralised system of notification in relation to prisoners found under the influence of hooch (illicit, prison-brewed alcohol) on the wings does not exist. This team has doubled its intervention work this year through focusing on group sessions, which have increased to 20 per month.

Targets are set for the mental health team to see prisoners who present a suicide risk, as well as less urgent cases, and these are generally met. But the Board has observed that there are times when the team is overstretched. On occasion, the mental health team has not been able to attend the weekly separation and

reintegration unit (SARU) review boards, first assessment, care in custody and teamwork (ACCT) reviews or initial health screening of prisoners being remitted from secure hospitals. Whilst unlock protocols within the in-patient healthcare unit (see below) create barriers for all professionals, the Board has observed, and is concerned by, a lack of therapeutic engagement with prisoners awaiting diagnosis/transfer to secure hospital units who have complex mental health needs.

In-patient healthcare unit (IHU)

The IHU located in Albany has 18 beds in total, including four medicinal rooms and two end-of-life suites. During the reporting period, a steady stream of prisoners with complex and challenging mental health needs has been located there. There have been 19 prisoner referrals made to secure hospital facilities throughout the year, of which seven were successful and three are pending. Only three transfers were made within the 28-day target transfer period, with the remainder waiting 42, 97, 106 and 126 days, respectively. Of the pending applications, two are already beyond the 28-day target referral period.

Consequently, acutely unwell prisoners with severe mental health needs have been transferred to the IHU awaiting diagnosis/transfer to secure hospital facilities, having failed the algorithm for location in the SARU. Many of these prisoners have displayed aggressive behaviour, created disturbances and damaged cells. From the Board's observations, staff have made extensive efforts to support prisoners with deteriorating mental health, to help reduce their risk of self-harm and suicide, and have sometimes been assaulted. Some of these prisoners have required three- or four-person unlock protocols, sometimes in full PPE, and planned forced moves between cells have been a regular occurrence to prevent insanitary conditions.

This situation in the IHU has been to the detriment of other medical patients, who have often been locked up for extensive periods because staff are fully occupied managing those requiring staggered unlock protocols. The IHU is a primary care facility that supports extra care for physical, social and mental health and is not equipped as a segregation unit. This means that volatile prisoners on unlock protocols are escorted (sometimes with officers in full PPE) to another block some distance away to secure showers and secure exercise yards. With acutely unwell prisoners, this process may not be of neutral effect. The resource intensity of these unlock protocols and planned moves also affect the staffing on wings, as officers trained in restraint and control procedures are removed from duties in order to be sent there.

This situation is not 'the fault' of Governors or staff, in the Board's view, and the solution lies outside the prison's remit, but it is of serious concern to the Board. However, more therapeutic engagement by the mental health team with prisoners awaiting diagnosis/transfer to secure hospitals may reduce the mental health deterioration that the Board sometimes observe during the often lengthy waiting period for a secure hospital place. Without therapeutic engagement, prisoners in the IHU on unlock protocols are effectively being held in conditions that amount to segregation but which they have already been assessed by the algorithm as too vulnerable to endure.

The prison is doing what it can to improve the physical environment for prisoners in the IHU with complex mental health needs. An experienced Governor was appointed in August to oversee the IHU, while a range of initiatives has been introduced. These

include upgrades to the showers to enable prisoners on unlock protocols to shower in the unit and weekly meetings with the mental health team and operational staff so that each patient can be discussed, transfer progress tracked and risks agreed to enable better access for professionals. In November, mental health provision was secured in the IHU for weekend cover.

Translation equipment

Given recent Prisons and Probation Ombudsman (PPO; which independently investigates complaints and deaths in custody) recommendations about the importance of translation services being available during arrival and induction and the issues raised in our last report about this, the Board is concerned that this has not been fully addressed. In August, a prisoner who spoke no English and was awaiting transfer to a secure unit had a psychiatric consultation without translation because a speaker phone to facilitate this was not available. Whilst we have since been told that a phone is now available, when we asked to see this during a monitoring visit, it could not be found. Further, the instructions for accessing the translation service are in reception and they should also be in the IHU for out-of-hours arrivals.

6.4 Social care

The prison has a partnership agreement with the local authority (LA), which is responsible for the assessment and delivery of care packages. There are currently eight social care packages in place.

The most frail, elderly and disabled prisoners are located in a social care houseblock. In the Board's view, initial health screening in reception and the early days process is good at identifying care needs, but prisoners are often serving long sentences and needs can develop during their sentence.

The older population at HMP Isle of Wight continues to grow, with 41.3% of the population being over the age of 50. It is generally accepted that what is considered old age in prisons differs from that in the community. HMIP uses '50' as a benchmark for the definition of old age in their inspection reports.

The system for identifying and assessing developing needs relies on the submission of a social care referral application form, which leads to an assessment and could result in adaptations or equipment and is a pathway to the LA for greater support. This process is managed by the disability liaison team, which is part of the equality team. However, it is a small team and the role of disability liaison officer (DLO) does not attract protected time. This means that facilities time is often not made available, or is cancelled, due to the demands of detail. During monitoring, the Board has spoken with several prisoners who state that their referral applications have not received a response. The data show that only 23% of applications are completed within the 30-day timeframe and that there is sometimes a significant delay. One prisoner, for whom the Board intervened, waited three months for his assessment to be completed, which was acknowledged to be due to the lack of facilities time. This situation is exacerbated by the fact that the occupational therapist role has been vacant for a considerable period, with no agency backfill.

Due to the above, the Board observes that, whilst dedicated, the DLO team is reactive. In consequence, we cannot be assured that there is a system in place for

identification and assessment of prisoners developing care needs, nor that prisoners are made aware of their right to self-refer to the LA. The Board has observed a not insignificant number of prisoners across all wings who struggle to maintain personal hygiene and a habitable cell, which could indicate eligibility for support under PSI 06/2016 (guidance for prison and probation services on the delivery of social care and support services for adult offenders in partnership with LAs).

Neurodiversity

The neurodiversity support manager (NSM) role was created and filled in August 2023. In common with the rest of the prison estate, approximately 50% of prisoners at HMP Isle of Wight are neurodivergent. The Board observed that this initiative has been successful and impactful in shifting the prison culture towards a greater understanding and management of those with neurodiverse needs. The NSM has worked collaboratively with key stakeholders, including the teams responsible for education, work, activities and health, as well as operational staff. There is an effective partnership with the social prescriber. Of the operational staff, 36% have received awareness training, as have around 73% of workshop instructors.

6.5 Time out of cell, regime

The return to a more regular regime, following Covid-19, was facilitated in 2023 by a staff financial incentivisation programme, which reduced the impact of considerable staff shortages during the week. The weekend regime continued to be affected by staff shortages, but a successful recruitment campaign in the autumn of 2023 began to work through to staff on the wings, which has noticeably continued throughout the reporting year. The target staffing level for operational band three officers has been exceeded, enabling the surplus (and a further number from this band) to act up into vacant band four posts which has, in turn, released some band four staff to cover band five vacancies. The deficit of operational officers, in the low teens, is covered through overtime arrangements. Whilst not ideal, this is a better staffing position than has existed in the recent past.

In August, the prison introduced a training day every month for staff. This means that, on that day, the majority of prisoners remain locked in their cells except for exercise and domestics. In light of the number of recent staff recruits who are relatively inexperienced, the Board views this as a positive step and, generally, prisoners seem to have been understanding of this, too. However, the Board is concerned by our observations of some weekend wing closures and wings being placed into safe systems of work (which happens when there are staff shortages and limits prisoners time out of their cells). These have a considerable adverse impact on prisoners' quality of life.

Whilst the Board acknowledges that the weekend closure rates are much improved since 2023, so, too, are the staffing levels. Wings have been closed at points during weekends on 175 occasions - about 5.57% of the available open time. The Board notes that sickness-absence levels were higher than average for six months of the year and significantly so in November and December. The Board is aware that there have been some unauthorised absences, which may also have contributed. These issues are within the prison's control.

Whilst there will inevitably be some instances of wings being placed into safe systems of work due to unplanned events, such as constant supervisions, bed-

watches, etc, the rate of 11% during August-December seems high, given the improved staffing levels. We continue to be concerned by the failure of the Safe Systems of Work Policy (SSOW) for Albany to make any provision for older prisoners, unlike the Parkhurst policy. This risks an inconsistency of approach by wing staff in relation to unlock protocols for older prisoners, who are less likely to be in work or education and, therefore, affected by the SSOW policy. This was happening in 2023 and raised in our last report.

6.6 Soft skills

Throughout the reporting year, we have observed the important role played by care buddies, particularly in the social care houseblock. The charity, Age UK, no longer attends the prison as its services now need to be paid for. Given the older age demographic at the prison, it is of concern that this cannot be funded.

7. Progression and resettlement

7.1 Education, Library

A total of 11% of the prison population is engaging in education. Much of the budget is spent on maths and English, and the overall budget has not risen whilst waiting for the new education contract to be awarded, which will be in spring 2025.

Internal difficulties with planning were caused by the delay to the award of the new education contract and due to population changes being implemented outside the prison's control. Resources have continued to focus on entry level maths and English to address the historic category B population's requirements and little progress has been made on providing level two and three qualifications suitable for many of the category C population. This has been cemented by the projection that HMP Isle of Wight will be predominately a category B prison by the end of 2025.

The HMIP inspection report of 2022-2023 highlighted the need for a clear reading strategy, and this has encouraged the focus on entry level education.

However, the distance learning education offering is well supported, with a specific member of staff assigned to facilitate this. New laptops have been supplied and extra time for study in the library has been granted.

Nearly 50% of enrolments on courses are prisoners with learning difficulties and disabilities (LDD). All new receptions have rapid LDD screening and in-depth LDD screening is given to those requiring it and results are shared with the activities team and neurodiversity manager. There is now an inclusion practitioner on each site and a neurodiversity support manager overseeing the provision of support across the prison. These have both been effective in their support for prisoners.

Prisoners on remand are offered initial assessments, although some refuse, due to a combination of factors, the main one being the challenge of offering education to remand prisoners alongside the main population of HMP Isle of Wight. Some prisoners remain on remand for over 12 months, which is a wasted educative opportunity.

When we have visited, the education department always appears to be busy and well organised, with prisoners engaged. Small class sizes and the presence of officers within the department ensure a calm, well-disciplined atmosphere. We have observed excellent communication and relationships between staff, peer mentors and prisoners. The peer mentors are very well used within the classroom setting to support learning. A specific example we have seen shows that the support of tutors and peer mentors can be instrumental in achievement. One prisoner explained that he had moved from not engaging in his entry level maths class and resisting being taught to now studying for his maths A-level and becoming a maths peer mentor, due to the excellent support he himself received in the education department.

Senior management appear to support the education department well and is focused on the education attendance figures. In senior management meetings, the team is quick to investigate further if attendance numbers are falling (e.g. regime failures).

The Measuring the Quality of Prison Life (MQPL) survey report highlighted prisoners' belief that education is very basic and limited to IT, maths and English, although some prisoners speak of benefitting from these entry level courses.

Library

This year has seen the library back to strength, partly due to management's support for the aim to increase literacy in the prison after access to the library was criticised in the last inspection. Figures for footfall are reported weekly and issues and stock data monthly. A total of 47% of prisoners borrow from the library, significantly more than for the general population in the community.

The in-patient healthcare unit (IHU), segregation and reintegration unit (SARU) and social care prisoners who cannot visit the library are supported with weekly cell-door services. Prisoners on remand visit in the same way as the main population.

The contract with the Isle of Wight Council has been under discussion throughout the year, causing stress for the staff; as at the end of this review period, it has still not been confirmed for April 2025 onwards.

Within the prison, there are two book clubs and additional reading sessions on the social care and vulnerable prisoner wings. By the end of 2024, the prison was investigating the possibility of new timetables to include a weekly extended library session for those enrolled in distance learning or needing to do legal research.

Throughout the first half of 2024, the prison benefitted from a coordinator from the charity, the Shannon Trust, and new mentors were trained, with the offering appearing to flourish. Unfortunately, due to the departure of the coordinator mid-year, no new mentors have been trained and the total number of mentors has fallen throughout the year. The lack of a Shannon Trust coordinator is seen as concern by senior management.

7.2 Vocational training, work

The same workshops as were available in 2023 have continued throughout 2024, although the camo nets workshop and one of the print shops have now closed. The head of education, work and skills has been tasked with planning for new workshops and hopes to introduce more vocational workshops, including one for bricklaying.

Very few qualifications were offered in the workshops this year. However, a member of the workshop instructor team has passed his assessor qualifications and instructor training has taken place, with plans to introduce more workshop qualifications in 2025. These include City & Guilds qualifications in concrete products and refurbishment workshops. Workshop qualifications were relaunched in November, with increased provision and targets. It should be noted, however, that there has been a continued issue with instructor vacancies, which stood at 8.5 by the end of the reporting year.

The Progression in Workshop booklets are provided to all prisoners to chart, develop and record their employability skills. However, completing them places a burden on the staff, many prisoners show little interest and their use is patchy.

When we have been able to monitor the workshops, we have seen excellent examples of the prisoners being fully involved in purposeful activity. Some workshops, such as tailors and concrete products, are especially supportive

environments for the more vulnerable prisoners, and we have noted impressive interaction between some instructors and prisoners.

From our observations, the mental welfare of prisoners is well supported, with plans to introduce emotional coping skills and mindfulness activities into workshops. However, there has been a reported lack of such support and training for instructors, who must engage with prisoners on difficult subjects, for which they felt under-prepared. The prison is starting to address this through neurodiversity training, which 73% of instructors had received by year end.

Work has been undertaken in 2024 to ensure that as many prisoners as possible take part in purposeful activities. Attendance lists, reasons for absence such as 'rest in cell' and movement times to and from work have been closely monitored by the prison, which has led to increased attendance.

The woodwork workshops, commercial gardens, and tailors are fulfilling prison industries' contracts. Some prisoners have complained that this makes the work monotonous, but it does reflect the experience of having a job.

Fundamental hurdles to further develop workshops lie with budget restrictions and difficulty in recruitment. Throughout the year, the primary infrastructure issue was the laundry, which remained shut. When - or if - it is reopened, it will provide employment and valuable work skills for up to 24 prisoners. Many workshops are in a poor state of repair, most notably with leaks.

The decant from Parkhurst and the removal of some category C prisoners has led to a skills gap and vacancies in many of the workshops in Parkhurst, whilst in Albany workshops are oversubscribed.

7.3 Offender management, progression

The offender management unit (OMU) has continued to work under great pressure throughout 2024. HMP Isle of Wight holds over 80% very high or high-risk prisoners, who can only be the responsibility of probation offender managers (POMs). The department should have 16.5 POMs, but there are only 6.5 in post. This means the case load for each is 150 prisoners, which is two-and-a-half times the expected caseload. Despite a national recruitment campaign, with incentives for relocation, there has been very little interest from POMs to move to the Isle of Wight (see the response to last report, section 3.3 answer to question 2).

The prison employs nine prison staff offender managers. However, they cannot manage high-risk prisoners, although they can undertake transactional work and wing surgeries, which has led to a noticeable drop in applications about the OMU. The Board does see regular applications relating to OMU issues and always find the unit extremely happy to help and offer advice.

Due to the workload, prisoners without a start of custody offender assessment plan, produced by the offender assessment system (OASys), peaked in January 2024, with 22 overdue; there are currently 10 overdue. The department has only managed to complete 30% of categorisation reviews on time, although the majority are completed before they are more than 10 days' overdue.

There are 38 prisoners engaging in programmes out of a potential 448 (47% of the total population). This equates to 3.5% of the total prison population. However, there

are many reasons why prisoners do not engage in these programmes, and it is not solely down to lack of provision. National guidance stipulates that programme placements are prioritised for those who pose the highest risk and are closest to release. Research also suggests that it is more effective for prisoners to complete programmes towards the end of their sentence so that skills are fresh and ready to put into practice in real life situations. Prisoners within three years of release are prioritised. Waiting lists are fluid and change as prisoners leave and enter the establishment. For example, there were only six on a waiting list for Kaizen (an accredited offending-behaviour course) by the end of 2024.

In addition to programmes, the psychology department works across both sites supporting numerous complex prisoners, which the Board has frequently observed.

The programmes' department has had to adapt to the different requirements of the increasing category C population. An increased number of prisoners nearing the end of their sentences results in a higher requirement for courses. However, the projection is that the category B population will predominate so the department will have to adjust to this change of focus.

The team has 340 years of combined service in the psychology and programmes department. The Governor supports the work of this department and has allocated budget for suitable course facilitators to gain an MSc postgraduate academic degree, which effectively ensures staff development, retention and a pool of excellence. This has been inspired and managed by the head of psychology.

7.4 Family contact

The prison's reducing reoffending team works with the children's charity, Barnado's, under the terms of a commercial contract, to manage social visits and run projects such as Storybook Dads (where prisoners are recorded reading a story, which is then sent to the child). The Barnado's team is committed and provides immeasurable support to visiting families; however, the facilities for waiting are decrepit and barely fit for purpose, in the Board's view.

The fathers' forum has been established as a safe place for prisoners who are fathers to support each other and navigate family relationships. This is evolving but shows the clear importance the reducing reoffending team place on family contact. The total number of social visits in 2024 was 1802 in Albany and 1293 in Parkhurst. In the 2022 HMIP inspection report, it was recorded that a third of prisoners never had a social visit. Whilst the Board has observed some improvement with the Albany available social visits fully booked, only about half of the Parkhurst available social visits are booked. The type of offence that prisoners are convicted of at the prison may have some relevance here. Social visits are held on Friday, Saturday and Sundays.

The problems that families encounter in visiting prisoners remain the cost of the ferries and the time it takes to travel to the island. Some families end up sleeping in cars to avoid the cost of accommodation. There is little the prison can do to counter this, although it should be noted that, perhaps in consequence, the total number of social video calls was 8196, which is a 25% increase on 2023 (the highest take up in the prison estate). A total of 33% of prisoners have had a social video call. However, the Board has observed pressure on the social video call booking system, particularly before Christmas, with only four slots available per wing, per day, and

fewer at weekends. Additionally, four of the Parkhurst wings share two monitors, which halves the slots available for those prisoners.

The reducing reoffending team has a proactive and imaginative approach to family engagement with prisoners, with events and family days (which bring together prisoners and their families outside of their statutory entitlement to social visits) throughout the year. The team lead is a strong advocate of family social visits and has been promoting their importance amongst the senior leadership team.

7.5 Resettlement planning

The resettlement hub opened this year. A total of 25 prisoners engaged with the resettlement programme, while a further 12 left the prison before they could finish. The course runs for six weeks and covers topics ranging from money management to role play interviews and nutrition and health. They also arrange birth certificates if required, a bank account within six months of release date, an email address and a citizen identity card. The Board observed an excellent question-and-answer session with an outside provider of support for newly released prisoners, and feedback from those taking part in the course was excellent. This enterprise, designed to support the category C population near their release date, is to be commended. HMP Isle of Wight is not a resettlement prison. However, it is to be hoped that the work done here goes some way in addressing the substantial negative comments on the prison's attitude to resettlement planning recorded in the MQPL report earlier in the year. The Board feels confident that reducing reoffending will see positive developments over the next year through its strong leadership and senior management support.

8. The work of the IMB

Board statistics

Recommended complement of Board members	17
Number of Board members at the start of the reporting period	11
Number of Board members at the end of the reporting period	10
Total number of visits to the establishment	299

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	62	32
B	Discipline, including adjudications, incentives scheme, sanctions	6	5
C	Equality	13	21
D	Purposeful activity, including education, work, training, time out of cell	29	43
E1	Letters, visits, telephones, public protection, restrictions	29	35
E2	Finance, including pay, private monies, spends	11	20
F	Food and kitchens	11	18
G	Health, including physical, mental, social care	54	55
H1	Property within the establishment	24	20
H2	Property during transfer or in another facility	13	16
H3	Canteen, facility list, catalogues	3	19
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, re-categorisation	42	54
J	Staff/prisoner concerns, including bullying	62	57
K	Transfers	44	26
L	Miscellaneous	66	75
	Total number of applications	496	496

Annex A

Service providers

- Maintenance: Gov Facilities Services Limited
- Education: Milton Keynes College
- Library services: Isle of Wight Council
- Escort contractor: Serco
- Food: Bidfood
- Healthcare and pharmacy: Practice Plus Group
- Integrated mental health and substance misuse team: Midlands Partnership
- Social care: Isle of Wight Council
- Safeguarding: Isle of Wight Council



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